**GMAC Child Protection and Safeguarding Policy 2021 (updated Jul 2021)**

Greater Manchester Arts Centre (GMAC) intends that this policy and contained procedures should apply to all staff, including senior managers and the board of trustees, paid staff, volunteers and sessional workers, agency staff, students and anyone else deemed to be working on behalf of GMAC.

|  |
| --- |
| Policy StatementGMAC recognises its responsibility and duty to safeguard all children, young people and adults at risk of harm taking part in the activities and services that it delivers and is committed to the provision of a safe environment. GMAC believes strongly that all children, young people and adults at risk of harm have a right to protection regardless of gender, ethnicity, disability, sexuality or religion and that this protection should be responsive to their needs and requirements.GMAC is committed to the protection of vulnerable groups and will ensure this through good practice and by following the GMAC Child Protection and Safeguarding Guidelines.  |

## **The aim of the GMAC Child Protection and Safeguarding Policy is:**

* to provide protection for children, young people and adults at risk of harm whilst in the care of GMAC and during visits to GMAC;
* to ensure a systematic organisational approach to the protection of children, young people and adults at risk of harm;
* to provide guidance to staff and volunteers on the procedures that they should follow in the event that they suspect or have reason to believe that a child, young person or adult at risk of harm may be experiencing harm or be at risk of harm.

|  |
| --- |
| For the purpose of this policy children are defined as young people under the age of 18For the purpose of this policy an adult at risk of harm is defined by the Care Act 2014 as a person over the age of 18 who:* has needs for care and support (whether or not the local authority is meeting any of those needs);
* is experiencing, or at risk of, abuse or neglect;
* 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.
 |

# What is Child Protection and Safeguarding?

Child Protection is an important area of safeguarding and refers to the process of protecting specific individual children who may be identified as being at risk of suffering harm or who are suffering harm.

Safeguarding children is defined in Working Together to Safeguard Children as:

* protecting children from maltreatment;
* preventing impairment of children’s health or development;
* ensuring that children are growing up in circumstances consistent with the provision of safe and effective care;
* taking action to enable all children to have the best outcomes.

Safeguarding adults at risk of harm is defined in the care and support statutory guidance issued under the Care Act 2014 as:

* protecting the rights of adults to live in safety, free from abuse and neglect;
* people and organisations working together to prevent and stop both the risks and experience of abuse or neglect;
* people and organisations making sure that the adult’s wellbeing is promoted including, where appropriate, taking fully into account their views, wishes, feelings and beliefs in deciding on any action;
* recognising that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances and therefore potential risks to their safety or wellbeing.

**Legal Framework and Guidance Children and Young People**

This policy has been developed based on the law and guidance in place to protect children. This includes

• Children Act 1989

• United Convention on the Rights of the Child 1991

• Data Protection Act 1998

• Human Rights Act 1998

• Sexual Offences Act 2003

• Children Act 2004

• Safeguarding Vulnerable Groups Act 2006

• Protection of Freedoms Act 2012

• Children and Families Act 2014

• Special Educational Needs and Disability (SEND) code of practice: 0-25 year Statutory Guidance for organisations which work with and support children and young people who have special educational needs or disabilities; HM Government 2014

• Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers; HM Government 2015

• Working Together to Safeguard Children: A guide to interagency working to safeguard and promote the welfare of children; HM Government 2015

**Legal Framework and Guidance Protection of Adults at Risk of Harm**

This policy has been developed based on the law and guidance in place to protect adults at risk of harm. This includes

* Human Rights Act 1998
* Sexual Offences Act 2003
* Mental Capacity Act 2005
* Safeguarding Vulnerable Groups Act 2006
* The Care Act 2014
* Deprivation of Liberty Safeguards
* Counter-Terrorism and Security Act 2015
* Making Safeguarding Personal Guide 2014
* Data Protection Act 2018; General Data Protection Regulation (GDPR) 2018
* Prevent Duty Guidance 2015

## **We will protect children, young people and adults at risk of harm by:**

* Following clear recruitment practices for all staff, freelance workers and volunteers and ensuring that all necessary checks are carried out.
* Providing clear and appropriate information for all staff, including senior managers and the board of trustees, paid staff, volunteers and sessional workers, agency staff, students and anyone else deemed to be working on behalf of GMAC in order that they understand safeguarding and child protection.
* Taking all reasonable steps to ensure the health, safety and welfare of children, young people and adults at risk of harm who participate in GMAC events or groups.
* Having in place an accident prevention policy and plan.
* Ensuring that any work that involves children, young people and adults at risk of harm is properly planned, staffed and monitored and that all appropriate risk assessments are undertaken.
* Checking and monitoring equipment used by children, young people, adults at risk of harm and staff in accordance with health and safety guidance.
* Seeking parental consent for involvement in activities and where appropriate the consent of the children and young people.
* Ensuring that participants taking part in the regular activities and groups provided by GMAC complete a form which gathers data on their medical and dietary needs, allergies and specific developmental requirements.
* Providing appropriate audience specific information about GMAC child protection, and safeguarding policies to children, young people, adults at risk of harm and their families.
* Working and sharing information with relevant external agencies, families and carers when appropriate or necessary.
* Reviewing this policy annually or as and when required by changes in the law.

**Preventing Radicalisation and Violent Extremism**

GMAC values the fundamental rights of freedom of speech, the individual right of expression of beliefs and ideology and the tolerance of others. These are the core values of our democratic society. We understand that all rights come with responsibilities and free speech or beliefs designed to manipulate the vulnerable or that advocate harm or hatred towards others will not be tolerated.

GMAC seeks to protect its visitors, participants and staff from all forms of violent extremism, ideologies and messages. These include those linked to, but not restricted, to the following: Far Right/Neo Nazi, White Supremacist ideology, Islamist ideology, Irish Nationalist and Loyalist paramilitary groups and extremist Animal Rights groups.

GMAC views all exploitation and radicalisation as a safeguarding concern and will refer concerns to the appropriate safeguarding agencies via the Designated Safeguarding Officers (listed on page 12). If the above staff need to refer concerns on, they will do so using the Channel referral form through Channel which is a multi-agency process for safeguarding vulnerable individuals from being drawn into terrorism.

# Linked GMAC Policies and Guidance

* Safeguarding & Child Protection Action Plan
* Code of Conduct for Staff Working with Young People and Adults at Risk of Harm
* Online Agreement
* Data Protection Policy, [Privacy Policy](https://homemcr.org/about/policies/privacy/) and Data Storage Archive Policy
* Equality and Diversity Policy
* Health and Safety Policy and Health and Safety Notes
* IT Policy, ICTP Computer Usage Policy, ICTP BYOD Usage, ITCP Internet Usage
* Social Media Policy
* Volunteer and Trainee Policy

# Procedures on Responding to Disclosures & Concerns

GMAC intends that this policy and contained procedures should apply to all staff, including senior managers and the board of trustees, paid staff, volunteers and sessional workers, agency staff, students and anyone else deemed to be working on behalf of GMAC.

|  |
| --- |
| GMAC aims to ensure that those children, young people and adults at risk of harm who connect with the organisation receive the necessary protection and support to keep them safe from harm GMAC believes that an essential area of keeping children, young people and adults at risk of harm safe is knowing how to respond in the event of a disclosure or in situations where you have reasons to suspect that a child, young person or adult at risk of harm may be suffering harm or in danger of being harmed.  |

# Recognising Abuse

**It is your duty to make yourself familiar with the following definitions and procedures and to ensure that you know the actions to be taken in the event of a concern.**

**GMAC’s Designated Safeguarding Officers are listed on page 12 of this document.**

**If you have questions, concerns or you need to report a disclosure, you should follow the guidance on the following pages.**

Abuse and neglect are forms of maltreatment of a person. Somebody may abuse or neglect a child or adult at risk of harm by inflicting harm, or by failing to act to prevent harm. Children and adults may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger. They may be abused by an adult or adults, or another child or children.

**Definitions of Child Abuse taken from Working Together to Safeguard Children 2015**

**Physical Abuse**

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

**Emotional Abuse**

The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child’s emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.

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.

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

**Sexual Abuse**

Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

**Neglect**

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

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

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

**Further areas are highlighted by the document Working Together to Safeguard Children 2018 and other sources.**

**Child Sexual Exploitation is a form of child sexual abuse.**

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

a) in exchange for something the victim needs or wants, and/or

b) for the financial advantage or increased status of the perpetrator or facilitator.

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

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

**County Lines**

As set out in the Serious Violence Strategy, published by the Home Office, this is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of ‘deal line’.

They are likely to exploit children and adults at risk of harm to move and store the drugs and money, and they will often use coercion, intimidation, violence (including sexual violence) and weapons

**Child Criminal Exploitation**

As set out in the Serious Violence Strategy, published by the Home Office, where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity:

a) in exchange for something the victim needs or wants, and/or

b) for the financial or other advantage of the perpetrator or facilitator and/or

c) through violence or the threat of violence.

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

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

**Bullying**

Under the Children Act 1989, a bullying incident should be addressed as a child protection concern when there is ‘reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm’.

**Female Genital Mutilation**

The document Multi-agency statutory guidance on female genital mutilation describes this as a procedure where the female genital organs are injured or changed and there is no medical reason for this. It is frequently a very traumatic and violent act for the victim and can cause harm in many ways. The practice can cause severe pain and there may be immediate and/or long-term health consequences, including mental health problems, difficulties in childbirth, causing danger to the child and mother; and/or death.

The age at which FGM is carried out varies enormously. It may be carried out shortly after birth, during childhood or adolescence, just before marriage or during a woman’s first pregnancy.

Domestic Violence or Abuse

The cross-government definition of domestic violence and abuse is: any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

* Psychological
* Sexual
* Financial
* Emotional

**Definitions of Abuse relating to adults at risk of harm taken from Care Act 2014**

**Physical abuse including:**

* assault
* hitting
* slapping
* pushing
* misuse of medication
* restraint
* inappropriate physical sanctions

**Domestic abuse and violence including:**

* psychological
* physical
* sexual
* financial
* emotional abuse
* so called ‘honour’ based violence

**Sexual abuse including:**

* rape
* sexual harassment
* inappropriate looking or touching
* sexual teasing or innuendo
* sexual photography
* subjection to pornography or witnessing sexual acts
* indecent exposure
* sexual assault
* sexual acts to which the adult has not consented or was pressured into consenting

**Psychological abuse including:**

* emotional abuse
* threats of harm or abandonment
* deprivation of contact
* humiliation
* blaming
* controlling
* intimidation
* coercion
* harassment
* verbal abuse
* bullying
* cyber bullying
* isolation
* unreasonable and unjustified withdrawal of services or supportive networks

**Financial or material abuse including:**

* theft
* fraud
* internet scamming
* coercion in relation to an adult’s financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions
* the misuse or misappropriation of property, possessions or benefits

**Modern slavery encompasses:**

* slavery
* human trafficking
* forced labour and domestic servitude.
* traffickers and slave masters using whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment

**Discriminatory abuse including forms of:**

Harassment, slurs or similar treatment:

* because of race
* gender and gender identity
* age
* disability
* sexual orientation
* religion

**Institutional/ organisational abuse**

* Including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one’s own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

**Neglect and acts of omission including:**

* ignoring medical needs emotional or physical care needs;
* failure to provide access to appropriate health, care and support or educational services;
* the withholding of the necessities of life, such as medication, adequate nutrition and heating.

**Self-neglect**

* This covers a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding. A decision on whether a response is required under safeguarding will depend on the adult’s ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support.

**If you notice signs of abuse or you have concerns about anyone, it is your duty to refer these concerns confidentially as detailed on page 12 of this policy.**

# Responding to Disclosures

What is a Disclosure?

A disclosure is a circumstance in which a child or adult at risk of harm may deliberately or inadvertently present information that indicates that themselves or another individual may be suffering from harm or may be in danger of suffering from harm or being radicalised.

What to Do If A Child, Young Person or Adult at Risk of Harm Discloses Information

* Ensure that the child, young person or adult at risk of harm is given the opportunity to talk to you in a safe and confidential environment.
* Do make sure that another member of staff is aware of where you are and that you are in an area visible to others or if at all possible have another member of staff present.
* In the case of somebody inadvertently disclosing information that suggests that they are at risk of harm or are being harmed, or that somebody else may be at risk of harm or are being harmed then it is important to **ensure that the person disclosing is aware that this information will need to be passed on to the relevant authority or contact.**
* Listen to the child, young person or adult at risk of harm adult without interruption. You can nod or make verbal affirmation that you have heard what the person disclosing is saying.
* As soon as possible after the disclosing conversation write down what was said using the words of the child/young person/adult at risk of harm. It is very important not to interpret what the person disclosing is saying. Note the date, time, and any names that were mentioned and who you have passed the information on to. Sign and date it.
* Write down the facts as you know them using the Concern Sheet (appendix 1)
* Make it clear that you can offer support BUT don’t promise to keep it secret and make it clear that you must pass the information on. It is useful to do this as early in the conversation as possible so that the person disclosing is aware of the situation and does not feel that their trust has been broken.
* Accept at face value what you are told.
* Signpost children, young people and adults at risk of harm to appropriate support services e.g. Childline, NSPCC

**What Not to Do**

* You must NEVER speak to other people/members of staff about the issue/disclosure/concern apart from the named Designated Safeguarding Officer (DSO)s (listed on page 12), or persons called on the below numbers (Childline and NSPCC). Speaking about the case to others is a breach of confidentiality and could also result in a case being dropped by court at a later date, therefore putting the child at risk.
* Do not look shocked by what you are told. Disclosures can at times be unpleasant and emotionally upsetting but it is important that you do not convey this to the person disclosing.
* Do not ask leading questions, ensure that you go at the pace of the child, young person or adult at risk of harm, and ask them to rephrase for further clarification.
* Do not pass judgement on what is said but reassure child, young person, or adult at risk of harm that they ‘have done the right thing’.
* You must not act on the disclosure yourself and should refer the information to the relevant person on the list below.
* Do not approach the suspected abuser yourself.
* Do not automatically inform the parents or carers of concerns or disclosures without speaking to the Designated Safeguarding Officers or alternative contacts listed on page 12 first.

# **Allegations of Abuse**

Allegations against Staff

Should a child, young person or adult at risk of harm accuse a member of staff or any other individual working with GMAC including freelancers, volunteers, interns and members of the Board of trustees of abuse or any other kind of threatening or harmful behaviour then it is imperative that you report this immediately to your named Designated Safeguarding Officer (listed on page 12) who will then take the next appropriate action.

Allegations Against Another Child, Young Person or Adult at Risk of Harm

In the event that a complaint is made against another child, young person or adult at risk of harm then you should report this to your named Designated Safeguarding Officer (listed on page 12) who will decide whether this is a child protection issue or constitutes bullying and will then decide the next action to be taken.

What to Do If A Child, Young Person or Adult at Risk of Harm Makes An Allegation

* Ensure that the child, young person or adult at risk of harm is given the opportunity to talk to you in a safe and confidential environment.
* Do make sure that another member of staff is aware of where you are and that you are in an area visible to others or if at all possible have another member of staff present.
* It is important to ensure that the person making the allegation is aware that this information will need to be passed on to the relevant authority or contact.
* Listen to the child, young person or adult at risk of harm without interruption. You can nod or make verbal affirmation that you have heard what the person disclosing is saying.
* As soon as possible after the allegation has been made, write down what was said in the words used by the child/young person/adult at risk of harm. It is very important not to interpret what the person disclosing is saying. Note the date, time, and any names that were mentioned and who you have passed the information on to. Sign and date your record.
* Write down the facts as you know them using the Concern Sheet (appendix 1)
* Make it clear that you can offer support BUT don’t promise to keep it secret and make it clear that you must pass the information on. It is useful to do this as early in the conversation as possible so that the person disclosing is aware of the situation and does not feel that their trust has been broken.
* Accept at face value what you are told.

**What Not to Do**

* You must NEVER speak to other people/members of staff about the issue or concern apart from the named Designated Safeguarding Officer (DSO)s, or persons called on the below numbers. Speaking about the case to others is a breach of confidentiality and could also result in a case being dropped by court at a later date, therefore putting the individual at risk.
* Do not look shocked by what you are told.
* Do not ask leading questions, ensure that you go at the pace of the child, young person or adult at risk of harm, and ask them to rephrase for further clarification.
* Do not pass judgement on what is said but reassure child, young person, or adult at risk of harm that they ‘have done the right thing’ by telling you.
* You must not act on the allegation yourself and should refer the information to the relevant person on the list below.

# **Whistleblowing**

Should you have concerns about a colleague or somebody associated with the activities of GMAC with regard to safeguarding of children, young people and/or adult at risk of harm then this should be reported as soon as possible to the Designated Safeguarding Officers (listed on page 12). If these staff members are not available or if the concern is about these staff members then staff should contact the Manchester Contact Centre on 0161 234 5001.

Any employee or volunteer raising concerns should do so with confidence and the full knowledge that they will not be victimised, discriminated against, or disadvantaged in any way as a result.

|  |
| --- |
| Who to Contact In The Event of Any Concerns* You **MUST** always refer any concern, in confidence, to a GMAC Designated Safeguarding Officer (DSO) **(Rosie Stuart on 0161 212 3455 /** **rosie.stuart@homemcr.org** **or Kris Overend on 0161 212 3496** **kris.overend@homemcr.org****)**  if available.
* If the named officers are not contactable call the Manchester City Council Contact Service (0161 234 5001).
* If you concern relates to a child under the age of 18 then you can also ring the NSPCC for advice if the GMAC Designated Safeguarding Officer (DSO)s are not contactable. Call 0808 800 5000 for the NSPCC.
* If your concern relates to an adult at risk of harm then you can also ring the **Action on Elder Abuse helpline** on **0800 8808 8141** for advice if the GMAC Designated Safeguarding Officer (DSO)s are not contactable.
* In an emergency, call 999 and ask to speak to the Police.
* You must **NEVER** investigate yourself.
 |

Declaration to be signed by all GMAC Employees

On behalf of **GMAC**, I / we, the undersigned, will oversee the implementation of the Child Protection and Safeguarding Policy and take all necessary steps to ensure it is adhered to.

|  |
| --- |
| Signed: |
| Name: |
| Date: |

# What to do if You’re Worried if a Child/ Adult is Being Abused

****

# Information on Completing the Safeguarding Concern Sheet

* To ensure that this information is as helpful as possible, a detailed record should always be made at the time of the disclosure/concern, which should include the following:
* Completed report/ concern sheet, (appendix 1)
* Whether or not the person making the report is expressing their own concerns or those of someone else.
* Make a clear distinction between what is fact, opinion or hearsay.
* Details of witnesses to the incidents.
* The individual’s account, if it can be given, of what has happened and how any bruising or other injuries occurred.
* All records should be kept in a person’s confidential file (if kept on public drives, files should be locked with a password) and accessible only to the relevant staff members and authorities.
* Information should only be shared on a need to know basis

Consent to share information should be sought although is not necessary when the welfare of the young person or adult is at risk.

**Consent**

* It is important that consent should be sought to share information about an individual.
* In the case of adult’s consent must always be asked for
* In some cases, the Lead Safeguarding Officer may choose to share without consent, but this must be on a lawful basis.
* If the Lead Safeguarding Officer is unsure about this, then they will contact the Safeguarding Partnership for advice so that they can be clear about the lawful basis for sharing without consent.

**Gaining consent**

* Be honest in your approach.
* Make sure the individual you are asking consent from understands what information you intend to share and for what purpose.
* Let them know who you will be sharing this information with.
* Tell the individual what the information will be used for.
* Let the individual you're asking for consent know what the potential consequences may be of this information not being shared.
* Try if possible, to get the consent in writing. If you only receive verbal consent, then make a written record of this.
* Let the person know that they can remove their consent at any point in time without retribution.

**Appendix 1** **SAFEGUARDING REPORT/ CONCERN SHEET**

|  |
| --- |
| **Information on staff member completing this form** |
| **Your name** |  |
| **Your job title** |  |
| **Your contact information** |  |

**Tick one of the below boxes to indicate what you are reporting:**

[ ]  A disclosure

[ ]  A concern

[ ]  An allegation against someone involved with the organisation

[ ]  An allegation against another participant

|  |
| --- |
| **Information on the child/ young person/ adult at risk of harm**Complete with as much information as you have |
| **Their name** |  |
| **Their date of birth** |  |
| **Their age** |  |
| **Name of parent/ guardian** |  |
| **Home address** |  |
| **Do they have any communication needs?** |  |
| **Is English their preferred language** |  |

|  |
| --- |
| **Information on the disclosure/ concern/ allegation/ incident** |
| **Today’s date** |  |
| **Time of disclosure/ concern/ incident** |  |
| **Location of disclosure/ concern/ incident** |  |
| **Names and job titles of other staff present at time of disclosure/ concern/ incident** |  |

|  |
| --- |
| **Detail on the disclosure/ concern/ allegation/ incident**Provide details including times, dates, locations and names of individuals.Be clear about what you have witnessed or heard directly and what others have told you. Use the words of the child/ young person/ adult as much as possible. |
|  |

|  |
| --- |
| **Description of evidence of any injury observed on the child or adult.** |
|  |

|  |
| --- |
| **Details on anyone who witnessed the incident.** |
|  |

|  |
| --- |
| **Action Taken**  |
| [ ]  Reported verbally to HOME Designated Safeguarding Lead [ ]  Called the Out of Hours MCC Contact Centre [ ]  Called the police - emergency (999)[ ]  Called the police – non emergency (101)[ ]  Other action (please give details in this box) |
| **Detail on any responses given or steps taken as a result of the above actions.** |
|  |

|  |
| --- |
| **Have you spoken to or consulted anyone else about this allegation, concern, or disclosure? Please provide names and details of what was discussed.** |
|  |

|  |
| --- |
| **Has the child, young person or adult at risk of harm given consent for this information to be shared?** |
|  |
| **What does the person want to happen now?** |
|  |

**Make sure you report this directly to the Designated Safeguarding Officers at HOME.**

|  |
| --- |
| **To be completed by HOME Designated Safeguarding Lead:** **Detail any follow up actions and responses given by professional services – ensure appropriate information is shared with the HOME Trustees in the quarterly reports.** |
|  |