



Safeguarding policy and procedures

Title

Safeguarding policy and procedures

Version

2

Review by

Original date for review: August 2024

The Board has approved an extension for the review of the safeguarding policy and procedures to February 2026

Date approved by

Executive Leadership Team: 1 February 2022

People Committee: 22 February 2022

Board of Trustees: 8 March 2022

Policy live date

August 2022

Policy owner

Head of Safeguarding

Stakeholders consulted in development

Functions

- Ambulance Operations
- Apprenticeship Training
- Clinical
- EID
- ELT
- Fundraising
- Health and Wellbeing
- Homeless
- HR
- Operations
- People Committee
- PR
- Risk and Policy
- Safeguarding
- Volunteering
- Youth.

For action

All St John people

For information

Third sector safeguarding leads
LADOs

Supersedes

Safeguarding policy and procedures 2019-2021

Supporting procedures and guidelines

See *Connect* for all current St John policies

Synopsis of main changes

Added information about:

- CQC registered managers and nominated individuals
- hoarding
- injuries
- Togetherall.

Removed information about:

- reporting a safeguarding concern for the Apprenticeship Training Programme.

Document control

St John Ambulance National Safeguarding

Telephone [020 7324 4285/4286/4287/4289](tel:02073244285)

Email safeguarding@sja.org.uk

On call safeguarding telephone number 0303 003 0105

District safeguarding team

Name

Email

Regional Safeguarding Manager

Name

Telephone

Email

Regional Youth Manager

Name

Telephone

Email

Comms and Public Relations

Telephone

Email

District Manager

Name

Telephone

Email

Area Manager

Name

Telephone

Email

External local contacts

Local police

Telephone

Local social services

Telephone

Other useful numbers

Name

Job title

Telephone

Email

Name

Job title

Telephone

Email

Name

Job title

Telephone

Email

Important contacts

Fields are fillable in a PDF reader. Additional important contacts for **Ambulance Operations** are on the next page.

CQC Registered Manager(s)

Some providers must have a manager who is registered with us as a condition of the provider's registration. The Care Quality Commission (Registration) Regulations 2009 set out the circumstances in which you must have a registered manager. For your manager to be registered with us they must meet specific requirements relating to registered managers.

The registered manager has legal responsibilities in relation to that position. A registered manager shares the legal responsibility for meeting the requirements of the relevant regulations and enactments with the provider.

Our Registered Manager is:

Dan Bevis

Head of Ambulance Operations
Email dan.bevis@sja.org.uk

CQC Nominated Individual

If you are applying for registration as an organisation, the regulations require you to nominate an individual to act as the main point of contact with us.

The nominated individual must be employed as a director, manager or secretary of the organisation (ie. they should be a senior person, with authority to speak on behalf of the organisation). They must also be in a position which carries responsibility for supervising the management of the carrying on of the regulated activity (ie. they must be in a position to speak, authoritatively, on behalf of the organisation, about the way that the regulated activity is provided).

Our Nominated Individual is:

Niloufar Hajilou

Director of Quality & Safety
Email niloufar.hajilou@sja.org.uk

Important contacts Ambulance Operations

Additional important contacts are on the previous page.

Contents

1 Fundamental principles

Important terminology used in this document

Policy statement

Our commitment

The St John HEART values in action

Legislation and statutory guidance

How you provide quality SJA safeguarding

2 Recognising abuse, harm and vulnerabilities

Types of abuse and vulnerabilities by A-Z

Adverse childhood experiences	
Banter	
Breast ironing	
Bullying	
Child-on-child (peer-on-peer) abuse	
Cuckooing	
Criminal exploitation: county lines	
Drug, alcohol and substance misuse	
Dementia	
Discriminatory abuse	
Domestic violence and abuse	
Controlling behaviour	
Coercive behaviour	
Emotional or psychological abuse	
Fabricated or induced illness (FII)	
Female genital mutilation (FGM)	
Financial or material abuse	
Forced marriage	
Grooming	

8	Homelessness	
8	Honour-based violence	
8	Hoarding	
8	Modern slavery (human trafficking)	
8	Neglect and acts of omission	
9	Non-accidental injury	
9	Non-recent (historic) abuse	
10	Online abuse	
11	Organisational abuse	
	Physical abuse	
	Radicalisation	
	Self-harm	
13	Self-neglect	
13	Sexual abuse	
13	Sexual exploitation	
13	Sexual harassment	
14	Upskirting	
14	Mental health	
15	Care first	
15	Togetherall	
16	3 Managing our risks and responsibilities	
16	Your safeguarding responsibilities	
17	Professional boundaries	
17	What are professional boundaries?	
17	Why are professional boundaries important?	
17	How do professional boundaries affect me and the people I might support?	
18	What responsibilities do I have?	
19	Supporting you in your responsibilities	
19	District Safeguarding Officer and safeguarding team	

19	Regional Safeguarding Manager	27
19	CQC Registered Manager	27
19	National Safeguarding department	27
20	Your training	28
20	Safe working practice	28
20	Physical contact	28
21	Communication	29
21	Communication principles	29
22	Safe practice	29
22	Photography and videos	29
23	Activities: minimising the risk of harm	30
23	Basic principles of making a risk assessment	30
23	Five steps to assess general risk	30
24	Safer recruitment	30
24	Supervision	30
24	Additional requirements for working safely with children	31
24	Adult supervision ratio requirements when working with those under 18 years of age	31
26	Other considerations for working safely with children and adults	32
26	Additional considerations	32
26	Transitioning	32
26	Pre-existing relationships	33
26	4 Responding to a cause for concern	35
27	What to do if someone shares a concern with you	35
27	What you must do	35

What you must not do	35
Reporting a safeguarding concern	36
Reporting a safeguarding concern for Ambulance Operations	37
Additional requirements for Ambulance Operations	37
Other considerations for Ambulance Operations	38
Reporting a safeguarding concern for the Sussex Homeless Service	39
Additional requirements for the Sussex Homeless Service	39
Safeguarding training for St John people running the Sussex Homeless Service treatment centres	39
Professional boundaries: concerns about St John people	40
Why it's important to report	40
Contacting a local authority designated officer	41
What is a LADO?	41
Why a LADO report might be made	41
Who should make a LADO report	41
What happens after a LADO report is made	41
5 Useful organisations	43



1 Fundamental principles

1 Fundamental principles

Important terminology used in this document

Child

The term child has the specific legal meaning of anyone below the age of 18 years and the term adult refers to anyone aged 18 years or over.

Adult at risk of harm

An adult at risk of harm is someone who has needs for care and support, is experiencing, or is at risk of, abuse or neglect and is unable to protect him or herself (also often referred to as a vulnerable adult).

Safeguarding adults

To prevent harm and reduce the risk of abuse or neglect to adults with care or support needs. (NHS)

Safeguarding children

The action that is taken to promote the welfare of children and protect them from harm. (National Society for the Prevention of Cruelty to Children (NSPCC))

St John is all about people. All those working with children and adults at risk of harm must promote their welfare, health, wellbeing and development and take every reasonable precaution to protect them. This means they should consider what is in the best interests of the child or adult at risk of harm.

The trustees of St John have overall responsibility for safeguarding within the organisation. They ensure that the organisation complies with duties under legislation.

All St John people have a role to play in identifying concerns, sharing information and taking prompt action.

Policy statement

St John seeks to provide an environment where all can work safely to serve the community at large and for their own personal development. We do and will take every reasonable precaution to minimise risk. This policy also applies to The Priory of England and the Islands.

The organisation is committed to ensure that all, and specifically those who are vulnerable, are kept safe from harm while they are involved with the organisation in any way.

We all have a personal responsibility for safeguarding the welfare and wellbeing of all children and adults at risk of harm by protecting them from abuse and will support them wherever this happens.

Our commitment

St John will:

- stop abuse or neglect whenever possible
- prevent harm and reduce the risk of abuse or neglect
- promote the general welfare, health, wellbeing and development of all and take every reasonable precaution to minimise risk
- protect, maintain and uphold the human rights of children and adults at risk of harm
- eliminate discrimination
- take steps to deal with bullying or exploitation of any kind whenever or wherever it may be found
- provide support, training and protection for everyone.

To meet this commitment, St John will ensure the following:

- All St John people are familiar with and have access to the safeguarding policy and procedures
- The organisation continues to monitor the implementation of the safeguarding policy and procedures and takes any measures required to strengthen and improve existing practice
- St John people have their own copy of the safeguarding pocket card and know who to contact for further information and advice
- Children and adults at risk of harm, parents and carers know how to voice their concerns and obtain help if they are unhappy or worried about anything

- Effective procedures are in place for responding to complaints, concerns and allegations of suspected or actual abuse
- Everyone knows how to report a concern, including any alleged malpractice or negligence and will be supported when speaking out
- It maintains a national safeguarding team of employees and volunteers to ensure appropriate support is provided to all St John people and service users
- A safeguarding unannounced support visit is made to every volunteer unit once per year
- There is appropriate documentation for completion when recording any untoward occurrence
- It maintains a register of all causes for concern – the national safeguarding department manages all causes for concern and liaises with internal and external bodies as appropriate
- There are appropriate risk assessments for all its activities
- All St John people are trained in the fundamentals of safeguarding and that further training for anyone working with children or adults at risk of harm is provided
- Clearly defined recruitment procedures including ID checks, references and disclosure and barring service (DBS) checks are followed for every applicant before they are allowed to work with children or adults at risk of harm
- St John people working directly with children or adults at risk of harm complete a minimum probationary period of six months during which they are supported, supervised and appraised
- All those working directly with children or adults at risk of harm receive an annual appraisal throughout their period in post
- DBS checks are updated every three years or whenever there is a change of role to one which involves working with children or adults at risk of harm
- For those undertaking regulated activity, Level Two and Level Three Safeguarding training will be provided, as appropriate for role.

TOP TIP It is best practice to consider that any type of abuse, harm or vulnerabilities can apply to a child or adult alike. If you have any concerns or worries you must refer it using the procedures in this policy.

The St John HEART values in action

In order to bring our strategic goals to life, St John uses its values to guide its thinking and actions. This safeguarding policy and procedures will implement the values in the following ways:

Humanity

St John will provide the appropriate comfort and support whilst listening to and acting on concerns by following the process as set out in this policy. Anyone disclosing a safeguarding concern will be treated with compassion and respect and supported during all the following steps.

Excellence

St John is committed to providing support, training and protection for all people, ensuring we continue to carry out our key services whilst mitigating safeguarding risks.

Accountability

St John will monitor the implementation of this safeguarding policy and procedures, taking any necessary measures required to strengthen and improve existing practice.

Responsiveness

All St John people are equipped with the training and resources to effectively respond to safeguarding concerns. Effective procedures are in place for responding to concerns and a system is in place for reporting any alleged malpractice or negligence.

Teamwork

All St John people have a responsibility for safeguarding the welfare and wellbeing of all children and adults at risk of harm. Everyone has a role to play in identifying concerns, sharing information and taking prompt action to mitigate these risks.

Legislation and statutory guidance

Safeguarding is enshrined in the culture of St John Ambulance. Our policies and procedures are informed by legislation and statutory guidance. These are the key pieces of legislation that inform safeguarding practice. If you are worried or concerned about any issue, report it rather than worrying about where it sits in the legislation: **see something, say something, do something**.

These are the key pieces of legislation that inform safeguarding practice mainly for adults:

Sexual Offences Act 2003 This introduces a number of new offences concerning adults at risk and children.

Mental Capacity Act 2005 The general principle is that everybody has capacity unless it is proved otherwise, that they should be supported to make their own decisions, that anything done for or on behalf of people without capacity must be in their best interests and should be the least restrictive intervention.

Safeguarding Vulnerable Groups Act 2006 This introduces the new Vetting and Barring Scheme and the role of the Independent Safeguarding Authority. It places a statutory duty on all those working with vulnerable groups to register and undergo an advanced vetting process with criminal sanctions for non-compliance.

Deprivation of Liberty Safeguards (DoLS) These procedures were introduced via the Mental Capacity Act 2005 and came into force in April 2009. They are intended to provide appropriate safeguards for vulnerable people who have a mental disorder and lack the capacity to consent to the arrangements made or their care or treatment, and who may be deprived of their liberty in their best interests in order to protect them from harm.

Equality Act 2010 This legally protects people from discrimination in the workplace and in wider society. It replaced previous anti-discrimination laws with a single Act, making the law easier to understand and strengthening protection in some situations.

Female Genital Mutilation Act 2003 A person is guilty of an offence if they excise, infibulate or otherwise mutilate the whole or any part of a girl's or woman's labia majora, labia minora or clitoris for non-medical reasons. It is illegal to perform/arrange for female genital mutilation (FGM) to be carried out on a girl in the UK or to take a girl abroad. Serious Crime Act 2015 places a personal responsibility on social workers, health care professionals and teachers to report any actual or suspected cases of FGM.

Human Rights Act 1988 (amended 2004) This makes it illegal to discriminate on a wide range of grounds including 'sex, race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth or other status'.

Care Act 2014 This sets out a clear legal framework for how local authorities and other parts of the system should protect adults at risk of abuse or neglect. It leads a multi-agency local adult safeguarding system that seeks to prevent abuse and neglect and stop it quickly when it happens.

Domestic Abuse Act 2021 This creates a statutory presumption that survivors of domestic abuse are eligible for special measures in the criminal, civil and family court. These measures may reduce the risk of survivors being under coercion or experiencing additional trauma in court proceedings.

Serious Crime Act 2015 This includes new powers to pursue, disrupt and bring to justice people involved in serious and organised crime and gang-related activity,

and contains provisions to tackle the practice of female genital mutilation (FGM).

The intercollegiate documents for adult safeguarding

This guidance *Roles and Competencies for Health Care Staff* and *Children's Safeguarding: Roles and Competencies for Healthcare Staff* determines the levels of training for health care staff to maintain their 'competence' in safeguarding.

These are the key pieces of legislation that inform safeguarding practice mainly for children:

Children Act 1989 (amended 2004) This provides a comprehensive framework for the care and protection of children. It centres on the welfare of children up to their 18th birthday. It defines parental responsibility and encourages partnership working with parents and the 2004 amendment builds on this to provide a framework for different agencies to work well together to keep children safe.

The United Nations Convention on the Rights of the Child This is a legally binding international agreement from 1992 setting out the civil, political, economic, social and cultural rights of every child, regardless of their race, religion or abilities.

Education Act 2002 This was created in response to the UK's adoption of the Human Rights Act. The Act introduced the requirement of safeguarding children and young people from abuse or neglect. It sets out the roles and responsibilities of teachers and those with delegated responsibility for child protection.

Children and Families Act 2014 The largest part of this deals with laws and provisions relating to children who have special educational needs or disabilities. Local authorities must involve families and children in discussions and decisions relating to their health, care

and education and provide impartial advice, support and mediation services.

Children and Social Work Act 2017 This is intended to improve support for looked after children and care leavers, to promote the welfare and safeguarding of children, and make provisions about the regulation of social workers.

Working together to safeguard children First published in 2015 and updated in 2018, this important guidance is fundamental to effective partnership working between different agencies that are involved with children and families.

Keeping children safe in education This is statutory guidance, published and updated annually, that schools and colleges in England must have regard to when carrying out their duties to safeguard and promote the welfare of children. The latest version (2021) places a greater emphasis on children's mental health and well-being and the recognition and protection of children from child-on-child abuse. All those working in and with schools and colleges are expected to be familiar with the guidance.

Disclosure and Barring Service (Core Functions)

Order 2012 It is a legal requirement in the UK for regulated activity employers to notify the DBS if a person leaves or changes their job in relation to having harmed someone. It is an offence for any person who has been barred by the DBS to work or apply to work in Regulated Activity (whether paid or voluntary) with the group (children or adults) from which they are barred. It is also an offence for an employer to knowingly employ a barred person in regulated activity with the group from which they are barred.

How you provide quality SJA safeguarding

- Keep your individual safeguarding training and knowledge up to date
- Challenge behaviour that is concerning and does not fit with our values, policies and procedures.
- Be able recognise the signs and symptoms of potential abuse.
- Manage a disclosure by providing non-judgmental and empathic listening skills – let the person who has made the disclosure share in their own ways, listen and confirm what you have heard.
- Always pass on concerns using the 'cause for concern' procedure.
- See something, say something, do something.

TOP TIP Your local safeguarding team and the National Safeguarding department are available to discuss and reflect on an incident and explore confidentially any issues and concerns

St John
Ambulance



SAFEGUARDING



2 Recognising abuse, harm and vulnerabilities

2 Recognising abuse, harm and vulnerabilities

Abuse is a form of maltreatment. It is the violation of an individual's human and civil rights, usually for gratification. Abuse can be self-inflicted or inflicted by another person or persons. In the context of safeguarding it is used to refer to any knowing, intentional or negligent act by another that causes harm or a serious risk of harm to another.

Any form of abuse is usually perpetrated as the result of deliberate intent. However vulnerable people can also be harmed, damaged or distressed by acts of neglect or ignorance.

Abuse can take place wholly online, or technology may be used to facilitate offline abuse.

Abusers are usually known to their victims and are trusted by them or dependant on them. An abuser will make every effort to establish trust and will seek to maintain the respect of friends and colleagues alike. Contrary to commonly-held belief, strangers very seldom abuse because without having gained trust they cannot be confident that their victims will not tell.

- Abuse may consist of single, multiple or repeated acts, either to one person in a continuing relationship or service context, or to more than one person at a time
- Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it. It may result in death.

Types of abuse and vulnerabilities by A-Z

Adverse childhood experiences

Adverse Childhood Experiences (ACEs) are highly stressful, and potentially traumatic, events or situations that occur during childhood and/or adolescence.

They can be a single event, or prolonged threats to, and breaches of, the young person's safety, security, trust or bodily integrity. Examples of ACE include:

- physical abuse
- sexual abuse
- emotional abuse
- living with someone who abuses drugs
- living with someone who abuses alcohol
- exposure to domestic violence
- living with someone who has been to prison
- living with someone with serious mental illness
- losing a parent through divorce, death or abandonment.

Experiencing ACEs can have an impact on future physical and mental health, and often ACEs can be barriers to healthy attachment relationships forming for children. Some of the effects of ACEs on physical and mental health are:

- An increase in the risk of certain health problems in adulthood, such as cancer and heart disease, as well

as increasing the risk of mental health difficulties, violence and becoming a victim of violence.

- An increase in the risk of mental health problems, such as anxiety, depression, and post-traumatic stress (one in three diagnosed mental health conditions in adulthood directly relate to ACEs)
- The longer an individual experiences an ACE and the more ACEs they experience, the bigger the impact it will have on their development and their health.

Some of the other things exposure to ACEs can impact are:

- the ability to recognise and manage different emotions
- the capacity to make and keep healthy friendships and other relationships
- the ability to manage behaviour in school settings
- difficulty coping with emotions safely without causing harm to self or others.

Banter

Banter is the playful and friendly exchange of teasing remarks that happens between peers, friends and equals. However, sadly, sometimes people do not know when they have gone too far – overstepping the mark and their professional boundaries instead of stopping.

But even when the recipient and perpetrator are friends, this doesn't mean to say that what someone sees as just a bit of harmless banter isn't upsetting – even to their best friend.

Banter can very easily turn into bullying, especially if it's relentlessly targeted at an individual. Once others join in, this mass bullying can become not only deeply upsetting but frightening and intensely intimidating. If that is the case, then what may have started out with humorous intent has most definitely crossed the line.

It's everyone's duty to speak out when they observe inappropriate language or behaviour. Examples of banter turning into bullying might include the following:

- Repeated and unwanted communication via phone, email, social media, etc
- Targeted and repeated jokes that are offensive in nature
- Repeatedly asking someone out on a date when they've already said no
- Sending or leaving unwanted gifts
- Commenting on someone's physical abilities or appearance
- Excluding someone from discussions or preventing them from making decisions
- Unwanted touching of any kind - even that which seems innocent, like putting an arm around a shoulder or giving a pat on the back.

Under the Equality Act, there are nine protected characteristics:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race

- religion or belief
- sex
- sexual orientation.

Some examples of actions breaking the law under the Equality Act include the following:

- Using racial slurs
- Intolerance toward the religious holidays or traditions of others
- Someone of a different age to the majority being left out of activities or meetings
- Making degrading comments or jokes about sexual orientation
- Comments about a person's gender in relation to the job they do
- Making fun of a person's race, gender, religion, disability, ethnicity or appearance.

Also see [Discriminatory abuse](#) later in this section.

Breast ironing

Breast ironing - also known as breast flattening - is the process whereby young pubescent girls' breasts are ironed, massaged and/or pounded down through the use of hard or heated objects in order for the breasts to disappear or delay the development of the breasts entirely.

It is believed that by carrying out this act, young girls will be protected from harassment, rape, abduction and early forced marriage and therefore be kept in education. Much like female genital mutilation (FGM), breast ironing is a harmful cultural practice and is child abuse.

Bullying

Bullying is behaviour that is:

- threatening, aggressive or intimidating
- abusive, insulting or offensive
- cruel or vindictive
- humiliating, degrading or demeaning.

Bullying can occur between children, adults or between adults and children. Bullying can take many forms. It can be physical, verbal or non-verbal. Mobile phones, the internet or instant messaging can be used to bully.

Whatever form the bullying takes, many who are bullied will not tell anyone.

- Bullying can be inflicted by anybody whether as an individual or in a group
- It often occurs in circumstances where it is difficult for the bullied to defend themselves
- Bullies will usually pick on those they consider to be vulnerable and less able to protect themselves, such as those who are younger, different or disadvantaged in some way
- Some individuals may be picked on because of race, class, religion, gender, sexuality, disability or appearance
- Others are bullied for no obvious reason
- It can leave those bullied feeling lonely, isolated and very unhappy
- Some children and adults have taken their own lives when bullying became too much to bear
- Bullying has an effect on everyone, not just those directly involved. Some feel they can only stand on

the side lines and do nothing, because if they intervene they run the risk of being bullied themselves

- Bullying causes much fear and misery and should never be taken lightly.

TOP TIP Further information can be found in the **anti-bullying, harassment and victimisation policy** on *Connect*

Child-on-child (peer-on-peer) abuse

Children can abuse other children. It can take many forms including: bullying; sexual violence and sexual harassment; physical abuse such as hitting, kicking, shaking, biting, hair pulling or otherwise causing physical harm; sexting and initiating/hazing type violence and rituals.

Sexual violence and sexual harassment can occur online and offline. Evidence shows that girls, children with special education and needs disabilities (SEND) and LGBTQ+ (lesbian, gay, bisexual, transgender, queer and other) children are at greater risk. Child-on-child abuse tends to be experienced by children aged 10 and upwards, with those abusing them being slightly older.

Signs of possible child-on-child abuse include but are not limited to:

- physical injuries
- drug and alcohol abuse
- going missing
- committing criminal offences
- disengagement from school
- poor mental health
- sexual health concerns.

Cuckooing

Cuckooing is the process whereby criminal gangs target the homes of vulnerable people in order to use their premises for criminal activity.

Many of the victims are particularly vulnerable and criminal gangs may use threats and intimidation to gain access to the property to engage in criminal activity such as drug dealing, sexual exploitation etc.

Signs of cuckooing include but are not limited to:

- an increase in the number of visitors to what is usually a multi-occupancy or social housing property
- different people that you do not recognise coming and going at the property
- new or hire cars parked outside the property
- changes in the resident's behaviour (they might become reclusive, but you see other people coming and going from the property)
- changes in the resident's appearance (they may have visible injuries or look like they are in discomfort from hidden ones)
- signs of drug paraphernalia around the property
- disengagement with support services
- a local increase in anti-social behaviour.

Criminal exploitation: county lines

Criminal exploitation of children or adults at risk of harm is a geographically widespread form of harm that is a typical feature of county lines criminal activity: drug networks or gangs groom and exploit people to carry drugs and money from urban areas to suburban and rural areas, market and seaside towns.

Key to identifying potential involvement in county lines are missing episodes in a person's life, when the victim may have been trafficked for the purpose of transporting drugs.

It can involve force and/or enticement-based methods of compliance and is often accompanied by violence or threat of violence. It can be perpetrated by individuals or groups, males or females, and young people or adults.

It is typified by some form of power imbalance in favour of those perpetrating the exploitation. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, cognitive ability, physical strength, status and access to economic or other resources.

Going missing from home or care is a key indicator of county lines-related child exploitation. It is also important to recognise the links between child sexual exploitation (CSE), missing children and county lines. Grooming may have been occurring over a sustained period.

Drug, alcohol and substance misuse

Misuse is defined as a pattern of habitually taking any substance which can cause harm for mood-altering purposes. Substances which can be identified as causing harm may be legal or illegal.

Signs of possible drug, alcohol and substance misuse include but are not limited to:

- unexplained change in personality or attitude
- sudden mood swings, irritability or angry outbursts

- lack of motivation, lethargy or appearing 'spaced out'
- confusion
- unexplained shortage of money
- fraud, theft
- unexplained weight loss/gain.

Dementia

Dementia is an umbrella term used to describe a range of progressive neurological disorders, that is, conditions affecting the brain.

There are over 200 subtypes of dementia, but the five most common are Alzheimer's disease, vascular dementia, dementia with Lewy bodies, frontotemporal dementia and mixed dementia. Some people may have a combination of different types of dementia and this is commonly called mixed dementia. Each type of dementia stops a person's brain cells (neurones) working properly in specific areas, affecting their ability to remember, think and speak.

The brain is made up of nerve cells (neurones) that communicate with each other by sending messages. Dementia damages the nerve cells in the brain so messages can't be sent from and to the brain effectively, which prevents the body from functioning normally. Dementia can affect a person at any age but it's more common in people over the age of 65. Regardless of which type of dementia is diagnosed and what part of the brain is affected, each person will experience dementia in their own unique way.

People with dementia do not necessarily pose a safeguarding risk, but it is important to understand that they are vulnerable and therefore may need extra support.

Memory problems

People with dementia might have problems retaining new information. They might get lost in previously familiar places and may struggle with names. Relatives might notice the person seems increasingly forgetful, misplacing things regularly.

Cognitive ability (ie, processing information)

People with dementia may have a problem with their concentration level which can also impact on their short term memory. They may also have difficulty with time and place, for example, getting up in the middle of the night to go to work, even though they're retired.

There may be a difficulty when shopping with choosing the items and then selecting the right money to pay for them. For some people, the ability to reason and make decisions may also be affected.

Some people with dementia may get a sense of restlessness and prefer to keep moving than sit still; others may be reluctant or lack the motivation to take part in activities they used to enjoy.

Communication

People with dementia may repeat themselves often or have difficulty finding the right words, and reading and writing might become challenging.

They can lose interest in seeing others socially. Following and engaging in conversation can be difficult and tiring, and so a formerly outgoing person might become quieter and more introverted. Their self-confidence might also be affected.

Mood and behaviour

People with dementia might experience changes in personality, behaviour, mood, and have some elements of anxiety and depression due to the changes they are experiencing.

Discriminatory abuse

Discriminatory abuse is when someone picks on a person because something about them is different. This can include unfair or less favourable treatment due to a person's race, sex, gender reassignment, age, disability, religion or belief, sexual orientation, appearance or cultural background, marriage or civil partnership, pregnancy and maternity.

Signs of possible discriminatory abuse include but are not limited to:

- harassment
- offensive materials or graffiti
- verbal abuse, gestures or statements which are unwelcome and intended as insults
- threatening or obscene behaviour
- jokes of a derogatory nature
- bullying, offensive language or violence
- excluding or treating differently
- preventing contact with particular individuals.

Domestic violence and abuse

Domestic abuse is any incident (or pattern of incidents) of controlling, coercive or 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 Domestic Abuse Act 2021 enshrines in law the powers for dealing with issues of domestic abuse. This can encompass but is not limited to the following types of abuse:

- [Physical abuse](#)

➤ emotional or psychological abuse

➤ Sexual abuse

➤ Financial or material abuse.

This definition includes honour-based abuse and forced marriage; victims are not confined to one gender or ethnic group.

The frequency and severity of domestic violence can vary dramatically. Just one encounter counts as abuse, and it is often an ongoing pattern of behaviour. However, the one constant element of domestic abuse is the abuser's consistent efforts to maintain power and control over the victim.

Domestic abuse can affect anyone regardless of ethnicity, age, gender, sexuality or social background. If you are suffering from physical, sexual, psychological or financial abuse, or are being threatened, intimidated or stalked by a current or previous partner or close family member, it's likely you're a victim of domestic abuse.

Victims may be feeling frightened, isolated, ashamed or confused. If they have children it may be that they too are suffering, whether or not they are the targets of or witnesses to the abuse.

Remember, victims are not to blame for what is happening. They need to know that they are not alone, and above all do not have to suffer in silence – help is available to report and deal with domestic abuse.

Controlling behaviour

Controlling behaviour is a range of acts performed by the abuser and designed to make their victim subordinate and/or dependent. These acts include but are not limited to:

- isolating the victim from sources of support

- exploiting the victim's resources and capacities for personal gain
- depriving the victim of the means needed for independence, resistance and escape
- regulating the victim's everyday behaviour.

Coercive behaviour

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

There are 11 things that are illegal for a person to do to their partner, which are to:

- share sexually explicit images of them
- restrict their access to money
- repeatedly put them down
- stop them seeing friends or family
- scare them
- threaten to reveal private things about them
- put tracking devices on them or their phones
- allow jealousy to lead to violence
- make them obey their rules
- control what they wear
- force them to do things they don't want to.

Emotional or psychological abuse

Emotional or psychological abuse is the persistent emotional maltreatment of a person that adversely affects their wellbeing or development. Some level of emotional abuse is involved in all types of ill treatment, though it may occur alone.

Signs of possible emotional or psychological abuse include but are not limited to:

- delayed physical or emotional development or sudden speech disorders
- compulsive nervous behaviour, eg. highly anxious or obsessive behaviour
- excessive deference, need for approval, attention or affection
- reluctance to have parents/carers contacted
- fear in the eyes, avoiding looking at individuals, flinching on approach
- ambivalence towards individuals
- low self-esteem
- unexplained fear or defensiveness
- threatening or aggressive behaviour.

Fabricated or induced illness (FII)

Fabricated or induced illness (FII) is a rare form of child abuse. It happens when a parent or carer, usually the child's biological mother, exaggerates or deliberately causes symptoms of illness in the child.

FII was formerly known as Munchausen's syndrome by proxy (not to be confused with Munchausen's syndrome, where a person pretends to be ill or causes illness or injury to themselves).

FII covers a wide range of symptoms and behaviours involving parents seeking healthcare for a child. This ranges from extreme neglect (failing to get medical care) to induced illness. Typical behaviours include a parent or carer who:

- persuades healthcare professionals that their child is ill when they're healthy
- exaggerates or lies about their child's symptoms
- manipulates test results to suggest the presence of illness, for example, by putting glucose in urine samples to suggest the child has diabetes
- deliberately induces symptoms of illness, for example, by poisoning their child with unnecessary medicine or other substances.

FII is usually suspected when there appears to be no explanation for a child's symptoms. For more information on this, read the NICE guidance [Child maltreatment: when to suspect maltreatment in under 18s](#).

You should be professionally curious about one or more of the following warning signs:

- Symptoms only appear when the parent or carer is present
- The only person claiming to notice symptoms is the parent or carer
- The affected child has an inexplicably poor response to medicine or other treatment
- If one particular health problem is resolved, the parent or carer may then begin reporting a new set of symptoms
- A child's alleged symptoms do not seem plausible – for example, a child who has supposedly lost a lot of blood but does not become unwell
- The parent or carer has a history of frequently changing GPs or visiting different hospitals for treatment, particularly if their views about the child's treatment are challenged by medical staff

- The child's daily activities are being limited far beyond what you would usually expect as a result of having a certain condition – for example, they never go to school or have to wear leg braces even though they can walk properly
- The parent or carer has good medical knowledge or a medical background
- The parent or carer does not seem too worried about the child's health, despite being very attentive
- The parent or carer develops close and friendly relationships with healthcare staff, but may become abusive or argumentative if their own views about what's wrong with the child are challenged
- One parent (commonly the father) has little or no involvement in the care of the child
- The parent or carer encourages medical staff to perform painful tests and procedures on the child (tests that most parents or carers would only agree to if persuaded that it was absolutely necessary).

Female genital mutilation (FGM)

Female genital mutilation (sometimes known as female circumcision or referred to as cutting) refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. The practice is illegal in the UK. It is also illegal to take a female out of the country to do this.

FGM is usually carried out on females before puberty. A high risk time is the six-week summer holiday which is sometimes known as the 'cutting season'. The procedure is traditionally carried out by a woman with no medical training.

Anaesthetics and antiseptic treatments are not generally used, and the practice is usually carried out using knives, scissors, scalpels, pieces of glass or razor blades. Females may have to be forcibly restrained.

Signs of possible recent abuse include but are not limited to:

- severe pain
- shock
- bleeding
- wound infections, including tetanus and gangrene, as well as blood-borne viruses such as HIV, hepatitis B and hepatitis C
- inability to urinate
- injury to vulvar tissues surrounding the entrance to the vagina
- damage to other organs nearby, such as the urethra (where urine passes) and the bowel burning.

Signs of possible past abuse include:

- chronic vaginal and pelvic infections
- abnormal periods
- difficulty passing urine, and persistent urine infections
- cysts and the formation of scar tissue
- complications in pregnancy and newborn deaths
- psychological damage, including low libido, depression and anxiety.

TOP TIP There is a mandatory duty for regulated health and social care professionals and teachers in England and Wales to report to the police any known cases of FGM in under 18 year-olds

Financial or material abuse

Financial or material abuse is the theft or misuse of a person's property or assets.

- Signs of possible financial or material abuse include but are not limited to:
- money going missing and/or having no cash available
- small items disappearing regularly
- unusual or inappropriate financial transactions
- person is without belongings, clothes or services which they can afford
- person managing financial affairs appears evasive or difficult
- carer seeks to secure financial assets rather than provide personal care
- recent or long-lost relatives or acquaintances expressing sudden or disproportionate affection for a adult at risk of harm with money or property
- recent changes to their legal documents.

Forced marriage

Forcing a person into a marriage is a crime in England and Wales. A forced marriage is one entered into without the full and free consent of one or both parties and where violence, threats or any other form of coercion is used to cause a person to enter into a marriage.

Threats can be physical or emotional and psychological. A lack of full and free consent can be where a person does not consent or where they cannot consent (eg, if they have learning disabilities).

Grooming

Grooming is the planned and deliberate act of manoeuvring another individual into a position that makes them more isolated. They become dependent and likely to trust the abuser, and more vulnerable to abusive behaviour.

Grooming occurs when someone builds an emotional connection with a child or adult at risk of harm to gain their trust for the purposes of abuse or exploitation. They can be groomed online or in person, by a stranger or by someone they know – for example a family member, friend or professional. Groomers can be male or female. They can be any age.

The internet has created new opportunities for abusers to target the vulnerable. They do this by taking advantage of an unsuspecting individual and then proceed to groom. Because the internet is largely unregulated, it has become a significant tool for manipulation in the hands of an abuser.

Caring and concerned adults may also be groomed by the abuser, winning their trust, and as a result a situation which should cause concern becomes acceptable.

Those affected may not realise they have been groomed, or that what has happened is abuse and abusers will try to overcome a child or an adult's natural resistance in stages by:

- making and sustaining contact
- offering gifts or rewards as bribes
- using secrecy and possible threats so that they become isolated
- introducing them to abuse that appears natural.

Homelessness

Being homeless or being at risk of becoming homeless (ie, without a permanent dwelling) presents a real risk to a person's welfare.

Indicators that a family may be at risk of homelessness include household debt, rent arrears, domestic violence and abuse and anti-social behaviour, as well as the family being asked to leave a property.

Honour-based violence

Honour-based violence (HBV) encompasses incidents or crimes which have been committed to protect or defend the honour of the family and/or the community, including female genital mutilation (FGM), forced marriage and practices such as breast ironing.

Abuse committed in the context of 'preserving honour' often involves a wider network of family or community pressure and can include multiple perpetrators.

Hoarding

Hoarding is the persistent difficulty in discarding or parting with personal possessions, even those of useless or limited value to most people. These items clutter the living spaces and keep the person from using their rooms as they were intended, and these items cause distress or problems in day-to-day activities.

Hoarding is a very misunderstood and complex issue, which can be approached wrongly without awareness of how it manifests itself and how to talk to people who have these issues. It can affect anyone. It not only has

an effect on the individual but radiates through the family and community.

Signs of hoarding or being a hoarder include, but are not limited to:

- a large amount of clutter in the office, at home, in the car, or in other spaces that makes it difficult to use furniture, appliances or move around easily
- feeling overwhelmed by the volume of possessions that have 'taken over' the house or workspace
- difficulty getting rid of items
- excessive acquiring from shopping, collecting or from skips
- losing important items like money or bills in the clutter
- not inviting family or friends into the home due to shame or embarrassment
- refusing to let people into the home to make repairs
- buying things because they are a 'bargain' or to 'stock up'.

Modern slavery (human trafficking)

Modern slavery includes forced labour, domestic servitude or coercing, deceiving and forcing an individual into a life of abuse.

Signs of possible modern slavery include but are not limited to:

- physical appearance
- isolation
- poor living conditions
- few or no personal effects

- restricted freedom of movement
- unusual travel times
- reluctance to seek help
- people who rarely come out of the house and speak little or no English
- faces that can be seen at windows often looking stressed and never smiling
- house or flat curtains closed during much of the day
- excessive packaging of home delivery meals left outside a house
- frequent visitors to residential premises
- places where 'workers' appear underage or speak no or little English
- children collected at the school gate by different people each day who are clearly not the parents or grandparents.

In addition, further possible signs that indicate modern slavery can be found under [Emotional or psychological abuse](#) and [Physical abuse](#) in this section.

Neglect and acts of omission

Neglect is the continuing failure to prevent harm that damages or impairs health and/or development by not meeting a person's basic physical and/or psychological needs.

Signs of possible neglect include but are not limited to:

- poor health
- being constantly hungry or thirsty
- loss of weight or being constantly underweight
- being tired all the time

- lack of personal care; inadequate or inappropriate clothing
- being dressed inappropriately for the weather, unkempt, dirty or smelly
- untreated medical conditions
- injuries that have not been treated or have been treated inadequately
- lack of respect for their privacy or dignity.

Non-accidental injury

Non-accidental injury (NAI) is a term that is used to describe a number of different physical injuries or abuse to a child. The term describes any injury that is said to have been inflicted. This means that it cannot simply be an injury that occurred unintentionally or unexpectedly.

NAI is a safeguarding concern for children and young people. However, remember it also can occur in adults of domestic abuse or those who are being coerced against their will.

NAI is common, and potentially life-threatening. It can present with musculoskeletal problems, such as pain, swelling or limping, and all healthcare professionals who have contact with children should be alert to the possibility of abuse. Early intervention is crucial, and any concerns about neglect or abuse of a child must be discussed with your line manager and reported to safeguarding immediately.

Things to consider in detecting NAI include:

- Is the history variable or inconsistent with the injuries seen?
- Was there a delay in seeking attention following an injury?

- In a limping child, could this be due to a fracture or soft tissue injury? Is there a history of trauma, and is it consistent with the injury?
- Are there multiple injuries?
- Are there multiple attendances to the emergency department, primary care or other healthcare services?
- Are there signs of neglect, such as an unkempt, persistently dirty or smelly child – and especially in a child with learning difficulties or chronic illness?
- Are the findings consistent with the developmental age of the child?

The most common lesions caused by NAI are (in order):

- bruises and abrasions (bruising over soft tissues, multiple bruises, clusters of bruises and bruises in the shape of a hand or implement or instrument)
- lacerations
- scratches
- soft tissue swellings
- strap marks
- haematomas
- thermal burns (in particular shapes eg. cigarette burns or burns suggestive of forced immersion)
- bites.

Patterns of injury suggestive of accidental injury include:

- Physical bodily injury resulting from an external force, blow or fall
- The ingestion of a foreign body or harmful substance, requiring immediate medical treatment
- Animal and insect bites
- Sunstrokes.

Non-recent (historic) abuse

Non-recent abuse is sometimes called historic abuse, and is when an adult was abused as a child or young person. Adults who were abused in childhood blame themselves or are made to feel it's their fault. But this is never the case.

Effects of abuse and neglect may include:

- emotional difficulties
- mental health problems
- problems with drugs or alcohol
- disturbing thoughts, emotions and memories
- poor physical health
- struggling with parenting or relationships.

Online abuse

Online abuse is any type of abuse that happens on the web, whether through social networks, playing online games or using mobile phones. Children and young people may experience cyberbullying, grooming, sexual abuse, sexual exploitation or emotional abuse. It can take place anywhere and anytime.

Children can be at risk of online abuse from people they know, as well as from strangers. Online abuse may be part of abuse that is taking place in the real world (for example bullying or grooming). Or it may be that the abuse only happens online (for example persuading children to take part in sexual activity online).

Children can feel like there is no escape from online abuse – abusers can contact them at any time of the day or night, the abuse can come into safe places like

their bedrooms, and images and videos can be stored and shared with other people.

Online abuse can include:

Online bullying or cyberbullying

Cyberbullying is an increasingly common form of bullying behaviour which happens on social networks, games, and mobile phones. Cyberbullying can include spreading rumours about someone, or posting nasty or embarrassing messages, images, or videos.

Cyberbullying includes:

- sending threatening or abusive text messages
- creating and sharing embarrassing images or videos
- 'trolling' – sending menacing or upsetting messages on social networks, chat rooms or online games
- excluding children from online games, activities or friendship groups
- setting up hate sites or groups about a particular child
- encouraging young people to self-harm
- voting for or against someone in an abusive poll
- creating fake accounts, hijacking or stealing online identities to embarrass a young person or cause trouble using their name
- sending explicit messages, also known as sexting
- pressuring children into sending sexual images or engaging in sexual conversations.

Online grooming

Grooming is when someone builds an emotional connection with a child to gain their trust for the purposes of sexual abuse, sexual exploitation, or trafficking.

Groomers can use social media sites, instant messaging apps including teen dating apps, or online gaming platforms to connect with a young person or child.

They can spend time learning about a young person's interests from their online profiles and then use this knowledge to help them build up a relationship.

It's easy for groomers to hide their identity online – they may pretend to be a child and then chat and become 'friends' with children they are targeting.

Groomers no longer need to meet children in real life to abuse them. Increasingly, groomers are sexually exploiting their victims by persuading them to take part in online sexual activity.

Online child sexual abuse

When sexual exploitation happens online, young people may be persuaded, or forced, to:

- send or post sexually explicit images of themselves
- take part in sexual activities via a webcam or smartphone
- have sexual conversations by text or online.

Abusers may threaten to send images, video or copies of conversations to the young person's friends and family unless they take part in other sexual activity. Images or videos may continue to be shared long after the sexual abuse has stopped.

Sexting

Sexting is when someone shares sexual, naked or semi-naked images or videos of themselves or others, or sends sexually-explicit messages. They can be sent using mobiles, tablets, smartphones, laptops etc – any device that allows you to share media and messages. Sexting may also be called 'trading nudes', 'dirties' or 'pic for pic'. The creating or sharing of explicit images of a child is illegal, even if the person doing it is a child.

TOP TIP In the course of your work with St John you may hear, read or be told many things which you might not understand. Remember modern language, terminology and slang is constantly changing. If you hear anything which gives cause for concern, do not hesitate to report.

TOP TIP CEOP (Child Exploitation and Online Protection) Command enables anyone worried about online sexual abuse or the way that someone has been communicating with them online to make a report to one of CEOP's Child Protection Advisors

Organisational abuse

Organisational abuse is the mistreatment, abuse or neglect of children or adults at risk of harm by an organisation or its personnel.

It can take place within settings and services that children or adults at risk of harm live in or use, and it violates their dignity, resulting in a lack of respect for their human rights. It can take the form of an organisation failing to respond to or address incidents of poor practice brought to its attention.

Organisational abuse means that a culture is created where emotional, physical and sexual abuse become acceptable and can be regarded as the norm. As part of that culture, all too often visits are discouraged and the involvement of relatives or friends are kept to a minimum.

Possible signs indicating this abuse can be found under the relevant headings in this section.

Physical abuse

Physical abuse is an individual's body being injured or hurt due, for example to assault, hitting, slapping or pushing. Physical abuse can take many forms and the actions taken are intentionally hurtful and harmful.

Signs of possible physical abuse include but are not limited to:

- any injury which is not fully explained or inconsistent with the account given
- unexplained bruises or welts on face, lips, mouth, body, arms, back, buttocks or thighs
- bite marks
- bruises in various stages of healing
- clusters of bruises forming regular patterns, reflecting the shape of an object or fingers
- unexplained burns, especially on soles of feet, palms and back; immersion burns, scalds, rope marks, electrical appliance or carpet burns
- cigarette burns
- unexplained fractures to any part of the body, especially in various stages of healing; multiple or spinal injuries
- unexplained lacerations or abrasions to mouth, lips, gums, eyes or external genitalia
- avoidance of physical contact
- malnutrition, rapid or continued weight loss, insufficient food on premises, dehydration, complaints of hunger
- incontinence

- loss of physical functions due to misuse of medication
- restriction of freedom of movement.

Radicalisation

Radicalisation is defined as the process by which those who are vulnerable come to support terrorism or violent extremism and, in some cases, to directly participate in or support terrorist groups.

There is no obvious profile of a person likely to become involved in extremism or a single indicator of when a person might move to adopt violence in support of extremist ideas.

The process of radicalisation is different for every individual and can take place over an extended period or within a very short time frame. It may follow experience of racism or discrimination. They believe that joining a movement offers social and psychological rewards such as adventure, camaraderie and a heightened sense of identity.

Signs of possible radicalisation include but are not limited to:

- changes in behaviour
- sense of isolation or failure
- expression of extremist views
- use of inappropriate language – racist or hate terms
- supporting violent methods and actions
- accessing extremist material online, including through networking sites (eg. Facebook, YouTube)
- travel for extended periods to international locations known to be associated with extremism.

Self-harm

Self-harm is the act of deliberately causing harm to oneself either by causing a physical injury or by putting oneself in dangerous situations.

Self-harm is primarily a coping strategy and can provide a release from emotional distress and enable an individual to regain feelings of control. There is no typical person who self-harms. It can be anyone.

Signs of possible self-harm include but are not limited to:

- covering up cut marks with clothing
- frequent thoughts of helplessness, hopelessness or worthlessness
- shame, guilt, low self-esteem
- unexplained injuries
- fear
- depression
- loss of sleep
- unexplained weight loss or gain
- confusion
- unexpected or unexplained change in behaviour
- feeling guilty.

Self-neglect

Self-neglect is neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

Possible signs indicating self-neglect can be found under [Neglect and acts of omission](#) in this section.

Sexual abuse

Sexual abuse is the involvement of the person in sexual activities which they do not want or truly understand, or to which they are unable to give valid or effective consent. This may involve rape, sexual assault, inappropriate sexual contact or exposure to inappropriate material.

Signs of possible sexual abuse include but are not limited to:

- significant change in sexual behaviour, language or outlook
- overtly sexual behaviour, often inappropriate to age or development
- bruising or other injuries on areas of the body normally covered – for this reason, they may only be noticed during activities such as swimming
- torn or stained underwear
- pain or itching, bruises or bleeding in genital or anal area
- stomach pains or discomfort when walking or sitting
- sexually transmitted, urinary tract or vaginal infections
- pregnancy in a person who lacks capacity or who is very young
- self-inflicted injury or attempted suicide.

Sexual exploitation

Sexual exploitation is a type of sexual abuse in which children or adults at risk of harm are sexually exploited for money, power or status.

Some children and adults at risk of harm are trafficked into or within the UK for this purpose. They may be

tricked into believing they are in a loving, consensual relationship.

Abusers will use various means to gain compliance such as drugs, alcohol, gifts, threats and bribes.

Signs of possible sexual exploitation include but are not limited to:

- being missing from home or care
- physical injuries
- drug or alcohol misuse
- involvement in offending
- repeated sexually-transmitted infections, pregnancy and terminations
- absence from school
- change in physical appearance
- being estranged from their family
- inappropriate use of social networking sites and other media devices
- receipt of gifts from unknown sources
- recruiting others into exploitative situations
- poor mental health
- self-harm
- thoughts of or attempts at suicide.

TOP TIP If you are concerned, supportive advice is available to you through your local safeguarding teams – know how to contact them on **0303 003 0105**

Sexual harassment

Sexual harassment means 'unwanted conduct of a sexual nature' and can occur online and offline.

Such harassment is likely to violate a person's dignity, make them feel intimidated, degraded or create a hostile, offensive or sexualised environment. It can include sexual comments, jokes or taunting, physical behaviour and consensual and non-consensual sharing of nude or semi-nude images or videos.

Upskirting

Upskirting is when someone takes a picture or video under a person's clothing (of any type) without their permission or knowledge.

The intention is to view their genitals or buttocks (with or without underwear) to obtain sexual gratification or to cause the victim humiliation, distress or alarm. Anyone of any sex can be a victim and it is a specific criminal offence.

- increased anxiety and irritability
- persistent low mood
- experiencing deep feelings of anger at minor irritations
- avoiding people or activities that they'd normally enjoy
- replaying difficult situations in their mind that can lead them to question or doubt themselves and their actions.

If you spot any of your colleagues displaying these behaviours, it's important to talk to them to see how they're doing as sometimes they just need someone to

talk to. For an adult St John person, support services are available on our MyWellbeing hub.

Mental health

Around one in four people in the UK experience a mental health problem each year, according to Mind, the mental health charity. There are many different mental health problems such as anxiety, depression, phobias and eating disorders. Help is available but too many people go without the vital support they need to feel better. St John is committed to fighting the stigma around mental health.

Everyone has good and bad days. However, feeling stressed or low for a long time can be a sign of a mental health problem. There are some common signs that people may need some extra support such as:

- frequently experiencing problems falling asleep or regularly waking up very early
- persistent headaches, palpitations and nausea.

Care first

Care first is available to all St John people to help and support you. It is a confidential service you can access 24/7, 365 days a year by calling **0333 212 7578**, using the Hapi App (available on [iOS](#) and [Android](#)) or by visiting carefirst-lifestyle.co.uk and using the username **stjohn** and the password **ambulance**.

Togetherall

Whether you're struggling to cope, feeling low or just need a place to talk, Togetherall (formally Big White Wall) can help St John people with free online mental health support to explore their feelings in a safe, supportive environment. See *Connect* for more information at stjohn.sharepoint.com/sites/c-news/SitePages/Introducing-Togetherall--your-new-mental-health-service.aspx or visit Togetherall at togetherall.com/joinnow/stjohnambulance to join.

St John
Ambulance



SAFEGUARDING



3 Managing our risks and responsibilities

3 Managing our risks and responsibilities

St John is all about people and is committed to ensuring that all those working with children and adults at risk of harm must promote their welfare, health, wellbeing and development and take every reasonable precaution to protect them.

Your safeguarding responsibilities

- Understand and be familiar with the safeguarding policy and procedures
- Undertake training to the appropriate level to support your role and ensure that this is regularly updated
- Follow safe working practice
- Act appropriately and be able to challenge inappropriate behaviour in others
- Be able to recognise signs of abuse
- Know how to follow and use the procedure for reporting concerns or alleged or suspected incidents of abuse
- Where there is a role requirement ensure that you have a current DBS certificate
- Always wear your ID badge when engaged in St John activities (events, meetings, training)
- Ensure you follow the policy on the General Data Protection Regulation (GDPR).

TOP TIP You have a responsibility to challenge any inappropriate behaviour that could harm an individual or the reputation of St John

Professional boundaries

What are professional boundaries?

Professional boundaries are a set of guidelines, expectations and rules which set the standards for how you must undertake your duties as a St John person. It means understanding what you have been asked to do and not working outside the scope of that activity.

Why are professional boundaries important?

We use professional boundaries in order to protect everyone and ensure that the people we support are always treated with respect and dignity and protected from harm – especially because we are often supporting people who are vulnerable. This means that we have a responsibility to them to do things to the best of our ability. We must ensure that our help supports them to keep safe and does not place them in any danger.

How do professional boundaries affect me and the people I might support?

Professional boundaries apply to all forms of communication and contact, including any use of social media, between St John people and the people we support. That support might include making a welfare call or providing face-to-face support or treatment.

What responsibilities do I have?

You must follow these guidelines to ensure you provide safe, effective and caring services to the people you support. Seek advice from your line manager if you are unsure of anything.

To help you understand more, here are some do and don'ts. Follow these instructions in all communication and contact you may have with people you are asked to support.

Do

- Do keep the details of your work with people confidential
- Do understand the limits of your assigned task or activity and not work beyond them
- Do always complete your assigned task to the best of your ability and ensure that what you do does not harm the person you are supporting
- Do treat everyone with dignity and respect
- Do treat everyone as an individual
- Do let go of any assumptions you may have about any groups of people
- Do use clear and appropriate language to ensure no misunderstanding when speaking with people
- Do always complete any paperwork related to the support activity you provide
- Do manage your own emotions
- Do complete a confidential [reporting a cause for concern \(CFC\) form](#) if any person you are supporting refers to any current or non-recent abuse or suggests that they might be having suicidal thoughts
- Alert more senior people in St John if you become aware of any actions or behaviours within your place of work or volunteering you feel are negligent, dangerous, abusive, dishonest or in any other way unsuitable so that things can change

Don't

- Don't undertake activities outside those you have been instructed to carry out by your line manager, even if the person you are supporting is insistent
- Don't discriminate against people for any reason including race, sex, gender reassignment, age, disability, religion or belief, sexual orientation, appearance or cultural background, marriage or civil partnership, pregnancy and maternity
- Don't share personal information about yourself (this includes personal contact details such as personal telephone numbers, email addresses, social media details etc)
- Don't disclose information about your personal life to people you support
- Don't encourage the person to see you as a friend
- Don't work outside of your scope of practice and always keep your line manager/supervisor informed
- Don't hold other relationships with the person whilst you are a worker for the service that they are engaging with. This includes family member, friend, sexual partner, employee or employer.
- Don't accept any gifts or money offered as a thank-you from anyone you support
- Don't inappropriately withhold information about people you support from other St John people. For instance, this might include not disclosing an intention of a service user to self-harm or harm others, or child protection or vulnerable adults' issues, which in themselves could become potential issues.

TOP TIP Remember that you must never overstep the boundaries between yourself and young people by engaging in friendships or sexual relationships

Supporting you in your responsibilities

District Safeguarding Officer and safeguarding team

The District Safeguarding Officer (DSO) and safeguarding team provide advice, guidance and practical support to St John people to ensure that they work safely with children and adults at risk of harm in all St John activities. DSOs and safeguarding teams will:

- undertake appropriate safeguarding awareness training
- advise you on any issues or concerns about working practices
- visit units on a regular basis
- manage any causes for concern that occur within the district.

Regional Safeguarding Manager

- Manages and provides support to the District Safeguarding Officers and safeguarding teams
- Representing the National Safeguarding department, advises and supports the regional senior volunteers and the Regional Management team.

CQC Registered Manager

A Registered Manager is the person appointed by the provider (St John) to manage the regulated activity on their behalf, where the provider is not going to be in day-to-day charge of the regulated activities themselves.

As a registered person, the Registered Manager has legal responsibilities in relation to that position. A Registered Manager shares the legal responsibility for

meeting the requirements of the relevant regulations and enactments with St John.

The Registered Manager must ensure that they and St John comply with two sets of regulations, the [Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014](#) and the [Care Quality Commission \(Registration\) Regulations 2009](#). The particular regulation relating to safeguarding is Regulation 13 – Safeguarding service users from abuse and improper treatment. This includes:

- neglect
- subjecting people to degrading treatment
- unnecessary or disproportionate restraint
- deprivation of liberty.

The appropriate Registered Manager must be informed of all safeguarding concerns relating to regulated activity prior to any external body being informed.

The Registered Manager must ensure that CQC are then notified about abuse or alleged abuse concerning a person or persons (child or adult) who use the service as defined in Regulation 18: Notification of other incidents – regulation 18(2) in [Care Quality Commission \(Registration\) Regulations 2009](#), in relation to regulated activity. This notification can be submitted by the safeguarding team on behalf of the Registered Manager.

National Safeguarding department

- Develops strategy, policy and procedure for working safely with children and adults at risk of harm
- Promotes safe practice
- Seeks to ensure compliance with this policy

- Manages and supports Regional Safeguarding Managers
- Advises and oversees the management of all causes for concern
- Provides support and relevant information for CQC Registered Managers.

Your training

You are responsible for undertaking safeguarding training as detailed in your role description to the appropriate level for your role and ensuring that this is regularly updated.

Safe working practice

Developing an atmosphere of mutual support and care is essential in helping all St John people to be comfortable about discussing inappropriate attitudes or behaviour. Always ensure your own behaviour is beyond reproach at all times. Do not believe that 'it won't happen to me'. The reality is that people who may be blameless, but disregard safe practice, may be subject to accusations of wrongdoing including abuse. If you have any concerns about an individual, or suspect that abuse is taking or has taken place, it is your responsibility to report in accordance with this policy.

Safe working practice means working professionally to create a safe environment. You can help to achieve this by:

- being friendly, courteous and kind; never making suggestive or discriminatory comments
- treating all with dignity and respect regardless of race, sex, gender reassignment, age, disability, religion or belief, sexual orientation, appearance or cultural background, marriage or civil partnership, pregnancy and maternity
- respecting personal privacy

- taking into account where possible individual needs, likes and dislikes
- being available to listen
- being ready to refer to someone more experienced than yourself if required
- never ignoring a concern or failing to take action
- knowing how to contact your safeguarding team
- avoiding any questionable activity eg. rough or sexually provocative games – horseplay and violent games must be avoided
- challenging unacceptable behaviour and reporting any concerns or allegations of abuse
- avoiding favouritism or singling out those who cause trouble or offer challenging behaviour
- avoiding one-to-one contact – whenever possible ensure other people can see or hear you
- not using any form of inappropriate language or subject matter – be careful not to do or say anything that could be misinterpreted as innuendo
- never ignoring or trivialising bullying
- not allowing or engaging in any kind of physical contact that is inappropriate – remember someone else may misinterpret your actions
- establishing links with parents and carers
- making sure you have all appropriate contact details readily available for those in your care.

TOP TIP Follow safe practice at all times – always remember to work safely and do not take any unnecessary risks

If an exceptional situation occurs, seek advice immediately. Where policy cannot be followed or a situation arises that could be misconstrued, detail the circumstances and reasons for what has occurred in a report, which must be forwarded to your safeguarding team within 24 hours of what has taken place.

Physical contact

Physical contact should be avoided wherever possible. If inappropriate, such contact will be construed as indicating some form of abuse. Where physical contact is required, take the following steps:

- Respect the dignity, privacy and feelings of the individual
- When a person is upset, try to provide comfort and support without unnecessary or excessive physical contact
- With physical contact in first aid practicals and demonstrations, be sensitive and always avoid inappropriate touching of a child or adult at risk of harm. Ideally, demonstrate on a colleague or other responsible adult with their pre-arranged permission or ask a participant to demonstrate on another participant. There will be occasions when cadets aged 16+ are involved in adult assessments
- There should be no need to adjust clothing. If required, this should be done either by the individual or a peer. On occasions it may be necessary to check and adjust protective or safety clothing and equipment. This should be done with care, openly in the presence of the entire group
- Ambulance Operations are likely to involve physical contact but this should always be within the scope of training and procedures. See [Additional requirements for Ambulance Operations](#) on page 37

- It is not acceptable to restrain. If restraint and control are required, appropriate qualified support will need to be obtained, eg. the police. Only in an emergency where immediate intervention is required to preserve life or limb is restraint justified eg. grabbing a child to prevent them running into the road. Also see [Additional requirements for Ambulance Operations](#) on page 37

- In the event of any physical aggression seek appropriate assistance immediately
- Be aware of an individual's sensitivity during first aid practice work. Where possible, give prior notice so that they wear suitable clothing.

Communication

Ways of communicating have changed. Today this includes the wider use of technology such as mobile phones, text and multimedia messaging, emails, videos, web-cams, websites and blogs. Communication between adults and those who are vulnerable, by whatever method, should take place within clear and explicit boundaries.

Communication principles

- Know and follow the St John image and reputation policy
- St John people are individually responsible for the content they publish on the internet or any other form of user-generated media. Be mindful that what you publish will be public for a long time – protect your privacy
- Respect patient confidentiality, data protection and copyright
- Be mindful of your association with St John in online social networks. If you identify yourself as a St John person, ensure that your profile and related content

is consistent with the professional standards required by the organisation

- Always respect other people in the way that you would like them to respect you
- Adhere to terms and conditions laid out by social media channels.

Safe practice

- You should ensure that all communications are transparent and open to scrutiny
- Details of mobile numbers and emails must be securely stored as required by the St John data protection policy
- You should not ask for, or respond to any request for personal information from a child, other than that which is appropriate as part of your role within St John
- For children under 11, you should make all arrangements by contacting parents or carers direct. If you send text messages or emails or use social media to contact older children, send copies to parents or carers and to a person with appropriate responsibilities within St John
- Adults must not share their personal social networking site contact details with those under 18.

TOP TIP Further information can be found in the [image and reputation policy](#) on *Connect*

Photography and videos

It may be appropriate on occasion to record photographic and video images of St John people, or to allow them to record images of each other, eg. to assist learning, to celebrate achievement or for publicity.

- Only record images when it is agreed and understood that this will be done
- Be clear why images are being recorded and what will happen to them
- Ensure that all images are available for scrutiny, in order to screen for acceptability
- Do not take images in one-to-one situations
- Do not take images 'in secret' or in a situation that may be construed as being underhand
- Report any concern about inappropriate or intrusive photographs being taken or subsequently found
- If any image is used, do not name the individual, unless you have specific consent and there is a need to do so
- Where St John has decided that images should be retained for further use, they should be securely stored and accessed only by those authorised to do so
- No photos or videos of St John events or activities should be taken without the agreement of all concerned and following the principles set out above.

Because of the potential for images of children to be misused for pornographic or grooming purposes:

- images of children must not be displayed on websites, in publications or in a public place without the consent of both the child and the parent or carer
- parents or carers are to be routinely asked to give general consent for their child to be photographed or images recorded. This should be updated as required.

Activities: minimising the risk of harm

St John people should be aware that St John provides risk assessment guidance. A risk assessment is an important step in protecting the health and safety of St John people, and others who may be affected by our activities, as well as a requirement of the law.

A risk assessment is simply a careful examination of what could cause harm, so that you can weigh up whether you have taken sufficient precautions, or should do more to prevent it. The aim is to try to make sure that no one suffers harm.

A hazard is anything which can cause harm. Risk is the likelihood or chance of that happening. So the important thing you need to decide is whether the hazard is significant and what action you can take so that the risk is minimised, or whether the activity should be discontinued.

There are a number of practical matters to consider when planning activities, including:

- the type of activity
- the environment where the activity is taking place
- the number of participants
- the age of participants
- the skill, ability and competence of those taking part and of the persons supervising or leading the activity.

The risk assessment must be formally recorded. This will provide a clear audit trail, which can be used in the event of an inquiry or complaint.

Basic principles of making a risk assessment

- Complete a thorough risk assessment of the venue, the activity and its suitability for the proposed participants. This should also include detail of action

to be taken in the event of an untoward incident or occurrence

- Undertake a risk assessment for every activity. If it is a regular activity the existing assessment will need to be reviewed regularly and amended as required
- Inform and obtain permission from those with parental or caring responsibilities for the activities that are being organised
- Ensure that all participants are aware of identified risks and safeguards in place
- Ensure that appropriate supervision is in place
- Ensure any activity using potentially dangerous equipment has constant supervision by a responsible person with the appropriate qualifications
- In the event of any dangerous or inappropriate behaviour by anybody present ensure that it is stopped immediately
- Ensure that those with caring responsibilities for children or adults at risk of harm are aware of where they are and what they are doing, and that appropriate staffing ratios are maintained
- All risk assessments should be subject to on the spot monitoring and change. This is known as 'dynamic' risk assessment where changes are made in response to an increased level of risk or additional hazards that become apparent
- Ensure outside providers are made aware of and comply with the St John procedures.

Five steps to assess general risk

- 1 Identify the hazard
- 2 Decide who might be harmed and how
- 3 Evaluate the risks and decide on precautions

4 Record your findings and implement them

5 Review your assessment and update if necessary.

Safer recruitment

St John seeks to prevent people who pose a risk of harm from working with children or adults by adhering to statutory responsibilities to check St John people who work with children and adults at risk of harm.

As the majority of St John people will be engaging in regulated activity, an enhanced DBS certificate which includes barred list information, will be required for most roles.

Supervision

St John owes all St John people a duty of care. Specifically, with regard to children and adults at risk of harm, this means acting as a prudent parent or carer would and protecting them from harm, whether intentional or unintentional.

Making arrangements for appropriate supervision is one of the most effective ways of preventing harm to any of its personnel or to the reputation of the organisation.

Having clearly defined supervision arrangements will not only minimise the risk of accidents but will contribute to the safety of all.

It is your duty:

- to inform the responsible parent or carer of any accidents that have occurred within the activities provided
- to complete a report form and send it to the appropriate manager
- to make sure there is a follow-up call to those with parental or caring responsibility

- to inform the appropriate manager of any injuries you have been told about that occurred outside the organisation.

From time to time, a unit may have visitors. It is important that all visitors are supervised at all times. Supervision means that the visitor is within your eyeline and you are assured that children and young people are kept safe from harm.

Additional requirements for working safely with children

- Ensure the unit has an up-to-date copy of the safeguarding policy and procedures and know whom to contact for further advice, information and support
- Never plan to run a unit or training session on your own
- Always maintain the required ratios of adults to those under 18 years of age (see table at the end of this section)
- In case of emergency ensure you have contact details of parents and carers
- Try to ensure you have the appropriate balance of male and female personnel for whatever activity is taking place. If necessary introduce a rota scheme
- Remember to check and record any visitors and guests very carefully whether their visit is by invitation or unsolicited
- Plan the arrival and departure of children. Ensure that responsible adults are at the premises before the children are expected to arrive. Do not leave the premises until all children have left or been collected by parents or carers
- Only with written parent or carer approval and the agreement of the unit manager will those under 16

be allowed to make their own way to meetings and leave without supervision. Agree arrangements that everyone is happy with

- For children under 11, arrangements should be made by contacting parents or carers direct. If you send text messages or emails to older children, send copies to parents and to a person with appropriate responsibilities within the organisation. Details of mobile numbers and email addresses must be kept in a safe place
- Involve children in establishing their own list of rules for outlining what is and is not acceptable in their Unit. These should be prominently displayed and followed by all adults and children
- Be firm and fair with children. Avoid favouritism and singling out those who cause trouble. Remember it's the behaviour that is not acceptable and not the child
- When you find a child is trying to get a lot of attention, re-direct them into positive activity
- Do not allow children or adults to engage in abusive activities such as initiation ceremonies, ridiculing or bullying
- Avoid all one-to-one situations with a child. Where such a situation is unavoidable, always keep a door open and ensure someone else can see or hear you
- It is sometimes necessary for St John people to carry out personal tasks for children and adults at risk of harm, particularly if they are very young or disabled. Ensure that tasks are carried out with the full understanding and consent of parents and carers. Staff should be sensitive to and respectful of the child or adult at risk of harm's feelings and undertake personal tasks with the utmost discretion

- In an emergency which requires physical contact, parents and carers should be fully informed as soon as possible of what has happened
- You and other adults in charge of children should not drink alcohol, both because you are in charge and also to set a good example. This applies even if you are off duty but around children
- On residential events or courses, do not allow males to enter female accommodation (or vice versa). If the need arises for a male to enter female accommodation (or vice versa), that person must always be accompanied
- The transportation of badgers, cadets or members of the public in privately registered vehicles shall not be organised or authorised as an official St John activity by any representative of St John. Formally organised transportation shall only be undertaken in appropriate St John vehicles with the driver being suitably qualified
- As a St John person, do not take a child to your own home or any other premises where you will be alone with them (this does not apply if the child is related to you)
- Never trivialise child abuse
- Record and report any allegations by a child including any made against you.

TOP TIP For further guidance on 16+ refer to the **youth volunteering policy** on *Connect*

Adult supervision ratio requirements when working with those under 18 years of age

When working with groups of children or young people it's important that there are enough qualified adults to provide the appropriate level of supervision.

The NSPCC states that: 'staffing and supervision ratios can sometimes be difficult to judge. It's important that you have enough volunteers to ensure children are safe - and that these adults are suitable to undertake various tasks as needed'. Wherever possible, for mixed gender groups of children the supervising adults should reflect the mixture of genders.

As a minimum there should always be at least two adult volunteers at least one of whom is qualified for the role of youth leader. It may not always be possible to stick to recommended ratios. However, every effort should be made to achieve the best level of supervision of children at all times.

UNDER 10 YEARS		
TRIPS/ACTIVITIES	MEETINGS	ADULTS
Up to 6	Up to 8	Minimum 2
7-12	9-16	Minimum 3
13-18	17-24	Minimum 4
19-24	25-32	Minimum 5
25-30	33-40	Minimum 6
10-17 YEARS		
TRIPS/ACTIVITIES	MEETINGS	ADULTS
Up to 8	Up to 10	Minimum 2
9-16	11-20	Minimum 3
17-24	21-30	Minimum 4
25-32	31-40	Minimum 5
33-40	41-50	Minimum 6

Adults who do not meet the criteria for a disclosure and barring (DBS) check should be supervised at all times.

All adults who have contact with children should understand and agree to follow the safeguarding policy and procedures.

St John recognises the positive opportunities available to fully trained 16+ volunteers through our Operational deployments (eg. events, night time economy, NHS Cadets). In these settings, 16 and 17 year-olds with the appropriate training may be deployed alongside adult volunteers in line with the operational procedures and risk assessments for the specific activities. In these cases, the responsibility for safe working and the management of risk will rest with the named manager for the event/activity.

TOP TIP Remember if a child or adult at risk of harm confides in you or if you hear from anyone else, then you must report that concern

Other considerations for working safely with children and adults

- St John is committed to creating an equal, inclusive and diverse organisation that provides a high-quality and safe service to all members of the community
- As far as possible, St John seeks to meet an individual's needs as well as the needs of the organisation
- Units should be mindful that some people may benefit from additional help: eg. is disabled and has specific additional needs; has special educational needs; and is a young carer
- Youth units should also be mindful that the most common reason for children becoming looked after is as a result of abuse and/or neglect. It is

essential that this potentially vulnerable group are kept safe

- Children with special educational needs (SEN) and disabilities can face additional safeguarding challenges. This can include for example that they are disproportionately impacted by behaviours such as bullying without outwardly showing any signs
- Transgender and non-binary children and adults have the right to be treated in a manner consistent with their identity. Facilities, for example, on residential trips will need to be checked carefully to ensure that, where ever possible, an individual's needs and the organisation's can be met
- LGBTQ+ (lesbian, gay, bisexual, transgender, queer and other) people can feel more vulnerable with regards to bullying and mental health. The organisation wishes all St John people to feel valued, accepted and included.

TOP TIP If any exceptional circumstances arise, contact your local safeguarding team for advice

Additional considerations

Transitioning

St John welcomes people regardless of their sexual orientation or identity. Transgender (or trans) is an umbrella term used to describe people whose gender is not the same as, or does not sit comfortably with, the gender they were assigned at birth. A person may live, or be considering living, in their self-identified gender, going through what's known as transition - being known by a different name, wearing different clothes and/or concealing parts of their body. They may or may not decide to have gender reassignment to permanently alter their body to match their self-identified gender.

They may simply live as their required gender and not want others to know they are transgender.

St John recognises the importance and benefit of supporting anyone transitioning or who identifies as transgender.

Pre-existing relationships

St John people must not overstep the boundaries between themselves and young people, adults at risk of harm or other people they are working with by engaging in friendships or sexual relationships. This is an important factor to prevent any breaches of the position of trust to make sure that St John people act appropriately and to prevent grooming and abuse occurring.

There are occasionally circumstances where there may be a pre-existing relationship. It is essential that advice is taken from the National Safeguarding department to ensure the appropriateness of the relationship. As an organisation we want to foster a culture of openness and transparency.



4 Responding to a cause for concern

4 Responding to a cause for concern

It is really important that if you have any worries or concerns you refer them in line with this policy and procedures.

It is a sad fact of life that, from time to time, those organisations which exist to help the community are targeted by those who pose a threat to children and adults at risk of harm. St John is no exception. Abuse can occur anywhere at any time. If you have any suspicions, concerns or are made aware of possible abuse you must follow the reporting procedure.

In the course of your work you will be party to information about individuals which is not in the public domain. Any information you receive belongs to the organisation and may only be used for St John purposes.

As a general rule, information cannot be shared outside the organisation without authority. In the case of information relating to children, patients or adults at risk of harm that authority will be given by the National Safeguarding department.

If information is required immediately by an outside agency (eg. social services, police, NHS Trusts, CQC or LADO) any relevant information must be shared on a need to know basis. This is because the safety, protection and wellbeing of the child or adult at risk of harm is paramount and will override the normal rules of confidentiality.

For information about reporting concerns to a LADO, see [Contacting a local authority designated officer](#) on page 41.

Concerns that a child or adult may be at risk of suffering harm may arise from information given to you, behaviour by the child/adult at risk of harm, an injury that arouses suspicion or contact with someone known to pose a risk to children/adults at risk of harm.

What to do if someone shares a concern with you

Someone who is worried about what is happening or someone who has been harmed may talk to you. They may raise concerns which may be internal or external to the organisation. In most cases a person will confide in someone they know and trust. As a part of the organisation this could be you. If a child or adult at risk of harm confides in you or you learn from anyone else, then you must report that concern.

What you must do

- Remain calm, approachable and receptive
- Listen carefully without interrupting
- Make it clear that you are taking what is being said seriously
- Acknowledge you understand how difficult this may be
- Reassure them that they have done the right thing in telling
- Let them know that you will do everything you can to help them
- Record carefully using the words of the child or adult at risk of harm and sign, date and time your notes
- Record only what has been said, heard, seen and what you have done.

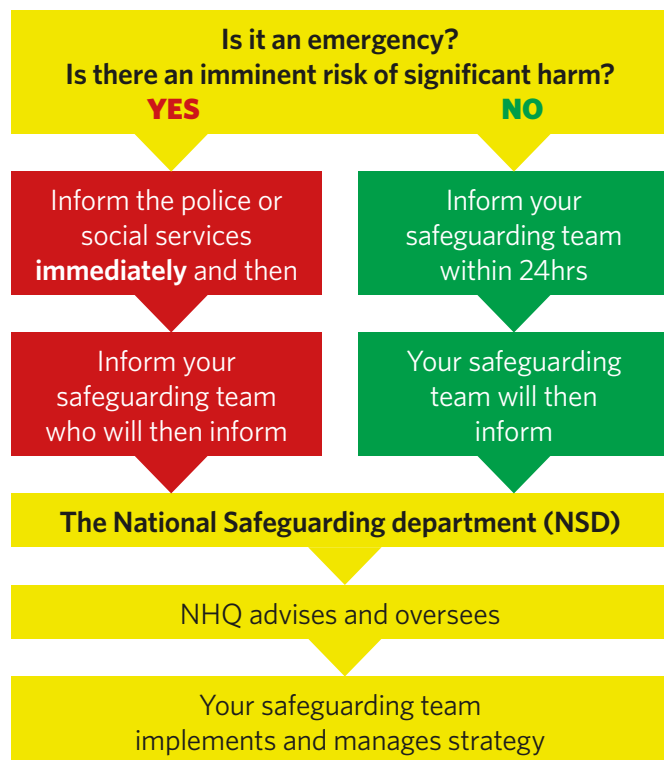
What you must not do

- Do not show any shock or distaste
- Do not probe or investigate it yourself – only listen, record and report
- Do not ask any questions that suggest the answer
- Do not speculate or make assumptions
- Do not make any comments about any of the people involved
- Do not make promises you cannot keep
- Do not promise to keep the information secret but explain that there may be a need to share it in confidence with an appropriate person
- Do not delay in contacting your safeguarding team, whatever the time, and always make sure you keep them aware of any further developments
- Do not discuss the situation with anyone who does not need to know.

Reporting a safeguarding concern

The flowchart below sets out the steps for reporting a concern or allegation of abuse in all cases **except**:

- **Ambulance Operations** (see [Reporting a safeguarding concern for Ambulance Operations](#) on the pale yellow pages later in this section)
- **The Sussex Homeless Service** (see [Reporting a safeguarding concern for the Sussex Homeless Service](#) on the pale green pages later in this section).



Imminent risk of significant harm means that a child or adult at risk of harm is in danger at that moment and to do nothing would result in actual harm.

TOP TIP This information can also be found on the [safeguarding pocket card](#) – make sure you carry yours at all times

If there is an imminent risk of significant harm contact the police or your local social services **immediately**. Do not leave that person until you can hand them over to the appropriate responsible person. Say that you are making a referral and need to speak to the appropriate person.

When making such a contact you should:

- say who you are
- give the details of the person at risk
- state what they have told you
- provide any relevant background information
- ask what will happen next.

Then contact your safeguarding team after you have spoken to the authorities. Do not delay in contacting your safeguarding team, whatever the time, and always make sure that you keep them aware of any further developments.

Do not discuss the situation with anyone who does not need to know. Continue to be caring and supportive for the child or adult at risk of harm.

In a non-emergency situation inform your safeguarding team within 24 hours and it will then alert others as appropriate.

The confidential [reporting a cause for concern \(CFC\) form](#) has been developed to help this process and can be used by anyone who has a concern that needs to be raised and addressed. The form is available on *Connect*, from your safeguarding team or your line manager who can help you complete it if required.

TOP TIP The [reporting a cause for concern \(CFC\) form](#) can be found on *Connect*

Once you have made contact with your safeguarding team the following steps will be taken:

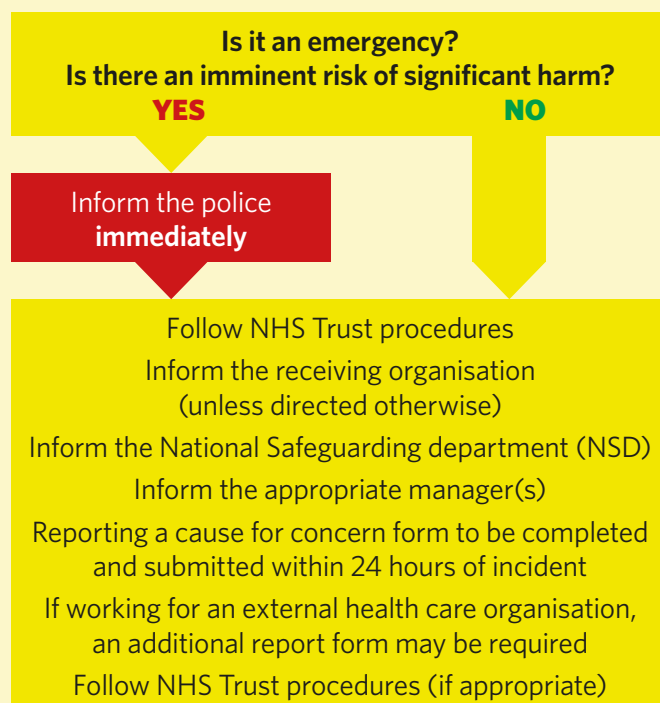
- The NSD at National Headquarters will be informed
- Once the matter has been reported to the NSD a unique case number will be allocated, which will be passed onto you as confirmation that the matter is being dealt with appropriately
- Thereafter, the Regional Safeguarding Manager, Registered Manager CQC, Regional Director and other relevant personnel will be informed on a need to know basis.

Remember that the media may also become involved. If you are approached do not give any comment. Never provide a statement to the media, or answer any questions from them – simply ask for their details and say a representative of the organisation will contact them. Then immediately pass this information onto your regional Public Relations Officer.

TOP TIP Further information can be found in the [PR and comms policy, procedures and forms](#) on *Connect*

Reporting a safeguarding concern for Ambulance Operations

The flowchart below sets out the steps for reporting a concern or allegation of abuse **for Ambulance Operations**.



Imminent risk of significant harm means that a child or adult at risk of harm is in danger at that moment and to do nothing would result in actual harm to the individual. Do not leave that person until you can hand them over to the appropriate responsible person.

TOP TIP This information can also be found on the **safeguarding pocket card** – make sure you carry yours at all times

- In an emergency where there is an imminent risk of significant harm, the police must be notified **immediately**, directly or via control
- The person identifying the concern is responsible for reporting the matter and completing a **reporting a cause for concern (CFC) form**
- In non-emergency situations a Community First Responder will report to the attending ambulance crew
- In all cases, the ambulance crew must inform the receiving unit of the concern on handover unless directed otherwise
- If working for an external health care organisation, report the incident as instructed (eg. the identified single point of contact). You must then inform both the NSD and the appropriate manager(s). In the case of FGM, this must be reported via the Ambulance Trust to NHS England
- The online **reporting a cause for concern (CFC) form** is to be completed and submitted to the NSD within 24 hours of the incident – add as much information as possible, especially if there are concerns with the patient’s care agency/care home, and if the patient is taken to a place of safety (eg, a hospital), include the name and who you raised your concerns to at handover
- It is the duty of the NSD to take the necessary safeguarding steps and to report to the Care Quality Commission detailing the concern and the action taken.

TOP TIP Bookmark the link for the online **reporting a cause for concern (CFC) form** on your devices, so it is always easily available

Additional requirements for Ambulance Operations

- In the course of your work, occasions can arise where you are on your own with a patient. Where such a situation is unavoidable, as far as possible ensure someone else can see or hear you whilst maintaining the patient’s dignity, privacy and modesty
- Wherever possible when providing care, treatment or support to an unaccompanied child or adult at risk of harm, try to ensure that a third person who should be a health care professional or an appropriate adult or a police officer is present
- If you need to remove clothing for detailed examination, ensure that it is done with the minimum of disturbance and with the patient’s consent where possible
- Make sure the patient’s belongings are with them at all times. If you have to search through their belongings for information about their medical condition, do so in front of a reliable witness. If possible ask the patient’s permission before doing this
- It is good practice to document high-value items eg. wallets, jewellery on the patient report form (PRF). Afterwards ensure all clothing and medications accompany the patient to hospital or are handed over to the police
- When a patient is upset, try to provide comfort and support without unnecessary, inappropriate or excessive physical contact
- Section 5 of the Mental Capacity Act compliance is likely to require some level of restraint in an ambulance context. Current guidance is that gentle guiding, tactical use of blankets, coercion and

deception, tactical use of seatbelts and body blocking are appropriate interventions under the Mental Capacity Act. The police should be called for anything needing specialist training or bespoke physical interventions.

- In the event of physical aggression, immediately seek assistance from ambulance control.

TOP TIP Remember the National Safeguarding telephone number – call **0303 003 0105** and select option 1 for Ambulance Operations

Other considerations for Ambulance Operations

- Your lead manager or equivalent can offer you specialist further advice on specific concerns you may have in your role, including reporting alleged malpractice and negligence, your knowledge and level of training
- In your day-to-day work, you are more likely to come across patients with mental health issues and concerns, and those with unmet needs as well as those who care is being managed. However, do not hesitate to report in line with procedures if you have any worries or concerns about a patient
- Always act within the scope of your training and specific procedures. There are some interventions and activities that you can do on your own with a patient, but there are others which are more appropriately done with both crew members in attendance
- Contact details provided for the purposes of patient care should never be stored in personal mobile phones or used to contact the patient except on behalf of St John

- It is inappropriate to take photographs of injuries, incident scenes unless it is within your scope of practice and only on authorised equipment. Their storage and sharing should be in line with the 'seven golden rules of information sharing' and GDPR considerations
- Some ambulance services operate parallel reporting, where the crew is asked to dial 101 and report directly to the police.

Safeguarding training for ambulance crews and associated roles

- Introduction to Safeguarding
- Level One online training found on *Connect*
- Level Two training
- Level Three safeguarding training.

Information about those who require a higher level of training (Level Three), is outlined in the two intercollegiate documents [Adult Safeguarding: Roles and Competencies for Health Care Staff](#) and [Children Safeguarding: Roles and Competencies for Health Care Staff](#).

The seven golden rules of information sharing

- GDPR is not a barrier to sharing information
- Be open and honest
- Seek advice
- Share with consent where appropriate
- Consider safety and wellbeing
- Necessary, proportionate, relevant, accurate, timely and secure
- Keep a record.

Reporting a safeguarding concern for the Sussex Homeless Service

The St John Homeless Service provides primary health care and first aid to homeless and vulnerably housed people in Hastings and Brighton. Teams of St John people run drop-in clinics at day centres. Also in Brighton, a mobile treatment centre is crewed on the seafront every Thursday evening.

During the course of working with this vulnerable group of people it is inevitable that St John people will be told of or notice issues that are or could become safeguarding concerns. It is important that any concern is appropriately referred on. The flowchart on the far right sets out the steps for reporting a concern or allegation of abuse for the **Sussex Homeless Service**.

TOP TIP More information on local reporting can be found at eastsussex.gov.uk/socialcare/getting-help-from-us/contact-adult-social-care/. For information about Brighton adult social care, telephone **01273 295555**, email accesspoint@brighton-hove.gov.uk or visit brighton-hove.gov.uk/adult-social-care

Additional requirements for the Sussex Homeless Service

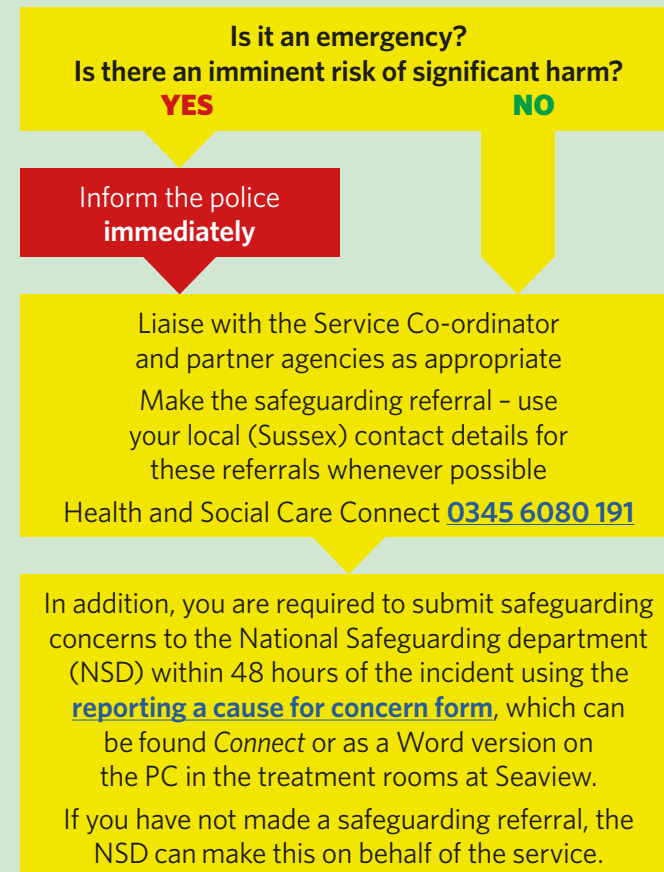
- In the course of your work, occasions can arise where you are on your own with a client. Where such a situation is unavoidable, as far as possible ensure someone else can see or hear you whilst maintaining the client's dignity, privacy and modesty
- Wherever possible when providing care, treatment or support to an unaccompanied child or adult at risk of harm, try to ensure that a third person is present, who should be a healthcare professional or an appropriate adult or a police officer

- If you need to remove clothing for detailed examination, ensure that it is done with the minimum of disturbance and with the client's consent where possible
- Make sure the client's belongings are with them at all times. If you have to search through their belongings for information about their medical condition, do so in front of a reliable witness. If possible ask the client's permission before doing this
- It is good practice to document high-value items eg. wallets, jewellery on the patient report form (PRF). Afterwards ensure all clothing and medications accompany the client to hospital or are handed over to the police
- When a client is upset, try to provide comfort and support without unnecessary, inappropriate or excessive physical contact
- It is not acceptable to restrain. Further advice when transporting an individual requiring restraint should be sought from a qualified provider eg. ambulance control or the police
- In the event of physical aggression, immediately seek assistance from day centre staff.

Safeguarding training for St John people running the Sussex Homeless Service treatment centres

- Introduction to Safeguarding
- Level One online training found on *Connect*
- Level Two training.

Information about those who require a higher level of training, specifically HCPs (Level Three), is outlined in the two intercollegiate documents [Adult Safeguarding: Roles and Competencies for Health Care Staff](#) and [Children Safeguarding: Roles and Competencies for Health Care Staff](#).



Imminent risk of significant harm means that a child or adult at risk of harm is in danger at that moment and to do nothing would result in actual harm to the individual. Do not leave that person until you can hand them over to the appropriate responsible person.

Professional boundaries: concerns about St John people

It is important to be professionally curious. Any concerns about St John people must be reported using the flowchart in the subsection [Reporting a safeguarding concern](#) on page 34. Allegations made about St John people will be referred to the People and Organisation Network for investigation under the conduct and performance policy.

TOP TIP If you have a professional registration, it is your responsibility to know your duties to report

Why it's important to report

As with concerns about children and adults at risk of harm, these should be raised no matter, how small or insignificant the concern might be. Your information may be an important piece of the jigsaw puzzle which, when put together, may provide a fuller picture.

Remember – the importance of what you know might not seem evident, but when it's combined with what other people know it could be the piece of information that completes the picture.



TOP TIP If you or anybody else is in danger, or it feels like a situation might get dangerous and you need support right away, contact the police on **999**. In all other situations, you can use the police's non-emergency number **101**. If you have a hearing or speech impairment, you can also use their non-emergency textphone service on **18001 101**

TOP TIP Ask for Annie The Ask for ANI (Action Needed Immediately) codeword scheme has been developed to allow victims of domestic abuse to access support from the safety of their local pharmacy

TOP TIP Ask for Angela In participating venues, people who feel unsafe, vulnerable or threatened can discreetly seek help by approaching staff to 'ask for Angela'. This code phrase will indicate that they require help with their situation and a trained member of staff will support and assist them – eg, reuniting them with a friend, seeing them to a taxi or by calling venue security or the police

Contacting a local authority designated officer

The criteria for making a report to a local authority designated officer (LADO) are that an individual in a workplace may have:

- behaved in a way that has harmed or may have harmed a child **or**
- possibly committed a criminal offence against or related to a child **or**
- behaved towards children in a way that indicates they may pose a risk of harm to them.

What is a LADO?

Every local authority has a LADO to whom allegations must be reported and with whom plans should be made about how matters are progressed.

A LADO is a senior member of staff who:

- is involved in the management and oversight of individual cases which meet a certain threshold
- provides advice and guidance to employers and voluntary organisations
- liaises with the police and other agencies
- monitors the progress of cases to ensure they are dealt with as quickly as possible, following a consistent, thorough, and fair process.

Why a LADO report might be made

An allegation against a person working with children can be made by people in a range of different circumstances. Some allegations are made by children; some allegations are made by colleagues or other professionals; others are made by parents or members of the community.

Everyone who receives information about an allegation should take it seriously and keep an open mind as to whether it might be true. Many allegations against

professionals or volunteers relate to their behaviours towards a child or children in the workplace. However, a sizeable minority of concerns reported to a LADO relate to the professional's or volunteer's personal life or to their care of their own children.

Finally, in some cases, there may have been an allegation of abuse against someone closely associated with a member of staff and there are concerns this may present a risk of harm to children for whom the member of staff is responsible.

Who should make a LADO report

Though allegations of abuse can be made to anyone in an organisation it is the role of the Head of Safeguarding who is the Lead in St John (or a delegated person in the National Safeguarding function) to take these forward and to be the link between the organisation and a LADO until the matter is resolved.

When an allegation is made about an individual it must be reported to a LADO within 24 hours.

What happens after a LADO report is made

If a LADO report is made, usually the person causing risk will be suspended on a safeguarding suspension until the matter is resolved and the processes of the organisation are followed.

If St. John removes an individual (paid or unpaid volunteer) from work such as looking after children – or would have, had the person not left first – because the person poses a risk of harm to children, St John must make a referral to the Disclosure and Barring Service. It is an offence to fail to make a referral without good reason.



5 Useful organisations

5 Useful organisations

ADULTS WITH CARE AND SUPPORT NEEDS

Age UK

Age UK offers a free, confidential, national phone service for older people, their families and friends, carers and professionals. They have a team of expert advisers who give advice and information that is reliable and up-to-date.

Advice line [0800 678 1602](tel:08006781602) (8am–7pm, 365 days a year)
ageuk.org.uk

Alzheimer's Society

The UK's leading dementia charity, campaigning for change, funding research and supporting people living with dementia.

Dementia Connect support line [0333 150 3456](tel:03331503456)
alzheimers.org.uk

Citizens Advice

Helps people resolve legal, money and other problems by providing free, independent and confidential advice. You can chat with an adviser online via their website.

Advice line [0800 144 8848](tel:08001448848)
citizensadvice.org.uk

Dementia Friends

Alzheimer's Society's Dementia Friends programme is the biggest ever initiative to change people's perceptions of dementia. It aims to transform the way the nation thinks, acts, and talks about the condition.

Telephone [0300 222 5855](tel:03002225855)
Email dementiafriends@alzheimers.org.uk
dementiafriends.org.uk

Hourglass

A nationwide charity working to protect and prevent the abuse of older adults with care and support needs.

Email enquiries@wearehourglass.org
Helpline [0808 808 8141](tel:08088088141)
wearehourglass.org

The Silver Line

Confidential free helpline for older people across the UK, open every day and night of the year offering information, friendship and advice

Helpline [0800 4 70 80 90](tel:08004708090)
Email info@thesilverline.org.uk
thesilverline.org.uk

ALCOHOL AND DRUGS

Alcohol Change UK

A charity that helps with alcohol issues. Their vision is of a world free from serious alcohol harm.

Email contact@alcoholchange.org.uk
alcoholchange.org.uk

Drinkaware/Drinkline/Drinkchat

Telephone support for adults and young people. Free, confidential, accurate and consistent information and advice to callers who are concerned about their own or someone else's drinking. The Drinkchat service is available via their website on weekdays.

Telephone [020 7766 9900](tel:02077669900)
Helpline [0300 123 1110](tel:03001231110) (weekdays 9am–8pm, weekends 11am–4pm)
Email contact@drinkaware.co.uk
drinkaware.co.uk

Talk to Frank

Friendly, confidential drugs advice.

Helpline [0300 123 6600](tel:03001236600) (24 hours, 365 days a year)
Text [82111](tel:82111)
Email frank@talktofrank.com
talktofrank.com

BEREAVEMENT

Cruse Bereavement Support

The leading national charity for bereaved people in England, Wales and Northern Ireland. Their CruseChat service is available via their website.

Helpline [0808 808 1677](tel:08088081677) Monday 9.30am–5pm, Tuesday to Thursday 9.30am–8pm, Friday 9.30am–5pm and Saturday/Sunday 10am–2pm
cruse.org.uk

BULLYING

Kidscape

Kidscape produces leaflets and booklets on bullying, and runs a helpline.

Parent advice line [020 7823 5430](tel:02078235430) (Monday and Tuesday 9.30am–2.30pm)
Email (parent support) parentsupport@kidscape.org.uk
Email (general enquiries) info@kidscape.org.uk
kidscape.org.uk

CHILDREN

Barnardo's

Works to transform the lives of vulnerable children and young people.

Telephone [020 8550 8822](tel:02085508822)
barnardos.org.uk

Childline

A free and confidential helpline for children and young adults in the UK. It offers help and advice plus volunteering and fundraising details. Secure messages can be sent via their website.

Helpline [0800 1111](tel:08001111) (24 hours, 365 days a year)
childline.org.uk

NSPCC

Works to end cruelty to children in the UK by standing up for their rights, listening to them, helping them and making them safe. Free 24 hour national helpline for information and confidential advice about all types of problems.

Helpline [0808 800 5000](tel:08088005000) (Monday to Friday 8am-10pm, Saturday and Sunday 9am-6pm)
Email help@nspcc.org.uk
nspcc.org.uk

CRIME

Crimestoppers

Crimestoppers believe that everyone has the right to feel safe from crime. Whoever you are, wherever you live, from communities to companies. They also share advice on how to protect the people you care about from crime so everyone can feel safe. You can give information anonymously via their website.

Telephone [0800 555 111](tel:0800555111) (24 hours, 365 days a year)
crimestoppers-uk.org

DOMESTIC VIOLENCE/SUPPORT

Karma Nirvana

Supporting victims of honour-based abuse and forced marriage.

Helpline [0800 5999 247](tel:08005999247) (Monday to Friday, 9am -5pm)
Email info@karmanirvana.org.uk
karmanirvana.org.uk

ManKind Initiative

A helpline service for male victims of domestic abuse or domestic violence.

Helpline [01823 334 244](tel:01823334244) (Monday to Friday 10am-4pm)
mankind.org.uk

National Centre for Domestic Violence

Gives information on housing, welfare, health and legal rights, refers women and children to refuges across the country, makes referrals to temporary emergency accommodation and helps to get support from the police. Free 24 hour national domestic violence helpline.

Helpline and referrals [0800 970 2070](tel:08009702070)
Email office@ncdv.org.uk
ncdv.org.uk

Refuge

National charity that provides emergency accommodation and support for women and children experiencing domestic violence.

Telephone [020 7395 7700](tel:02073957700)
Helpline [0808 200 0247](tel:08082000247) (24 hours, 365 days a year)
Webchat nationaldahelpline.org.uk
refuge.org.uk

Respect

Information on national services for perpetrators of domestic violence.

Helpline [0808 802 4040](tel:08088024040) (Monday to Friday, 9am-8pm)
Email info@respectphoneline.org.uk
Webchat respectphoneline.org.uk

Men's helpline [0808 801 0327](tel:08088010327) (Monday to Friday, 9am-8pm)
Email info@mensadvice.org.uk
Webchat mensadvice.org.uk

respect.uk.net

EATING DISORDERS

Beat

An eating disorder charity that can support anyone affected by an eating disorder. Webchat is available via their website.

Helpline (adult) [0808 801 0677](tel:08088010677) (Monday to Friday 9am-12am, Saturday and Sunday 4pm-12am)
Studentline [0808 801 0811](tel:08088010811) (times as above)
Youthline [0808 801 0711](tel:08088010711) (times as above)
Email help@beateatingdisorders.org.uk
beateatingdisorders.org.uk

EQUALITY AND INCLUSION

Equality and Human Rights Commission

Helps to promote equality and human rights, provides guidance and raising awareness of your rights.

Advice line [0808 800 0082](tel:08088000082) (Monday to Friday 9am to 7pm, Saturday 10am to 2pm)
Email correspondence@equalityhumanrights.com
equalityhumanrights.com

LGBT Foundation

A national charity that aims to achieve change with and on behalf of LGBT people and continue to meet their needs by providing vital and inclusive services.

Helpline [0345 3 30 30 30](tel:03453303030) (Monday to Friday 9am-9pm)

Email helpline@lgbt.foundation
lgbt.foundation

Mermaids

Provides a helpline aimed at supporting transgender youth up to and including the age of 19, their families and professionals working with them. Webchat is available via their website.

Helpline [0808 801 0400](tel:08088010400) (Monday to Friday 9am-9pm)

Text MERMAIDS to **85250**

Email info@mermaidsuk.org.uk
mermaidsuk.org.uk

Scope

Scope's Disablement Information and Advice Lines (DIAL) UK offer information and help for people with disability and their families.

Helpline [0808 800 3333](tel:08088003333) (Monday to Friday 9am-6pm, Saturday and Sunday 10am-6pm)

Email helpline@scope.org.uk
scope.org.uk

Stonewall

Working for equality and justice for all lesbian, gay, bisexual and transsexual people.

Helpline [0800 050 2020](tel:08000502020)

(Monday to Friday 9.30-4.30pm)

Email info@stonewall.org.uk
stonewall.org.uk

FGM

Daughters of Eve

A non-profit organisation that works to protect girls and young women who are at risk from female genital mutilation (FGM). By raising awareness about FGM and signposting to support services, they aim to help people who are affected by FGM and ultimately help bring an end to this practice. All contact is via their website.

dofeve.org

HEALTH AND RELATIONSHIPS

Brook

Information on sexual health and support around relationships. All contact is via their website.

brook.org.uk

Disrespect Nobody

A Home Office/Government Equalities Office campaign promoting healthy relationships.

disrespectnobody.co.uk

HOARDING

Help for Hoarders

Online help for compulsive hoarders and their families.

helpforhoarders.co.uk

Hoarding Disorders UK

Expert advice and practical support for people affected by a hoarding disorder.

Telephone [0330 133 2310](tel:03301332310)

Email info@hoardingdisordersuk.org
hoardingdisordersuk.org

Hoarding UK

The UK national charity supporting people impacted by hoarding behaviour.

Telephone [020 3239 1600](tel:02032391600)

Email info@hoardinguk.org
hoardinguk.org

Rainbow Red

Professional decluttering, organising and project management (this is a paid service).

Mobile [07931 303310](tel:07931303310)

Email cherry@rainbowred.co.uk
rainbowred.co.uk

OCD Action

The national charity focusing on obsessive compulsive disorder (OCD).

Helpline [0300 636 5478](tel:03006365478)

(Monday to Friday 9.30am-8pm)

Email support@ocdaction.org.uk
ocdaction.org.uk

Clouds End

A social enterprise based in Solihull working with people with hoarding issues in the UK

Telephone [0121 680 5287](tel:01216805287)

Email help@cloudsend.org.uk
cloudsend.org.uk

LANGUAGES

Language Line

Immediate interpreter provision in 100 languages, 24 hour service.

Telephone [0800 169 2879](tel:08001692879)

languageline.com/uk

MENTAL HEALTH

Healthwatch

A national network of organisations (one in every borough, county and unitary area) that is the consumer champion for users of health and social care organisations and is part of every Safeguarding Adults Board. One of its roles is to ensure statutory safeguarding policies and procedures take full account of the needs and views of service users, not just professionals. The national umbrella body is Healthwatch England which can provide local contact details.

healthwatch.co.uk

Kooth

An online mental wellbeing community offering free, safe and anonymous support for all.

kooth.com

Mind

The leading mental health charity promoting understanding of mental health.

Telephone [020 8519 2122](tel:02085192122)

Email info@mind.org.uk

Infoline [0300 123 3393](tel:03001233393) (Monday to Friday 9am-6pm)

mind.org.uk

NHS mental health

Help, support, general information and advice can be obtained via the NHS 111 service or the mental health section of the NHS website

Telephone [111](tel:111) and select option 2

111.nhs.uk

nhs.uk/mental-health

Samaritans

Whatever you're going through, a Samaritan will face it with you.

National free suicide helpline [116 123](tel:116123)

(24 hours, 365 days a year)

Email jo@samaritans.org

samaritans.org

Young Minds

Support for anyone with concerns about the mental health of a child or young person up to the age of 25. Webchat and contact is available via their website.

Parents helpline [0808 802 5544](tel:08088025544)

(Monday to Friday 9.30am-4pm)

YoungMinds Textline: text YM to [85258](tel:85258)

youngminds.org.uk

MODERN SLAVERY

Migrant Help UK

Supporting survivors of human trafficking and modern day slavery, Migrant Help provides specialist support programmes and a 24/7 helpline across the UK. Webchat and contact is available via their website.

Free asylum helpline [0808 8010 503](tel:08088010503)

(24 hours, 365 days a year)

migranthelpuk.org

Unseen UK

A charity tackling modern slavery. To get help, report a suspicion or seek advice, phone their helpline or report concerns via their website.

Modern slavery/exploitation helpline [0800 0121 700](tel:08000121700)

For non-emergencies phone the police on [101](tel:101)

modernslaveryhelpline.org

NHS

NHS safeguarding app

This app includes a directory of local authorities, local authorities designated officers and contact numbers. Search NHS safeguarding on your app store.

ONLINE SAFETY

Child Exploitation and Online Protection (CEOP) Command

Works across the UK tackling child sexual abuse and providing advice for parents, young people and professionals. Contact them via their website. Also see ThinkuKnow below.

Helpline [0870 000 3344](tel:08700003344)

Email enquiries@ceop.gsi.gov.uk

ceop.police.uk/safety-centre

ThinkuKnow

A programme from the National Crime Agency (NCA) and the Child Exploitation and Online Protection Centre (CEOP) that aims to help children stay safe online.

thinkuknow.co.uk

UK Safer Internet Centre

Helpline for professionals working with children and young people, specifically tackling the area of e-safety.

Helpline [0344 381 4772](tel:03443814772) (Monday to Friday 10am-4pm)

Email helpline@saferinternet.org.uk

saferinternet.org.uk

PARENTS

Family Lives (formerly Parentline Plus)

A free, confidential 24-hour helpline for parents concerned with a range of issues. Webchat is available via their website.

Helpline [0808 800 2222](tel:08088002222) (Monday to Friday 9am-9pm, Saturday and Sunday 10am-3pm)

Email askus@familylives.org.uk
familylives.org.uk

Gingerbread

Information, help and local groups for lone parents. Webchat is available via their website.

Helpline [0808 802 0925](tel:08088020925) (Monday 10am to 6pm, Tuesday, Thursday and Friday 10am to 4pm, Wednesday 10am-1pm and 5pm-7pm)
gingerbread.org.uk

SELF-HARM

Life Signs

A self-injury guidance and support network that helps raise awareness about and people who rely on self-injury.

lifesigns.org.uk

TERRORISM AND RADICALISATION

Prevent

If you are unsure or suspicious about somebody's activities or behaviour, however insignificant it may seem at the time, please report your concerns to the government's anti-terrorist hotline.

Hotline [0800 789 321](tel:0800789321) (24 hours, 365 days a year)
gov.uk/report-terrorism

Action Counters Terrorism

Action Counters Terrorism provides advice about radicalisation and extremism, and concerns can be shared in confidence.

National police Prevent advice line [0800 011 3764](tel:08000113764) (24 hours, 365 days a year)
actearly.uk

SEXUAL ABUSE/SUPPORT

One in Four

Offers a voice to and support for people who have experienced sexual abuse and sexual violence.

Telephone [020 8697 2112](tel:02086972112)
Email admin@oneinfour.org.uk
oneinfour.org.uk

Rape & Sexual Abuse Support Centre (RASASC)

National freephone helpline for female and male survivors, partners, friends and family.

National helpline [0808 802 9999](tel:08088029999) (Monday to Sunday 12-2pm and 7-9.30pm)
Email info@rasasc.org.uk
rasasc.org.uk

YOUNG PEOPLE

The Mix

A UK digital charity providing young people under 25 with 'essential support' via a range of different channels. Webchat is available on their website.

Helpline [0808 808 4994](tel:08088084994) (Monday to Sunday 3-7pm)
themix.org.uk

OTHER SUPPORT NEEDS

Catch22

Catch22 offers a range of services and support including gangs and violence reduction, missing from home or care and child exploitation, looked-after children and other support for communities

catch-22.org.uk

Sense

Sense helps people who are deafblind to communicate and experience the world.

sense.org.uk

SupportLine

A charity offering confidential emotional support for children, young people and adults, particularly those who are isolated, vulnerable or victims of abuse.

Helpline [01708 765200](tel:01708765200) (days and hours vary)
Email info@supportline.org.uk
supportline.org.uk

Thrive LDN support for Afghan refugees

Thrive LDN is a citywide movement to improve the mental health and wellbeing of all Londoners, including that of Afghan refugees. It is supported by the Mayor of London and led by the London Health Board partners.

Telephone [020 8148 5123](tel:02081485123)
Email info@thrivedn.co.uk
thrivedn.co.uk/resources/supporting-the-mental-health-and-wellbeing-of-afghan-refugees

Turn2us

A national charity that helps people in financial need gain access to welfare benefits, charitable grants and other financial help - online, by phone and face to face through their partner organisations.

Helpline [0808 802 2000](tel:08088022000) (Monday to Friday 9am-5pm)
turn2us.org.uk

HUMANITY
Treating others with compassion and respect



EXCELLENCE
Pride in doing an excellent job



ACCOUNTABILITY
Delivering what we promise



RESPONSIVENESS
Continually learning and improving



TEAMWORK
Working together effectively



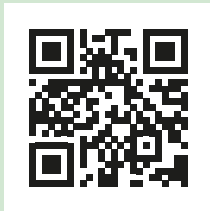
St John Ambulance

27 St John's Lane
London
EC1M 4BU

[020 7324 4000](tel:02073244000)
sja.org.uk

© St John 2025 | Charity no. 1077265/1

**General
reporting
a cause for
concern
(CFC) form**



**Ambulance
Operations
reporting
a cause for
concern
(CFC) form**

