**Talk the Talk Education CIC– Safeguarding policy 2025– Review Date March 2027**

**Named Safeguarding Lead**

Ben Towell - Director

**Purpose of Policy**

To set out the duty to safeguard and promote the welfare of children, young people and vulnerable adults we work with and how this will be implemented by ‘Talk The Talk Education CIC’ in our duties. This is a joint policy as there are similarities in many of the actions needed to safeguard children and young people and vulnerable adults.

**Policy Statement**

To develop procedures and good practice for ‘Talk The Talk Education CIC’ to ensure that each person and agency can demonstrate that there is an understanding of the duty to safeguard and promote the welfare of children, young people and vulnerable adults. To provide evidence of how this is being implemented within our organisation and working out in the community in different enviroments.

**Safeguarding Children, Young People and Vulnerable Adults**

 **“Safeguarding and promoting the welfare of children” means**:

* Protecting children from maltreatment
* Preventing damage of their health or development
* Ensuring that they grow up in circumstances consistent with the provision of safe and effective care
* Enabling them to have optimum life chances and to enter adulthood successfully

**Safeguarding Vulnerable Adults**

A vulnerable adult is a person “who is or may be in need of community care services by reason of mental or other disability, age or illness, and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation”.

**What do we want to achieve?**

‘Talk The Talk Education CIC’ will work to the principle outlined in the Department of Health publication “No Secrets”.

* Everyone has the right to live his or her life free from violence, fear and abuse.
* Everyone has the right to be protected from harm and exploitation.
* Everyone has the right to independence, which carries with it a degree of risk.

**Safeguarding Children, Young People and Vulnerable Adults Policy**

Talk The Talk Education CIC will ensure that all its employees know and can easily find out what they need to do if they have a concern about the abuse of vulnerable adults.

**Definitions of Abuse Children and Young People**

There are five types of child abuse. They are defined in the UK Government guidance Working Together to Safeguard Children (2006) as follows:

**Physical abuse**

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

**Emotional Abuse**

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

It may feature age- or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child’s developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

**Sexual Abuse**

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact including both penetrative or non-penetrative acts such as kissing, touching or fondling the child's genitals or breasts, vaginal or anal intercourse or oral sex .

They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

**Neglect**

Neglect is the persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to provide adequate food and clothing; shelter, including exclusion from home or abandonment; failing to protect a child from physical and emotional harm or danger; failure to ensure adequate supervision including the use of inadequate caretakers; or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs.

**Bullying**

Bullying may be defined as deliberately hurtful behaviour, usually repeated over a period of time, where it is difficult for those bullied to defend themselves. It can take many forms, but the three main types are physical (e.g. hitting, kicking, theft), verbal (e.g. racist or homophobic remarks, threats, name calling) and emotional (e.g. isolating an individual from the activities and social acceptance of their peer group).

**Definitions of Abuse Adults**

Abuse is not normal and never ok. Being abused means a person is being deliberately hurt by someone else.

It can vary from the seemingly trivial act of not treating someone with dignity and respect - to extreme punishment, cruelty or torture.

The commonly recognised forms of abuse are Physical, Sexual, Financial, Psychological, Discriminatory, Neglect or acts of omission, Organisational, Self Neglect, Domestic Abuse and Modern Slavery.

* **Financial or material abuse** - including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
* **Physical abuse** - including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
* **Neglect and acts of omission** - including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.
* **Sexual abuse** - including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault, or sexual acts to which the adult has not consented or was pressured into consenting.
* **Psychological abuse** - including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks
* **Organisational abuse** - including neglect or poor care practice within an organisation or specific care setting, such as a hospital or care home. It can also be in relation to care provided in your own home. This may range from one-off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
* **Discriminatory abuse** - including forms of harassment, slurs or similar treatment because of race, gender and gender identity, age, disability, sexual orientation or religion.
* **Self neglect** - this covers a wide range of behaviour such as neglecting to care for your personal hygiene, health or surroundings and includes behaviour such as hoarding.
* **Domestic abuse** - including psychological, physical, sexual, financial, emotional, or so-called 'honour' based violence.
* **Modern slavery** - encompasses slavery, human trafficking, forced labour and domestic servitude. Trafficking and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

**Staff will be able to recognise abuse. The main forms of abuse from the following categories:**

* Physical abuse –hitting, pushing, kicking, misuse of medication, restraint, inappropriate sanctions
* Sexual abuse – rape, sexual assault, sexual acts to which a person has not consented, could not consent or was pressurised into consenting
* Psychological abuse –emotional abuse, threats of harm or abandonment, deprivation of contact, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation
* Discriminatory abuse – including racist, sexist, that based on a person’s disability and other forms of harassment, slurs or similar treatment

 (No Secrets – DOH 2000)

**Staff will respond appropriately when they see or are concerned about abuse.**

* This means that staff will report and record their concerns about abuse.
* Staff will have detailed guidance to support them to do this and will also be able to get advice from colleagues about how to do this.
* ‘Talk The Talk Education CIC’ will work with partners from Local Safeguarding Adults Board and the community to promote awareness of what abuse looks like and how to respond.

**SAFEGUARDING GUIDANCE**

These procedures should be followed alongside the Liverpool Safeguarding Children Procedures which can be accessed at:

www.safeguardingchildrenboard.liverpool.gov.uk/professionals

**Sexual Offences Act 2003**

The sexual offences Act 2003 does not affect the ability of health professionals and others working with young people to provide confidential advice or treatment on contraception, or sexual and reproductive health, to young people under 16.

The Act states that, a person is not guilty of aiding, abetting or counselling a sexual offence against a child where they are acting for the purpose of:

• Protecting a child from pregnancy or sexually transmitted infections

• Protecting the physical safety of a child

• Promoting a child’s emotional well-being by the giving of advice

In all cases, the person must not be causing or encouraging the commission of an offence or a child’s participation in it. Nor must the person be acting for the purpose of obtaining sexual gratification.

The exception, in statute, covers not only health professionals, but anyone who acts to protect a child, for example teachers, youth workers, social care practitioners and parents.

**Working Together To Safeguard Children 2006**

‘Working Together To Safeguard Children’ is available from HM Government or at:

[www.everychildmatters.gov.uk/socialcare/safeguarding/workingtogether](http://www.everychildmatters.gov.uk/socialcare/safeguarding/workingtogether)

It demonstrates how individuals and organisations should work together to safeguard and promote the welfare of children. The guidance is addressed to all professionals and front-lined managers who have particular responsibilities for safeguarding and promoting the well-fare of children, and to senior and operational managers in organisations that are responsible for commissioning or providing service to children, young people, parents and carers.

**The Liverpool Safeguarding Procedure Manual**

The Liverpool safeguarding procedure manual is produced by the Liverpool safeguarding Children’s Board and details the procedures that should be followed where it is necessary to assess the needs of, or take action to safeguard a child from the risk of significant harm. The document has been informed by the Children’s Act 1989 and is written in line with recent government guidance, specifically ‘Working Together to Safeguard Children, and the ‘Framework for the Assessment of Children in Need and their Families’ The document is available to any agency or professional working with children and families in the Liverpool area. The procedures outlined in the document should be followed along with the relevant individual agency procedures.

**When to make a safeguarding referral**

Talk The Talk Education CIC will seek advice at an early stage when deciding whether a safeguarding referral should be made. It the member of staff is uncertain as to whether a young person needs referring, they can initially discuss the case with the company directors and / or a social worker from Careline Children’s Services without identifying the young person concerned. Accurate notes will be taken at all stages of consultation and filed securely and separately.

The guidance to follow on when a safeguarding referral should be made can be found in the Liverpool Safeguarding Children’s Board ‘Safeguarding Children Procedures Manual’.

**Making a Safeguarding Referral**

**All concerns should be acted upon immediately.**

Concerns should be brought to the attention by telephone referral to Care Line Children’s Services which is available 24 hours a day, 7 days a week - 0151 233 3000

Written confirmation of the referral should be forwarded to Careline Children’s Services within 48 hours. Referrals should be completed using the Multi-Agency Safeguarding Children’s Referral form and associated guidance, which can be accessed at:

[www.liverpool.gov.uk/health-and-social-care/careline](http://www.liverpool.gov.uk/health-and-social-care/careline)

**Responding to an allegation of abuse**

If a young person talks to a member of staff from Talk The Talk Education CIC about something which indicates that some form of abuse may have taken place, the member of staff must make a referral to Careline, following the guidance outlined above, and in the LSCB ‘Safeguarding Children Procedures Manual’.

**The following guidance may be of use at the time of initial disclosure:**

• Advise the young person that the information has to be passed on.

• Listen to the young person sympathetically.

• Advise the young person not to tell anyone else, as they may be formally interviewed later.

• Use open questions only to clarify what the young person is saying.

• Do not offer any suggestions as to how the incident may have happened.

• Do not make assumptions about who is, or is not, involved in the allegation.

• After disclosure, note down exactly what the young person has said and what was said in response, signing and dating the record.

• Pass the information on to Social Services quickly.

**Safeguarding young people engaging in underage sexual activity**

The Sexual Offences Act 2003 states that whilst mutually agreed, non-exploitative sexual activity between teenagers does take place and often no harm comes from it, the age of consent should remain at 16. Therefore, when a professional becomes aware that a young person under the age of 16 is engaged in sexual activity, an assessment must be made of the risk of significant harm in order to protect the welfare of the child or young person. This assessment must be carried out in accordance with Working Together 2006 and any local guidance that exists. As a minimum the professional should take advice from the nominated safeguarding professional within their own organisation.

**When the young person is under the age of 13**

National guidance specifies that when a case of underage sexual activity involves a young person under the age of 13, it must be discussed with a nominated Safeguarding lead in your organisation and that the case will be reported to Children’s Social Care.

The guidance does not require mandatory reporting but states that decisions about sharing confidential information about sexually active young people must be made on the basis of an assessment of their best interests using Frasier Guidelines. The need to share information without consent, in order to protect a young person, must be balanced against the need to provide a service that encourages young people to seek help when they need it. It is clear that young people place a very high value on a confidential sexual health service. Without an underlying presumption of confidentiality, young people will refuse to access such services and their interests could therefore be seriously harmed. However, the sexual offences act 2003 states that young people under the age of 13 are not capable of legally consenting to sexual activity, and as such, sexual activity with a young person under the age of 13 is an offence Therefore, when a professional becomes aware that a young person under the age of 13 is engaged in sexual activity, there should always be reasonable cause to suspect that the young person is at risk of, or is suffering significant harm.

When a professional believes that a young person is suffering, or at risk of suffering significant harm, has a duty to refer those concerns to Liverpool Children’s Services without delay. Where the young person concerned already has an allocated social worker, the referral should be made to the social worker, the team leader or a team. Where the young person does not have an allocated social worker, or where the referrer is not aware of the involvement or identity of the allocated social worker, a referral should be made to Careline on 0151 233 3000. Any professional who is unsure as to whether their concerns should result in a referral to Children’s Services should consult with the company directors of ‘Talk The Talk Education’, in accordance with the agreed procedures of the organisation. Further advice on how to proceed can be sought from the local Safeguarding Unit Tel. 0151 233 3000

Where a decision is taken that a referral to Children’s Services is not required, the professional / agency is accountable for that decision. The professional must discuss this decision with the lead safeguarding professional within their organisation. The decision must also be recorded in the young person’s record, along with the reasons for not making the referral; who was involved in the decision making process; and what action was taken in relation to that young person by the professional agency.

When a girl under the age of 13 is found to be pregnant, the professional involved should discuss any proposed action with the nominated safeguarding lead within the organisation and a referral to Children’s Services MUST be made by the professional involved.

**When the young person is aged between 13 and 15.**

The Sexual Offences Act 2003 states that young people aged 13, 14 or 15 are still vulnerable to sexual exploitation, abuse of power and sexual offences, even if they do not view themselves to be. Therefore, professionals should continue to assess the safeguarding needs of sexually active young people in this age group. A decision to refer to Children’s Services will depend on the level of risk or need.

All pregnant young women under the age of sixteen have by definition had unlawful sexual intercourse. Any professional involved with a pregnant girl under the age of 16 should discuss the proposed action with their organisation’s nominated safeguarding lead. Where a decision is taken by a professional not to refer to Children’s Services, the reason for this decision should be recorded on the child’s file or record. If it is suspected that the pregnant girl has been sexually abused, referral to Children’s Services should be made.

When the young person is aged between 16 and 17

Young people under the age of 18 are still offered the protection of the Children Act 1989 for sexual activity so, professionals should continue to give consideration to issues of sexual exploitation, abuse of power and sexual offences as appropriate.

**Concerns about sexual exploitation**

Sexual exploitation is when someone uses a young person for sex in return for something –money, drugs and drink or somewhere to stay for the night. It could even be affection or gifts. Often young people don’t realise it’s happening to them or their friends. Any professional concerned that a young person is being abused through sexual exploitation should discuss their concern immediately with the appropriate team leader and/or the service manager of the Safeguarding Unit, and make a referral via Careline. Following receipt of information regarding the abuse of a child or young person through sexual exploitation, the relevant team leader in Children’s Services will decide on the course of action, in consultation with the lead person and other professionals, including the Investigations Support Unit and other agencies involved, as appropriate.

**What happens when a referral is made to Children’s Services?**

In some cases urgent action may need to be taken to safeguard the welfare of a young person. However, in most circumstances there will be a process of information sharing and discussion in order to formulate an appropriate plan for the individual. All decision- making is undertaken with full consultation, never by one person alone, and with the knowledge of the young person, unless sharing such information with the young person would itself increase the risk of significant harm.

**Following a referral to Children’s Services, there will be one of the following responses:**

• No further action, following consideration of the information made available including, at times, further enquiries being made by Children’s Services.

• An initial assessment may be undertaken which may identify the young person as a child in need and additional services may be provided.

**Safe Employment**

Anyone who delivers work for ‘Talk the Talk Education CIC’ must have an updated DBS within the last 3 years and provide their details to the directors.

**Signed**

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