



# Safeguarding Policy

## for Children and Adults at Risk

### 1. STATEMENT OF INTENT

Safeguarding children and adults at risk is a priority for the PDA Society and is a fundamental practice within our charity. The purpose of this policy is to protect children, young people and vulnerable adults who have contact with the PDA Society and to provide team members with the overarching principles that guide our approach to the protection of children and vulnerable adults.

The PDA Society believes that a child, young person, or vulnerable adult should never experience abuse of any kind. We have a responsibility to promote the welfare of all children, young people, and vulnerable adults to keep them safe.

This policy applies to all our Employees, Trustees, Volunteers, Training Facilitators / Self-Employed Contractors or anyone working on behalf of PDA Society. For the purpose of this policy, all those listed above will be referred to as 'team members'.

We recognise that:

- Abuse can happen to anyone.
- Abuse can happen anywhere.
- Abuse can be carried out by anyone.

This is why our team must understand:

- What abuse is.
- Ways to tell if abuse might be happening.
- How to keep children, young people, and vulnerable adults safe.
- What to do if you think someone is being abused or harmed.

### 2. LEGAL FRAMEWORK

This policy has been drawn up based on legislation that seeks to protect children and vulnerable adults, namely:

- Children's Act 1989
- United Convention of the Rights of the Child 1991
- Data Protection Act 1998
- Human Rights Act 1998
- Adoption and Children Act 2002
- Sexual Offences Act 2003
- Children's Act 2004
- Disability Discrimination Act 2005
- Safeguarding Vulnerable Groups Act 2006
- Protection of Freedoms Act 2012
- Children & Families Act 2014
- Care Act 2014

- Mental Capacity Act 2005
- Keeping Children Safe in Education 2019
- Equality Act 2010

It is also based on relevant government guidance on safeguarding children including:

- The London Child Protection Procedures 2015
- The London Threshold Document 2015
- Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents, and carers 2015
- What to do if you're worried a child is being abused: Advice for practitioners 2015
- Care and Support Statutory Guidance 2014
- Making Safeguarding Personal 2014
- Working Together to safeguard children 2018

### 3. POLICY VERSION & REVIEW

These safeguarding policy and procedures will be reviewed on an annual basis. This is version 4. The last full review was in April 2024 with an update made to section 6 and 15. It is next due to be reviewed in April 2025.

In the event of a serious safeguarding incident or 'near miss', the Designated Operational Safeguarding Lead will consult with the CEO and the Designated Lead Trustee for Safeguarding on the Board of the PDA Society to consider any policy / procedure changes that may be required before the review date.

## 4. SAFEGUARDING EXPLAINED

### 4.1 What is safeguarding?

Safeguarding is a term we use to describe how we protect children and adults at risk from harm.

Safeguarding is about protecting certain people who may be in vulnerable circumstances. These people may be at risk of abuse or neglect due to the actions (or lack of action) of another person.

### 4.2 Who are we trying to protect?

- Any children under 18 years old and;
- Adults at risk of harm.

**IMPORTANT:** Whether an adult is at risk or not is something which changes with their circumstances; it's not fixed. Every adult has the right to make decisions for themselves (unless you can prove they lack mental capacity to make the decision). When you're safeguarding adults, you must understand this right otherwise you can accidentally cause a different kind of harm by removing a person's freedom of choice.

### 4.3 What do I need to know about safeguarding children & vulnerable adults?

All new team members will be required to read this policy as part of their induction and confirm via our HR system Breathe they have read and understood the contents. This process will be repeated annually for existing team members.

## 5. RECRUITMENT & SAFE MANAGEMENT

### 5.1 Recruitment

- All recruitment publicity must include information about our safeguarding policy and procedures and the Disclosure and Barring Service checks (details below).
- All job or role descriptions must include safeguarding responsibilities.
- Personal specifications for applicants must include safeguarding criteria.
- When assessing applicants, we check that they have the essential qualifications and experience for the role.
- During the interview process, we ask all applicants a question about safeguarding practice. More detailed questions will be asked for roles where safeguarding is a key part.
- Applicants must show us ID to prove who they are.
- All Trustees must complete a trustee eligibility declaration form, provide contact details for references, which will be obtained by the PDA Society, and are requested to declare any criminal offences prior to their appointment to ensure that our trustees are of good character.
- Team members and contractors are asked to declare any criminal convictions and to provide contact details for references, which will be obtained by the PDA Society, prior to their appointment to ensure that our team members and contractors are of good character.
- Two references are sought from people that can tell us that the person is suitable for the role.

### 5.2 Safeguarding checks

For anyone that will have unsupervised contact with children or will have access to confidential information about children & vulnerable adults, we will contact the Disclosure and Barring Service (DBS) for an enhanced DBS check. This will check for any criminal convictions, cautions and for any additional information held by local police that's reasonably considered relevant to working with children. It will also check whether someone's included in the DBS 'barred lists' of individuals who are unsuitable for working with children. Team members who will be working directly with children or vulnerable adults are not allowed to start their role until their DBS check is completed.

### 5.3 Training and Supervision

All team members have a time of induction before they start work. During this time, they are required to read the Safeguarding Policy for Children and Adults at risk and will complete an internal Safeguarding course. Training will include recognising signs and symptoms of abuse, and responsibilities for monitoring, reporting, and recording concerns. Their Line Manager is responsible for making sure that team members and team members understand the policies at the time of induction.

Team members will be asked annually to state whether they still feel confident around this policy. If the PDA society introduces a new policy or way of working about protection or safeguarding, it will induct all team members to make sure they understand the new

information. All team members will be provided with opportunities to reflect on their practice with other team members. This supervision and management support will be suited to the worker's level of responsibility for protecting children and vulnerable adults.

All designated safeguarding leads and deputies will receive externally recognised 'Safeguarding Training' every 2 years.

#### 5.4 Conduct

All team members are expected to work within PDA Society policies and procedures. All team members are expected to record and report incidents, and this helps make sure risks and concerns are responded to properly. Reports of incidents, accidents, complaints, grievances, and disciplinary action are formally reviewed by the Trustees quarterly.

PDA Society team members should be aware that direct allegations and disclosures of abuse are rare. Therefore, everyone has to be extra careful to pick up on other things that might be signs of abuse. Team members are expected to maintain careful boundaries in the way they relate to people accessing our services:

- Any sexual relationship or behaviour with a child under the age of 16 is illegal.
- Any actions which might encourage sexual behaviour with a child under the age of 16 is abusive and will be dealt with through disciplinary procedures as gross misconduct.
- Sexual relationships or behaviour with people accessing our services will generally also be considered inappropriate and dealt with as gross misconduct.
- Ensure that personal contact information is not given out to people accessing the enquiry line, discussion forums or attending training events, particularly children, young people, and vulnerable adults.
- Do not offer gifts or favours to people accessing our services, particularly children, young people, and vulnerable adults.
- Know your limitations – do not provide any personal care or have any physical contact beyond what is considered necessary to provide comfort or in an emergency situation such as to administer CPR or first aid.
- The PDA Society works with a wide range of people. There will be occasions where relationships between team members and people we exist to support are appropriate. Also, team members may already have a relationship with a person accessing our services before starting work at the PDA Society. Be aware at all times that worker actions, no matter how well-intentioned may be misconstrued if deemed inappropriate by the person(s) accessing our services.

Team members must immediately inform their Line Manager about:

- Relationships they already have with a team member or someone that uses our services when they start work at the PDA Society.
- Relationships with a team member or someone that uses our services that begin once they have started work at the PDA Society.
- Where a person appears to be developing an attraction towards a worker or team

members, or where they are displaying inappropriate sexualised behaviour.

Failure to discuss these situations with your Line Manager will be dealt with through disciplinary procedures.

## 6. PEOPLE WITH SAFEGUARDING RESPONSIBILITY

The PDA Society's current designated leads are:

- Designated Lead Trustee for Safeguarding  
Trustee
- Designated Operational Safeguarding Lead  
Support Service Manager
- Designated Operational Safeguarding Deputy and Employee member responsible for policy review & safeguarding reporting to the Trustee Board  
CEO
- Safeguarding Lead for Training & Forum  
Training and Consultancy Manager
- Safeguarding Lead for Enquiry Line  
Support Service Manager
- Safeguarding Lead for all other operational functions  
CEO

## 7. WHAT TO DO IF YOU HAVE A SAFEGUARDING CONCERN?

- Safeguarding concerns can come up in any of our contacts with people we support.

If a concern is raised (either by someone saying they are concerned about a child, or because they say something you find concerning you must take action.

If you receive a message via an email or the forum that raises safeguarding concerns you must contact the designated safeguarding lead for your area of work as soon as possible.

If you are in conversation when a concern is raised it is good practice to let the person you are talking to know that you need to take advice from our safeguarding lead about what action we should take. The only reason not to do this is if you believe this puts someone at further risk of harm.

It is important to record what was said as soon as possible. Do not attempt to investigate by asking follow-up questions, equally if someone is disclosing to you do not interrupt. Allow them to finish before letting them know what action you need to take.

- As soon as possible take care to record what was said using clear unjudgmental language. If someone raised their voice say that they did so rather than 'they were angry'. You should use a '**Cause for Concern**' form (Appendix 1) to record your concerns.

The 'Cause for Concern' Form must then be immediately e-mailed to the designated safeguarding lead for your area of work, who must also be telephoned, and they will decide on the correct course of action to follow in accordance with current legislation. This may require a referral to children's social care services and in some cases the police. If we take a decision that a referral is not needed we should always provide the person who disclosed with information about the NHS safeguarding app ([NHS England » NHS England Safeguarding app](#)) which will provide them with the details they need should they wish to make a referral themselves.

- If the designated safeguarding lead does not reply by e-mail or telephone within two hours, from the team members' initial contact, they must then email and telephone the agreed deputy, or any other safeguarding named person from this policy, who will then become responsible for managing the situation.
- **Forum Administrators/Moderators** must also move any forum post to the 'Moderator Temporary Storage' area if it is very clear there is a threat to life or a criminal act/intent. If you are unsure leave the post on the forum and contact a safeguarding lead for advice.
- **Records** of concerns regarding safeguarding will be stored by designated safeguarding leads in a secure manner and in accordance with the PDA Society's Insurance requirements and Data Protection Policy.
- If in any contact a person tells us they are planning to take their own life imminently or commit a criminal act the team member must call 999 as soon as possible.

Team members who call 999 must:

- Give the police the person they are concerned abouts personal details and reason for your call.
- After the call immediately complete a cause for concern and **SA3 form** (Appendix 4) to record that the details have been referred to the police and any comments received. The safeguarding lead will then become the contact with the Police.
- Forum Administrators/Moderators must also move any forum post that suggests there is a threat to life or criminal act/intention to the 'Moderator Temporary Storage' area.
- Records of concerns regarding safeguarding will be stored by the Operational Designated Safeguarding Lead in a secure manner and in accordance with the PDA Society's Insurance requirements and Data Protection Policy.

## 8. ALLEGATIONS MADE AGAINST PDA SOCIETY TEAM MEMBERS

- Any allegations concerning Safeguarding made against a PDA Society Team Member must be reported to the CEO.

Allegations regarding Safeguarding that are made against the CEO, must be reported to the Designated Lead Trustee for Safeguarding for the PDA Society.

- All concerns around practice of team members must be responded to by:

- Contacting the police if there is any concern a criminal act has taken place.
- Taking action to ensure the person disclosing/identified as at risk of harm is safeguarded.
  
- An investigation of what has happened in terms of:
  - The persons suitability for role.
  - Our policy's efficacy at protecting people we support and employees.

## 9. DUTY TO REPORT

All PDA Society Team Members have a duty to report any concerns regarding safeguarding of children and adults that they may become aware of while conducting their duties for the PDA Society.

The PDA Society also has a duty to refer a team member to the DBS if they:

- Dismissed them because they harmed a child or adult.
- Dismissed them because they might have harmed a child or adult otherwise (i.e. if there are concerns that a safeguarding issue is likely to occur unless the person is removed from their duties prior to the event occurring).
- Were planning to dismiss them for either of these reasons, but the person resigned first.

## 10. SAFEGUARDING LEAD RESPONSIBILITIES

When a safeguarding lead receives a completed 'Cause for Concern' Form, they must take action immediately and follow correct procedures relating to either a child or adult:

### 10.1 For Children

- Make a final decision on whether this 'Cause for Concern' is a safeguarding concern and needs to be referred to Social Care.
- If a referral is required, use the following website to find the appropriate Local Authority/Social Care to make the referral to - <https://www.gov.uk/find-local-council>
- Telephone Children's Social Care. State: 'I wish to make a Children's Safeguarding Referral. Can I speak to a Duty Social Worker?' then:
  - Share your concerns with the Duty Social Worker.
  - Send the Cause for Concern Form in an email to Children's Social Care within 24 hours.
  - File the Cause for Concern Form on One Drive and record within safeguarding log.

### 10.2 For Adults

- If a 'Cause for Concern' form is received, and it indicates that a vulnerable adult is



being harmed or abused (ie a safeguarding concern) you must contact the adult at risk via email, telephone or private message (Forum) to try to reduce the risk or ask them for their consent for you to help them to report this matter and make a referral.

**IMPORTANT:** The Safeguarding Lead can only continue to help if consent is given or where capacity is in doubt.

- If **consent is not given** make a note of this on the 'Cause for Concern' form and then file on OneDrive and record within safeguarding log.
- If **consent is received**, complete the Adult Safeguarding **SA1 Form** (Appendix 2) whilst you are on the telephone (or via email correspondence).
- If **capacity is in doubt** take advice from adult social care.
- Telephone Adult Social Care Services to inform them of the Safeguarding Concern and email them the completed Adult Safeguarding **SA2 Form** (Appendix 3) and/or complete their referral form if requested.
- If a vulnerable adult states that they are going to take their own life or commit a criminal act during a telephone call or enquiry and during the call you are unable to help them to feel differently or reduce the risk. Immediately the call as ended:
  - Call the Police 999.
  - State the concerns and the adult's personal details. The police should send an officer round to the adult's home to check that they are safe.
  - Complete **Form SA3** (Appendix 4) state the concerns, the adult's personal details and any comments made by the Police.
  - File all forms completed on OneDrive and record within safeguarding log.

## 11. GDPR / SAVING CAUSE FOR CONCERN FORMS

The information contained in a completed Cause for Concern Form is highly confidential and therefore needs special consideration in order to safeguard the information in line with GDPR.

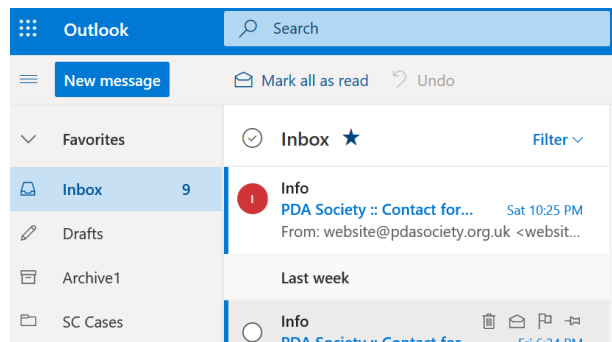
The following steps must be followed when completing any Cause for Concern Form:

1. Complete the form as laid out in the guidance above.
2. Once the form is complete, save it onto the hard drive of your computer, in a location where you can easily find it again e.g. desktop, or a dedicated folder you may have set up in your documents.
3. Email the form to the designated safeguarding lead, attaching the saved Cause for



Concern form from your hard drive.

- Enquiry Line Team Members PLEASE SEND FROM THE ENQUIRY LINE EMAIL ACCOUNT, NOT YOUR OWN PERSONAL EMAIL ADDRESS. You can send a message from the Enquiry Line account by clicking on the 'New Message' button as shown below.



- Any team members with a PDA Society Email account should use this account for submitting cause for concern forms, otherwise a personal email address may be used.
4. Once the email has been sent, please ensure that you:
    - Delete the cause for concern document from your hard drive, (we cannot store sensitive information on our own electronic devices.) remembering to also delete from your waste-bin.
    - Go into the e-mail SENT folder (e.g. in the Enquiry Line email account) and delete the email that you have just sent, remembering to also delete from your waste-bin.
  5. The designated safeguarding lead is responsible for ensuring that completed forms are securely filed on OneDrive, recorded within the safeguarding log, and all copies are removed from their email.

## 12. CONFIDENTIALITY

The PDA Society recognises that families may ask for information to be kept confidential. When people first start using the PDA Society's services, they should be made aware and supported to understand, that this may not be possible if there are concerns that someone is being abused or harmed.

Team members with concerns about the welfare of a child or vulnerable adult, must not discuss these with other employees, parents, carers, or other people involved with the person, until they have passed on the concerns and got advice and instructions from their designated safeguarding lead. The designated safeguarding lead is responsible for making sure written records of concerns about the protection of children and vulnerable adults are kept confidentially.

If the PDA Society is given information about a person that may impact the safety of team members or other people, the CEO or Trustees may share this information with other team

members, with the consent of the person or individual with parental responsibility. Team members are responsible for keeping this information confidential and not sharing the information outside of the PDA Society team. Decisions to share information without the person's consent will only be taken by the CEO or Trustees where the risks to person/people or team members outweigh an individual's right to confidentiality.

The PDA Society will assist Social Services and the police, as far as possible, during any investigation. This will include disclosing written and oral information, where this is necessary to ensure the welfare of children or vulnerable adults.

When there is a concern about a child or vulnerable adult, we will try wherever possible to talk to parents/carers (or the adult themselves) before making a referral to Social Services. However, we will not do this if there is reasonable evidence that doing so may put the person at further risk, or if it will delay action too much. In any situation where this is unclear, the Safeguarding Officer will seek advice from a Local Authority Child Protection Advisor or Adult Safeguarding Advisor.

If you believe that informing the adult or others present would put the child or children are an immediate danger, or if the matter is a serious crime, it is important to make a referral to Social Services without disclosure.

The following are circumstances where disclosure to a parent or guardian is not appropriate:

- Where sexual abuse or sexual exploitation is suspected.
- Where organised or multiple cases of abuse are suspected.
- Where Female Genital Mutilation is the concern.
- In cases of suspected Forced Marriage.
- Where contacting or discussing the referral would place a child, yourself, or others at immediate risk.

## **13. WHAT WE ALL NEED TO KNOW ABOUT SAFEGUARDING CHILDREN & YOUNG PEOPLE**

At the PDA Society, the welfare of the child is paramount, as enshrined in the Children Act 1989.

We recognise that:

- All children, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation, or identity, have a right to equal protection from all types of harm or abuse.
- Some children are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues.
- Working in partnership with children, young people, their parents, carers, and other agencies is essential in promoting young people's welfare.

We will seek to keep children and young people safe by:

- Valuing them, listening to, and respecting them.
- Adopting child protection practices through procedures.
- Providing effective management for employees and team members through supervision, support, and training.
- Recruiting employees and team members safely, ensuring all necessary checks are

made.

- Sharing information about child protection and good practice with all people who use our services, employees, and team members.
- Sharing concerns with agencies who need to know and involving people appropriately.

### 13.1 Definitions and key principles

Our Safeguarding policy and procedures aim to meet the following two key principles:

- Safeguarding is everyone's responsibility: for services to be effective each individual and organisation should play their full part.
- A child-centred approach: for services to be effective they should be based on a clear understanding of the needs and views of children.

### 13.2 What we mean by 'safeguarding'

- Protecting children from maltreatment.
- Preventing impairment of children's health or development.
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care.
- Taking action to enable all children to have the best outcomes.

### 13.3 What we mean by 'abuse'

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.

### 13.4 What we mean by 'significant harm'

For England and Wales, harm is defined under section 31 of the Children Act 1989 as: "ill-treatment or the impairment of health or development". To decide whether harm is significant, the health and development of the child is "compared with that which could reasonably be expected of a similar child". This was also extended in the Adoption and Children Act 2002 to include: "Impairment suffered from seeing or hearing the ill-treatment of another."

### 13.5 What we mean by 'child'

The legislation relating to safeguarding children defines a child as anyone under the age of 18.

### 13.6 Types of Abuse

The responsibility of PDA society team members is to be alert and to share information or concerns with the right people.

At the PDA Society it is not our role to determine whether abuse is taking, or has taken, place - it is not our role to categorise a type of abuse. It can be useful to understand the main categories of abuse (outlined below) and to understand that more than one type of abuse may happen at once.

#### Emotional Abuse

When someone is being harmed, some level of emotional abuse is usually involved, but

emotional abuse can happen on its own. Emotional abuse can include lots of things. It could be:

- Making someone feel worthless, unloved, or not good enough.
- Not giving someone opportunities to express their views.
  
- Making them feel very frightened or insecure.
- Teasing, shouting at, or threatening someone.
- Overprotection and limitation of exploration and learning.
- Stopping someone from making choices and never letting them take risks and try new things.
- Keeping them away from their friends, family, and support networks.
- Ignoring their privacy and dignity.
- Expectations that are inappropriate for the child's age or developmental stage.
- Serious bullying (including cyberbullying) causing someone to feel constantly frightened or in danger.
- Exploitation or corruption.
- Seeing or hearing the ill-treatment of another.

Some of the following signs may be indicators of emotional abuse:

- Children who are excessively withdrawn, fearful, or anxious about doing something wrong.
- Parents or carers who withdraw their attention from their child, and persistently ignore them.
- Parents or carers blaming their problems on their children.
- Parents or carers who humiliate their child, for example, by name-calling or making negative comparisons.

## Neglect

This is the persistent failure to meet a child's basic physical and/or emotional 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.
- Protect a child from physical and emotional harm or danger.
- Ensure adequate supervision.
- Ensure access to appropriate medical care or treatment.
- Neglect of, or unresponsiveness to, a child's basic emotional needs.

Some of the following signs may be indicators of emotional abuse:

- Children who are living in a home that is indisputably dirty or unsafe.
- Children who are left hungry or dirty.
- Children who are left without adequate clothing, e.g., not having a winter coat.
- Children who are living in dangerous conditions, i.e., around drugs, alcohol, or violence.
- Children who are often angry, aggressive, or self-harm.

- Children who fail to receive basic health care.
- Parents who fail to seek medical treatment when their children are ill or are injured.

### **Physical Abuse**

This is when someone causes physical harm to a child. This could be:

- Hitting, shaking, throwing, burning, scalding, kicking, drowning, or suffocating someone.
- Making someone ill, or pretending they are ill, or using medication in the wrong way, on purpose.
- Using physical restraint in the wrong way or force-feeding someone.

Some of the following signs may be indicators of physical abuse:

- Children with frequent injuries.
- Children with unexplained or unusual fractures or broken bones.
- Children with unexplained bruises or cuts, burns or scalds, or bite marks.

### **Sexual Abuse**

With children under 16, this involves forcing or encouraging them to take part in sexual activities, whether or not the child is aware of what is happening. This could be:

- Penetrative acts such as rape including oral sex.
- Non-penetrative acts such as masturbation, kissing, rubbing, and touching outside of clothing.
- Non-contact activities such as involving children in looking at, or in the production of sexual images (including AI generated images), watching sexual activities, encouraging them to do sexual things they are too young to be involved in.
- Grooming a child in preparation for abuse (including via the internet).

With children over 16, sexual abuse can still happen. It could be:

- When someone is raped or sexually assaulted.
- When someone is forced to do a sexual act that they did not want to do.
- When someone is encouraged to do a sexual act when they didn't understand it and didn't know they could say no.

Some of the following signs may be indicators of sexual abuse:

- Children who display knowledge or interest in sexual acts inappropriate to their age.
- Children who use sexual language or have sexual knowledge that you wouldn't expect them to have.
- Children who ask others to behave sexually or play sexual games.
- Children with physical sexual health problems, including soreness in the genital and anal areas, sexually transmitted infections, or underage pregnancy.

### **Child Sexual Exploitation**

Child sexual exploitation is a form of sexual abuse where children are sexually exploited for money, power, or status. It can involve violent, humiliating and degrading sexual assaults. In some cases, young people are persuaded or forced into exchanging sexual

activity for money, drugs, gifts, affection, or status. Consent cannot be given, even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. Child sexual exploitation doesn't always involve physical contact and can happen online. A significant number of children who are victims of sexual exploitation go missing from home, care, and education at some point.

Some of the following signs may be indicators of sexual exploitation:

- Children who appear with unexplained gifts or new possessions.
- Children who associate with other young people involved in the exploitation.
- Children who have older boyfriends or girlfriends.
- Children who suffer from sexually transmitted infections or become pregnant.
- Children who suffer from changes in emotional well-being.
- Children who misuse drugs and alcohol.
- Children who go missing for periods of time or regularly come home late.
- Children who regularly miss school or don't take part in education.

### **Child Criminal Exploitation**

Other than child sexual exploitation, an individual or group may take advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity

- in exchange for something the victim needs or wants,
- for the financial or another advantage of the perpetrator or facilitator
- through violence or the threat of violence.

This includes child slavery, child trafficking and 'county lines', which involves young people running drugs for gangs. Vulnerable children, young people and their families are often targeted for such activities. Some of the following signs may be indicators of child criminal exploitation:

- Frequently going missing from school, home, or care.
- Travelling to locations or being found in areas they have no obvious connections with, including seaside or market towns.
- Unwillingness to explain their whereabouts.
- Acquiring money, clothes, accessories, or mobile phones which they seem unable to account for.
- Receiving excessive texts or phone calls at all hours of the day.
- Having multiple mobile phone handsets or sim cards.
- Withdrawing or having sudden changes in personality, behaviour, or the language they use.
- Having relationships with controlling or older individuals and groups.
- Unexplained injuries.
- Carrying weapons.
- Significant decline in school results or performance.
- Being isolated from peers or social networks.
- Associating with or being interested in gang culture.
- Self-harming or having significant changes in mental health.

### **Other Abuse**

People have lots of different ideas about how best to care for people, and what will harm other people. Sometimes people do particular things because of their cultural or religious beliefs. The PDA Society is committed to anti-discriminatory practice. Team members handling protection concerns will always bear in mind the person's religious and cultural background, but the welfare of the child will always be the most important consideration.

For instance, some religious and culturally based practices are illegal in England and are abuse.

This could be:

- Female circumcision or arranging for a girl to go to another country to be circumcised.
- Forcing someone to marry even if they don't want to or arranging for any child under age 16 to get married.
- Extremism - targeting children by seeking to sow division between communities based on race, faith, or denomination; justify discrimination towards women and girls; persuade others that minorities are inferior or argue against the primacy of democracy and the rule of law in our society.
- Ritualistic abuse, which is when people believe someone is possessed by spirits or demons and use physical violence to get rid of them.

The internet and mobile phones have become very much embedded in most people's lives and are very helpful everyday tools. However, they are also open to misuse and can be a tool to cause abuse. This could be:

- Adults pretending to be children using social networking sites, for the purpose of 'grooming' children and young people into meeting them.
- Using mobile phones to take photographs of children and young people for the purpose of bullying or blackmail.
- Sexual acts online, and the production, distribution, or possession of indecent images of children, including AI generated images.
- Accessing pornographic material via the internet and mobile phones.
- Financial gain can be a feature of online child sexual abuse and it can involve serious organised crime (NSPCC 2015).

### 13.7 Early Help

Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life.

No single professional can have a full picture of a child's needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information, and taking prompt action.

As well as 'universal services' which are services accessible to all families such as education, health, community and leisure, each local area should have specific early help services which may include family and parenting programmes, assistance with health issues and help for problems relating to drugs, alcohol and domestic violence.

Some services may be delivered to parents/carers but should always be evaluated to demonstrate the impact they are having on the outcomes for the child. Where a child and family would benefit from coordinated support from more than one agency (e.g., education, health, housing, police) there should be an inter-agency assessment such as the Common Assessment Framework (CAF). This should identify what help the child



and family require to prevent needs escalating to a point where intervention would be needed via a statutory assessment under the Children Act 1989.

### 13.8 Statutory Assessments

- **A child in need** is defined as a child who is unlikely to achieve or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services; or a child who is disabled. In these cases, assessments by a social worker are carried out under section 17 of the Children Act 1989. When assessing children's needs and providing services, specialist assessments may be required and, where possible, should be coordinated so that the child and family experience a coherent process and a single plan of action.
- **Child Protection** Concerns about maltreatment may be the reason for a referral to local authority children's social care or concerns may arise during the course of providing services to the child and family. In these circumstances, local authority children's social care must initiate enquiries to find out what is happening to the child and whether protective action is required. Local authorities, with the help of other organisations as appropriate, also have to make enquiries under section 47 of the Children Act 1989 if they have reasonable cause to suspect that a child is suffering, or is likely to suffer significant harm, to enable them to decide whether they should take any action to safeguard and promote the child's welfare. There may be a need for immediate protection whilst the assessment is carried out.

### 13.9 Information Sharing

Early sharing of information is key to providing effective early help where there are emerging problems and can be essential to put in place effective child protection services. Serious Case Reviews have shown how poor information sharing has contributed to deaths or serious injuries of children.

New guidance released in December 2023 by the UK government in the 'Working Together to Safeguard Children' document also pointed to the importance of information sharing and the governments 'multi-agency expectations for all practitioners'. These expectations aim to ensure that all parties involved in safeguarding "share the same goals, learn with and from each other, have what they need to help families, acknowledge and appreciate difference and challenge each other" (NSPCC 2023).

All PDA Society team members must:

- Not assume that someone else will pass on information that you think is important to keep a child safe.
- Understand and follow PDA Society's Safeguarding Procedures.

## 14. WHAT WE ALL NEED TO KNOW ABOUT SAFEGUARDING VULNERABLE ADULTS

Everyone is responsible for safeguarding vulnerable adults. All PDA Society team members working with vulnerable adults must:

- Know about different types of abuse and neglect and their signs.
- Support adults to keep safe.
- Know who to tell about suspected abuse or neglect.

- Support adults to think and weigh up the risks and benefits of different options when exercising choice and control.

#### 14.1 What we mean by 'adult'

An adult is a person who is 18 years old or over.

#### 14.2 What we mean by 'vulnerable adult'

PDA Society's safeguarding duties apply to an adult 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.

Within this policy, such adults are referred to as 'vulnerable adults'. Where someone is aged 18 or over but is still receiving children's services and a safeguarding issue is raised, the matter should be dealt with through adult safeguarding arrangements.

#### 14.3 What we mean by 'safeguarding'

Safeguarding means 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.

#### 14.4 Adult safeguarding aims to:

- Stop abuse or neglect wherever possible.
- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs.
- Safeguard adults in a way that supports them in making choices and having control over how they want to live.
- Promote an approach that concentrates on improving life for the adults concerned.
- Raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect.
- Provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult.
- Address what has caused the abuse or neglect.

#### 14.5 Six key principles underpin all adult safeguarding work

1. **Empowerment** – People being supported and encouraged to make their own decisions and informed consent. "I am asked what I want as the outcomes from the safeguarding process, and these directly inform what happens."
2. **Prevention** – It is better to take action before harm occurs. "I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."

3. **Proportionality** – The least intrusive response appropriate to the risk presented. “I am sure that the professionals will work in my interest, and they will only get involved as much as needed.”
4. **Protection** – Support and representation for those in greatest need. “I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.”
5. **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting, and reporting neglect and abuse. “I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.”
6. **Accountability** – Accountability and transparency in delivering safeguarding. “I understand the role of everyone involved in my life and so do they.”

#### 14.6 Types of abuse

This is not intended to be an exhaustive list but an illustrative guide as to the sort of behaviour that could give rise to a safeguarding concern.

- **Physical abuse** – including assault, hitting, slapping, pushing, misuse of medication, making someone ill, or pretending they are ill, restraint or inappropriate physical sanctions.
- **Domestic violence** – including psychological, physical, sexual, financial, emotional abuse, so called ‘honour’ based violence.
- **Sexual abuse** – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography (including AI generated images) or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.
- **Psychological abuse** – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyberbullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
- **Financial or material abuse** – including theft, fraud, internet scamming, coercion concerning an adult’s financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions, or benefits.
- **Modern slavery** – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive, and force individuals into a life of abuse, servitude, and inhumane treatment.
- **Discriminatory abuse** – including forms of harassment, slurs, or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation, or

religion.

- **Organisational abuse** – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one-off incidents to ongoing ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes, and practices within an organisation.
- **Neglect and acts of omission** – including ignoring medical, emotional, or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition, and heating.
- **Self-neglect** – this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. Self-neglect may be a personal choice that, whilst many people would find unusual or distressing, is considered an unwise decision but not a safeguarding concern in itself if the individual has the mental capacity to choose to live that way. Nevertheless, self-neglect must always be investigated by professionals to ensure that the individual has capacity and that their decisions do not put the health, safety and welfare of others at risk.

#### 14.7 Possible signs of abuse

The following are signs that there may be a safeguarding concern, however, this list is not exhaustive:

- Lack of medical history or registration with a GP or not being registered with the relevant national or local services.
- Individuals presenting as unkempt.
- Lacerations or bruises to the skin or sores on the body.
- Avoidance of eye contact, appearing frightened or hesitant to talk to strangers.
- Fear of law enforcers.
- Individuals presenting with signs of undernutrition or hydration.
- Visible signs around the home such as excessive possessions which may indicate hoarding.
- Another individual talking on behalf of another or controlling the appointment.
- Missing personal possessions and/or unexplained lack of money or inability to maintain themselves.
- Uncooperative and aggressive behaviour or signs of distress.
- Excessive fear/apprehension of, or withdrawal from, relationships.
- Reluctance to be alone with a particular person.
- Individuals who appear to be withdrawn, nervous or anxious when in close contact with another or when touched.

Incidents of abuse may be one-off or multiple and affect one person or more. Professionals and others should look beyond single incidents or individuals to identify patterns of harm. Repeated instances of poor care may be an indication of more serious problems and of what we now describe as organisational abuse. To see these patterns, it is important that information is recorded and appropriately shared.

#### 14.8 Information sharing

Early sharing of information is the key to providing an effective response where there are emerging concerns. No professional should assume that someone else will pass on information that they think may be critical to the safety and wellbeing of the adult. If a professional has concerns about the adult's welfare and believes they are suffering or likely to suffer abuse or neglect, then they should share the information with the local authority and/or, the police if they believe or suspect that a crime has been committed.

All PDA Society team members must:

- Not assume that someone else will pass on information that you think is important to keep an adult safe.
- Understand and follow PDA Society's Safeguarding Procedures.

## 15. REFERENCE MATERIAL

- **Guide to eligibility for the purpose of DSB checks:**  
<https://www.gov.uk/government/collections/dbs-eligibility-guidance>
- **Definition of an adult at risk**  
<https://www.england.nhs.uk/safeguarding/about/>  
<https://www.gov.uk/government/publications/vulnerabilities-applying-all-our-health/vulnerabilities-applying-all-our-health>  
<https://www.ncvo.org.uk/help-and-guidance/safeguarding/steps-safer-organisation/understanding-the-risks/#adults-at-risk>
- **Definition of a regulated activity for adults:**  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/216900/Regulated-Activity-Adults-Dec-2012.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216900/Regulated-Activity-Adults-Dec-2012.pdf)
- **Sources used for the preparation of this document:**  
<https://www.gov.uk/government/publications/safeguarding-policy-protecting-vulnerable-adults/sd8-opgs-safeguarding-policy>  
<https://www.nhs.uk/conditions/social-care-and-support-guide/help-from-social-services-and-charities/abuse-and-neglect-adults-at-risk/>  
<https://assets.publishing.service.gov.uk/media/62447decd3bf7f32a87729bc/revisiting-safeguarding-practice.pdf>  
<https://www.gov.uk/guidance/safeguarding-duties-for-charity-trustees>  
<https://www.ncvo.org.uk/help-and-guidance/safeguarding/>  
<https://councilfordisabledchildren.org.uk/resources/all-resources/filter/inclusion-send/accessing-support-when-you-suspect-or-know-there-has>  
<https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/>

<https://learning.nspcc.org.uk/media/r0vgnjlq/key-provisions-working-together-safeguard-children-2023.pdf>

<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

## **17. Appendices**

1. Cause for Concern Form
2. Form SA1
3. Form SA2
4. Form SA3