



STOP THE TRAFFIK GROUP

# SAFEGUARDING AND CHILD PROTECTION POLICY



**STOP THE TRAFFIK**  
PEOPLE SHOULDN'T BE BOUGHT & SOLD



Traffik Analysis Hub

**Document Control:**

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**Distribution:**

This policy is held in our team space on SharePoint and was distributed to the entire staff and trustees via email upon its launch.

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## 1. Introduction

This policy is supplementary to Oasis Charitable Trust's (OCT) Safeguarding children young people, and adults at risk policy. In recognition of STTGs position as a global collaborator and processor, data controller a STOP THE TRAFFIK Group (STTG) specific policy is required.

STTG is a prevention organisation which means the prevention of exploitation or abuse is paramount, alongside the inevitable intersection of rescue & rehabilitation work with preventative action, which retakes a full commitment to the correct and effective safeguarding procedures necessary to safeguard adults at risk and children.

## 2. Purpose

The central purpose of STTG is to create a world where people are not bought or sold. This is impossible without first STTG being committed to safeguarding and safekeeping only possible with children. In accordance with the relevant law and guidance, this policy sets out our procedures for safeguarding and child protection.

This safeguarding and child protection policy is intended for use across STTG and is applicable to activities with children under the age of 18.

This policy should be followed and adhered to in all situations and circumstances when the safeguarding of our children is at stake.

## 3. Scope

This policy applies to all STTG employees, including paid interns, volunteers, agency contractors, part-time and permanent employees. The safeguarding children policy is available to all STTG employees, including senior management and shareholders.

Safeguarding and promoting the mental, emotional and physical welfare of children is everyone's responsibility who works or volunteers at STTG. Consequently, everyone who comes into contact with children has a role to play in safeguarding and child protection. In doing so, all staff and volunteers should ensure their approach is child-centred. This means that they should consider, at all times, what is in the best interests of the child.

### In more detail:

In accordance with the relevant law and guidance, this policy sets out our procedures for safeguarding and child protection. It applies to **all Oasis Community Partnerships staff** (central and Hub-based), Hub Council members and volunteers working at the Hub.

The Hub recognises that some children are living in circumstances that may make them more vulnerable to abuse, neglect or poor outcomes. Some may need early help or intervention from other organisations in order to overcome problems and keep them safe.

It is important to remember that each Hub should follow the guidance of their local multi-agency safeguarding arrangements (MASA) and implement their systems and protocol for referring families for early help and reporting child protection concerns. The MASA will ensure that each Hub is aware of issues within the community that are relevant to them. DSLs should ensure that all staff are knowledgeable of those issues and systems for reporting and provide local safeguarding updates

This policy applies to all the activities of Oasis Community Partnerships and local Oasis Hub charities. Safeguarding and promoting the welfare of children is everyone's responsibility, whether they work or volunteer in any of our Hubs. Thus, everyone has a role to play in child protection and safeguarding i.e. Hub Leaders, Designated Safeguarding Leads, Staff, Suppliers, Volunteers, Board members, etc.

#### **4. Requirements that Apply to this Policy**

**This policy has been developed in line with the following key documents:**

- Keeping Children Safe in Education: Statutory Guidance for Hubs and Colleges, updated September 2020, DfE;
- Working Together to Safeguard Children, July 2018, HM Government;
- The current Oasis E-Safety Policy;
- Education for a Connected World, UKCCIS 2018;
- Multi-agency Statutory Guidance on Female Genital Mutilation, July 2020, HM Government;
- Protecting Children from Radicalisation: the prevent duty, August 2015, DfE;
- The Independent Hub Standards, 2015, DfE;
- Competence Still Matters: Safeguarding Training for all employees and volunteers 2014, LSCB;
- Mental Health and Behaviour in Hubs: Departmental Advice, 2014;
- The Children Act 1989 and 2004 and The Education Act 2002.

#### **5. Procedures in Respect of Child Abuse**

Child abuse exists when children have been physically or emotionally abused or severely neglected. Whilst we do not deliver activities for children it is still imperative our staff know the signs of abuse and the relevant procedures. It is also important that if staff overhear

children discussing 'abuse' or 'neglect' that this information is relayed for investigation.

In the event of an actual or suspected case of child abuse by adults, parents, or any other adult, it is the responsibility of staff to report this to the Designated Safeguarding Lead (DSL) as soon as possible.

#### **DSL's Responsibilities:**

- A qualified DSL will be available to discuss any safeguarding concerns;
- The DSL is responsible for ensuring that children are identified, and the appropriate agency is involved;
- The DSL will attend to any reviews called by the local authority and may call appropriate members of staff for reports.

#### **STTG and Hub Staff Responsibilities:**

- In our Hub, we will all know the signs of child abuse and are aware of the procedures that we must follow to safeguard the child;
- All our staff will use the STTG Safeguarding reporting systems to record their concerns about a child but will also discuss their concerns with the DSL.

**Whilst we do not directly provide services for children, we may still encounter them through our reporting tools or activities such as fundraising, we will therefore:**

- Providing effective, ongoing training and development for all staff;
- Addressing concerns and making robust referrals to other agencies, at the earliest possible stage;
- Developing effective links with relevant agencies in all matters regarding safeguarding and child protection;
- Keeping meticulous, written records of concerns about children, even where there is no need to refer the matter immediately (dates, times, person/s responsible and actions) ensuring all records are kept securely;
- Ensuring the suitability of all staff through safe recruitment practices;
- Ensuring all STTG staff and volunteers understand their responsibilities with regard to safeguarding and child protection;

- Maintaining clear procedures for reporting allegations against staff members.

## 6. Safeguarding Children

**Safeguarding covers a broad range and aims to achieve the following:**

- Protecting children from maltreatment;
- Preventing impairment of children's health and/or development;
- Ensuring children are growing up in circumstances consistent with the provision of safe and effective care;
- Undertaking that role enables children to have optimum life chances, so they can enter adulthood successfully.

**This means that at STTG we:**

- Recognises the importance of information sharing between professionals and other agencies as vital in identifying and tackling all forms of child abuse;
- Will ensure any fears about sharing information **will not be allowed** to stand in the way of protecting the safety and welfare of any of our children.

## 7. Data Protection & Sharing Safeguarding Information - GDPR

At STTG the General Data Protection Regulation (GDPR) and the Data Protection Act 2018 will not prohibit information about children being shared with specific authorities if it is for the purposes of safeguarding children and individuals at risk.

Information that could be relevant to keeping a child safe will be shared so that informed decisions can be made about a child's welfare. We recognise that we have a duty of care for our children and safeguarding is of utmost importance to us.

GDPR does not 'trump' safeguarding. Processing safeguarding data is necessary for compliance with our legal obligation to which OCP is subject. Therefore, consent is not needed for the effective sharing of safeguarding information between STTG and relevant authorities.

## 8. Dealing with Disclosures of Abuse

It is important that all our staff know how to deal with a disclosure of abuse or neglect.

**Remember** - If a child chooses to confide in you, it means they trust you and want you to help them. Dealing with the disclosure may be frightening, but you should also feel privileged that the child has chosen you to talk to.

**If you see or hear something that concerns:**

- Don't ignore it;
- Don't feel silly – if it worries you, someone else needs to know;
- If it is related to a child being at risk – see the DSL, or Deputy DSL immediately and definitely before the child goes home that day;
- Record all information on a safeguarding reporting form and seek advice immediately from your DSL;
- All staff may raise concerns directly with Children's Services. If they feel an incident is not being dealt with appropriately, or they are unable to locate relevant staff;
- Concerns about adults at STTG should be made directly to the DSL or Deputy DSL.

### **Dealing with disclosures of abuse**

- Always listen carefully and quietly – do not press for any evidence at all;
- Remain calm and reassuring – do not dismiss the disclosure – do not show distress or concern;
- Do not refute or try to belittle the allegation;
- Show that you care through open and reassuring facial and body language;
- Do not interrogate or ask leading questions (it could later undermine a case);
- Ensure you take a written verbatim account of the child's disclosure.

### **At this point, take the following steps:**

- Explain to the child that the disclosure must be reported – emphasise your trust in them;
- Do not promise to keep the allegation secret or that 'everything will be alright';
- Reassure by telling the child that they have done the right thing in telling you, do not offer physical reassurance;
- Do not admonish in any way e.g., 'I wish you had told me sooner';
- Inform the DSL initially verbally;
- Under no circumstances, discuss the matter with any other person - if the allegations prove to be untrue, any such discussion would be deemed defamatory.

**With the DSL, prepare a detailed report itemising the information revealed by the child with absolutely no opinion:**

- Actions taken by yourself, including when the suspicions were reported, to whom the suspicions were reported and follow-up action taken within the Hub;
- Date and sign any written record of events and actions taken and keep confidential and secure;
- You must keep, in absolute confidence, a copy of the report, as will the DSL.

## **9. Types of Abuse**

### **Female Genital Mutilation (FGM)**

FGM is a criminal offence - it is child abuse and a form of violence against women and girls and therefore should be treated as such.

It involves procedures that intentionally alter/injure the female genital organs for non-medical reasons.

#### **Four types of procedure:**

- Type 1 Clitoridectomy – partial/total removal of the clitoris;
- Type 2 Excision – partial/total removal of clitoris and labia minora;
- Type 3 Infibulation - entrance to the vagina is narrowed by repositioning the inner/outer labia;
- Type 4 procedures may include - pricking, piercing, incising, cauterising, and scraping the genital area.

When a staff member suspects or discovers that an act of FGM will be or has been carried out on a girl under 18, they have a statutory duty to report it to the Police. Failure to report such cases MAY result in disciplinary sanctions.

#### **This means that at STTG we ensure:**

If any member of our staff does suspect that a girl is at risk of or has undergone FGM they will let the designated safeguarding lead know straight away and an immediate referral will be made to the Police and the Children's Social Care Services (if there is a delay in reporting it should be no later than 1 working day after disclosure).

## Honour Based Abuse (HBA)

Where HBA affects children, it is a child protection issue. It is an abuse of human rights. Children and child who suffer Honour Based Abuse are at risk of significant harm through physical, sexual, psychological, emotional harm and neglect. In some cases, they are also at risk of being killed.

### **Some reasons that have been given for HBA are:**

- Protecting family 'honour';
- To control unwanted behaviour and sexuality (including perceived promiscuity or being lesbian, gay, bisexual or transgender);
- Strengthening family links;
- Protecting perceived cultural and/or religious ideals;
- Preventing unsuitable relationships;
- Assisting claims for residence and citizenship in the UK;
- Perceived immoral behaviour e.g. make-up or dress; mobile phone use; inter-faith relationships.

AT STTG we take the disclosure of HBA very seriously and act on it. The DSL will refer to Children's Social Care, the Police and the National Forced Marriage Unit promptly.

### **Under no circumstances will we:**

- Let the family or social network know about the concerns;
- Speak to the child in front of family members;
- Approach the family or community leaders;
- Attempt mediation, or;
- Use members of the community to interpret.

Concerns will be stored but access is limited to a small group within the organisation.

## Peer-on-Peer Abuse (PPA)

It is important that STTG can recognise that children are capable of abusing their peers and that this abuse can include physical abuse, sexting, initiation/ hazing, sexual violence and harassment.

It should be recognised that there is a gendered nature to peer-on-peer abuse, i.e. that it is more likely that girls will be victims and boys perpetrators.

STTG should recognise the impact of sexual violence and that children can, and sometimes do, abuse their peers in this way.

When referring to sexual violence this policy is referring to sexual offences under the Sexual Offences Act 2003 as described below:

- Rape: A person (A) commits an offence of rape if: there is intentional penetration of the vagina, anus or mouth of another person (B) with his penis, (B) does not consent to the penetration and (A) does not reasonably believe that (B) consents.
- Assault by Penetration: A person (A) commits an offence if: s/he intentionally penetrates the vagina, anus or mouth of another person (B) with a part of her/his body or anything else, the penetration is sexual, (B) does not consent to the penetration and (A) does not reasonably believe that (B) consents.
- Sexual Assault: A person (A) commits an offence of sexual assault if: s/he intentionally touches another person (B), the touching is sexual, (B) does not consent to the touching and (A) does not reasonably believe that (B) consents.

### **This means that at STTG:**

We will not tolerate instances of peer-on-peer abuse and will not pass it off as “banter”, “just having a laugh” or “part of growing up”. We consider all peer-on-peer abuse unacceptable and **will be taken very seriously**.

- We will follow both national and local guidance and policies to support any children subject to peer-on-peer abuse, including sexting (also known as youth-produced sexual imagery) and gang violence;
- We will follow the guidance on managing reports of child-on-child sexual violence and sexual harassment;
- We will always report episodes of ‘up-skirting’. Up-skirting is typically defined as taking a picture under a person’s clothing without them knowing, with the intention of

viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm.

## 10. Training and Development of Staff

- All staff must complete safeguarding and child protection training as part of their induction;
- All staff must access updated briefings on safeguarding and child protection each year;
- The DSL team will be appropriately trained.

### **This means that at STTG:**

- All staff and volunteers will be given appropriate safeguarding training as part of their induction.

### **In addition, we will make sure that:**

- Time will be given to enable this commitment to be met;
- All STTG staff will undertake annual safeguarding and child protection training as organised by the DSL;
- Updates will feature regularly in all staff meetings, as appropriate.

### **To achieve this in our Hub we will ensure that:**

- The Designated Safeguarding Lead (DSL) and Deputy DSL will receive relevant training.

## 11. Allegations against Members of Staff

All allegations of abuse made against a member of staff in relation to a child must be brought to the attention of **the DSL, Deputy DSL or CEO immediately**.

If the allegation meets any of the following criteria, the DSL (or other lead person) must report it to the Local Authority Designated Officer on the same day. If it is alleged a member of staff (including a volunteer) has:

- Behaved in a way that has harmed a child, or may have harmed a child;
- Possibly committed a criminal offence against or related to a child;
- Behaved towards a child or children in a way that indicates he/she is unsuitable to work with children;

- Behaved or may have behaved in a way that indicates they may not be suitable to work with children.

For other allegations, the DSL will decide if further enquiries are required prior to referral to the Local Authority Designated Officer. The Local Authority's Designated Officer must be informed of all allegations that come to the STTG's attention that meet the criteria so that he/she can consult police and social care colleagues as appropriate. All alleged physical injuries must be investigated by the appropriate external agencies.

### **This means that at STTG:**

Where the DSL (or another lead person) considers that a referral appears to meet the referral criteria, it will be reported to the Local Authority's Designated Officer within 1 working day. In some cases, allegations may be so serious they will require immediate intervention by the police and or children's social care services.

Within 1 working day, all concerns and allegations should be raised with:

- For allegations about a member of staff, – these should be reported to the DSL (Or other lead person);
- For allegations about the DSL – these should be made to the CEO;
- For allegations about the CEO – these should be made to the DSL or Designated board member.

During an investigation of STTG, it may be that a member of our staff could be suspended or redeployed to work that is not regulated activity. At the conclusion of any investigation if enough evidence is gathered to have a foundation then a referral will be made to the DBS Authority as soon as possible.

## **12. Suitability of Staff and Safe Recruitment Practices**

Safe recruitment practices are an essential part of creating a safe environment for children. In our Safeguarding Training we will ensure that staff and volunteers working at the Hub are suitable to do so.

**We will follow the specific procedures outlined in:**

- Oasis Recruitment & Selection Policy;
- Recruitment Toolkit.

## **13. Safeguarding children who are vulnerable to extremism; The Prevent duty**

The Prevent strategy aims to stop people from becoming terrorists or supporting terrorism. While it remains rare for children to become involved in terrorist activity, STTG recognises some, from an early age can be exposed to terrorist & extremist influences or prejudiced views. As with other forms of safeguarding strategies, early intervention is always preferable.

STTG is aware there have been several occasions both locally and nationally in which extremist groups have attempted to radicalise vulnerable children to hold extreme views including views justifying political, religious, sexist or racist violence, or to steer them into a rigid and narrow ideology that is intolerant of diversity and leaves them vulnerable to future radicalisation.

STTG is committed to working with the local authority and other local partners, families and communities to play a key role in ensuring children and our communities are safe from the threat of:

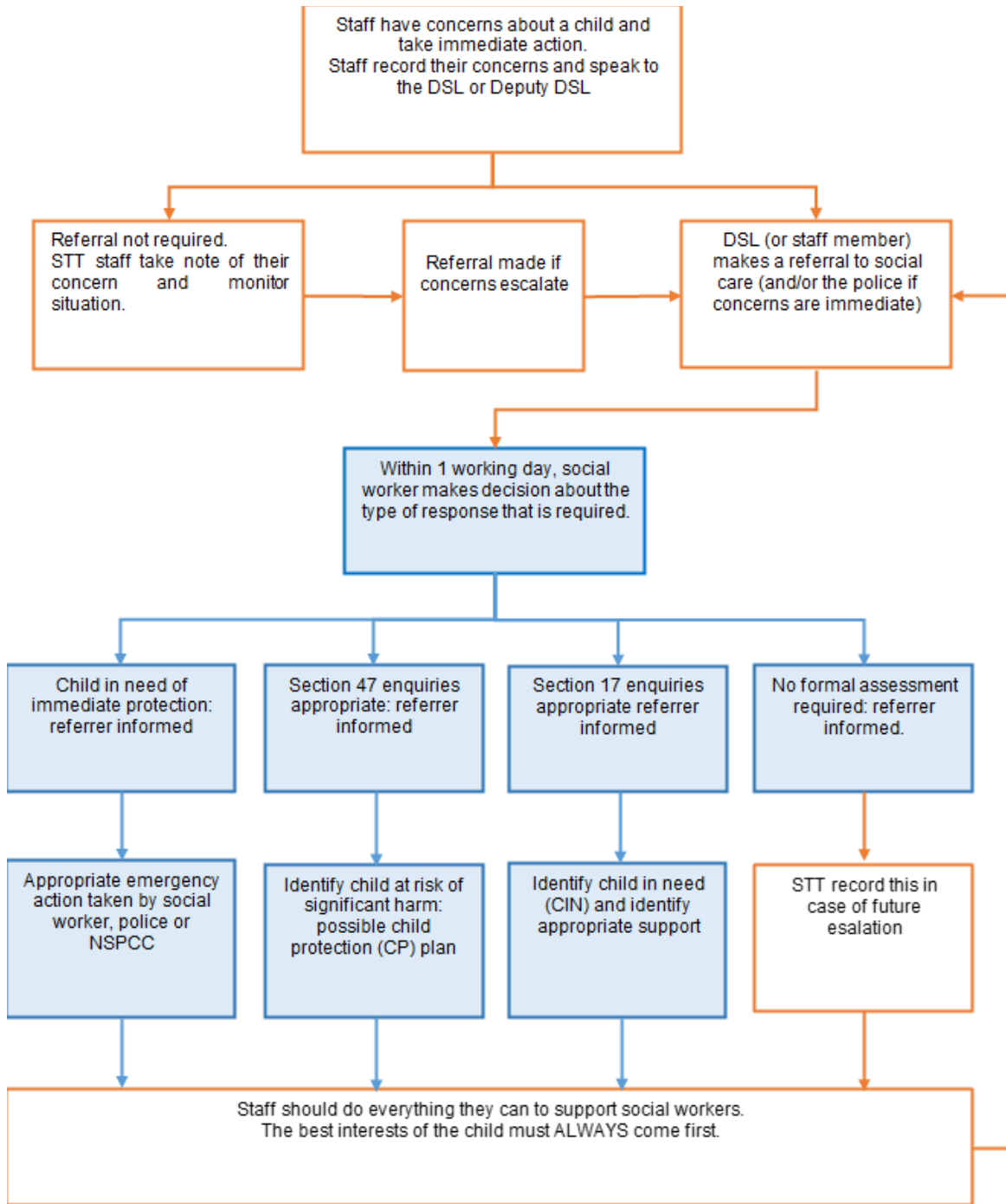
- **Extremism** – such as the vocal or active opposition to our fundamental values, including democracy, the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs;
- **Radicalisation** – such as the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups;
- **Terrorism** is an action that endangers or causes serious violence to a person/people; causes serious property damage; or seriously interferes or disrupts an electronic system. The use or threat must be designed to influence the government or to intimidate the public and is made to advance a political, religious or ideological cause.

In line with values of inclusion, tolerance, the freedom of speech and the expression of beliefs/ideology as fundamental rights underpinning healthy communities in which the Hub is based.

Both children and staff members have the right to speak freely and voice their opinions.

The Designated Safeguarding Lead will assess the level of risk within the Hub and put actions in place to reduce that risk.

## APPENDIX A - Flow Chart for Staff Actions



## APPENDIX B – Key Information for all Staff

### Child Criminal Exploitation (CCE)

Both Child Sexual Exploitation (CSE) and Child Criminal Exploitation (CCE) are forms of abuse and both occur where an individual or group takes advantage of an imbalance in power to coerce, manipulate or deceive a child into sexual or criminal activity. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, sexual identity, cognitive ability, physical strength, status, and access to economic or other resources. In some cases, the abuse will be in exchange for something the victim needs or wants and/or will be to the financial benefit or other advantages (such as increased status) of the perpetrator or facilitator.

The abuse can be perpetrated by individuals or groups, males or females, and children or adults. The abuse can be a one-off occurrence or a series of incidents over time and range from opportunistic to complex organised abuse. It can involve force and/or enticement-based methods of compliance and may be accompanied by violence or threats of violence. Victims can be exploited even when activity appears consensual and it should be noted exploitation as well as being physical can be facilitated and/or take place online

**In addition Child Criminal Exploitation is a coverall heading for the following issues:**

- County Lines;
- Child Trafficking & Human Slavery;
- Gang Affiliation & Knife Crime.

### Child Sexual Exploitation (CSE)

CSE involves exploitative situations, contexts and relationships where a child receives something (for example food, accommodation, drugs, alcohol, gifts, money or in some cases simply affection) as a result of engaging in sexual activities. It is important to note that this is Child Abuse and participation should NOT be viewed as consensual. It is a problem that occurs for boys as well as girls.

Sexual exploitation can take many forms ranging from a completely inappropriate relationship where sex is exchanged for affection or gifts, to serious organised crime by gangs and groups. What marks out exploitation is an imbalance of power in the relationship.

The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops. Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual

bullying including cyberbullying and grooming. However, it is also important to recognise that some children who are being sexually exploited do not exhibit any external signs of this abuse.

Child Sexual Exploitation does not always involve physical contact as it can occur through the use of technology. This can affect any child (male or female) under the age of 18 years. The age of consent is immaterial in CSE – it is child abuse.

The following list of indicators is not exhaustive or definitive but it does highlight common signs which can assist professionals in identifying children who may be victims of sexual exploitation.

### Signs of CSE can include:

- Inappropriate sexual or sexualised behaviour
- Repeat sexually transmitted infections
- Repeat pregnancies, abortions and miscarriage
- Receiving unexplained gifts or gifts from unknown sources
- Having multiple mobile phones and worrying about losing contact via mobile
- Having unaffordable new things (clothes, mobile) or expensive habits (alcohol, drugs)
- Going to hotels or other unusual locations to meet friends
- Moving around the country, appearing in new towns or cities, not knowing where they are.
- Getting in/out of different cars driven by unknown adults
- Having older boyfriends or girlfriends
- Associating with other children involved in sexual exploitation
- Unexplained changes in behaviour or personality
- Involved in abusive relationships, intimidated and fearful of certain people or situation
- Recruiting other child to exploitative situations
- Contact with known perpetrators

### County Lines

Gangs use children and vulnerable people to move drugs and money including concealing concealed on or about their person. It can also include the person being forced to conceal the drugs internally (known as 'plugging'). Gangs establish a base, typically by taking over the homes of local vulnerable adults by force or coercion in a practice referred to as 'cuckooing'.

One of the key factors found in most cases of County Lines is the presence of some form of exchange (e.g. carrying drugs in return for something). Where it is the victim who is offered, promised or given something they need or want, the exchange can include both tangible (such as money, drugs or clothes) and intangible rewards (such as status, protection or perceived friendship or affection).

If staff suspect that a child is a victim of County Lines exploitation they must follow STTG's procedures for reporting child protection concerns and report to the DSL immediately. The DSL should report to the local safeguarding children's board immediately and the police if there is a risk of immediate harm.

## Information on Specific Forms and Categories of Child Abuse

All staff at STTG should be aware that abuse, neglect and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases, multiple issues will overlap with one another.

Abuse is a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults or another child or children (peer-on-peer abuse).

In a situation where abuse is alleged to have been carried out by another child/peer, the child protection procedures outlined in this policy should be adhered to for both the victim and the alleged abuser; that is, it should be considered a childcare and protection issue for both children.

All abusers must be held accountable for their behaviour and work must be done to ensure that abusers take responsibility for their behaviour and acknowledge that the behaviour is unacceptable. If there is any conflict of interest between the welfare of the alleged abuser and the victim, the victim's welfare is of paramount importance.

Abusive behaviour, which is perpetrated by peers, must be taken seriously. It is known that some adult abusers begin abusing during childhood and adolescence, that significant numbers will have suffered abuse themselves and that the abuse is likely to become progressively more serious.

Peer-on-peer abuse can manifest itself in many ways. This could for example include girls being sexually touched/assaulted or boys being subject to initiation/hazing-type violence. It could be through 'sexting' using online communications, text or image messaging. Please refer to the online safety policy for further information, Child Exploitation Online Protection Centre (CEOP) for further guidance on sexting at <http://www.ceop.police.uk/>

## Risk Indicators

The factors described in this section are frequently found in cases of child abuse. Their presence is not proof that abuse has occurred, but:

- must be regarded as indicators of the possibility of significant harm;
- justifies the need for careful assessment and discussion with the DSL and may require consultation with and/or referral to Children's Services.

The absence of such indicators does not mean that abuse or neglect has not occurred.

## Signs of Abuse in Children

### 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, clothing and shelter (including exclusion from home or abandonment);
- Protect a child from physical and emotional harm or danger;
- Ensure adequate supervision (including the use of inadequate caregivers); or
- Ensure access to appropriate medical care or treatment;
- Being neglectful or unresponsiveness to, a child's basic emotional needs.

The following may be indicators of neglect (this is not designed to be used as a checklist):

- Constant hunger;
- Stealing, scavenging and/or hoarding food;
- Frequent tiredness or listlessness;
- Frequently dirty or unkempt;
- Often poorly or inappropriately clad for the weather;
- Poor Hub attendance or often late for Hub;
- Poor concentration;
- Affection or attention-seeking behaviour;
- Illnesses or injuries that are left untreated;
- Failure to achieve developmental milestones, for example, growth, weight;
- Failure to develop intellectually or socially;

- Responsibility for an activity that is not age appropriate such as cooking, ironing or caring for siblings;
- The child is regularly not collected or received from Hub;
- The child is left at home alone or with inappropriate carers.

## Physical Abuse

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

The following may be indicators of physical abuse (this is not designed to be used as a checklist):

- Multiple bruises in clusters, or of uniform shape;
- Bruises that carry an imprint, such as a hand or a belt;
- Injuries involved in domestic abuse situations where the child is a direct victim;
- Bite marks;
- Round burn marks;
- Multiple burn marks and burns on unusual areas of the body such as the back, shoulders or buttocks;
- An injury that is not consistent with the account given;
- Changing or different accounts of how an injury occurred;
- Bald patches;
- Symptoms of drug or alcohol intoxication or poisoning;
- Unaccountable covering of limbs, even in hot weather;
- Fear of going home or parents being contacted;
- Fear of medical help;

- Fear of changing for PE;
- Inexplicable fear of adults or over-compliance;
- Violence or aggression towards others including bullying;
- Isolation from peers.

## Sexual Abuse

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

Boys and girls of all ages may be sexually abused and are frequently scared to say anything due to guilt and/or fear. This is particularly difficult for a child to talk about and full account should be taken of the cultural sensitivities of any individual child/family. Recognition can be difficult unless the child discloses and is believed. There may be no physical signs and indications are likely to be emotional/behavioural.

### **Some behavioural indicators associated with this form of abuse are:**

- Inappropriate sexualised conduct;
- Sexually explicit behaviour, play or conversation, inappropriate to the child's age;
- Continual and inappropriate or excessive masturbation;
- Self-harm (including eating disorder), self-mutilation and suicide attempts;
- Regressive behaviour, enuresis, soiling;
- Involvement in prostitution or indiscriminate choice of sexual partners;
- Touching others inappropriately;

- An anxious unwillingness to remove clothes e.g. for sports events (but this may be related to cultural norms or physical difficulties).

**Some physical indicators associated with this form of abuse are:**

- Pain or itching of the genital area (anal, vaginal or penile);
- Blood on underclothes;
- Pregnancy in a younger girl where the identity of the father is not disclosed;
- Thrush, persistent complaints of stomach disorders or pains;
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on the vagina, anus, external genitalia or clothing.

### **Sexual Abuse by Child**

The boundary between what is abusive and what is part of normal childhood or youthful experimentation can be blurred. The determination of whether the behaviour is developmental, inappropriate or abusive will hinge on the related concepts of true consent, power imbalance and exploitation. This may include children who exhibit a range of sexually problematic behaviour such as indecent exposure, obscene telephone calls, fetishism, bestiality and sexual abuse against adults, peers or children.

Developmental sexual activity encompasses those actions that are to be expected from children as they move from infancy through to an adult understanding of their physical, emotional and behavioural relationships with each other. Such sexual activity is essentially information gathering and experience testing. It is characterised by mutuality and the seeking of consent.

Inappropriate sexual behaviour can be inappropriate socially, inappropriate to development, or both. In considering whether behaviour fits into this category, it is important to consider what negative effects it has on any of the parties involved and what concerns it raises about a child. It should be recognised that some actions may be motivated by information seeking, but still cause significant upset, confusion, worry, physical damage, etc. it may also be that the behaviour is “acting out” which may derive from other sexual situations to which the child has been exposed.

If an act appears to have been inappropriate, there may still be a need for some form of behaviour management or intervention. For some children, educative inputs may be enough to address the behaviour.

Abusive sexual activity includes any behaviour involving coercion, threats, aggression together with secrecy, or where one participant relies on an unequal power base.

**Assessment:**

In order to more fully determine the nature of the incident the following factors should be given consideration. The presence of exploitation in terms of:

**Equality** – Consider differentials of physical, cognitive and emotional development, power, control and authority including passive and assertive tendencies.

**Consent** – agreement including all the following:

- Understanding that is proposed based on age, maturity, developmental level, functioning and experience;
- Knowledge of society's standards for what is being proposed;
- Awareness of potential consequences and alternatives;
- Assumption that agreements or disagreements will be respected equally;
- Voluntary decision;
- Mental competence;
- A clear understanding that children under the age of 13 cannot consent to sexual activity.

**Coercion** – the young perpetrator who abuses may use techniques like bribing, manipulation and emotional threats of secondary gains and losses that is loss of love, friendship, etc. Some may use physical force, brutality or the threat of these regardless of victim resistance.

In evaluating the sexual behaviour of children, the above information should be used only as a guide and should be discussed with the DSL.

Sexual abuse, including suspected abuse by peers, will always be investigated and will not pass it off as “banter”, “just having a laugh” or “part of growing up”.

## Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child/child such as to cause severe and persistent adverse effects on the child/child's emotional development. It may involve conveying to children/child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child/child opportunities to express their views, deliberately silencing them or 'making fun' of what they

say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child/child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing from the child participating in normal social interaction. It may also involve seeing or hearing the ill-treatment of another person including domestic abuse (violence) situations where the child is witness either in person or in the same building as the victim. It may involve serious bullying (including cyberbullying), causing children/child frequently to feel frightened or in danger, or the exploitation or corruption of children/child. Some level of emotional abuse is involved in all types of maltreatment.

**The following may be indicators of emotional abuse (this is not designed to be used as a checklist):**

- The child consistently describes him/herself in very negative ways – as stupid, naughty hopeless, ugly;
- Over-reaction to mistakes;
- Delayed physical, mental or emotional development;
- Sudden speech or sensory disorders;
- Inappropriate emotional responses, fantasies;
- Neurotic behaviour: rocking, banging head, regression, tics and twitches;
- Self-harming, drug or solvent abuse;
- Fear of parents being contacted;
- Running away;
- Compulsive stealing;
- Appetite disorders - anorexia nervosa, bulimia; or
- Soiling, smearing faeces, enuresis.

### **Children with a Disability**

When working with children with disabilities, practitioners need to be aware that additional possible indicators of abuse and/or neglect may also include:

- A bruise in a site that may not be of concern on an ambulant child such as the shin, may be of concern on a non-mobile child;

- Not getting enough help with feeding leads to malnourishment;
- Poor toileting arrangements;
- Lack of stimulation;
- Unjustified and/or excessive use of restraint;
- Rough handling, extreme behaviour modification such as deprivation of medication, food or clothing, disabling wheelchair batteries;
- Unwillingness to try to learn a child's means of communication;
- Ill-fitting equipment, for example, callipers, sleep boards, inappropriate splinting;
- Misappropriation of a child's finances; or
- Inappropriate invasive procedures.

There is a concern sometimes that, for children with SEN and disabilities, their SEN or disability needs are seen first, and the potential for abuse second. If children are behaving in particular ways or they're looking distressed or their behaviour or demeanour is different from in the past, maybe staff should think about that being a sign of the potential for abuse, and not simply see it as part of their disability or their special educational needs. Children with SEND have a higher risk of being left out, of being isolated from their peers, and they are disproportionately affected by bullying.

### Homelessness

Being homeless or at risk of being homeless presents a real risk to a child's welfare. Indicators that a family is at risk of homelessness include household debt, rent arrears, domestic abuse and antisocial behaviour. The Homelessness Reduction Act 2017 places a legal duty on English councils so that everyone who is homeless or at risk of homelessness will have access to meaningful help including an assessment of their needs and circumstances. Further information that summarises the new duties is available at: [www.gov.uk/government/publications/homelessness-reduction-bill-policy-factsheets](http://www.gov.uk/government/publications/homelessness-reduction-bill-policy-factsheets).

### APPENDIX B – Roles & Responsibilities within STTG

Safeguarding and promoting the welfare of children is **everyone's responsibility**. Everyone who comes into contact with children and their parents or carers has a role to play in safeguarding children. Knowing what to look for is vital to the early identification of abuse and neglect and if staff are unsure they should always speak to the DSL or deputy – if in

exceptional circumstances, the DSL or deputy lead is not available, staff should consider speaking to the executive team or CEO. All actions that are completed in the absence of a designated safeguarding person should be shared with them at the very earliest opportunity.

**The Board of Trustees will:**

- Appoint a Nominated Member of the Board of Trustees to be a safeguarding lead for the board;
- Review and consider annually a report on safeguarding incidents.

**The Chief Executive Officer will:**

- Report to the STTG Board reviewing safeguarding incidents;
- Ensure that the risk register is maintained and up to date in relation to safeguarding;
- Be available to STTG where the DSL is not available.

**The DSL is responsible for:**

- Ensuring that all cases of suspected or actual harm associated with child protection are referred to the appropriate agencies and keeping relevant staff informed;
- Being aware of the latest national and local guidance and requirements;
- Ensuring that effective communication and liaison take place between STTG and the local authority, and any other relevant agencies, where there is a child protection concern in relation to a child or young person engaging in community activities;
- Ensuring that all staff have an understanding of child abuse, neglect and exploitation and their main indicators;
- Dealing with allegations of abuse in accordance with local procedures;
- Ensuring that appropriate training for staff is organised according to the agreed programme;
- Ensuring that adequate reporting and recording systems are in place.

### **In relation to all staff:**

- All staff and volunteers will be informed of the DSL's name, the named Deputy, and the policy for the protection of children and young people during their first induction to the team;
- All staff and volunteers are required to complete the Hays online safeguarding training as part of their induction;
- All staff need to be alert to the signs of harm and abuse. They should report any concerns if not immediately, as soon as possible, to the DSL or named deputy.



STOP THE TRAFFIK GROUP

# SAFEGUARDING ADULTS AT RISK POLICY AND PROCEDURE



**Document Control:**

Accountable Senior Officer for Policy: Group Director of Operations

Delegated Responsible Officer: Head of Operations and Compliance Manager

**Date of Creation:**

This document was created 1st of October 2021 and reviewed on April 20th, 2023.

Date of review: April 20th, 2024.

**Approvals:**

This policy required the approval of:

STOP THE TRAFFIK Group CEO: Ruth Dearnley

STOP THE TRAFFIK Group Director of Operations: Rebekah Lisgarten

STOP THE TRAFFIK Group Director of Intelligence: Neil Giles

**Safeguarding Leads:**

Designated Safeguarding Lead: Head of Intelligence (Don Simon)

Deputy Safeguarding Lead: Director of Intelligence (Neil Giles)

Senior Staff Member Safeguarding Reserve: Director of Operations (Rebekah Lisgarten)

**Distribution:**

This policy is held in our team space on SharePoint and was distributed to the entire staff and trustees via email upon its launch.

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## **PART I: Safeguarding Adults at Risk Policy**

### **1. Values Statement**

STTG recognises the value of individuals in their unique life situations and therefore does not wish to impose labels and stereotypes. Rather we firmly believe that all individuals should be treated with dignity, respect and compassion. Our desire is for each individual to be given every opportunity to develop and recognise their own positive value and sense of self-worth. We will protect this value that we place on all people by creating and rigorously implementing a safe environment in all our services.

### **2. Purpose**

STTG is a prevention organisation which means the prevention of exploitation or abuse is of paramount importance, alongside the inevitable intersection of rescue & rehabilitation work with preventative action, which requires a full commitment to the correct and effective safeguarding procedures required to safeguard adults at risk and children.

This policy is supplementary to Oasis Charitable Trust's (OCT) Safeguarding children, young people, and adults at risk policy. In recognition of STTG's position as a global collaborator, data processor, data controller, a STOP THE TRAFFIK Group (STTG) specific policy is required.

### **3. Scope**

This policy applies to all STTG employees, including paid interns, volunteers, agency contractors, part-time and permanent employees. The Safeguarding Adult Policy is available to all STTG employees, including senior management and shareholders.

### **4. Care Act 2014**

The Care Act 2014 brings statutory force to adult safeguarding and replaces the guidance set out in 'No Secrets' from the Department of Health. The Care Act aims to remove barriers to support and to reduce bureaucracy. Safeguarding adults should be person-led and outcome focussed through utilising a preventative model.

**The Care Act states that safeguarding duties apply to adults who:**

- have needs for care and support;
- and who are experiencing, or are at risk of; abuse or neglect;
- and as a result of those care and support needs, are unable to protect themselves from either the risk of, or the experience of abuse or neglect.

When abuse or neglect occurs, it must be dealt with swiftly, effectively and in ways which are proportionate to the issues and where the adult in need of protection stays as much in control of the decision making as is possible.

STTG acknowledges that the rights of the individual to be heard throughout this process are critical in the drive towards Making Safeguarding Personal. The Care Act emphasises the importance of beginning with the assumption that the individual is best placed to judge their well-being.

The Care Act also introduces a general principle that organisations should cooperate to ensure safety.

All staff members, in whatever setting or role, have a responsibility to work to prevent abuse or neglect from occurring. They also have a responsibility to take action where concerns arise.

## 5. Principles & Aims

There are six fundamental principles, which underpin all adult safeguarding work which apply to all STTG services. The principles should inform and guide how staff work with adults in relation to adult safeguarding.

1. **Empowerment** – people being supported and encouraged to make their own decisions and informed consent;
2. **Prevention** – it is better to act before harm occurs;
3. **Proportionality** – the least intrusive response appropriate to the risk presented;
4. **Protection** – support and representation for those in greatest need;
5. **Partnership** – local solutions through services working with their communities;
6. **Accountability** – accountability and transparency in delivering safeguarding.

### 5.1 Aims

**The primary aims of adult safeguarding are as follows:**

- To stop abuse or neglect wherever possible;
- To promote well-being;

- To prevent harm and reduce the risk of abuse or neglect to adults with care and support needs;
- To safeguard adults in a way that supports them in making choices and having control over how they want to live by promoting an approach that concentrates on improving life for the adults concerned;
- To provide information and support that is accessible and helps people to understand the nature of abuse, how to stay safe and how to raise a concern regarding the safety or well-being of an adult; and
- To address the causes of any abuse or neglect.

## 5.2 Safeguarding Duty

The Care Act has broadened who a safeguarding duty may apply to; this could be an adult (a person aged 18 or over) who:

- has a physical disability or cognitive impairment;
- has a learning disability;
- displays behaviour consistent with self-neglect;
- is a victim of domestic violence or honour-based violence;
- is a victim or at risk of female genital mutilation (FGM); has a physical disability and a sensory impairment;
- has mental health needs, including dementia or a personality disorder has a long-term illness/ condition;
- misuses substances or alcohol;
- is unable to look after their own well-being, property, rights or other interests;

## 5.3 Enquiries

Section 42 of the Care Act 2014 requires that local authorities make enquiries, or ensure others do so, when there is reasonable cause to suspect that an adult in its area:

- has needs for care and support;
- is experiencing, or at risk of, abuse or neglect;
- as a result of those care and support needs, is unable to protect themselves from either the risk of, or the experience of abuse or neglect;
- is a carer e.g. a family member/friend who provides care to adults and is subject to abuse;
- is unable to look after their own well-being, property, rights or other interests;
- needs care and support but is unable to demonstrate the capacity to make an informed decision about themselves; or
- is a victim of exploitation – such as financial or sexual.

This is not an exhaustive list, and agencies and individuals should not limit their view of what may constitute an adult with needs for care and support as above.

#### 5.4 Definition: Vulnerability of an Adult

In the context of safeguarding adults, the vulnerability of the adult is proportionate to how able they are to make and exercise their own informed choices free from duress, pressure or undue influence of any sort, and to protect themselves from abuse, neglect and exploitation.

It is important to note that people with capacity can also experience or be at risk of abuse or neglect. An adult's vulnerability is determined by a range of interconnected factors including personal characteristics, factors associated with their situation or environment and social factors.

#### 6. Consent

It is always essential to consider whether the adult, with who there is a concern can give informed consent before proceeding with any safeguarding enquiries. If they are, their consent should be sought. This may be in relation to whether they give consent to:

- an activity that may be abusive – if consent to abuse or neglect was given under duress, for example, as a result of exploitation, pressure, fear or intimidation, this apparent consent should be disregarded;
- a Safeguarding Adults Enquiry going ahead in response to a safeguarding concern that has been raised. Where an adult with capacity has made a decision that they do not want action to be taken and there are no public interest or vital interest considerations, their wishes must be respected. The person must be given information and have the opportunity to consider all the risks and fully understand the likely consequences of that decision over the short and long term;
- the recommendations of an individual safeguarding plan being put in place;
- a medical examination;
- certain decisions and actions were taken during the safeguarding adults process with the person or with people who know about their abuse and its impact on the adult;
- reporting a possible crime to the police unless there is a need to override the individual's view in order to protect others.

If, after discussion with the adult who has mental capacity, they refuse any intervention, their wishes must be respected unless:

- there is a public interest, for example, not acting may put other adults or children at risk;
- there is a duty of care to intervene, for example, a crime has been or may be committed.

## 7. Mental Capacity

The presumption is that adults have the mental capacity to make informed choices about their own safety and how they live their lives. Issues of mental capacity and the ability to give informed consent are central to Safeguarding Adults. All interventions need to take into account the ability of adults to make informed choices about the way they want to live and the risks they want to take. This includes their ability to:

- understand the implications of their situation;
- take action themselves to prevent abuse;
- participate to the fullest extent possible in decision-making about interventions.

The Mental Capacity Act 2005 provides a statutory framework to empower and protect people who may lack capacity to make decisions for themselves and establishes a framework for making decisions on their behalf. This applies whether the decisions are life-changing events or everyday matters. All decisions taken in the Safeguarding Adults process must comply with the Act.

The Act says that: “(...) a person lacks capacity in relation to a matter if at the material time he is unable to make a decision for himself about the matter because of an impairment of, or disturbance in the functioning of the mind or brain. Further, a person is not able to decide if they are unable to:

- understand the information relevant to the decision; or
- retain that information long enough for them to make the decision; or
- use or weigh that information as part of the process of making the decision; or
- communicate their decision (whether by talking, using sign language or by any other means such as muscle movements, blinking an eye or squeezing a hand).”

Mental capacity is time and decision specific. This means that a person may be able to make some decisions but not others at a particular point in time. For example, a person may be able to consent to a simple medical examination but not to major surgery.

Their ability to make a decision may also fluctuate over time. The person who assesses an individual's capacity to make a decision will usually be the person who is directly concerned with the individual at the time the decision needs to be made.

Where the decision relates to making a safeguarding concern to the local authority, the assessment should ideally be undertaken by the person raising the concern.

## **Principles of the Mental Capacity Act 2005**

An adult has the right to make their own decisions and must be assumed to have the capacity to make decisions about their own safety unless it is proved (on a balance of probabilities) otherwise.

Adults must receive all appropriate help and support to make decisions before anyone concludes that they cannot make their own decisions.

Adults have the right to make decisions that others might regard as being unwise or eccentric and a person cannot be treated as lacking capacity for these reasons.

Decisions made on behalf of a person who lacks mental capacity must be done in their best interests and should be the least restrictive of their basic rights and freedoms.

STTG works with adults to promote independence in a supportive manner it is never the intention of STTG to provide care however there are times when an adult in one of the services will either have an impairment of or disturbance in the function of the mind or brain. Staff will use the following chart as a guide to support staff to raise a concern.

## **8. Deprivation of Liberty Safeguards (DoLS)**

DoLS apply to people who have a mental disorder or mental impairment and who do not have mental the capacity to decide whether or not they should be accommodated in the relevant care home or hospital to be given care or treatment. This can also apply to those individuals living in Independent Supported Living, Shared Lives or in their own homes.

Applications to authorise deprivations of liberty for young people, Shared Lives Placements or their own home need to be made by legal teams within the local authority. If staff believe that a client comes under the DoLS, they should contact the local Safeguarding Adults Manager.

## **9. Support for Adults involved in the safeguarding process**

Essential is that the adult must be supported in ways that do not jeopardise any investigations or criminal prosecutions. Where STTG staff feel that they could help to support the individual, then consideration should always be given to whether any other agency or family member/friend, can provide such support.

## 9.1 Advocates

If there is not an appropriate individual to support the adult's involvement in the safeguarding process, then the local authority will arrange for an advocate. The Care Act defines 4 areas where 'substantial difficulty' may occur:

- understanding relevant information;
- retaining information;
- using, or weighing up the information;
- communicating their views or wishes.

When it is decided that an adult needs an advocate, this person cannot be someone who is providing care or support in a professional capacity. The adult's wishes must be respected if they do not wish to be represented by a particular person.

For the Safeguarding Adults Policy and Procedures the term abuse is defined as: "(...) a violation of an individual's human and civil rights by any other person or persons which results in significant harm." (DH, 2000). The Care Act stipulates that limitations should not be placed upon what constitutes abuse or neglect. Exploitation, in particular, is a common theme throughout all types of abuse or neglect.

## 9.2 Definition Abuse

**Abuse may be:**

- a single act or repeated acts;
- an act of neglect or a failure to act;
- multiple acts, for example, an adult may be neglected and also be financially abused.

Abuse is about the misuse of power and control that one person has over another. Where there is dependency, there is a possibility of abuse or neglect unless adequate safeguards are put in place. The intent is not an issue at the point of deciding whether an act or a failure to act is abuse; it is the *impact of the act on the person and the harm or risk of harm* to that individual.

Abuse can take place in settings such as the person's own home, day centres, community-based services or supported housing. A number of abusive acts are crimes and informing the police must form part of the response.

### 9.3 Assessment of Risk

All safeguarding concerns must be considered individually; however, the following factors can be taken into account as a guide when making an assessment of the seriousness of the risk to the person:

- vulnerability of the person;
- nature and extent of the abuse or neglect;
- length of time the abuse or neglect has been occurring;
- impact of the alleged abuse on the adult;
- risk of repeated or increasingly serious acts of abuse or neglect;
- risk that serious harm could result if no action was taken;
- illegality of the act or acts.

A list of types of abuse can be found in **Part II, Section 10**.

## 10. Responsibility

### STTG Board

The STTG Board of Trustees is ultimately responsible for ensuring that all STTG's policies and procedures develop a safe environment for service users and staff. Authority is delegated to senior management to ensure these policies are implemented correctly and that all measures are being taken to prevent abuse or that where a concern arises, responses are appropriate.

#### The Board of Trustees will:

- appoint a Nominated Member of the Board of Trustees to liaise with the Chief Executive Officer;
- review and consider annually a report on safeguarding incidents in STTG and all subsidiaries.

#### The Chief Executive Officer will:

- present an annual report to the STTG Board reviewing safeguarding incidents across STTG;
- ensure that the risk register is maintained and up to date in relation to safeguarding;

- be available to staff where the DSL is not available.

### **The Designated Safeguarding Lead (DSL) is responsible for:**

- ensuring that all cases of suspected or actual harm associated with adults at risk are referred to the appropriate agencies and keeping the relevant staff informed;
- being aware of the latest national and local guidance and requirements;
- ensuring that effective communication and liaison take place between staff and any other relevant agencies;
- ensuring that all staff have an understanding of vulnerable adults, consent, neglect and exploitation and their main indicators;
- dealing with allegations of abuse in accordance with local procedures;
- ensuring that appropriate training for staff is organised according to the agreed programme;
- ensuring that adequate reporting and recording systems are in place.

### **All Staff & Volunteers**

All staff have a responsibility to promote good safeguarding practices and promote the welfare of at risk adults and other staff. All staff are expected to demonstrate leadership, be informed about and take responsibility for actions (theirs and others) whilst providing services to at risk adults and their families or carers.

All staff should know the Safeguarding Policy and Procedures. All staff have a responsibility to be aware of issues of abuse, neglect or exploitation. All staff have a duty to act in a timely manner on any concern or suspicion that an adult who is vulnerable is being, or is at risk of being, abused, neglected or exploited.

All staff will, during their supervision, cover any safeguarding concerns that they have and these will be recorded at the appropriate point in the supervision notes, with clear actions (and by whom) for dealing with the concern.

When a staff member has a safeguarding concern, they should follow the procedures set out below for reporting and/or acting on that concern and should ensure that:

- the safety of the adult always takes priority;
- they call the police and/or an ambulance where appropriate in situations where the abuse of the adult indicates an urgent need for medical treatment, or where there is immediate risk of harm indicating urgent action is needed to protect the person;
- where necessary they make a report to the police, and if a crime has been committed, ensure action is taken to preserve evidence. This could be where

there has been a physical or sexual assault, especially if the suspect is still at the scene;

- share their concern with colleagues and seek advice and support unless colleagues are implicated in the abuse or to do so would cause delay in reporting the concern to their manager;
- they inform their line manager. If the line manager is implicated in the abuse, then they should inform a more senior manager;
- they know what services are available and how to access help and advice for the adult;
- they know how and where to raise a safeguarding concern via Adult Social Care Direct where speaking to a manager would cause delay;
- they know that they must make a clear factual record of their concern and the action taken.

## 11. Recruitment

An advert should be placed sufficiently widely to elicit a good response after which a shortlisting process will be followed according to the requirements set out in the Job description and Personal specification.

An interview should be conducted, and two satisfactory references sought, to assess an applicant's suitability prior to an offer of employment being made. References should be validated once received. On appointment, staff serve a probationary period for performance monitoring.

Volunteers within projects are recruited within the same processes as those for paid members of staff.

STTG are required to undergo DBS checks and staff are recruited with the knowledge that they are asked to undergo one.

## 12. Training

STTG will ensure that all staff who work with adults in our services, (and those who have access to sensitive information), will have induction and ongoing training so that they understand their safeguarding responsibilities within STTG. This will include knowledge of the appropriate ways of responding to concerns and the appropriate personnel in place to report or discuss concerns and other matters with. Additionally, line management and supervisions are in place to appropriately support staff.

As part of every staff member's induction to their role they are expected to read and understand safeguarding Policies & Procedures (P&P). Any clarification they need should be given by their line manager within their induction period.

STTG will ensure that Adult Safeguarding Training is available where required, and all new eligible staff and volunteers are required to complete this. This will be either in-house or via the training delivered through local authority accredited/endorsed training. These training courses are part of the project staff's induction. Training will reflect the necessity for effective multi-agency and inter-professional working – both within STTG and with other organisations. The content and standard of this training will be delivered, or approved by, each Local Safeguarding Children Board/Adult Safeguarding Board.

Project-based staff are expected to complete some safeguarding training each year to develop their knowledge and keep themselves abreast of developments in the field. Project managers, co-ordinators and team leaders will ensure this is monitored through each person's annual Personal Development Performance Review. Specific training for particular projects will also be available.

### 13. Monitoring

All STTG projects are reviewed annually, within which safeguarding processes and understanding of the staff team are reviewed, as well as looking at the proportion of staff who are reaching the training targets.

All line managers will ensure that safeguarding concerns are raised through the STTG safeguarding reporting system.

The CEO will highlight to the board if there have been any allegations or enquiries into alleged abuse by staff or volunteers.

## PART II: Safeguarding Adults Procedure

### 1. Introduction

This Procedural guide has been developed to give staff, (including volunteers) clear guidelines to cover the following areas:

- what to do in the event of witnessing, suspecting or receiving information about abuse to adults and children at risk of harm;
- how to raise a concern and the responsibilities of the person doing it;
- factors to consider when raising a concern;
- a clear framework regarding consultation with line managers and levels of responsibility;
- guidance on recording Mechanisms.

**There are 3 key actions to the safeguarding process:**

**Stage 1:** Dealing with the immediate safeguarding concern.

**Stage 2:** Facilitating appropriate face-to-face support/signposting to support organisations.

**Stage 3:** Recording your actions, securing potential evidence, sharing intelligence with organisations that 'need to know'.

## 2. Safeguarding Concern

All staff (employees and volunteers) involved in public contact have a duty to raise a safeguarding concern. A concern may be:

- a direct disclosure by a member of the public through contact or correspondence with STOP THE TRAFFIK;
- a safeguarding concern raised by you, colleagues, volunteers and members of the public.

### **When staff have a concern for an individual they should:**

- ensure the protection of the individual, taking into account any immediate risk;
- report immediately to their line manager or the Designated Safeguarding Lead (or Deputy), who is then responsible for directing action.

### **When considering what action should be taken staff should consider:**

- if involving an adult, what do they want to happen?;
- have they given their consent for a referral?;
- do they appear have mental capacity at the time of the event/concern?;
- whenever possible, gather initial information to clarify facts;
- are there additional issues that should be considered arising from where in the world they are located;
- consider reporting to police if you suspect a crime has been committed or there appears to be an urgent safeguarding requirement. Are there other trusted agencies or organisations near to the adult who can provide face to face support?;
- record information, the action you have taken or rationale for taking no action (No action requires confirmation by the DSL or their deputy).

### **When staff suspect the individual is a child:**

If staff suspect the individual is a child, then either law enforcement, children's services (or equivalent) or, if the individual is located in a hostile or insecure environment, a

trusted on-the-ground NGO must be considered for contact and face to face help facilitated.

This situation must be raised with the DSL or their deputy as a matter of urgency. The DSL will take responsibility for next steps. STOP THE TRAFFIK will take all reasonable steps to secure support.

### **Abuse, neglect, or suspected exploitation:**

Abuse, neglect, or suspected exploitation will be reported to law enforcement responsible for the area in which the abuse occurred, regardless of where the adult or child at risk may live or which local authority may support them.

### **Responsibilities of the person raising the safeguarding concern:**

1. Take immediate action;
2. Make an immediate evaluation of the risk and take steps to ensure that the adult or child is in no immediate danger ;
3. Where appropriate, dial 999 (or relevant emergency services) if there is need for emergency medical treatment ;
4. Consider contacting the police if a crime has been, or may have been, committed;
5. Consider that documents, contact logs (such as e-forms or STOP APP reports) could be used in evidence and should be saved securely;
6. Ascertain if anyone else is at risk;
7. If you are in direct contact with an individual, try to keep them calm, by talking and attentively listening to them;
8. Keep yourself and others safe.

In cases of physical abuse, it may be unclear whether injuries have been caused by abuse or some other means. Medical or specialist advice should be sought. If medical treatment is needed, an immediate referral should be made to the persons GP, Accident and Emergency (A&E) or a relevant specialist health team. If forensic evidence needs to be collected, the police should always be contacted.

### **3. Responding to an adult who is experiencing, or at risk, of abuse or neglect:**

It will often be necessary for the person raising the concern to speak to the adult. In particular, to understand what the adult wants to happen as a result of the concern that has been identified and to seek consent to share information. To do this the person raising the concern should:

1. if in a face-to-face scenario, speak to them in a private and safe place and inform them of any concerns. If over the phone or online, then confirm they are safe to talk;
2. get their views on what has happened and what they would like done about it;
3. assure them that you are taking them seriously but do not give promises of complete confidentiality;
4. reassure them that they will be involved in decisions about what will happen ;
5. give them information about the safeguarding adults process and how it could help make them safer;
6. where appropriate, ask the adult if they consent to the police, local authority or another NGO being involved. If consent has not been given and you need to override this decision, inform them the reason for this and record your rationale;
7. consider whether or not the adult has capacity to make informed choices about the way they want to live and the risks they want to take;
8. if they have specific communication needs, provide support and information in a way that is most appropriate to them;
9. do not be judgemental or jump to conclusions;
10. explain that you have a duty to tell your manager or other designated person (if appropriate);
11. explain how they will be kept informed and supported.

If it is felt that the adult may not have the mental capacity to understand the relevant issues and to make a decision, it should be explained to them as far as possible. They should also be given the opportunity to express their wishes and feelings. Where the adult is not able to express their wishes or feelings, then raise this with your manager as soon as practicable. They can then advise on next course of action.

If the incident involves a child then, whether or not they consent, further safeguarding action through police or statutory agency must be considered. The child, if it is safe and appropriate to do so, should be advised of your actions.

#### **4. Ensuring further abuse does not occur after disclosure**

It is vitally important that after a disclosure has been made that staff know how to respond to minimise the risk of further abuse taking place. Staff should follow the guidelines below.

In an emergency, everyone should follow the same steps where their location is known and emergency services are available in their locality (i.e., not in a hostile or insecure environment). Make an immediate evaluation of the risk and take steps to ensure that the individual is not in immediate danger.

If there is need for emergency medical treatment, dial 999 (or relevant number in other countries) for an ambulance or advise them to do so. If you suspect that the injury is

non-accidental, alert law enforcement when available in the locality, so that appropriate measures are taken to preserve possible forensic evidence.

Wherever possible, establish with the individual at risk the action they wish you to take. If you believe positive safeguarding action is necessary. In discussing the issues with an adult, you should also:

- confirm with them they are in a private and safe place so you can inform them of the concerns, making sure the alleged abuser is not present;
- find out whether the adult would like to be supported by a trusted person ;
- ensure they have appropriate support to express themselves clearly, including an interpreter if necessary;
- be clear what will happen with the information that the victim discloses;
- obtain their views on what has happened and what they want done about it;
- provide information about the safeguarding options if known (dependent on their location) and how it could help to make them safer;
- ensure that they understand the parameters of confidentiality;
- explain how they will be kept informed, particularly if they have communication needs;
- explore their immediate protection needs;
- contact the children and families department of the local authority (if in the UK) if you suspect a child is also at risk. If you are unsure or unable to identify the local authority then consider contacting the police;
- as far as is possible, make sure that others are not at risk.

## 5. Informing a Manager

**Inform your line manager immediately:**

- if you are concerned for the safety of anyone who has contacted STOP THE TRAFFIK then you have a duty to report these concerns. You must inform your line manager;
- if you are concerned that an adult with needs for care and support may have abused another adult with needs for care and support, inform your line manager.

### **Concerns regarding behaviour or actions of a colleague**

In the first instance report any concerns to your line manager. If the person you are concerned about is your line manager, then report it to a senior STOP THE TRAFFIK manager. They will consider liaison with the police regarding the management of risks involved.

**The manager will consider the following action:**

1. An immediate decision has to be made based on the Risk Assessment for the Suspension of Staff. The employee has a right to know in broad terms what allegations or concerns have been made about them. Depending on the seriousness of the allegations the staff member concerned may be suspended on full pay pending further investigations. Suspension does not imply guilt. Suspension is a neutral act, not a sanction. Alternatives to suspension can be considered including leave of absence, transfer of duties or additional supervision.
2. Where suspension is being considered a meeting will normally be arranged with the staff member. Staff/volunteers have the right to be accompanied to the interview by a Trade Union representative or a friend. The meeting is *not* concerned with examination of the evidence but rather an opportunity to discuss possible suspension. In making the decision it is useful to bear in mind that investigations into abuse can sometimes be lengthy, and it will be appropriate to review the suspension from time to time throughout the process.
3. Ensure that any staff who has caused risk or harm is not in contact with service users and others who may be at risk, for example, whistle-blowers.
4. Consider whether any allegations against employees in their work situation may place their family members, dependants or the public at risk. In such cases, referrals must be made to the relevant organisations/services (adults and children's) and consideration of referral to the police where there is an imminent risk of harm.
5. Where there is a risk to children contact must be made with the police and Oasis Safeguarding Lead.

## **6. Support offered to staff when an allegation has been made**

1. Whether a staff member is suspended or not it is vitally important that staff/volunteers are supported throughout this process. STOP THE TRAFFIK will ensure that staff are supported by our Safeguarding and Human Resources Teams.
2. Being given the name of a work contact, usually a line manager, who will keep them up to date about work activities outside of the investigation. Social contact with colleagues should not be precluded unless it is considered detrimental to any investigation. The type of information and frequency of contact should be agreed between the parties. The point of contact may keep the staff member up to date with the investigation where this has been agreed with the Safeguarding Co-ordinator.

3. Being advised to contact a Trades Union representative if they are a member of a Union.
4. Offered a counselling service and/or occupational health.

STOP THE TRAFFIK recognises that having an allegation made against a staff member is a very stressful situation. Staff are strongly advised to contact their GP if they feel their health is being affected.

## 7. False/Unfounded/Malicious Allegations

Where an allegation is made against a member of staff that is clearly and demonstrably without foundation or malicious, no suspension will occur, and the decision and evidence will be recorded. Without foundation means that there is clear evidence to show that the person making the allegation clearly misinterpreted events or misunderstood what they saw. Alternatively, they may not have been aware of all the circumstances. A malicious allegation is where there is a deliberate attempt to deceive and there is clear evidence of this.

## 8. Making a Record

It is vital that a written record of any incident or allegation of crime is made as soon as possible after the information is obtained and kept by the person raising the concern. Written records must reflect as accurately as possible what was said and done by the people initially involved in the incident either as a victim, suspect or potential witness. The notes should be kept securely as it may be necessary to make records available as evidence and to disclose them to a court. You should make sure your record includes:

- date and time of the incident;
- exactly what the adult with needs for care and support said, using their own words (their account) about the abuse and how it occurred or exactly what has been reported to you;
- appearance and behaviour of the adult with needs for care and support;
- any injuries observed (complete a body map if appropriate);
- dated name and signature of the person making the record;
- if you witnessed the incident, write down exactly what you saw. The record should be factual. However, if the record does contain your opinion or an assessment, it should be clearly stated as such and be backed up by factual evidence. Information from another person should be clearly attributed to them.

## 9. Making a decision on whether or not to raise a concern

If the adult has mental capacity to make relevant decisions and does not consent to a safeguarding referral and there are no public or vital interest considerations, they should be given information about where to get help if they change their mind or if the abuse or neglect continues and they subsequently want support to promote their safety.

Consideration must be given as to whether or not the decision to withhold consent is not made under undue influence, coercion or intimidation.

Just because safeguarding adult procedures do not apply (e.g. because it has been determined that the adult does not have care and support needs, does not give consent or there is no abuse or neglect), does not mean that action should not be taken to manage the perceived risk. This could include but is not limited to:

- referral into another multi-agency system or procedure;
- health and/ or social care assessment;
- safety planning with the adult;
- signposting or advice to other services.

A record must be made of the concern, any views of the adult with care and support needs and of the decision not to raise the concern, with reasons. A record must be made of what information and support they were given or offered. This should be filed in the STOP THE TRAFFIK safeguarding reporting system.

Once the concern has been referred, STOP THE TRAFFIK staff are required to follow guidance provided by the agency leading on any investigation. This could be police, Oasis Safeguarding Adults Manager or the local authority.

## 10. Types of Abuse

### 10.1 Physical Abuse

Physical abuse includes assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions. Unlawful or inappropriate use of restraint or physical interventions and physical abuse.

There is a distinction to be drawn between restraint, restriction and deprivation of liberty. A judgement as to whether a person is being deprived of liberty will depend on the particular circumstances of the case, taking into account the degree of intensity, type of restraint, duration, the effect and the manner of the implementation of the measure in question. In extreme circumstances unlawful or inappropriate use of restraint may constitute a criminal offence.

Someone is using restraint if they use force, or threaten to use force, to make someone do something they are resisting, or where a person's freedom of movement is restricted, whether they are resisting or not. Restraint covers a wide range of actions. It includes the use of active or passive means to ensure that the person concerned does something or does not do something they want to do. Appropriate use of restraint can be justified to prevent harm to a person who lacks capacity as long as it is a proportionate response to the likelihood and seriousness of the harm.

**Physical abuse is also the physical mistreatment or non-accidental injury of an adult. Some possible signs of abuse are detailed as follows:**

- slapping;
- kicking;
- punching;
- shaking;
- bruising;
- burns;
- cutting.

**Indicators of possible physical abuse may include, but are not limited to:**

- an injury not fitting the explanation given;
- unexplained or unusual fractures in various stages of healing;
- bruises or burns in the shape of objects e.g. cigarette burns, belt buckles or water;
- bruising in well protected areas e.g. behind the ears, on face, inside of the upper arms or thighs, buttocks, breasts, genital or rectal area;
- lacerations.

## **10.2 Sexual Abuse**

Sexual abuse includes 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. Rape and other sexual assaults are among the most serious offences investigated by the Police.

The trauma that victims suffer presents unique challenges to any enquiry. All staff should be aware of their individual responsibility to maximise evidence which may assist an investigation of a sexual nature and the minimum standards required regarding immediate response, recording and reporting.

**Some examples of sexual abuse/assault include the direct or indirect involvement of the adults in sexual activity or relationships which:**

- they do not want or have not consented to;
- they cannot understand and lack the mental capacity to be able to give consent to;
- they have been coerced into because the other person is in a position of trust, power or authority, e.g. a care worker. They may have been forced into sexual activity with someone else or may have been required to watch sexual activity.

**Key principles include:**

- the most important priority is to ensure that the urgent medical requirements of the adults with needs for care and support are met;
- preserve any potential forensic opportunities, and record verbatim the disclosure made by the adults;
- any sexual activity that is not freely consented to is criminal and must be reported immediately to the police via 999, before any internal investigation/interview;
- sexual relationships or inappropriate sexual behaviour between a member of staff and a service user are always abusive and will lead to disciplinary proceedings. This is additional to any criminal action that is taken separately. A sexual relationship between a service user and a member of staff is a criminal offence under Sections 38–42 of the Sexual Offences Act 2003. There may be safeguarding adults concerns that involve sexual innuendo or remarks that will not result in a criminal investigation; however, all safeguarding adults concerns/enquiries that indicate any form of sexual abuse require a risk assessment, intelligence gathering and appropriate information sharing with relevant partners.

**Indicators of possible sexual abuse may include, but are not limited to:**

- change in usual behaviour;
- overt sexual behaviour/language;
- bleeding or pain in the genital/rectal area;
- disturbed sleep pattern;
- torn, stained or bloody underwear;
- self-harming.

### **10.3 Psychological Abuse**

Psychological abuse includes 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. This is behaviour that has a harmful effect on the person's emotional health and development or any form of mental cruelty that results in:

- mental distress;
- the denial of basic human and civil rights such as self-expression, privacy and dignity;
- negating the right of the adults to make choices and undermining their self-esteem;
- isolation and over-dependence that has a harmful effect on the person's emotional health, development or well-being.

Psychological abuse undermines an adult's self-esteem and results in them being less able to protect themselves and exercise choice. It is a type of abuse that can result from other forms of abuse and often occurs at the same time as other types of abusive behaviour.

**Indicators of possible psychological or emotional abuse may include, but are not limited to:**

- low self-esteem;
- tearfulness;
- alteration in psychological state e.g. may appear to be withdrawn, agitated or anxious in general;
- aggressive or challenging behaviour;
- attention seeking behaviour;
- self-harm;
- depression;
- insomnia;
- unexplained paranoia;

## **10.4 Human Trafficking & Modern Slavery**

If an identified victim of human trafficking is also an adult with needs for care and support, the response will be coordinated under the safeguarding adults process. This will be a multi-agency response of organisations that have a role to play in dealing with victims of human trafficking. The adult with needs for care and support should receive the support and advice they need and be safely repatriated if this is the future plan.

If the victim is a child, the situation will be dealt with under by Local Safeguarding Children's procedures. The early identification of victims of human trafficking is key to

ending the abuse they suffer and to providing the assistance necessary. Frontline staff need to be able to identify the signs that someone has been trafficked. There is a national framework to assist in the formal identification and coordinating the referral of victims to appropriate services called the National Referral Mechanism.

### 10.5 Financial or Material Abuse

Financial or material abuse includes 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. All staff must observe professional boundaries and follow STTG's policies and procedures to prevent personal benefit to them when working with adults with needs for care and support.

**Indicators of possible financial or material abuse may include, but are not limited to:**

- lifestyle does not reflect known income;
- unexplained withdrawals from account;
- unexplained/sudden inability to pay service charge/bills etc.

### 10.6 Neglect and Acts of Omission

Neglect is the failure of any person who has responsibility for an adult with needs for care and support to provide the amount and type of care that a reasonable person would be expected to provide. Behaviour that can lead to neglect includes ignoring medical or physical needs, failing to allow access to appropriate health, social care and educational services, and withholding the necessities of life such as medication, adequate nutrition, hydration or heating. Neglect can be intentional or unintentional. Intentional neglect would result from:

- wilfully failing to provide care;
- wilfully preventing the adults with needs for care and support from receiving them;
- being reckless about the consequences of the person not getting the care they need.

If the staff member committing the neglect is aware of the consequences and the potential for harm to result due to the lack of action(s) then the neglect is intentional in nature.

Unintentional neglect could result from a staff member failing to meet the needs of the adult because they do not understand the needs of the adult, may not know about

services that are available or because their own needs prevent them from being able to give the care the person needs. It may also occur if the individuals are unaware of or do not understand the possible effect of the lack of action on the adult.

## 10.7 Discriminatory Abuse

Discriminatory abuse includes forms of harassment, slurs or similar treatment because of race, gender and gender identity, age, disability, sexual orientation or religion. Discriminatory abuse exists when values, beliefs or culture result in a misuse of power that denies opportunity to some groups or individuals. It can be a feature of any form of abuse of an adult. It can result from situations that exploit a person's vulnerability by treating the person in a way that excludes them from opportunities they should have as equal citizens, for example, education, health, justice and access to services and protection.

The impact of hate crime on an individual and their family can be devastating, affecting social, psychological and physical well-being. Where individuals are targeted because of a personal characteristic they often feel fearful of further incidents and isolated. It can also affect others who may share that characteristic, leading to impacts across the wider community.

**Hate crime and incidents can cover a range of actions, including but not limited to:**

- verbal abuse;
- threatening behaviour;
- deliberate 'outing' or threat of 'outing';
- criminal damage;
- offensive graffiti;
- arson or attempted arson;
- physical attack;
- harassment by phone, text, email, or via the internet;
- abusive correspondence. OAH will work with the police to intervene under safeguarding adults policy and procedures to ensure a robust response to situations where adults become a target for hate crime.

**Indicators of possible discriminatory abuse may include, but are not limited to:**

- Inappropriate remarks or comments
- Lack of respect shown to people

## 10.8 Domestic Violence

Domestic violence includes psychological, physical, sexual, financial, emotional abuse and so called 'honour' based violence, forced marriage and female genital mutilation. Domestic abuse is defined as: "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." This can encompass, but is not limited to, the following types of abuse:

- psychological;
- physical;
- sexual;
- financial;
- emotional.

"Controlling behaviour": is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

"Coercive behaviour": is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim." This definition, which is not a legal definition, includes so called 'honour' based violence, female genital mutilation and forced marriage. (Home Office 2013) Whatever form it takes, domestic abuse is rarely a one-off incident and should instead be seen as a pattern of abusive and controlling behaviour through which the abuser seeks power over the victim. Domestic abuse occurs across society, regardless of age, gender, 'race', sexuality, wealth and geography.

### 10.9 Honour-based Violence (HBV)

'Honour' based violence (HBV) is a form of domestic abuse which is perpetrated in the name of so called 'honour'. The honour code which it refers to is often set at the discretion of male relatives and women who do not abide by these 'rules' are then punished for bringing shame on the family. Infringements may include a woman having a boyfriend; rejecting a forced marriage; pregnancy outside of marriage; interfaith relationships; seeking divorce, inappropriate dress or make-up and even kissing in a public place. This is not a crime which is solely perpetrated by men, sometimes female relatives will also support, incite or assist.

It is not unusual for younger relatives to be selected to undertake the abuse as a way to protect senior members of the family. Sometimes contract killers and bounty hunters will also be employed. Honour Based Violence can be fatal – it is important to remember that families really do kill in the name of 'honour' and therefore ensuring the victims' safety is paramount.

## Alerts that may indicate honour-based violence include:

- domestic abuse;
- concerns about forced marriage;
- enforced house arrest;
- and missing person's reports.

If a concern is raised through a safeguarding adults referral, and there is a suspicion that the adult is the victim of honour-based violence, referral must always be made to the police who have the necessary expertise to manage risk.

### 10.10 Forced Marriage

A forced marriage is a marriage that is performed under duress and without the full and informed consent or free will of both parties. In 2013, the Home Office expanded the definition of domestic abuse to specifically include forced marriage. There is a clear distinction between a forced marriage and an arranged marriage.

In arranged marriages, the families of both spouses take a leading role in arranging the marriage but the choice whether or not to accept the arrangement remains with the prospective spouses.

In forced marriage, one or both spouses do not (or, in the case of some adults with disabilities, cannot) consent to the marriage and duress is involved. Duress can include physical, psychological, sexual, financial and emotional pressure.

Section 121 of the ASB, Crime and Policing Act 2014 clearly states that someone commits an offence if they force someone to marry. In a situation where there is concern that an adult with needs for care and support is being forced into a marriage they do not or are unable to give their consent to, there will be an overlap between action taken under the forced marriage provisions and the safeguarding adults process. In this case, action will be coordinated with the police and other relevant organisations.

### 10.11 Female Genital Mutilation (FGM)

FGM involves procedures that include the partial or complete removal of the external female genital organs for cultural or other non-therapeutic reasons. The procedure serves as a form of social control over a woman's sexual and reproductive rights. The practices carried out in relation to FGM are forms of child/domestic abuse and have significant short and long-term physical and psychological consequences. These practices are illegal in the UK.

Under the Female Genital Mutilation Act 2003, a person is guilty of an offence if he 'excises, infibulates or otherwise mutilates the whole or any part' of female genital organs. The guidance issued by the Government also recognises the risk posed to girls who may be taken from the UK to undergo FGM. The FGM Act states that a person commits an offence if he 'aids, abets, counsels or procures' a girl to mutilate herself.

### 10.12 Self-neglect

The Care Act 2014 has altered the approach to dealing with self-neglect cases. The Care and Support Statutory Guidance document, which was issued under the Act advises that local authorities should not limit their view of what constitutes abuse and makes an explicit reference to self-neglect as a potential form of abuse or neglect to be considered within the arrangements for safeguarding adults.

The document describes self-neglect as *"a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding"*.

#### **Self-neglectful behaviour can manifest itself in a number of forms including:**

- lack of self-care – this may involve neglecting personal hygiene, nutrition and hydration or health. This type of neglect involves a judgement about what is an acceptable level of risk and what constitutes well-being;
- lack of care of one's environment – this may result in unpleasant or dirty home conditions and an increased level of risk such as health and safety and fire risks associated with hoarding. This is subjective and requires a judgement call to determine whether the conditions within an individual's home are acceptable; and
- refusal of services that could alleviate these issues – this may include the refusal of support services, treatment, assessments or intervention, which could potentially improve self-care or care of one's environment.

#### **There are other less overt forms of self – neglect such as:**

- eating disorders;
- misuse of substances;
- and alcohol abuse.

The effects of self-neglect can be wide ranging and may result in serious harm or distress, not only to the individual who is neglecting themselves, but also for those involved with the individual or who may live close to the individual.

## **Indicators of possible self-neglect may include, but are not limited to:**

- loss of weight;
- clothing in a poor condition;
- failure to access appropriate health, educational services or social care.

### **10.13 Institutional Abuse**

Institutional abuse is the mistreatment or abuse or neglect of an adult at risk by an organisation or individuals within settings and services that Adults at Risk live in or use, that violate the person's dignity, resulting in lack of respect for their human rights.

Institutional abuse occurs when the routines, systems and regimes of an institution result in poor or inadequate standards of care and poor practice which affects the whole setting and denies, restricts or curtails the dignity, privacy, choice, independence or fulfilment of Adults at Risk.

#### **Institutional abuse is most likely to occur when staff:**

- receive little support from management;
- are inadequately trained;
- are poorly supervised and poorly supported;
- receive inadequate guidance.

The risk of abuse is also greater in organisations/services with poor management, too few staff, which use rigid routines and inflexible practices, which do not use person-centred care plans or where there is a closed culture.

#### **Examples of institutional abuse could be:**

- lack of stimulation/ opportunities to engage in social and leisure activities;
- denial of individuality and opportunities to make informed choices and take responsible risk;
- support planning documentation not person-centred.

## **11. Prevention of Radicalisation**

The Prevent Duty under the Counter-Terrorism and Security Act 2015 requires all specified authorities to have “(...) *due regard to the need to prevent people from being drawn into terrorism*”. Local authorities and their partners therefore have a core role to play in countering terrorism at a local level and helping to safeguard individuals at risk of radicalisation.

Radicalisation is not just the attack, it is the ‘tip of the iceberg’ which is supported by hidden activity that builds and builds and can result in an attempt or act of violence. Prevent sits at the bottom of that iceberg, with an aim to prevent the process. Although the numbers of those at risk of radicalisation are comparatively small, the risk is there and the potential consequences significant.

**In a radicalisation process there are usually 4 key factors:**

1. A vulnerable person will be introduced to an...
2. extremist ideology by a...
3. radicalising influencer who, in the...
4. absence of protective factors, such as a supportive network of family/friends, or a fulfilling job, draws the individual ever closer to extremist.

**Recruitment**

A recruiter exploits a victim's lack of connection and increases that sense of disconnect through manipulation. A recruiter may make a victim feel:

- special;
- listened to;
- like they can do something exciting;
- like an adult;
- loved;
- Encouraged;
- understood;
- confident;
- they can talk openly and belong.

Recruitment may take place over a period of time, the relationship may seem benign initially, and they may be providing support in areas a person misses in their life. They may plant seeds of radical/extreme courses of action, blur facts, and opinion, and say that the acts are approved by God and that they will be rewarded by God. Although ideologies in cases may differ, the process is similar.

**Behavioural changes to be aware of are as follows:**

Vulnerabilities:	Changes in behaviour:	Possible reasons for changes in behaviour:
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Need for meaning/identity/belonging	Disengagement/disrespectful	Loss
Feelings of grievance/injustice	Isolation from friends/family	Peer/family pressure/upheaval
Susceptibility to influence/control	Asking inappropriate questions	Adolescence
'Them & Us' thinking	Telling lies	Bullying
Excitement and adventure	Fixated on one topic of conversation	Substance misuse
Support for extremism from friends/family	Scripted speech/handing out leaflets	Gang affiliation
	Change in appearance	Family upheaval
	Crying	Low self-esteem/stigma/discrimination
	Becoming detached/withdrawn	Exam/work pressure
	Quick to anger	Radicalisation
	Signs of stress	Sexual abuse
	Unhealthy internet usage	