



**Nafsiyat**  
Intercultural  
Therapy Centre

# **NAFSIYAT SAFEGUARDING POLICY & PROCEDURE FOR ADULTS & CHILDREN**

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# 1. Introduction & background

## Purpose and commitment

Nafsiyat Intercultural Therapy Centre was established in 1983 by psychotherapist Jafar Kareem. He established Nafsiyat after noticing that that diverse religious, cultural and ethnic communities in London were struggling to access to psychotherapy and counselling, and that traditional psychotherapy was not able to adequately respond to the needs of different social identities. Nafsiyat became the first organisation in the UK to take account of the cultural background of both the patient and the therapist, and to recognise the importance of this in the therapeutic relationship.

Since then, Nafsiyat has developed in many different ways:

- Highly qualified and experienced psychotherapists and counsellors from diverse backgrounds, undertake both short and long-term therapy which is sensitive to the therapeutic needs of minority groups living in London. We offer therapy to individuals, couples, families and groups in over 20 different languages for difficulties such as loss or trauma, anxiety, depression, abuse and neglect, relationship difficulties and addiction. We deliver our therapeutic work either at our therapy centre or by telephone or online.
- Nafsiyat delivers community projects, one of which is the Arabic, Amharic and Tigrinya Speaking Women's Group (AATSWG), a psycho-educative / psycho-social women's group that offers empowerment and integration workshops, wellbeing workshops and social activities.
- Nafsiyat developed an intercultural therapy diploma and a Master of Science Degree in partnership with University College, London which was staffed largely by Nafsiyat therapists. Although the course now has not run for several years, it helped train some of the therapists currently working at our centre. We now provide a few popular one-day training workshops. We deliver these nationally on a bespoke basis as well as opening them up to the public several times a year. In addition, we provide placements to trainee counsellors and therapists.
- We offer in-house and bespoke training, seminars, workshops for individuals and agencies, including psychotherapists, counsellors, GPs, social workers and mental health workers.

Nafsiyat is accredited as a member of the UK Council for Psychotherapy (UKCP) and the British Association for Counselling and Psychotherapy (BACP). We are governed by a board of Trustees, a small staff group including managers and clinical staff and our work is well supported by volunteers. Everyone working for Nafsiyat has a duty to safeguard and promote the welfare of those we work with. This is a legal obligation, a requirement of the Charities Commission and other partners. This requires us to work jointly with other agencies and professionals who have different roles and expertise, including health care workers, schools, social care, youth justice service and other voluntary agencies.

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

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

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

## **Scope**

Safeguarding is everyone's responsibility.

This policy and procedure applies to everyone working for or with Nafsiyat. It includes Trustees, the leadership team and paid staff, volunteers trainee's, students and sessional workers – hereafter for ease, they will be called 'staff'.

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

The policy and procedure will be made available at induction and be placed on Nafsiyat's website. It will also be available on the shared drive and Nafsiyat's shared OneDrive. The policy and procedure will be updated annually or amended in light of experience, learning or other changes and it will be re-issued to staff accordingly.

## **Equality and diversity**

The welfare of all of our clients is paramount.

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

We recognise that the impact of racism upon people is profound. In addition, many of our clients have experienced other types of discrimination and may be vulnerable in other ways and we will remain mindful of these vulnerabilities at all times when delivering our services.

## **Legislation and guidance**

Our safeguarding policy and procedure is underpinned by English law and statutory guidance which includes:

- Charity Commission Safeguarding Guidance 2018
- Data Protection Act 2018 and the GDPR 2018
- Information Sharing Guidance 2018
- Safeguarding Vulnerable Groups Act 2006
- Care Act 2014
- Care & Support Statutory Guidance 2020
- Mental Capacity Act 2005
- UN Convention on the Rights of the Child 1991
- Children Act 1989
- Children Act 2004
- Working Together to Safeguard Children 2018
- Protection of Freedoms Act 2012

- Counter Terrorism and Security Act 2015
- Sexual Offences Act 2003
- Serious Crime Act 2015
- Female Genital Mutilation Act 2003
- Modern Slavery 2015

### **Alignment with other policies**

Nafsiyat has a number of policies and procedures which are linked and work together in specific circumstances. They should be read in conjunction with this policy and procedure and they include:

- Code of Ethics
- Code of Conduct
- Code of Practice
- Zoom and Telephone Protocol for Therapy
- Clinical Practitioner Guide
- Whistleblowing Policy
- Recruitment Policy
- Privacy Policy
- Information Governance Policy
- Information Security Policy
- Equal Opportunities and Diversity Policy

In addition, we are accredited with the UK Council for Psychotherapy (UKCP) as an organisational member and listing organisation. We are also accredited as a organisational member of the British Association for Counselling and Psychotherapy (BACP).

## **2. Identifying abuse and neglect for adults at risk**

### **Defining an ‘adult at risk’**

Safeguarding adults applies to a person who is an ‘adult at risk’, this is defined as someone who is aged 18 years and over who:

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

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

### **The Care Act 2014 – Six principles in adult safeguarding**

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

- Empowerment – We empower adults to make their own decisions by providing them with support, advice and guidance to make informed choices.

- Prevention – Guidance is in place to ensure people know how to recognise abuse and how to seek help and to take action before harm occurs.
- Proportionality – Our response is based on balancing risk to provide the least intrusive response necessary whilst ensuring all risks are addressed.
- Protection – We provide advice and guidance about keeping safe and signpost or refer to relevant agencies.
- Partnership - We work together with multi-agencies to provide holistic oversight and effective support whilst ensuring confidentiality is maintained
- Accountability – We are clear about the roles and responsibility of all those involved in safeguarding. We deliver a transparent service that provides a robust and effective safeguarding policy and procedure.

## Who abuses and neglects adults?

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

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

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

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

## Ten categories and indicators of abuse and neglect

The Care and Support Statutory Guidance 2020 sets out ten categories of abuse and neglect that adults may experience. This is not an exhaustive list as abuse and neglect can take place in many forms and in different circumstances. The ten categories are defined below with some signs and indicators that may help to identify the harm, but the signs and indicators listed are not exhaustive and there may be no or few signs for some people.

Category of Harm	Possible Signs & Indicators
<b>Physical Abuse</b>	
<ul style="list-style-type: none"> <li>• assaults: e.g. hitting, slapping, pushing</li> <li>• misuse of medication</li> <li>• inappropriate restraint</li> <li>• inappropriate physical sanctions</li> </ul>	<ul style="list-style-type: none"> <li>• bruising, cuts, burns and/or marks on the body, clumps of hair loss</li> <li>• frequent injuries, unexplained falls</li> <li>• inconsistent or no explanation for injury</li> <li>• subdued or noticeable change in behaviour</li> <li>• signs of malnutrition</li> <li>• failure to seek medical treatment</li> </ul>
<b>Sexual Abuse</b>	
<ul style="list-style-type: none"> <li>• rape</li> <li>• indecent exposure</li> <li>• sexual harassment</li> </ul>	<ul style="list-style-type: none"> <li>• bruising or injuries, particularly to areas such as thighs, buttocks, genital area</li> <li>• torn, stained or bloody underclothing</li> </ul>



<ul style="list-style-type: none"> <li>• sexual teasing or innuendo</li> <li>• sexual photography</li> <li>• subjection to pornography or witnessing sexual acts</li> <li>• sexual assault</li> <li>• sexual acts to which the adult has not consented or was pressured to consent</li> </ul>	<ul style="list-style-type: none"> <li>• difficulty walking or sitting</li> <li>• infections or sexually transmitted diseases</li> <li>• changes in sexual behaviour or attitude</li> <li>• self-harming</li> <li>• poor concentration, withdrawal from others, sleep disturbance</li> <li>• excessive fear of certain relationships</li> <li>• hypervigilance</li> </ul>
<b>Neglect</b>	
<ul style="list-style-type: none"> <li>• ignoring emotional or physical needs such as food, water, shelter, guidance</li> <li>• failure to provide access to appropriate medical, health, care and support or educational services</li> <li>• withholding life's necessities, such as medication, adequate nutrition and heating</li> </ul>	<ul style="list-style-type: none"> <li>• unkempt appearance</li> <li>• poor personal hygiene</li> <li>• malnutrition and dehydration</li> <li>• infections</li> <li>• illness</li> </ul>
<b>Psychological Abuse</b>	
<ul style="list-style-type: none"> <li>• emotional abuse</li> <li>• threats of harm or abandonment</li> <li>• deprivation of contact, isolation</li> <li>• humiliation, blaming, controlling</li> <li>• coercion, harassment, intimidation</li> <li>• cyber bullying</li> <li>• unreasonable withdrawal of services or support networks</li> </ul>	<ul style="list-style-type: none"> <li>• air of silence when an individual is present</li> <li>• withdrawal or change in the behaviour and temperament of the person</li> <li>• uncooperative and aggressive behaviour</li> <li>• signs of distress: tearfulness, anger</li> <li>• low self-esteem</li> <li>• insomnia</li> <li>• change of appetite, weight loss or gain</li> </ul>
<b>Domestic Abuse</b>	
<p>Domestic abuse covers the following:</p> <ul style="list-style-type: none"> <li>• physical abuse; psychological abuse; sexual abuse; financial abuse; emotional abuse; so called 'honour' based violence. <i>'Honour-based' violence is a crime or incident which has or may have been committed to protect or defend the honour of the family and/or community.</i> (CPS and Home Office definition).</li> </ul> <p>Coercion and control often underpins domestic abuse: what can seem like agreement from one party could be false representation due to the power another individual can gain.</p>	<ul style="list-style-type: none"> <li>• low self-esteem</li> <li>• self-blame for events outside of their control</li> <li>• injuries</li> <li>• hearing derogatory or intimidating comments about self</li> <li>• fear of an individual</li> <li>• isolation – not seeing friends and family, partaking in activities</li> <li>• limited access to money, without reason</li> <li>• hypervigilance</li> </ul>
<b>Financial Abuse</b>	
<ul style="list-style-type: none"> <li>• theft, fraud, internet scamming</li> <li>• coercion about finances including about wills, property, inheritance or financial transactions</li> <li>• misuse or theft of property, possessions or benefits</li> <li>• move into a person's home without consent</li> </ul>	<ul style="list-style-type: none"> <li>• fear of particular people</li> <li>• unable to make reasonable purchases</li> <li>• in debt (without reason)</li> <li>• unable to pay bills</li> <li>• unkempt looking</li> <li>• hungry</li> </ul>
<b>Modern Slavery</b>	
<ul style="list-style-type: none"> <li>• slavery</li> <li>• human trafficking</li> <li>• forced labour and domestic servitude, sexual exploitation, debt bondage</li> </ul>	<ul style="list-style-type: none"> <li>• physical, emotional abuse or sexual abuse signs as above</li> <li>• malnourishment</li> <li>• withdrawn and / or fearful of others</li> <li>• poor living or work conditions</li> <li>• lack of identification documents</li> <li>• fear of police or authorities</li> </ul>
<b>Discriminatory Abuse</b>	
<ul style="list-style-type: none"> <li>• harassment</li> <li>• slurs or similar treatment because of: <ul style="list-style-type: none"> <li>○ race</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• withdrawn and isolated</li> <li>• anger, frustration, fear or anxiety</li> </ul>

<ul style="list-style-type: none"> <li>○ gender and gender identity</li> <li>○ age</li> <li>○ disability</li> <li>○ sexual orientation</li> <li>○ religion</li> </ul>	
<b>Organisational</b>	
<ul style="list-style-type: none"> <li>● neglect and poor practices in organisations and care settings, including care provided in own home.</li> <li>● ranging from one off incidents to ongoing ill-treatment.</li> <li>● arising from neglect or poor professional practices</li> </ul>	<ul style="list-style-type: none"> <li>● lack of policy, procedure, supervision and management</li> <li>● low numbers of staff or poorly trained staff</li> <li>● denial of basic needs, eg food, water</li> <li>● disrespectful or abusive attitudes to clients and families</li> </ul>
<b>Self-neglect</b>	
Covers a wide range of behaviour in which a person neglects to care for own hygiene, health or surroundings and includes behaviour such as hoarding.	<ul style="list-style-type: none"> <li>● unsanitary conditions that pose risk</li> <li>● hoarding</li> <li>● non-attendance at health appointments</li> <li>● not taking prescribed and recommended medication.</li> </ul>

### 3. Identifying abuse and neglect for children

#### Definition of 'child'

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

#### Definition of 'safeguarding'

The legal definition of 'safeguarding' is:

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

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

#### Paramourncy principle

A key principle of the Children Act 1989 is that the welfare of the child is paramount. This refers to a child centred approach which means keeping the child's best interests at the heart of all decisions.

#### Defining 'abuse' and 'neglect'

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

#### Four categories and indicators of abuse and neglect

Working Together 2018 sets out four categories of abuse and neglect that children may experience. This is not an exhaustive list and abuse and neglect can take place in many ways. The four categories are defined below with some signs and indicators also listed; the signs listed are not exhaustive and there may be no or few signs for some children. Often, we are looking for clusters of signs or signs that something for the child has changed.

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

<p>d. ensure access to appropriate medical care or treatment</p> <p>e. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.</p>	
<b>Emotional abuse</b>	
<p>Persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development.</p> <p>It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.</p> <p>Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.</p>	<ul style="list-style-type: none"> <li>• withdrawal, sullen, quiet</li> <li>• uncooperative and aggressive behaviour.</li> <li>• distress: tearfulness, anger</li> <li>• low self-esteem</li> <li>• insomnia</li> <li>• change of appetite, weight loss or gain</li> <li>• self-harm</li> <li>• isolation</li> </ul>

#### 4. Additional types of harm

Abuse and neglect are complex issues and can occur in additional ways, such as those listed below, which may apply to both adults and children.

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

<p>activity is consensual, or they may be forced or intimidated.</p> <p>Anybody can be a perpetrator of CSE, no matter their age, gender or race. The relationship between the perpetrator and victim could be framed as friendship or as romantic. Children can be trafficked to be sexually exploited, by being moved around towns, cities or even internationally to be abused, often with more than one person.</p> <p>CSE does not always involve physical contact; it can occur through the use of technology.</p> <p>CSE is a particular phenomenon involving children. However vulnerable adults are also sexually exploited and the same dynamics from the definition and the signs and indicators are present for them.</p>	<ul style="list-style-type: none"> <li>• pregnancy</li> <li>• having an older boyfriend or girlfriend</li> <li>• staying out late or overnight</li> <li>• missing from home or care, or stopping going to school or college</li> <li>• having a new group of friends</li> <li>• hanging out with older people, other vulnerable people or antisocial groups, or a gang</li> </ul>
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### Grooming

<b>Definition</b>	<b>Signs &amp; indicators</b>
<p>Grooming is when someone seeks to build a relationship, create trust and emotional connection with a child or vulnerable adult in order to manipulate, exploit and abuse them. The groomer may set up a false relationship with their victim which could appear to be romantic, educative or friendly.</p> <p>The groomer may use tactics such as pretending to be someone else, showing understanding or care, buying gifts, giving attention, taking the victim on outings. They may try to isolate the victim from their family and friends, create dependency, use blackmail to gain a hold over the victim, introduce the idea of 'secrets' to control the victim or frighten and intimidate them.</p> <p>People who are groomed can be sexually abused, sexually exploited or abused in other ways.</p> <p>Grooming can take place over a short or long period of time by a person who can be male or female, old or young, a stranger or someone who is known. Victims can be groomed online, in person or both.</p> <p>Groomers may also groom people in the child/adult's life such as a parent, carer, friends, professionals so that they appear trustworthy or authoritative and also so that they can gain access to the victim.</p> <p>People may not realise they have been groomed. They may have complicated feelings, like loyalty, admiration, love, as well as fear, distress and confusion.</p>	<p><b>Child / vulnerable adult</b></p> <ul style="list-style-type: none"> <li>• secretive about how they spend time</li> <li>• having money or items like they can't explain</li> <li>• drinking or drug taking</li> <li>• upset, withdrawn or distressed</li> <li>• sexualised behaviour</li> <li>• spend time away from home or going missing</li> </ul> <p><b>Groomer</b></p> <ul style="list-style-type: none"> <li>• sexualised talk, 'jokes', 'banter', questioning, images</li> <li>• physical contact e.g. hugging, touching, kissing, tickling, wrestling</li> <li>• not respecting privacy</li> <li>• spend excessive time with victim; gives special attention, favouritism, finds ways to be alone with the victim</li> <li>• not adhering to rules of the agency or activity</li> <li>• giving gifts (including cigarettes/alcohol/drugs) or money for no apparent reason</li> <li>• set up inappropriate relationships e.g. treating a child as a peer/spouse, treating an adult client like a friend</li> <li>• isolating victim from others</li> </ul>

	<ul style="list-style-type: none"> <li>encouraging silence, secrets, criminal behaviour, lies</li> </ul>
<b>Human trafficking</b>	
<b>Definition</b>	<b>Signs &amp; indicators</b>
<p>Human trafficking is a crime that involves the movement of people by the use of force, fraud, coercion or deception, with the aim of exploiting them. It is a form of modern slavery.</p> <p>It involves transporting people across nations as well as trafficking around the UK. It can be for commercial, sexual and bonded labour.</p> <p>Three elements form part of trafficking:</p> <ul style="list-style-type: none"> <li>- the act of recruiting, transporting, transfer, harbouring or receiving persons</li> <li>- Use of the means of force, fraud, coercion, deception</li> </ul> <p>The purpose of exploitation.</p>	<ul style="list-style-type: none"> <li>acts as if instructed by another</li> <li>signs of physical or psychological abuse</li> <li>untreated medical conditions</li> <li>has money deducted from their salary</li> <li>little or no contact with family or loved ones</li> <li>not in possession of their own legal documents</li> <li>seems held in the employer's home/workplace</li> <li>works in excess of normal hours</li> <li>appears frightened, withdrawn or confused</li> <li>with a group of workers of a similar nationality, age, gender</li> <li>speaks as if 'coached'</li> </ul>
<b>Criminal exploitation, child criminal exploitation (CCE) &amp; county lines</b>	
<b>Definition of criminal exploitation</b>	<b>Signs &amp; indicators</b>
<p>Criminal exploitation is a form of abuse where adults or children are manipulated and coerced into committing crimes. Through the use of violence or grooming and pressure, they may be forced into doing things like stealing or carrying drugs or weapons and be put into dangerous situations. This may involve being part of a gang which is linked to illegal activity (a gang could be a peer group or an organised criminal gang).</p>	<ul style="list-style-type: none"> <li>going missing, unexplained absence from school, college or work</li> <li>excessive travelling, being found out of their home area</li> <li>unexplained access to money, clothes or mobile phones</li> <li>signs of drug misuse, alcohol abuse</li> <li>excessive use of internet, social media, texts, phone calls</li> <li>relationships with controlling individuals or groups; gang-association and/or isolation from peers/social networks</li> <li>using new slang words.</li> <li>suspicion of physical assault, unexplained injuries</li> <li>carrying of weapons such as knives</li> <li>self-harm or significant changes in emotional well-being</li> <li>committing petty crimes like shop lifting or vandalism</li> </ul>
<b>Definition of county lines</b>	
<p>'County Lines' is a term the police use for urban gangs that exploit children and vulnerable adults into moving drugs from a hub, normally a large city, into other areas such as suburbs and market and coastal towns, using mobile phone lines or "deal lines". This can involve victims being trafficked away from their home area, staying in accommodation and selling and manufacturing drugs. Accommodation can include Airbnb's, private rental properties, budget hotels or the home of a drug user or other victim that is taken over by a criminal gang (called cuckooing).</p> <p>Perpetrators of criminal exploitation and county lines use different tactics to recruit and exploit children and vulnerable adults including bribing, befriending, threatening or coercing them. It can be difficult for victims to cut off ties with the gang, e.g. because their own safety or that of their friends and family is threatened or because they have become addicted to drugs and alcohol supplied by gang leaders or because</p>	

they are forced to commit crime to settle actual or fabricated debts.	
Children and vulnerable adults involved in criminal exploitation and county lines are also at risk of all other forms of abuse.	

<b>Radicalisation &amp; extremism</b>	
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<b>Definition</b>	<b>Signs &amp; indicators</b>
<p>Adults and children are exposed to information which may be considered radical or extreme.</p> <p>Radicalisation is the process through which a person comes to support extremist ideologies. It can result in a person becoming drawn into terrorism and it is a form of harm. The process of radicalisation may involve being groomed (online or in person), exploited, exposed to violent material, manipulated, harmed or threatened. Anyone can be radicalised but some people may be more vulnerable if they are more easily influenced or impressionable, isolated, they feel rejected or discriminated against or experience community tension amongst different groups.</p> <p>Extremism is defined in the Counter Extremism Strategy 2015 as the vocal or active opposition to British fundamental values, including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. It also includes calls for the death of members of our armed forces as extremist. Extremism can involve targeting vulnerable people by seeking to sow division between communities on the basis of race, faith or denomination; or argue against the primacy of democracy and the rule of law in society.</p> <p>The government has established a Prevent Duty (under s26 Counter-Terrorism and Security Act, 2015) to reduce the numbers of people supporting extremism or becoming radicalised and to prevent them being drawn into terrorism. It is a statutory duty for local authorities, educational provisions, the health sector, police and prisons which means they must have "due regard to the need to prevent people from being drawn into terrorism." However, all organisations that work with children and vulnerable people have a responsibility to protect them from harm and becoming radicalised and/or being exposed to extreme views.</p>	<ul style="list-style-type: none"> <li>• isolating self and spending time alone via social media</li> <li>• feelings that they have no purpose in life; don't belong; low self esteem</li> <li>• change in emotions and behaviour</li> <li>• change of routines, in appearance or online activities</li> <li>• fixated on an ideology, belief or cause</li> <li>• intolerant of difference such as race, faith, culture, gender or sexuality</li> <li>• justifying violence to others</li> <li>• change in language or use of words; closed to new ideas; 'scripted' speech</li> <li>• have materials or symbols associated with the cause</li> <li>• attending events, rallies etc of an extremist nature</li> <li>• sense of grievance (e.g., anti-West, anti-immigration, anti-Muslim); sense of 'them and us'</li> <li>• conflict with family/friends or lose interest in people who do not have same beliefs</li> <li>• try to recruit others to join the 'cause'</li> </ul>

<b>Online safety</b>	
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<b>Definition</b>	<b>Signs &amp; indicators</b>
<p>Technologies and the internet are an important source of communication, education and entertainment. Unfortunately, some people will use them to harm children and vulnerable adults.</p> <p>Technology can be used extensively to groom and harm people and be involved in sexual exploitation,</p>	<ul style="list-style-type: none"> <li>• meeting older or new friends they've met online</li> <li>• receiving gifts or money</li> <li>• withdrawn and secretive</li> <li>• new phone or more than one phone</li> </ul>

<p>radicalisation, cyber-bullying, criminal exploitation etc. Abusers can adopt an identity to befriend possible victim's, people can be manipulated into sharing sensitive information and images, hackers can access online accounts and financial information.</p> <p>'Sexting' or youth produced sexual imagery is the use of technology to share indecent images or videos of a sexual nature which young people have taken of themselves - sharing images of children in this way is illegal.</p> <p>Online safety can fall into these areas of risk:</p> <p><b>content:</b> exposure to illegal, inappropriate or harmful material e.g. sexual or violent material, offensive material which serves to breed hatred, fabricated news, radical and extremist views</p> <p><b>contact:</b> subjected to harmful online interaction with other users e.g. adults posing as children or as 'friends', commercial advertising</p> <p><b>conduct:</b> personal online behaviour that increases causes harm, e.g. making, sending and receiving explicit images, or online bullying.</p> <p>Further advice and guidance on this topic are on the websites of the NSPCC, CEOP, Internet Watch Foundation and the UK Safer Internet Centre.</p>	<ul style="list-style-type: none"> <li>• receiving large numbers of calls or messages</li> <li>• worried about being away from their phone</li> <li>• excessive time on phone or online</li> </ul>
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Female genital mutilation (FGM)	
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Definition	Signs & indicators
<p>FGM is a term given to a range of procedure whereby a female's genitals are cut, injured, removed or changed without a medical reason or other health benefit. It is commonly carried out without anaesthetic, medicines, sterile equipment or medical training. FGM is carried out on females of any age, from newborns to older teenagers and adult women.</p> <p>The practice is carried out in certain parts of the world and also in the UK from those communities that practice it, although it is illegal in the UK and in many other countries. It is done for cultural reasons, with those that practice it arguing that it benefits the woman or girl, keeps her 'clean', retains her virginity or makes her 'marriageable'. In fact, it causes extreme pain, infection, and life-long physical and psychological damage to the healthy functioning for women and girls and causes risk to the unborn child.</p> <p>It is a criminal offence (Female Genital Mutilation Act 2003) in the UK to either perform FGM (including taking a child abroad for FGM) or to enable/facilitate FGM on a British National or a permanent British resident, with the crime incurring a maximum 14 year imprisonment. Certain professionals have a mandatory reporting duty if</p>	<ul style="list-style-type: none"> <li>• long visit abroad; 'ceremony' to be 'woman'</li> <li>• relative or 'cutter' visiting from abroad</li> <li>• female relative being cut</li> <li>• prolonged absence from school</li> <li>• difficulty walking, standing or sitting</li> <li>• spend longer in the toilet</li> <li>• pain urinating or menstruating</li> <li>• appear withdrawn, anxious or depressed</li> <li>• reluctant to have normal medical exams</li> <li>• severe pain, shock, bleeding, infections, organ damage, blood loss</li> </ul>



they are aware of FGM occurring for a child (under age 18).	
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## 5. Additional vulnerabilities

Some adults and children may be more vulnerable to abuse and neglect due to various circumstances – that is not to say that those vulnerabilities will translate into harm, but that they should be considered as heightened risk factors. Additional vulnerabilities include:

### Disability

People with disabilities are additionally vulnerable because they:

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

### Looked after children & care leavers

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

### Race and racism

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

### Young carers

Young carers are those under age 18 who provide care for someone else (often their parent). Doing so may limit life opportunities for young carers, including education, social and relationship experiences and the burden of their care giving may be excessive or long term. Some young carers may be in need of protection for example if the person they care for is abusive.

### Contextual safeguarding

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

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

## **6. How safeguarding concerns may arise at Nafsiyat**

The examples below are given to help clarify some of the ways in which safeguarding concerns may arise at Nafsiyat, the list is not exhaustive.

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

## **7. Roles and responsibilities at Nafsiyat**

### **Safeguarding is everyone's responsibility**

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

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

- responding to any safeguarding concerns, however small they may appear.

## **Supervisors**

Clinical Supervisors have a unique position of monitoring and ensuring supervisees adherence to policies.

## **Designated Safeguarding Officer (DSO)**

The DSO's are Clinical Lead, Senior Psychotherapists and Senior Counsellors and they have operational responsibilities for safeguarding across Nafsiyat. Their responsibilities include:

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

## **Designated Safeguarding Lead (DSL)**

The DSL at Nafsiyat is the Managing Director who has strategic responsibilities for safeguarding across Nafsiyat. The Managing Director may delegate parts of the role but remains responsible overall.

The DSL role includes:

- promoting a safeguarding and listening culture across Nafsiyat.
- keeps abreast of changes in safeguarding law, best practice and of emerging trends and themes in safeguarding across Nafsiyat and for clients.
- setting the safeguarding policy and procedure direction in line with statutory guidance, ensuring annual reviews are completed and the policy and procedure is implemented.
- monitor effectiveness of and compliance with safeguarding policy and procedures as well as related procedures such as Code of Conduct, Safer Recruitment and Whistleblowing.
- ensure effective safeguarding systems are in place, including secure recording and retrieval systems, appointing DSO's and stating safeguarding responsibilities in all staff job descriptions.
- setting out required safeguarding training, including induction, and providing training and updates as per staff members roles and responsibilities. Maintaining a record of staff attendance at safeguarding training.
- assisting and overseeing the work of the DSO's and quality assuring the management of safeguarding cases, including decisions made.
- oversees the management of safeguarding allegations against staff.

- briefs trustees on a regular basis about safeguarding activity and issues (data, gaps, themes and risks), maintains a risk register and provides an annual report on safeguarding.

## **Trustees**

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

Their responsibilities include ensuring:

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

## **8. Responding to safeguarding concerns**

### **Barriers to speaking out for clients**

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

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

## **Barriers for us in listening**

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

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

These feelings may be normal but can limit our responses to people who need our help. It is important to talk with supervisors and colleagues so that we can remain open to listening and acting on our safeguarding concerns, however small or vague they may at first appear.

## **Responding to an adult/child**

When adults or children tell us that they have experienced harm, sometimes this is referred to as 'making a disclosure'. Disclosures may need to be reported to another agency and there may be criminal or safeguarding inquiries that commence, knowing how to respond in these circumstances is essential and this guidance may be helpful.

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

## **Information sharing and confidentiality**

### **Sharing internally within Nafsiyat**

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

### **Sharing externally**

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

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

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

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

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

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

lacks mental capacity must be in their 'best interests' and the 'least restrictive' of their rights and freedoms.

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

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

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

### **Communicating with parents when working with children**

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

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

### **Recording**

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

- can be made during the session with the adult or child or failing that immediately afterwards
- as far as possible, should use the adult/child's own words and phrases
- should avoid acronyms or initials unless these are properly explained, must be in plain language and free from jargon
- should be clear, accurate, concise and up to date
- should differentiate between fact and professional opinion or observations
- must state the date, time, place and who is present.
- should ideally be typed but can be written in black ink to allow photocopying, with handwritten notes being legible
- must be completed as soon as possible after the event/incident and at the latest within 24 hours

- be made only on Nafsiyat secure systems and be held by Nafsiyat. Records should never be kept at home or in places outside of Nafsiyat, nor be made on personal equipment such as phones or notebooks.
- be accessed only by those who are authorised and, on a need,-to-know basis.
- must never be amended. Additional information or corrections of fact must be written as a separate record and explaining why the additional note is being made.

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

All hand-written notes should be kept with the client counselling notes. A safeguarding form, once complete should be sent to the Clinical Lead, copying in the Designated Safeguarding Lead. The form will then be retained in the Safeguarding Lead's safeguarding folder.

## 9. Procedure for managing safeguarding concerns about clients

It is not our responsibility to decide whether or not an adult or child has been abused, but we are responsible for responding to and reporting concerns. Regardless of how safeguarding concerns emerge, it is important to act on them and to report them in accordance with this procedure. Reports must be made immediately or as soon as possible after the concern comes to light and within the day.

See Appendix 1 for all names and contact details of DSO's and DSL's, the flowchart for managing concerns about adults and children (Appendix 4) and the safeguarding form (Appendix 3).

### Responding to a child or adult emergency

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

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

### Responding to a safeguarding concern about a child or adult

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

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

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

**Stage 3:** The DSO, having listened and understood any relevant background, will make decisions about the next steps to take. In so doing, the DSO may seek advice from others either at Nafsiyat or externally e.g. the Multi-Agency Safeguarding Hub (MASH). The DSO will ensure that if it is appropriate, the safeguarding concern has been discussed with the client to obtain their view of what they would like to happen and tell them of our duty to pass



on our concerns if this is required. The DSO will clarify matters regarding consent to share information have been addressed properly. Thereafter the DSO will make decisions accordingly within 24 hours of the concern being alerted to them.

If there is any disagreement between the Nafsiyat staff about the decision that is to be taken than the matter must be referred to the DSL to make a decision. If the staff member disagrees with a decision not to refer the matter out, they can make the referral themselves and must inform the DSO that they have done so.

The DSO may make any of these decisions:

- i. There is no further action to take. This is because there are no safeguarding concerns.
- ii. The threshold has not been met to refer onwards. Nafsiyat will continue to provide support to the individual adult or child. This could also involve signposting the individual to other sources of help. It may involve ongoing monitoring of safeguarding for the person.
- iii. Referral is made to other agencies for support and early help. This could involve voluntary or statutory agencies. Such referrals will require the informed consent of the client. It may involve ongoing monitoring of safeguarding for the person by Nafsiyat.
- iv. Referral is made to the local authority social care – for either adults or children - if there is reasonable cause to suspect that the person has experienced or is at risk of abuse or neglect or there are serious concerns about the wellbeing of the person. Information sharing with other agencies should be in line with the principles set out in this policy and procedure.
- v. The referral must be made immediately by the DSO and telephone referrals should be confirmed in writing within 24 hours. The local authority should acknowledge the referral within one working day of receiving it; if the DSO has not heard from them within 3 days, further follow up contact must be made with them. If a referral is not accepted or there are delays, the DSO should be advised by the Local Authority and given reasons for these decisions. If the DSO remains concerned, they should be proactive in pursuing further discussions with the Local Authority and consider escalating their concerns through the Safeguarding Partnership procedure.
- vi. After the referral has been made, ongoing work by the DSO may be required, including providing further reports or attendance at meetings, in line with the multi-agency procedures.
- vii. Refer to the Police or other Emergency Services if there is an emergency situation requiring immediate action.
- viii. At any time, the DSO can seek advice from one or more of the following: the DSL, Local Authority, Police or any of the specialist providers across the relevant London borough's (see agencies listed in Appendix x).

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

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

## **10. Procedure for managing allegations against staff and volunteers**

Safeguarding concerns can include where an individual may have:

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

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

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

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

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

### **Responding to a safeguarding concern about staff**

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

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

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

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

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

### **Steps the DSL may take**

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

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

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

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

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

## **Liaison with the local authority designated officer (LADO)**

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

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

## **Enquiries by social care about adult or child safeguarding**

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

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

## **A police investigation if a criminal offence may have been committed**

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

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

## **Nafsiyat internal process including considerations about disciplinary action**

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

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

- maintaining confidentiality for the subject of the allegation during the investigation period.
- the subject of the allegation has a right to have their case dealt with fairly, quickly and consistently and to be kept informed of its progress. They should have a named contact at Nafsiyat and be signposted to external support, e.g. union or counselling services.
- decisions about suspension or other alternatives such as allocating other duties during the investigation period. Suspension should not be the default option and alternatives to suspension will always be considered. Where suspension takes place, it is viewed as a neutral act which does not imply guilt. Suspension should be considered where Police are investigating allegations; the allegation is so serious that if it is substantiated, it would be grounds for dismissal; the person against whom the allegation is made may put pressure on others who are witnesses or may pose ongoing risk which cannot be managed satisfactorily without suspension. In any event, whilst inquiries are ongoing, the worker in question should preferably not be in contact with clients.
- Outcomes of the investigation may fall into these areas:
  - there is sufficient evidence to state that the allegation is substantiated and there has been harm to the client.
  - there is sufficient evidence to disprove the allegation and say it is malicious. Malicious allegations made by another member of staff/volunteer may result in disciplinary procedure against the referrer. Where police are involved, this may lead to charges of 'wasting police time' or 'perverting the course of justice'.
  - there is sufficient evidence to disprove the allegation but it was not made to deceive. False allegations are rarely made by clients and there has been a misunderstanding. Where it transpires that there has been a false allegation, it is important to consider what may have driven this, including other welfare concerns.
  - there is insufficient evidence to either prove or disprove the allegation which is therefore unsubstantiated.
  - there is no evidence or proper basis which supports the allegation being made and the allegation is unfounded.

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

- reintegrating the member of staff into the job role
- changes to the job description or working patterns
- invoking the disciplinary process
- dismissal
- alerting other known employers of the individual concerned (which the LADO can do in children's cases)
- referring to the DBS
- alerting the Charity Commission or the charity's commissioners, insurance company or professional regulating bodies of the subject of the allegation

- if there are any consequences for staff who have made malicious allegations. There should be no consequence for staff who make allegations in good faith where those allegations are not substantiated or are unfounded.

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

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

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

### **Other considerations**

#### **Lack of co-operation**

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

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

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

#### **Managing communications**

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

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

The child their parents/carers and the adult at risk should ideally be told about the allegation as soon as possible (if they do not know about it already). This will be dependent on the individual situation. They should be kept informed about the progress of the case and told of

the outcomes where there is not a criminal prosecution. That includes the outcome of any disciplinary process.

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

### **Compromise agreements, settlement agreements or non-disclosure agreements**

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

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

### **References**

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

### **Record keeping**

Details of allegations that are found to have been malicious should be removed from personnel records.

For all other allegations, detailed and clear records of the allegation, how it was managed, actions taken and decisions reached, is kept on the confidential personnel file of the subject of the allegation. The record should be kept at least until the accused has reached normal pension age or for a period of 10 years from the date of the allegation if that is longer.

### **Supervision, support & learning**

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

## **11. Safeguarding learning, development and training**

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

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

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

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

## **Induction**

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

## **Safeguarding learning and development / training**

All staff and volunteers and Trustees will receive within 6 months of their starting their role, safeguarding learning and development which will help them to identify abuse and neglect and report it using this policy and procedure and statutory guidance. This will be for safeguarding both adults and children. This training will then take place annually as a refresher/update.

## **Safeguarding training for designated safeguarding officer**

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

## **Safeguarding training for designated safeguarding leads & trustees**

Those roles that will need to recruit to staff and volunteers will need to have undertaken 'safer recruitment' training. In addition, those senior staff and Trustees who may be required to undertake inquiries and manage allegations against staff will be required to be confident in their ability to manage these processes.

## **Safeguarding governance briefings**

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



## Appendix 1

<b>Safeguarding Roles &amp; Responsibilities: Key Contacts at Nafsiyat</b>			
<b>Designated Safeguarding Officer (DSO)</b>			
<b>Name:</b>	Baffour Ababio	<b>Tel:</b>	07483414282
<b>Job Title:</b>	Clinical Lead	<b>Email:</b>	baffoura@nafsiyat.org.uk
<b>Designated Safeguarding Officer (DSO)</b>			
<b>Name:</b>	Dilek Gungor	<b>Tel:</b>	07483413816
<b>Job Title:</b>	Senior Psychotherapist	<b>Email:</b>	dilekg@nafsiyat.org.uk
<b>Designated Safeguarding Officer (DSO)</b>			
<b>Name:</b>	Jale Yazar	<b>Tel:</b>	07483413564
<b>Job Title:</b>	Senior Psychotherapist	<b>Email:</b>	jaley@nafsiyat.org.uk
<b>Designated Safeguarding Officer (DSO)</b>			
<b>Name:</b>	Sega Habtom	<b>Tel:</b>	07483413742
<b>Job Title:</b>	Senior Counsellor	<b>Email:</b>	segah@nafsiyat.org.uk
<b>Designated Safeguarding Officer (DSO)</b>			
<b>Name:</b>	Wajiha Ali	<b>Tel:</b>	07483156028
<b>Job Title:</b>	Deputy Clinical Lead	<b>Email:</b>	wajiha@nafsiyat.org.uk
<b>Designated Safeguarding Officer (DSO)</b>			
<b>Name:</b>	Banu Aydin	<b>Tel:</b>	07483117147
<b>Job Title:</b>	Senior Psychotherapist	<b>Email:</b>	banu@nafsiyat.org.uk
<b>Designated Safeguarding Lead</b>			
<b>Name:</b>	Adam Weatherhead	<b>Tel:</b>	07436532872
<b>Job Title:</b>	Managing Director	<b>Email:</b>	adam@nafsiyat.org.uk
<b>Chair of Trustees</b>			
<b>Name:</b>	Jane Cook	<b>Tel:</b>	
<b>Title:</b>	Chair	<b>Email:</b>	janeycook58@gmail.com
<b>Lead Trustee for Safeguarding</b>			
<b>Name:</b>	Jane Cook	<b>Tel:</b>	
<b>Title:</b>	Chair	<b>Email:</b>	janeycook58@gmail.com

## Appendix 2

<b>Key External Contacts and Resources</b>		
<b>Police, Ambulance, Fire Services</b>		
Police	non-emergency	Tel 101
Emergency Services		Tel 999
Police Public Protection Unit		Tel
Police Anti-terrorism Hotline		Tel 0800 789 321
Police Prevent Team		Tel 101
<b>Local Authority</b>		
Local Authority Adults Social Care  (see link for adult safeguarding multi-agency procedures)		Use the following websites to find out the details:  <a href="https://www.nhs.uk/service-search/other-services/Local-Authority-Adult-Social-Care/LocationSearch/1918">https://www.nhs.uk/service-search/other-services/Local-Authority-Adult-Social-Care/LocationSearch/1918</a>  <a href="https://www.gov.uk/report-abuse-of-older-person">https://www.gov.uk/report-abuse-of-older-person</a>
Local Authority Children Social Care  (see link for adult safeguarding multi-agency procedures)		Use the following website to find out the details: <a href="https://www.gov.uk/report-child-abuse-to-local-council">https://www.gov.uk/report-child-abuse-to-local-council</a>
A-Z of councils and their social media links		<a href="https://www.local.gov.uk/our-support/guidance-and-resources/communications-support/digital-councils/social-media/go-further/a-z-councils-online">https://www.local.gov.uk/our-support/guidance-and-resources/communications-support/digital-councils/social-media/go-further/a-z-councils-online</a>
Camden Local Authority Adults Social Care		Office hours: 020 7974 4000 After hours: 020 7974 4444
Enfield Local Authority Adults Social Care		Office hours: 020 8379 3196 After hours: 020 8379 5212
Haringey Local Authority Adults Social Care		Office hours: 020 8489 1400 After hours: 020 8489 0000
Islington Local Authority Adults Social Care		Office hours: 020 7527 2299 After hours: 020 7226 0992
<b>Local Agencies</b>		
Domestic Abuse		Refer to Nafsiyat's 'North London and Nationwide Domestic Violence Services' document, which is available on the shared drive.

	National Domestic Violence Helpline	Tel: 0808 2000 247
Sexual Assault Referral Centres (SARC)		<a href="https://www.nhs.uk/service-search/other-services/Rape-and-sexual-assault-referral-centres/LocationSearch/364">https://www.nhs.uk/service-search/other-services/Rape-and-sexual-assault-referral-centres/LocationSearch/364</a>
<b>Radicalisation</b>		
HM Govt	Report radicalisation concerns online	Report online: <a href="https://act.campaign.gov.uk/">https://act.campaign.gov.uk/</a> Tel: 0800 789 321
Home Office	Radicalisation e-learning module	<a href="https://www.elearning.prevent.homeoffice.gov.uk">https://www.elearning.prevent.homeoffice.gov.uk</a>
Pan London		Police
<b>Adult Safeguarding</b>		
Ann Craft Trust	Resources and support for safeguarding adults	Tel 0115 951 5400 Website: <a href="http://www.anncrafttrust.org/safeguarding-adults-sport-activity/">http://www.anncrafttrust.org/safeguarding-adults-sport-activity/</a>
NAPAC (National Association for People Abused in Childhood)	Helpline and online support	Tel 0808 801 0331 Email support@napac.org.uk
Mencap Direct	Helpline and support	Tel: 0808 808 1111 E-mail help@mencap.org.uk <a href="http://www.mencap.org.uk">www.mencap.org.uk</a>
MIND	Helpline and support	Tel 0300 123 3393 Text 86463 E-mail info@mind.org.uk <a href="http://www.mind.org.uk">www.mind.org.uk</a>
National Autistic Society	Helpline and support	Tel 0808 800 4104 Website <a href="http://www.autism.org.uk">www.autism.org.uk</a>
<b>Children's Safeguarding</b>		
NSPCC Helpline	For anyone concerned about a child	Tel 0808 800 5000 Email help@nspcc.org.uk
Childline	Contact for children to use	Tel 0800 1111
NSPCC Whistleblowing Helpline		Tel 0800 028 0285 Email help@nspcc.org.uk.
NSPCC FGM Helpline		Tel 0800 028 3550 Email fgmhelp@nspcc.org.uk
Triangle	Support and advocacy re disabled children	Tel 01273 305 888 <a href="https://triangle.org.uk/">https://triangle.org.uk/</a>
Family Lives		Tel 0808 800 2222
Child Trafficking Advice Centre		0808 800 5000.

Child Exploitation and Online Protection Centre (CEOP)	Investigates inappropriate online behavior such as grooming online or sexual exploitation	0870 000 3344
<b>Other National Services</b>		
Victim Support		Tel 0808 168 9111 <a href="http://www.victimsupport.org.uk">www.victimsupport.org.uk</a>
FGM FORWARD	Training and Support	Tel 020 8960 4000 Email <a href="mailto:forward@forwarduk.org.uk">forward@forwarduk.org.uk</a>
Forced Marriage Helpline		Tel 0800 599 9247
Forced Marriage Unit		Tel 0207 008 0151 Out of office hours contact: 0207 008 1500 (ask for Global Response Centre).
UNSEEN	Specialist charity for advice and support about Modern Slavery	Telephone: 0303 040 2888 Helpline: 08000 121 700 Website: <a href="https://www.unseenuk.org/">https://www.unseenuk.org/</a>
British Institute of Learning Difficulties	Training and Resources	Tel 0121 415 6960 <a href="http://www.bild.org.uk">www.bild.org.uk</a>
The UK Safer Internet Centre	Provides advice for professionals and responds to reports about sexual abuse images of children online	0844 381 4772
Disclosure & Barring Scheme		<a href="https://www.gov.uk/government/organisations/disclosure-and-barring-service">https://www.gov.uk/government/organisations/disclosure-and-barring-service</a>
Samaritans		Tel: 116 123

**Safeguarding incident reporting form**

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

**Safeguarding Concern/Incident Form**

Available on the shared drive and Nafsiyat's shared OneDrive.

<b>Details of the Adult at Risk or Child</b>		
Name of Child/ren or Adult at Risk		
Age	Date of Birth	Gender
Religion	Ethnicity	Language
Any additional needs (e.g. disability, interpreter required)		
Parent's/Carer's name(s):		
Any other family member names:		
Home address and telephone number of child/ren or adults at risk:		
<b>Details of a safeguarding concerns</b>		
Describe the safeguarding concerns. Include: <ul style="list-style-type: none"> <li>• How did the concern come to light?</li> <li>• Dates/times of incidents, dates/times of actions taken etc.</li> <li>• Details of specific incidents.</li> <li>• Physical signs or behaviour's that were noted</li> </ul>		
Have you spoken to the adult at risk or the child? If so, what was said?		
Have you spoken to the parent(s) or carers? If so, what was said?		

Details of the person/s that the concern or allegation is against:

**Full Name**  
**Role or Relationship to the alleged victim**  
**Age/Date of Birth**  
**Address**

**Telephone Number**

Have you asked for consent from the adult at risk or the child/child's parents to pass on information?  
 YES/NO

Has consent to pass on information to other agencies been given?  
 YES/NO

Please explain if there are any issues or concerns about consent.

Have you sought advice from anyone? Give details of who (full name and contact details), when and the advice they gave.

**Your Details**

Your Name:	Your Position:	Your contact details
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**Report**

Are you reporting your own concerns or responding to concerns raised by someone else?  
 If responding to concerns raised by someone else, please provide their name, role and contact details (if known):

Date and Time reported to Designated Safeguarding Lead	
Name of Designated Safeguarding Lead reported to	
Your Signature	
Signature of Designated Safeguarding Lead	

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

**Safeguarding concern about an adult or a child  
(in emergency call police or ambulance)**

**Complete safeguarding form**

**Inform Designated Safeguarding Officer (DSO) immediately**

**DSO decides on next steps asap and within 24 hours.  
DSO may: seek further information and examine previous records;  
seek advice from others (internally and/or externally); clarify  
information sharing and consent to share; speak with the child,  
adult at risk and/or family members**

**No Further Action**

**Nafsiyat continues to provide support to adult or child and/or signposts to other agencies**

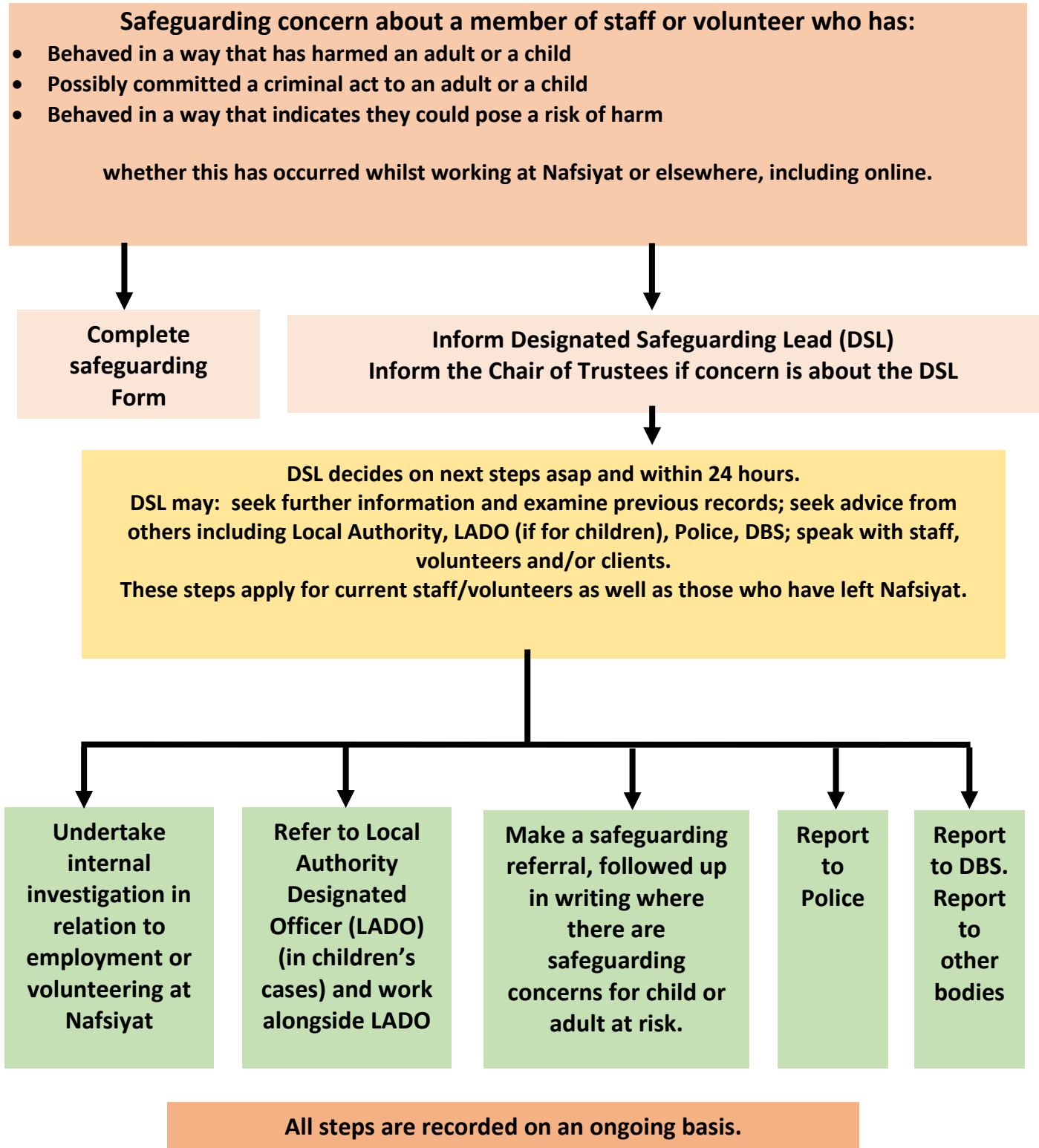
**Nafsiyat makes referral to other agencies for early help or support, with informed consent**

**DSO makes a safeguarding referral, following it up in writing.**

**In an emergency situation, contact emergency services.**

**All steps are recorded on an ongoing basis.**

**Flowchart for Managing Allegations Against Staff**  
(see policy and procedure for detailed guidance).





### Reporting to Regulating Bodies and Commissioners

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

#### The Disclosure and Barring Service (DBS)

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

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

See DBS website for further information (accessed 09/07/2020)  
<https://www.gov.uk/guidance/making-barring-referrals-to-the-dbs>

#### The Charity Commission

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

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

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

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

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

- Incidents of abuse or mistreatment (alleged or actual) of clients (adults or children) which happened when they were under our care and someone connected to Nafsiyat was responsible for the abuse or mistreatment.
- Incidents of abuse or mistreatment (alleged or actual) of people who come into contact with Nafsiyat which have resulted in or risked harm to them.

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

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

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

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

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

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

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

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

## **Commissioners**

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

## **Professional bodies**

Where staff or volunteers are working for Nafsiyat and are a member of a regulated profession, any concerns with regard to their employment, including where they have been subject of an allegation or concern, may need to be referred to their professional body. The relevant professional body will need to deal with issues relating to fitness to practice or bringing that profession into disrepute.

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

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

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

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Name:

Date of appointment:

Date policy and procedure discussed in supervision:

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

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

Name of worker:

Signature of worker:

Date:

Name of manager:

Signature of manager:

Date:

### SUICIDAL IDEATION GUIDELINES

If a client presents with suicide ideation in a therapy session, immediately discuss this with a senior clinical staff member. The senior member of the clinical staff should carry out an immediate risk assessment and take the following steps:

1. Check if the client has any contacts with local community mental health teams and if there is a Psychiatrist or Care Coordinator involved.
2. Between 9am and 5pm on weekdays, refer the client to the intake team or duty team (depending on where the client lives) for an assessment. Follow this up until the relevant team has become formally involved.
3. Weekdays between 5pm and 11pm / Saturdays & Bank Holidays between 2pm and 7pm refer all cases to the out-of-hours service in the client's local area.
4. Where the risk is immediate, contact the relevant community mental health team – see below.
5. Inform the client's GP immediately by telephone and in writing.
6. Inform the Chief Executive/Clinical Lead/Clinical Supervisor/Senior Clinician of the actions taken and feedback received.
7. Ensure that all communication is included in the client's file, including the date and time the communication took place, signed by the person making the entry. All entries must be countersigned by a senior member of staff. Alternatively, a note to say that the record has been discussed, seen, and read by the relevant staff member is acceptable.
8. Where other health services are involved, all relevant information about the client's case is to be shared with that service.
9. Follow up on the referral for assessment in order to inform your own care plans for the client.
10. Discuss the event at your next clinical supervision session.

#### Community Mental Health Teams

##### North Camden Recovery Centre

3 Daleham Gardens, London NW3 5BY  
Phone: 020 3317 6315

##### South Camden Crisis Resolution Team

1st Floor, The Rivers Crisis House, St Pancras Hospital, 4 St Pancras Way, London NW1 0PE  
Phone: 0800 917 3333

##### Islington Crisis Team

Address: Highgate Mental Health Centre, Dartmouth Park Hill, Highgate, London N19 5NX  
Phone: 020 7561 4000

##### Haringey Crisis Resolution Home Treatment Team

Lea Unit, St Ann's Hospital, St Ann's Road, Tottenham, Haringey, N15 3TH  
Phone: 020 8702 6700

Enfield Crises Team  
Ivy House, Chase Farm Hospital  
Phone: 0208 702 3800