

Safeguarding Children and Adults at Risk Policy

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Owner: Clinical Services

<u>Content</u>	<u>Page</u>
1. Policy Statement	2
2. Introduction	2
3. Scope of the Policy	3
4. Principles of the Policy	3
5. Accountability	4
5.1 Roles and Responsibilities	5
5.2 CEO and Board of Trustees	5
5.3 Safeguarding Lead	5
5.4 Individual Staff Members and volunteers	6
6. Definitions	7
6.1 Who is a child	7
6.2 Safeguarding Children – what is it?	7
6.3 Who is an adult at risk	7
6.4 Safeguarding Adults at risk – what is it?	8
7. Prevent	8
8. Female Genital Mutilation (FGM)	9
9. Modern Slavery (human trafficking)	10
10. Managing Allegations of Abuse Against Staff	12
11. Management of safeguarding related incidents or concerns	12
12. Raising concerns: radicalisation	13
13. Contact details	13
14. Reference documents	14
14.1 Statutory Guidance	14
14.2 Non statutory Guidance	15
14.3 Best Practice Guidance	15
14.4 Local Safeguarding Children Boards (LSCBs)	16
14.5 Local Adult Safeguarding Boards (SABs)	16
14.6 Care Quality Commission (CQC)	16
14.7 Disclosure and Barring Service (DBS & PVG Scotland)	16
14.8 Social Care Institute for Excellence (Scie)	16
15. Glossary	17
16. Associated THT Policies	17
17. Appendices	
• Appendix one:	19
What to do if you are concerned about a child or adult at risk	
• Appendix two:	20
Escalation process – raising a PREVENT concern	
• Appendix three:	21
Definition of abuse – Children and Young People Including: categories of abuse, indicators, vulnerabilities and age of consent	
• Appendix four:	28
Definition of abuse - Adult at Risk: including categories of abuse, indicators and vulnerabilities	
Appendix Five: Additional Links, resources and guidance including –	36

National reporting pathways and mechanisms

1. Policy Statement

Terrence Higgins Trust (THT) has a statutory duty to ensure that it makes arrangements to safeguard and promote the welfare of children and young people and to protect adults at risk from abuse, and that all safeguarding concerns raised will be responded to sensitively, quickly and managed appropriately.

THT has a responsibility to ensure that all staff and volunteers receive the appropriate level and provision of safeguarding training as well as access to role appropriate updates and supervision

The charity has a responsibility to continually review and monitor its safeguarding policy and procedures, seeking further advice and information wherever possible. All staff and volunteers should be aware of this policy and its associated procedures in order to understand their individual responsibilities, and to assure best practice. These procedures should ensure that all work completed by or on behalf of THT is carried out to safeguard and promote the welfare of children and to protect adults at risk from abuse or the risk of abuse; that links are in place with local safeguarding children and safeguarding adult boards (LSCB and SAB), and where applicable, contributions are made to multi-agency working.

2. Introduction

THT has a statutory duty to ensure arrangements are in place to safeguard and promote the welfare of children and young people, that reflect the needs of the children they deal with; and to protect adults at risk of abuse.

In discharging these statutory responsibilities account must be taken of:

- Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework (NHS England 2015)
- Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004 (HM Government 2007)
- Working Together to Safeguard Children (HM Government 2015)
- The Charity Commission Safeguarding Children and Young People 2013
- Statutory Guidance on promoting the Health and well-being of Looked After Children (DH 2009)
- The Care Act 2014
- The Female Genital Mutilation Act 2003 as amended by the Serious Crime Act 2015
- Anti-Social Behavior, Crime and Policing Act 2014 (Sexual Harm Prevention

- Orders, Sexual Risk Orders and Forced Marriage)
- Sexual Offences Act 2003
- Sexual Offences Act Scotland 2009
- The Counter Terrorism and Security Act 2015 (Prevent Duty)
- The Adult Support and Protection (Scotland) Act 2007
- The Children Act 1989, 2004, 2007 Guidance and Regulations: Volume 2, Care Planning, placement and Case Review (HM Government 2010)
- Mental Capacity Act 2005: Code of Practice (Department for Constitutional Affairs 2007)
- Safeguarding Adults: The Role of Health Services (DH 2011)
- The policies and procedures of the Local Safeguarding Children Board (LSCB) and the Local Safeguarding Adults Board (SABs).
- Safeguarding children and young people: roles and competences for health care staff Intercollegiate Document Third edition: March 2014
- Information Sharing: advice for practitioners providing safeguarding services to children, young people, parents and carers; HM Government 2015
- Intercollegiate Document - Adult Safeguarding: Roles and Competencies for Health Care Staff 2018
- Intercollegiate Document - Safeguarding Children and Young People: Roles and Competencies for Health Care Staff 2014

3. Scope of the Policy

This policy and its associated procedures applies to all staff, volunteers, sessional workers and contracted third parties working for or on behalf of THT.

The policy aims to ensure that no act or omission by THT as a provider organisation places any service user at risk; and that robust systems are in place to safeguard and promote the welfare of children, and to protect adults at risk of harm.

Safeguarding children, young people and adults at risk is everyone's responsibility and is defined as:

- Prevention of harm and abuse through high quality care
- Effective response to allegations of harm and abuse that are in line with multi-agency procedures
- Using learning to improve service to service users

4. Principles of the Policy

In developing this policy, THT recognises that safeguarding children and adults at risk of abuse is a shared responsibility with the need for effective joint working between agencies and professionals that have different roles and expertise if those vulnerable groups in society are to be protected from harm. In order to achieve effective joint working there must be constructive relationships at all

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levels, promoted and supported by:

- A commitment of senior managers and Board members to seek continuous improvement with regards to safeguarding both within the work of THT and those services THT works alongside and in partnership with
- Clear lines of accountability within THT for safeguarding;
- Service developments that take account of the need to safeguard all service users, and is informed, where appropriate, by the views of service users
- Staff training and continuing professional development so that staff have an understanding of their roles and responsibilities in regards to safeguarding children, adults at risk, looked after children (LAC), the Mental Capacity Act and Prevent
- Safe working practices including recruitment and vetting procedures
- Effective interagency working, including effective information sharing

5. Accountability

Accountability for safeguarding throughout THT sits with the Chief Executive Officer (CEO) and the Board of Trustees. Any failure to have systems and processes in place to protect children and adults at risk would result in failure to meet statutory and non-statutory requirements.

THT must:

- Demonstrate robust arrangements are in place to show compliance with safeguarding responsibilities.
- Establish and maintain good constitutional and governance arrangements with capacity and capability to deliver safeguarding duties and responsibilities, ensuring that all service users are protected from abuse and neglect
- Establish clear lines of accountability for safeguarding, reflected in governance arrangements
- Co-operate with the LSCBs and SABs wherever individual(s) are identified as being at safeguarding risk or risk of radicalisation.
- Gain assurance that all providers with whom there are commissioning or partnership arrangements have in place comprehensive policies and procedures to safeguard children and adults at risk in line with those of the local Safeguarding Children Board and Safeguarding Adults Board (LSCB / LSAB).
- Ensure that safeguarding is at the forefront of business planning at senior leadership, executive and Board levels, and a regular agenda item of service development

Currently the effectiveness of THT's system of safeguarding Children and Adults at risk is assured and regulated in a number of ways, these include: -

- Section 11 self-audit
- External inspections – CQC where we deliver regulated activity
- Providing assurance to THT's Quality and Governance Committee

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- Staff training and supervision
- Audit
- Incident and case reviews
- Circulation of lessons learned document to all staff including policy and process amendments where indicated and good practice reminders
- Implementation of national policy and guideline changes as recommended
- Appropriate arrangements in place to work with local authorities in matters related to safeguarding risks
- Having in place an appointed lead for safeguarding children, adults and the Mental Capacity Act

5.1 Roles and responsibilities

Accountability for safeguarding across THT sits with the CEO, with delegated responsibility to the Director of Clinical Services and Safeguarding (THT's Safeguarding Lead); supported by the Medical Director. The Director of Clinical Services and Safeguarding is responsible for the day to day delivery of the Trust's safeguarding duties for children and adults at risk.

5.2 CEO and Board of Trustees

In ensuring safeguarding arrangements are in place the CEO and THT Trust Board will:

- Ensure that the Trust's approach to safeguarding and promoting the welfare of children and adults at risk of abuse is discharged effectively across the organisation and through the organisation's commissioning and partnership working arrangements
- Ensure that the organisation exercises its responsibility in ensuring that all services users are safeguarded from abuse or the risk of abuse
- Ensure that safeguarding is identified as a key priority area in all strategic planning processes.
- Ensure that safeguarding is integral to clinical governance and audit arrangements
- Ensure that any system and processes that include decision making about an individual service user takes account of the requirements of The Mental Capacity Act 2005; this includes ensuring that actions and decisions are documented in a way that demonstrates compliance with the Act.
- Ensure compliance with the Charity Commission, CQC and other regulatory bodies including the reporting of serious safeguarding risks, incidents or near misses as required

5.3 THT Safeguarding Lead

The Safeguarding Lead will: -

- Provide day-to-day support and advice across all levels of the organisation.

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- Provide strategic guidance and contribution to protecting children and safeguarding adults across the organisation
- Lead a system where there is a culture that supports staff in raising concerns regarding safeguarding issues
- Provide professional safeguarding supervision and leadership
- Support the strategic overview of safeguarding arrangements across THT, and assist in the development of systems, monitoring, evaluating and reviewing THTs approach to the protection of children and safeguarding adults.
- Advise on appropriate training for THT staff and volunteers and participate where appropriate in its provision
- Advise on practice policy and guidance ensuring content and practice are updated
- Ensure expert advice is available in relation to safeguarding policies, procedures and the day to day management of safeguarding children and adults at risk
- Provide feedback across THT in relation to lessons learned from internal incident reporting, and findings from national serious case reviews (SCR)
- Attend relevant local, regional and national forums as required
- Participate in their own individual annual appraisal process

5.4 Individual staff members

- Line Managers will ensure their staff are fully aware of the requirements of this policy and ensure all incidents are reported to the Safeguarding Lead and recorded correctly
- Be alert to the potential indicators of abuse or neglect for children and adults and know how to act on those concerns in line with THT policy and local guidance.
- Listen to children and adults and ensure the concerns expressed are recorded and take appropriate action in line with safeguarding policies and guidance
- Report concerns to THT Safeguarding Lead, line manager, or via the Whistleblowing Policy where they feel unable to report to their line manager or remain concerned that the child or adult(s) is/are still at risk.
- Report concerns directly to Social Services (and the police if they believe a crime has been committed)
- Undertake training in accordance with their roles and responsibilities as outlined by the training frameworks Working Together to Safeguard Children (2015) Strategy for Safeguarding, so that they maintain their skills and are familiar with procedures aimed at safeguarding children and adults at risk
- Understand the principles of confidentiality and information sharing in line with organisational, local and national guidance
- Contribute, when requested to do so, to the multi-agency meetings established to safeguard children and adults at risk

6. Definition – Who is a Child or Adult at Risk

6.1 Children and Young people

In the UK, the terms child or children refers to all young people under the age of 18. At the age of 16 a Young Person is allowed to leave home, consent to lawful sexual intercourse, get married or gets a full time job, however, child protection extends to the age of 18yrs. In the case of care leavers, child protection can extend to the age of 21yrs.

In this policy, as in the Children Act 1989 and 2004, a child is anyone who has not yet reached their eighteenth birthday. 'Children' therefore means children and young people throughout.

6.2 Safeguarding Children

Working together to Safeguard Children (HM Government 2015) defines safeguarding and promoting the welfare of children and young people as:

- Protecting children from maltreatment;
- preventing impairment of children's health or development;
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and
- Undertaking that role so as to enable those children (those under the age of 18) to have optimum life chances and to enter adulthood successfully

For information and definitions of categories of child abuse, signs, symptoms and what to look out for see Appendix 3

6.3 Adults at Risk

This policy also extends to Adults at Risk; for adult safeguarding the definitions are taken from The Care Act 2014. An adult at risk (a person aged 18 or over) is someone who is or may be in need of community care services by reason of disability, age or illness; and is or may be unable to take care or unable to protect him or herself against significant harm or exploitation; this is usually an adult who has care and support needs but may also include an individual acting in the role as a carer.

An adult at risk may therefore be a person who, for example: -

- Is an older person who is frail due to ill health physical disability or cognitive impairment
- Has a learning disability, has a physical disability and/or a sensory impairment

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- Has mental health needs including dementia or a personality disorder
- Has a long-term illness/condition
- Misuses substances or alcohol
- Is a carer such as a family member/friend who provides personal assistance and care to adults and is subject to abuse
- Lacks the mental capacity to make particular decisions and is in need of care and support

This list is not exhaustive.

6.4 Adult Safeguarding

The Care Act (2014) came into force in April 2015. This supersedes the guidance Document 'No Secrets' (2000). The introduction of the Care Act means that Safeguarding duties now have a legal effect in relation to organisations other than Local Authorities. The Act places requirements on statutory organisations and associated providers which prior to its introduction were best practice.

The current definition used within Safeguarding Adults work remains that abuse is a violation of an individual's human and civil rights by any other person or persons:

- Abuse may consist of a single act or repeated acts.
- It may be physical, verbal or psychological.
- It may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which they have not consented or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.

Safeguarding adults is underpinned by multi-agency working, with Local Authorities taking the lead. THT works in partnership with external agencies and local Safeguarding Adults Board (SAB) to fulfil this requirement.

THT policy is to actively promote the health and wellbeing of adults at risk and to prevent harm wherever possible through the promotion of a good understanding of safeguarding adults procedures amongst all staff, effective risk assessment and risk management, routine incident reporting and review, staff training and supervision processes.

This policy applies to all individuals, including those who have been assessed as lacking capacity. Actions taken on behalf of these people should be done so in their best interest in accordance with the Mental Capacity Act (2005).

For information and definitions of categories of Adult at Risk of abuse, signs, symptoms and what to look out for see Appendix 4

7. The Prevent Strategy

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The Government's counter terrorism strategy is known as CONTEST; Prevent is part of CONTEST and its aim is to stop people becoming terrorists or supporting terrorism.

CONTEST has four key principles these are: -

- Pursue – stop terrorist attacks
- Prevent – to stop people becoming terrorists or supporting terrorism
- Prepare – where we cannot stop an attack, mitigate its impact
- Protect – strengthen overall protection against terrorism attack

The Health Service is a key partner in Prevent and encompasses all parts of the NHS, charitable organisations and private sector bodies which deliver health services to NHS patients.

Three national objectives have been identified for the Prevent strategy:

- Objective 1: Respond to the ideological challenge of terrorism and the threat we face from those who promote it
- Objective 2: Prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support
- Objective 3: Work with sectors and institutions where there are risks of radicalisation which we need to address

Prevent focusses on working with those who may be at risk of being exploited by radicalisers and subsequently drawn into terrorism related activity. Consequently the strategy is managed as part of the safeguarding agenda.

THT is required to have Prevent implementation strategies in place to include leadership; policies and procedures and training across the workforce so that all staff are able to identify and make referral(s), see Appendix Two

Further advice can be obtained via the: Prevent strategy (HM Government, 2011)

<https://www.gov.uk/government/publications/prevent-strategy-2011>

8. Female Genital Mutilation (FGM)

Female Genital Mutilation (FGM) is illegal in England and Wales under the FGM Act 2003 ("the 2003 Act"). It is a form of child abuse and violence against women. The World Health Organisation (WHO) defines Female Genital Mutilation (FGM) as 'all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons'. FGM is recognised internationally as a violation of the human rights of girls and women. It reflects deep-rooted inequality between the sexes, and constitutes an extreme form of discrimination against women.

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FGM has no health benefits. It harms girls and women because it interferes with the natural functions of their bodies.

The FGM mandatory reporting is a legal duty that requires regulated health and social care professionals and teachers in England and Wales to report known cases of FGM in under 18-year-olds to the police. The FGM duty came into force on 31 October 2015. While the duty is limited to the specified professionals, non-regulated practitioners also have a responsibility to take appropriate safeguarding action in relation to any identified or suspected case of FGM, in line with wider safeguarding frameworks.

For the purposes of the duty, the relevant age is the girl's age at the time of the disclosure/identification of FGM (i.e. it does not apply where a woman aged 18 or over discloses she had FGM when she was under 18).

Where there is a risk to life or likelihood of serious immediate harm, professionals should report the case immediately to police, including dialling 999 if appropriate. Where you become aware of a case, the legislation requires you to make a report to the police force area within which the girl resides.

The legislation allows for reports to be made orally or in writing. It is recommended that you make a report orally by calling 101, the single non-emergency number. When you call 101, the system will determine your location and connect you to the police force covering that area.

Scotland: The law on FGM

The [Prohibition of Female Genital Mutilation \(Scotland\) Act 2005](#) made it a criminal offence to have female genital mutilation carried out in Scotland or abroad, and increased the maximum penalty from five to 14 years imprisonment.

Our approach to tackling FGM is aligned with the priorities in [Equally Safe: Scotland's strategy for preventing and eradicating violence against women and girls](#).

It recognises the need to:

- prioritise protection from, and prevention of, FGM
- provide services and appropriate support for those who have experienced FGM
- hold perpetrators to account.

See also **Appendix five** for links to further guidance and mandatory reporting

9. Modern Slavery

Modern slavery is the term used within the UK and is defined within the Modern Slavery Act 2015. The Act categorises offences of Slavery, Servitude and Forced or Compulsory Labour and Human Trafficking. These crimes include holding a person in a position of slavery, servitude forced or compulsory labour, or facilitating their travel with the intention of exploiting them soon after. Modern slavery victims can

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often face more than one type of abuse and slavery, for example if they are sold to another trafficker and then forced into another form of exploitation.

Although human trafficking often involves an international cross-border element, it is also possible to be a victim of modern slavery within your own country.

Children cannot give consent to being exploited therefore the element of coercion or deception does not need to be present to prove an offence.

Reporting : In the first instance the point of contact for all modern slavery crimes should be the local police force.

Call 999 if you or someone else is in immediate danger, or if the crime is in progress. Call 101 to contact the police if the crime is not an emergency. You can also contact Crimestoppers to report a crime anonymously.

If you hold information that could lead to the identification, discovery and recovery of victims in the UK, you can contact the Modern Slavery Helpline 08000 121 700.

[National Referral Mechanism](#). The National Referral Mechanism has been put in place to identify victims of trafficking and to refer them to organisations that will offer help and support. Individuals identified as potential victims of modern slavery are entitled to a minimum recovery and reflection period of 45 days. As part of this, care and support is provided by the Salvation Army.

You can contact:

- The Salvation Army's 24 hour confidential helpline for reporting modern slavery on 0300 3038 151.
- The Modern Day Slavery Foundation's helpline on 0800 0121 700, open 24 hours a day.
- the NSPCC's helpline on 0808 8005 000 if you think a child is in danger of trafficking

Scotland: Bills and legislation

The [Human Trafficking and Exploitation Act \(Scotland\) 2015](#) clarified, strengthened and brought together the existing laws on human trafficking

The [Modern Slavery Act 2015](#) improved support and protection for victims, helped law enforcement target perpetrators and made sure those involved can be punished. The Act covers England and Wales, but some parts apply in Scotland and Northern Ireland.

If you have any concerns regarding alleged human trafficking or criminal activity in your area, use the following details:

Email the Police Scotland National Human Trafficking Unit:

SCDNationalHumanTraffickingUnit@scotland.pnn.police.uk

Modern Slavery Helpline: <https://www.modernslaveryhelpline.org/scotland>

In an emergency situation you should always phone 999 or for non-emergencies 101.

See also **Appendix five** for links to further information and guidance to reporting

10. Managing Allegations of Abuse Against a Staff Member(s)

Within the recruitment process where applicable THT employees will be vetted with regard to the suitability of their employment and have a Disclosure and Barring Service (DBS) or Protection of Vulnerable Groups Scheme (PVG Scotland) check as per HR policy framework. All allegations of abuse against staff must be managed according to THT policy and procedure of safeguarding both children and adults.

All allegations concerning abuse of children by those who work with children must be taken seriously. Allegations against people, who work with children, whether in a paid or unpaid capacity, can cover a wide range of circumstances.

THT Safeguarding Procedure; Allegations Against Persons who Work with Children should be applied in all situations where it is alleged that a person who works with children 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; or
- Behaved towards a child or children in a way that indicates they may pose a risk of harm to children

Where a complaint is received against an employee and that complaint has a child protection/child concern component the Safeguarding Lead; Director of HR and CEO must be notified and involved in reviewing the case and in the reporting to the Local Authority Designated Officer (LADO). A parallel process will be followed regarding adults at risk.

11. Management of Safeguarding Related Incidents and concerns

All staff should know what to do if they suspect a child or adult is at risk of harm or is being abused; see also Appendix One: what to do if you suspect a child or adult is at risk of harm

- All safeguarding children and adult incidents and concerns must be raised via the THT Incident Reporting System (IRS) accessible on TERRI as soon as possible allowing for central oversight and support of safeguarding matters
- As per THT Incident Reporting Policy any reporting within the IRS should be anonymised of any personally identifiable data.
- For the purpose of marrying up the client record with the incident report the client record ID reference number should be documented within the incident report and likewise the incident report number documented within the client record providing a comprehensive evidence trail for recall if required and to allow for audit and monitoring of individual cases

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- If a person is in imminent danger call 999. If you believe a serious crime has been committed but the person is not in imminent danger telephone 111
- The case should be recorded within the client record, reported on the IRS and to your line manager and Safeguarding Lead as soon as possible
- In all cases a chronology of events should be recorded within the client record to include: date and time of any discussions or exchange of correspondence about the case; name of individual/agency you are corresponding with including: the client, other professionals or organisations, mode of correspondence i.e. face-to face, email, telephone or other, outline of discussion or interaction, actions taken, follow-up action plan and outcome

12. Raising Concerns about Adults and Children who may be at risk of Radicalisation – see also appendix 2

- Concerns that an individual may be vulnerable to radicalisation does not mean that you think the person is a terrorist, it means that you are concerned they are prone to being exploited by others, and so the concern is a safeguarding concern
- If a member of staff feels that they have a concern that someone is being radicalised then, where appropriate, they should discuss their concerns with their manager and/or Safeguarding Lead
- If anyone has immediate concerns that an individual is presenting an immediate terrorist risk to themselves, others or property, then they should contact the National Counter Terrorism Hotline on 0800 789 321, or the police on 999
- In all cases a THT incident report should be completed via the incident reporting system on TERRI

13. Contact Details

All THT staff undertaking any form of client work should be aware of their local Social Care contact details including how to contact the LSCB or SAB and how to make a referral. This information and resources are usually found via the local authority website home page.

THT's Safeguarding Lead can be contacted for information, advice or support during office hours on:

Liz Porter

Tel: 07768597802 or via email: liz.porter@tht.org.uk

In the absence of the Safeguarding Lead you should contact THT's Medical Director: Dr Michael Brady

Tel: 07766331960 or via email: michael.brady@tht.org.uk & michaelbrady@nhs.net

14. Reference Documents

In developing this policy, account has been taken of statutory and non- statutory guidance in order to promote best practice across all areas of THT to safeguard service users, staff, volunteers and the wider public alike; through the work we undertake on behalf of partner agencies and through activity carried out alongside colleagues and professionals from other external organisations.

14.1 Statutory Guidance

- Department for Constitutional Affairs (2007) Mental Capacity Act 2005: Code of Practice, TSO: London
- Department of Health (2000) *Framework for the Assessment of Children in Need and their Families*, London, HMSO
- Department of Health, Home Office (2000) *No Secrets: guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse* (issued under Section 7 of the Local Authority Social Services Act 1970)
- Department of Health et al (2009) *Statutory guidance on Promoting the Health and well-being of Looked After Children*, Nottingham, DCSF publications
- HM Government (2007) *Safeguarding children who may have been trafficked*, DCSF publications
- HM Government (2007) *Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004*, DCSF publications
- HM Government (2008) *Safeguarding Children in whom illness is fabricated or induced*, DCSF publications
- HM Government (2009) *The Right to Choose: multi-agency statutory guidance for dealing with Forced marriage*, Forced Marriage Unit: London
- HM Government (2010) *Statutory Guidance on promoting the Health and well-being of Looked After Children* (DH 2009)
- HM Government (2015) *Working Together to Safeguard Children*, Nottingham, DCSF publications.
- Ministry of Justice (2008) *Deprivation of Liberty Safeguards Code of Practice to supplement Mental Capacity Act 2005*, London TSO
- Care Act 2014
- Children's Act 1989
- All Wales Child Protection Procedures Review Group (2013) [Safeguarding and promoting the welfare of children who are at risk of abuse through sexual exploitation \(PDF\)](#). [Cardiff]: All Wales Child Protection Procedures

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- Review Group
- <https://www.rcn.org.uk/professional-development/publications/pub-007069>
- [Children and Young People \(Scotland\) Act 2014](#)
- [Human Trafficking and Exploitation \(Scotland\) Act 2015](#)
- The Serious Crime Act 2015
- [Getting It Right for Every Child \(GIRFEC\)](#)

14.2 Non-statutory Guidance

- DH (March, 2011) Adult Safeguarding: The Role of Health Services
- DH (May, 2011) Statement of Government Policy on Adult Safeguarding
- HM Government (2006) What to do if you're worried a child is being abused, DCSF publications
- HM Government (2008) Information Sharing: Guidance for practitioners and managers, DCSF publications
- Law Commission (May, 2011) Adult Social Care Report
- NSPCC (2017) NSPCC safeguarding standards and guidance for the voluntary and community sector: children, young people and young adults aged 0-25 (England). London: NSPCC
- Royal College Pediatrics and Child Health et al (2014) Safeguarding Children and Young people: Roles and Competences for Health Care Staff
- Department of Health (2015)
- www.gov.uk/government/publications/safeguardingwomen-and-girls-at-risk-of-fgm
- GOV.UK (2013) Guidance: Domestic violence and abuse.
- www.gov.uk/guidance/domestic-violence-and-abuse#domesticviolence-and-abuse-new-definition

14.3 Best Practice Guidance

- Department of Health (2004) Core Standard 5 of the National Service Framework for Children Young People and Maternity Services plus those elements beyond standard 5 that deal with safeguarding and promoting the welfare of children
- Department of Health (2009) Responding to domestic abuse: a handbook for health professionals
- Department of Health (2010) Clinical Governance and adult safeguarding: an integrated approach, Department of Health
- HM Government (2011) Multi-agency Practice Guidelines: Female Genital Mutilation
- HM Government (2009) Multi-agency practice guidelines: Handling cases of Forced Marriage, Forced Marriage Unit: London
- National Institute for Health and Clinical Excellence (2009) When to suspect child maltreatment, Nice clinical guideline 89
- Department of Health (2006) Mental Capacity Act Best Practice Tool, Gateway reference: 6703

- <https://learning.nspcc.org.uk/media/1541/gillick-competency-factsheet.pdf>

14.4 Local Safeguarding Children Boards (LSCBs)

The Director of Children's Services within each local authority has the responsibility, under section 18 of the Children Act 2004, for improving outcomes for children and young people, children's social care functions and local cooperation arrangements for children's services. The LSCB is accountable for coordination and effectiveness. The local authority Chief Executive, drawing on other Board partners and, where appropriate, the Lead Member will hold the LSCB Chair to account for the effective working of the LSCB.

14.5 Local Safeguarding Adult Board (SABs)

Safeguarding Adults Boards were strengthened by the Care Act 2014 (implemented in 2015), which made them legal requirements in each area, with specific duties and responsibilities as set out in Schedule 2 of the Act. The Board must include senior representatives from the Local Authority, Police and NHS Clinical Commissioning Groups.

14.6 Care Quality Commission

The Care Quality Commission (CQC) is the independent regulator of health and adult social care. The CQC registers all providers of health and adult social care and requires them to meet essential standards of quality and safety. This includes a standard on safeguarding (Care Quality Commission (2009) guidance about compliance: Essential Standards of Quality and Safety).

14.7 Disclosure and Barring Service

The government review of the vetting and barring scheme has now ended. The vetting and barring scheme is being scaled back to 'common-sense levels'. The proposed changes became law in October 2012. Further guidance is available at: <http://www.homeoffice.gov.uk/crime/vetting-barring-scheme/>

Scotland - The PVG scheme - The Protecting Vulnerable Groups (PVG) membership scheme is managed and delivered by Disclosure Scotland. It helps make sure people whose behaviour makes them unsuitable to work with children and/or protected adults can't do 'regulated work' with these vulnerable groups.

14.8 Social Care Institute for Excellence (Scie)

Following successful delivery of its contract for the National Institute for Health and

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Care Excellence (NICE), the work of the NICE Collaborating Centre for Social Care (NCCSC) has now been completed.

Over a five year period NCCSC developed social care guidelines and has supported the implementation of both the guidelines and social care quality standards.

NICE and SCIE continue to work closely together to improve quality in the social care sector. SCIE has been commissioned by NICE to:

- raise awareness of new guideline topics, which NICE will continue to develop, and promote guideline committee opportunities
- disseminate and promote existing guidance
- continue the development of NICE/SCIE quick guides

<http://www.scie.org.uk/publications/reports/report41/index.asp> May 2011 (Adult)

<http://www.scie.org.uk/publications/reports/report45.asp> October 2011 (Adult)

<http://www.scie.org.uk/publications/reports/report19.asp> October 2008 (Child)

<http://www.scie.org.uk/publications/guides/guide24/index.asp> October 2008 (Child)

15. Glossary

- THT: Terrence Higgins Trust
- LSCB: Local Safeguarding Children Board
- SAB: (Local) Safeguarding Adult Board
- CLA: Children Looked After
- NICE: National Institute for Clinical Excellence
- SCIE: Social Care Institute for Excellence
- CEO: Chief Executive Officer
- MASH Team: Multi-Agency Safeguarding HUB
- SI: Serious Incident
- HR: Human Resources
- LADO: Local Area Designated Officer
- CSE: Child Sexual Exploitation
- DV: Domestic Violence
- FGM: Female Genital Mutilation
- GP: General Practitioner
- B&B: Bed and Breakfast accommodation
- IRS: Incident Reporting System
- ECR: Electronic Client Record

16. Associated THT policies that may also need to be considered and implemented as part of safeguarding responsibilities

- DBS Policy and Procedure (including PVG Scheme – Scotland)
- Expression of Serious Concern (whistleblowing)

Safeguarding Children and Adults at Risk Policy

Document Control

THTCD-20-39

Issue Date: Feb 2019

Page: 18 of 38



Owner: Clinical Services

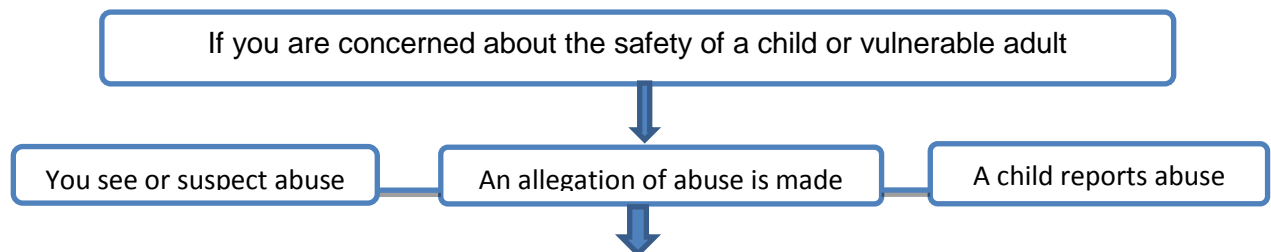
- Professional Boundaries
- Social Networking Usage Policy
- Supervision Policy
- Code of Conduct
- Confidentiality Policy
- Data Protection Policy
- Incident Management Policy
- Information Sharing Protocol
- Records Management Policy

Appendix - One

What to do if you are concerned about a child or adult at risk

This procedure should be read in conjunction with the local Safeguarding Adults Board Multi-Agency Policy and Procedures:

All staff are reminded that they have a duty to raise concerns where children or adults may be at risk of abuse. **DOING NOTHING IS NOT AN OPTION**



NOTE: In an emergency and where there is immediate risk to a child or adult - ACT!

Contact the police on 999 - It is essential to avoid delay as inaction may place the child or adult at further risk.

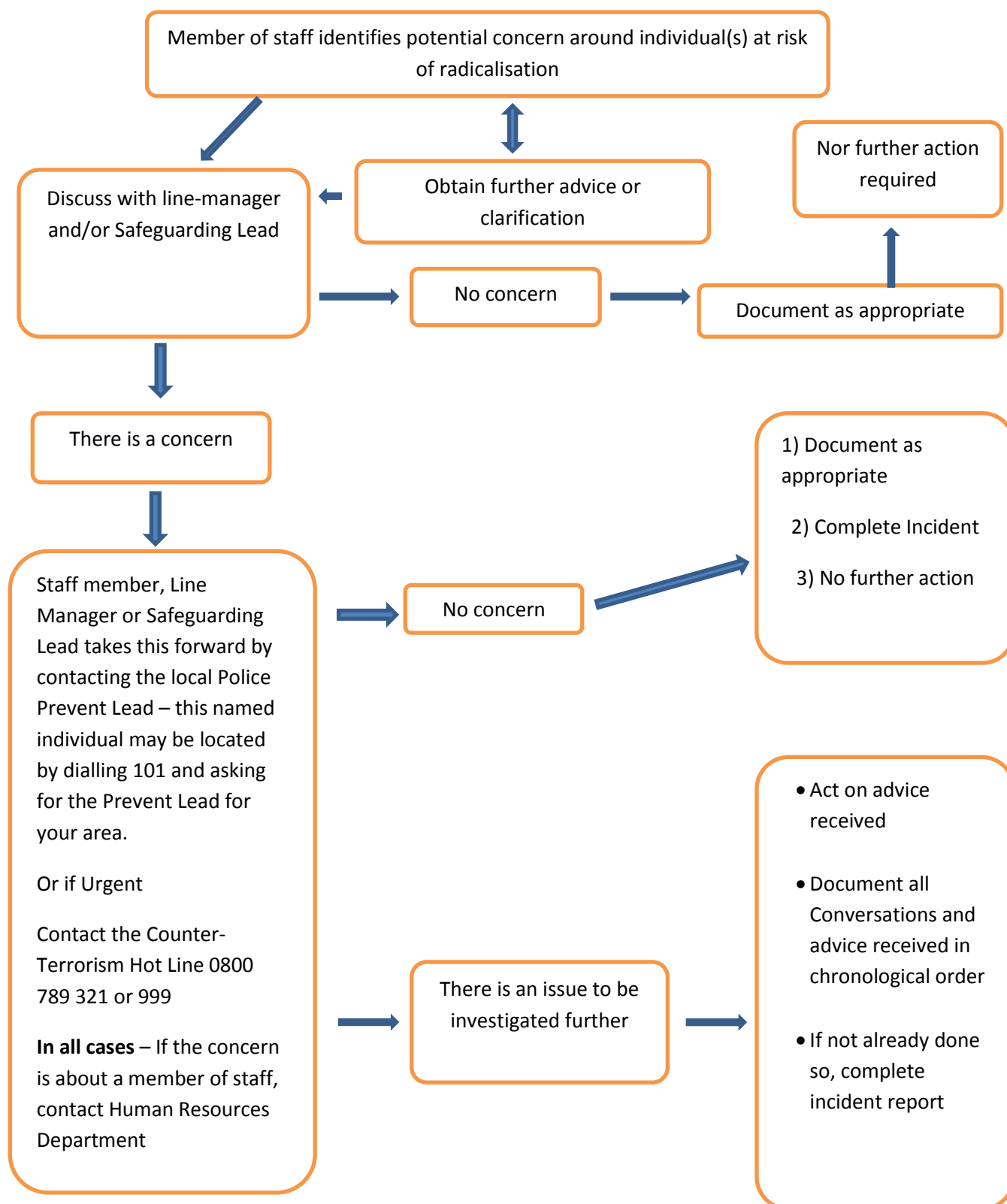
- During office hours: discuss your concerns with your Manager and/or THT Safeguarding Lead
- Out of hours: If unsure whether to make multi-agency alert for safeguarding or for any other advice discuss with local Social Care Team – LSCB or SAB. **NOTE:** When making a safeguarding enquiry or referral out of hours this may be via a different contact number.

You will be informed by Social Care operator where to send the referral document if a written referral is required; the timeline for this is usually within 24 hours of the referral being made over the telephone. Keep a copy of the referral with the client record, and a further copy should be forwarded to THT Safeguarding Lead

- Ensure the immediate safety of the child/ren, or vulnerable adult
- Do not promise confidentiality
- Reassure the person who has made the disclosure or raised the concern
- Consider mental capacity and consent to refer issues
- Record and report concerns as soon as possible, including via THT Incident Reporting System.
- This should normally be on the same working day, if non-urgent case within 24 hours is acceptable. Do not delay in passing the information and seeking further advice on next steps.
- **Note:** Volunteers must ensure that they refer any concerns to their volunteer contact as a priority. Ensure detailed records are made of all events (with dates and times) and include what the child/vulnerable adult has said (where this applies)
- Keep a record of your observations, conversations and actions as a chronology within the client record, this must be maintained to include any subsequent work, conversations, actions and outcomes around the case. In order that the incident report (IR) and the client record can be linked up you **MUST** ensure you log the client record ID reference within the IR, and visa versa the IR Ref within the client record.

Appendix - Two

Escalation Process - Raising a PREVENT Concern



Appendix – Three

Definition: Types of abuse - Children and Young People Including: indicators of abuse, vulnerabilities and age of consent

Safeguarding and promoting the welfare of children is defined for the purposes of this policy and procedure as:

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

Child protection is a part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are at risk of suffering significant harm.

In the UK, the terms child or children refers to **all** young people under the age of 18. At the age of 16 a Young Person is allowed to leave home, consent to lawful sexual intercourse, get married or get a full time job, however, child protection extends to the age of 18yrs. In the case of care leavers, child protection can extend to the age of 21yrs.

Children and young people who may be particularly vulnerable

Some children and young people can be at increased risk of neglect and or abuse. Many factors can contribute to an increase in risk, including prejudice and discrimination, isolation, social exclusion, communication issues and reluctance on the part of some adults to accept that abuse happens, or who have a high level of tolerance in respect of neglect.

Special consideration and attention should be given to children who are:

- Disabled or have special educational needs
- Looked After Children (i.e. those in care)
- Living in a known domestic abuse situation or chaotic or dysfunctional household
- Affected by known parental substance misuse or parental criminality
- Asylum seekers
- Living away from home
- Vulnerable to being bullied, or engaging in bullying
- Living in temporary accommodation
- Living transient lifestyles
- Living in neglectful and unsupportive home situations
- Vulnerable to discrimination and maltreatment on the grounds of race, ethnicity, religion or sexuality
- Involved (directly or indirectly) in sexual abuse, exploitation or child trafficking

- Do not have English as a first language

Abuse and Neglect

Abuse and neglect are forms of maltreatment of a child or vulnerable adult. Somebody may abuse or neglect a child or vulnerable adult by inflicting, or by failing to act to prevent, significant harm to the individual. Children and vulnerable adults may be abused in a family or in an institutional setting by those known to them or, more rarely, by a stranger. Within this context abuse can take the form of physical, sexual, psychological, financial or material abuse, neglect or acts of omission, institutional abuse and discriminatory abuse.

The following definitions show some of the ways in which abuse may be experienced by a child or vulnerable adult but are not exhaustive, as the individual circumstances of abuse will vary from person to person.

Physical abuse

Physical abuse is the causing of physical harm to a child or young person. Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning or suffocating. Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes, ill health to a child they are looking after.

Possible physical and behavioural indicators can include

- Unexplained bruising, marks or injuries on any part of the body
- Multiple bruises - in clusters, often on the upper arm or outside of the thigh
- Cigarette burns
- Human bite marks
- Broken bones
- Scalds, with upward splash marks
- Multiple burns with a clearly demarcated edge□
- Fear of parents being approached for an explanation
- Aggressive behaviour or severe temper outbursts
- Flinching when approached or touched
- Reluctance to get changed, for example in hot weather
- Depression, anxiety, self-harm or suicidal ideation
- Withdrawn behaviour
- Running away from home

Emotional abuse

Emotional abuse is persistent emotional neglect or ill treatment that has severe and persistent adverse effects on a child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate or valued only insofar as they meet the needs of another person. It may involve the imposition of age - or developmentally - inappropriate expectations on a child. It may involve causing children to feel frightened or in danger, or exploiting or corrupting children.

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Some level of emotional abuse is present in all types of ill treatment of a child; it can also occur independently of other forms of abuse. It can also occur in response to the exploitation or corruption of children

Possible indicators of emotional abuse can include:

- Over-protection and limitation of exploration and learning, or preventing the child participating in normal social interaction.
- Seeing or hearing the ill-treatment of another
- Serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger
- Neurotic behaviour e.g. sulking, hair twisting, rocking
- Being unable to play
- Fear of making mistakes
- Sudden speech disorders
- Self-harm
- Fear of parent being approached regarding their behaviour
- Developmental delay in terms of emotional progress

Sexual abuse

Sexual abuse is any act that involves the child in any activity for the sexual gratification of another person, whether or not it is claimed that the child either consented or assented. Sexual abuse involves forcing or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of indecent images or in watching sexual activities, using sexual language towards a child or encouraging children to behave in sexually inappropriate ways.

Possible indicators of sexual abuse can include:

- Pain or itching in the genital area
- Bruising or bleeding near genital area
- Sexually transmitted disease
- Vaginal discharge or infection
- Stomach pains
- Discomfort when walking or sitting down
- Pregnancy
- Sudden or unexplained changes in behaviour e.g. becoming aggressive or withdrawn
- Fear of being left with a specific person or group of people
- Having nightmares
- Running away from home
- Sexual knowledge which is beyond their age, or developmental level
- Sexual drawings or language
- Bedwetting
- Eating problems such as overeating or anorexia
- Self-harm or mutilation, sometimes leading to suicide attempts

Safeguarding Children and Adults at Risk Policy

Document Control

THTCD-20-39

Issue Date: Feb 2019

Page: 24 of 38



Owner: Clinical Services

- Saying they have secrets they cannot tell anyone about
- Substance or drug abuse
- Suddenly having unexplained sources of money
- Acting in a sexually explicit way towards adults, young people or 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 or may involve a parent or carer failing to provide adequate food, shelter and clothing (including exclusion from home or abandonment). It can involve failing to protect a child from physical harm or danger, or to ensure access to appropriate medical care or treatment. It can include failing to ensure adequate supervision (including the use of inadequate care-givers) or failure to respond to a child's basic emotional needs. Neglect may also result in the child being diagnosed as suffering from 'non-organic failure to thrive', where they have significantly failed to reach normal weight and growth where physical and genetic reasons have been medically eliminated. In its extreme form children can be at serious risk from the effects of malnutrition, lack of nurturing and stimulation. With young children in particular, the consequences may be life-threatening within a relatively short period of time.

Possible indicators of neglect can include:

- Constant hunger, sometimes stealing food from others
- Constantly dirty or 'smelly'
- Loss of weight, or being constantly underweight
- Inappropriate clothing for the conditions.
- Complaining of being tired all the time
- Not requesting medical assistance and/or failing to attend appointments
- Having few friends
- Mentioning being left alone or unsupervised.
- Persistent stealing of items such as food

Financial Abuse

Financial abuse is when a child or vulnerable adult is exploited for financial gain. It includes theft, fraud, exploitation, misuse of property or finance. Financial abuse is a criminal act and as such must be reported to the Police.

Child Sexual Exploitation

Child sexual exploitation (CSE) is a type of sexual abuse in which children are sexually exploited for money, power or status. Children or young people may be tricked into believing they're in a loving, consensual relationship, they might be invited to parties and given drugs and alcohol or they could also be groomed online. Some children and young people are trafficked into or within the UK for the purpose of sexual exploitation but sexual exploitation can also happen to young people in

Safeguarding Children and Adults at Risk Policy

Document Control

THTCD-20-39

Issue Date: Feb 2019

Page: 25 of 38



Owner: Clinical Services

gangs.

Sexual exploitation is used in gangs to:

- Exert power and control over members
- Initiate young people into the gang
- Exchange sexual activity for status or protection
- Entrap rival gang members by exploiting girls and women
- Inflict sexual assault as a weapon in conflict

Sexual exploitation of children and young people involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive something e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money etc as a result of them performing, and/or another or others performing on them sexual activities. CSE can occur through the use of technology with a child or young person being persuaded to post sexual images on the internet or mobile phone without immediate payment or gain. In all cases, those exploiting the child / young person have power over them by virtue of their age, gender, intellect, emotional state, physical strength and / or economic or other resources. Violence, coercion and intimidation are common in exploitative relationships and the child / young person has very little choice as a result of their social / economic and / or emotional vulnerability. The above list outlining the factors that can increase the risk of a person being abused can also contribute to a young person becoming the victim of sexual exploitation. Additional influences or contributory factors can include:

- Attending school or being friends with young people who are sexually exploited
- Being unsure about their sexual orientation or not being able to disclose sexual orientation to their families
- Lacking friends from the same age group
- History of abuse, risk of forced marriage, risk of honour based violence or history of physical and emotional abuse and neglect
- Being homeless, living in residential care, or a hostel, B&B accommodation or supported accommodation
- Low self esteem or self confidence
- Living in a gang neighborhood

The following signs and behaviours are generally seen in young people who are being exploited and they may:

- Be involved in abusive relationships, intimidated and fearful of certain people or situations
- Hang out with groups of older people, or antisocial groups, or with other vulnerable peers
- Associate with other young people involved in sexual exploitation
- Get involved in gangs, gang fights, gang membership
- Have older boyfriends or girlfriends
- Spend time at places of concern, such as hotels or known brothels

Safeguarding Children and Adults at Risk Policy

Document Control

THTCD-20-39

Issue Date: Feb 2019

Page: 26 of 38



Owner: Clinical Services

- Not know where they are, because they have been moved around the country
- Go missing from home, care or education.
- Have physical injuries
- Be involved in drug or alcohol misuse
- Have repeat sexually transmitted infections, pregnancy and terminations
- Have received gifts from unknown sources
- Have poor mental health, self harm or have thoughts of or attempts at suicide

Any child displaying several vulnerabilities from the above lists should be considered at high risk of sexual exploitation. Any young person considered at risk must be referred to the relevant agency who will investigate to determine the risk of CSE along with preventative and protective actions as required, this will be undertaken in collaboration with the local area Multi-Agency Safeguarding Hub Team (MASH).

Age of Consent

In **England and Wales** the age of consent for any form of sexual activity is 16. The age of consent is the same regardless of the gender or sexual orientation of a person and whether the sexual activity is between people of the same or different gender.

It is an offence for anyone to have any sexual activity with a person under the age of 16. However, Home Office guidance would indicate that there is little intention to prosecute teenagers under the age of 16 where both mutually agree and where they are of a similar age.

The Sexual Offences Act 2003 provides specific legal protection for children aged 12 and under who cannot legally give their consent to any form of sexual activity. There is a maximum sentence of life imprisonment for rape, assault by penetration, and causing or inciting a child to engage in sexual activity.

Scotland

The age of consent to any form of sexual activity is 16 for both men and women, so that any sexual activity between an adult (in Scotland a person is considered to have full legal capacity at the age of 16) and someone under 16 is a criminal offence. The age of consent is the same regardless of gender or sexual orientation.

Sexual intercourse (vaginal, anal) and oral sex between young people aged 13–15 are also offences, even if both partners consent. Guidance from the Scottish Government acknowledges that not every case of sexual activity in under-16s will have child protection concerns, but young people may still be in need of support in relation to their sexual development and relationships. A range of specific offences protect children under 13, who cannot legally give their consent to any form of sexual activity. The maximum penalty could be life imprisonment for rape, sexual assault, sexual assault by penetration, or causing a young child to participate in sexual activity.

Grooming

Safeguarding Children and Adults at Risk Policy

Document Control

THTCD-20-39

Issue Date: Feb 2019

Page: 27 of 38



Owner: Clinical Services

Grooming is when someone builds an emotional connection with a child to gain their trust for the purposes of sexual abuse or exploitation. Grooming can take place either online or in the real world by either a stranger or someone the child / young person knows. Groomers can be either male or female. Many children and young people don't realise they have been groomed or that what has happened is abuse. Grooming can involve having someone pretend to be someone they are not such as saying they are the same age online, buying gifts, giving attention, taking the young person on trips, outings or holidays

Once groomers have established trust, they will exploit the relationship by trying to isolate the child or young person from friends and family making them dependent on them. This will progress by using any means of power or control to make the young person feel they have no choice but to do what the person wants. Groomers will use blackmail, guilt, shame or any other means to stop the child or young person telling anyone about the abuse.

Groomers no longer need to directly meet children or young people in real life to abuse them, increasingly, groomers are sexually exploiting their victims by persuading them to take part in online sexual activity. They are often opportunists who don't necessarily target one person, they may send something out to hundreds and wait to see who replies. However, they will often target those who may post public comments that suggest the young person has low self esteem or is vulnerable. The groomer will then use information from the young person's profile to befriend them and then build up a relationship.

If a young person discloses or you suspect that a child or young person is being groomed, you must report this to your line manager straight away and the safeguarding reporting process followed. It is probable that disclosures of grooming will be reported externally and may also lead to police involvement.

Appendix - Four

Adult at Risk

Definitions: Types of abuse and vulnerabilities

A vulnerable adult (a person aged 18 or over) is someone who is or may be in need of community care services by reason of disability, age or illness; and is or may be unable to take care or unable to protect him or herself against significant harm or exploitation. A vulnerable adult may need or be receiving one of more of the following services:

- Health care
- Relevant personal care
- Social care work
- Assistance in relation to general household matters by reason of age, illness or disability
- Relevant assistance in the conduct of their own affairs or
- Conveying (due to age, illness or disability in prescribed circumstances)

People with care and support needs, such as older people or people with disabilities, are more likely to be abused or neglected. They may be seen as an easy target and may be less likely to identify abuse themselves or to report it. People with communication difficulties can be particularly at risk because they may not be able to alert others. Sometimes people may not even be aware that they are being abused, and this is especially likely if they have a cognitive impairment. Abusers may try to prevent access to the person they abuse.

Signs of abuse can often be difficult to detect. This At a glance briefing aims to help people who come into contact with people with care and support needs to identify abuse and recognise possible indicators. Many types of abuse are also criminal offences and should be treated as such.

Evidence of any one indicator from the following lists should not be taken on its own as proof that abuse is occurring. However, it should alert practitioners to make further assessments and to consider other associated factors. The lists of possible indicators and examples of behavior are not exhaustive and people may be subject to a number of abuse types at the same time.

Physical abuse

Types of physical abuse: -

- Assault, hitting, slapping, punching, kicking, hair-pulling, biting, pushing
- Rough handling
- Scalding and burning
- Physical punishments
- Inappropriate or unlawful use of restraint

Safeguarding Children and Adults at Risk Policy

Document Control

THTCD-20-39

Issue Date: Feb 2019

Page: 29 of 38



Owner: Clinical Services

- Making someone purposefully uncomfortable (e.g. opening a window and removing blankets)
- Involuntary isolation or confinement
- Misuse of medication (e.g. over-sedation)
- Forcible feeding or withholding food
- Unauthorised restraint, restricting movement (e.g. tying someone to a chair)

Possible indicators of physical abuse: -

- No explanation for injuries or inconsistency with the account of what happened
- Injuries are inconsistent with the person's lifestyle
- Bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps
- Frequent injuries
- Unexplained falls
- Subdued or changed behaviour in the presence of a particular person
- Signs of malnutrition
- Failure to seek medical treatment or frequent changes of GP

Domestic violence or abuse

Types of domestic violence or abuse: -

Domestic violence or abuse can be characterised by any of the indicators of abuse outlined in this briefing relating to:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

Domestic violence and abuse includes 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. It also includes so called 'honour' based violence, female genital mutilation and forced marriage.

Coercive or controlling behaviour is a core part of domestic violence. Coercive behaviour can include:

- Acts of assault, threats, humiliation and intimidation
- Harming, punishing, or frightening the person
- Isolating the person from sources of support
- Exploitation of resources or money
- Preventing the person from escaping abuse
- Regulating everyday behaviour.
- Possible indicators of domestic violence or abuse
- Low self-esteem

Safeguarding Children and Adults at Risk Policy

Document Control

THTCD-20-39

Issue Date: Feb 2019

Page: 30 of 38



Owner: Clinical Services

- Feeling that the abuse is their fault when it is not
- Physical evidence of violence such as bruising, cuts, broken bones
- Verbal abuse and humiliation in front of others
- Fear of outside intervention
- Damage to home or property
- Isolation – not seeing friends and family
- Limited access to money

Sexual abuse

Types of sexual abuse: -

- Rape, attempted rape or sexual assault
- Inappropriate touch anywhere
- Non- consensual masturbation of either or both persons
- Non- consensual sexual penetration or attempted penetration of the vagina, anus or mouth
- Any sexual activity that the person lacks the capacity to consent to
- Inappropriate looking, sexual teasing or innuendo or sexual harassment
- Sexual photography or forced use of pornography or witnessing of sexual acts
- Indecent exposure
- Possible indicators of sexual abuse
- Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck
- Torn, stained or bloody underclothing
- Bleeding, pain or itching in the genital area
- Unusual difficulty in walking or sitting
- Foreign bodies in genital or rectal openings
- Infections, unexplained genital discharge, or sexually transmitted diseases
- Pregnancy in a woman who is unable to consent to sexual intercourse
- The uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude
- Incontinence not related to any medical diagnosis
- Self-harming
- Poor concentration, withdrawal, sleep disturbance
- Excessive fear/apprehension of, or withdrawal from, relationships
- Fear of receiving help with personal care
- Reluctance to be alone with a particular person

Psychological or emotional abuse

Types of psychological or emotional abuse: -

- Enforced social isolation – preventing someone accessing services, educational and social opportunities and seeing friends
- Removing mobility or communication aids or intentionally leaving someone

Safeguarding Children and Adults at Risk Policy

Document Control

THTCD-20-39

Issue Date: Feb 2019

Page: 31 of 38



Owner: Clinical Services

- unattended when they need assistance
- Preventing someone from meeting their religious and cultural needs
- Preventing the expression of choice and opinion
- Failure to respect privacy
- Preventing stimulation, meaningful occupation or activities
- Intimidation, coercion, harassment, use of threats, humiliation, bullying, swearing or verbal abuse
- Addressing a person in a patronising or infantilising way
- Threats of harm or abandonment
- Cyber bullying
- Possible indicators of psychological or emotional abuse
- An air of silence when a particular person is present
- Withdrawal or change in the psychological state of the person
- Insomnia
- Low self-esteem
- Uncooperative and aggressive behaviour
- A change of appetite, weight loss/gain
- Signs of distress: tearfulness, anger
- Apparent false claims, by someone involved with the person, to attract unnecessary treatment

Financial or material abuse

Types of financial or material abuse: -

- Theft of money or possessions
- Fraud, scamming
- Preventing a person from accessing their own money, benefits or assets
- Employees taking a loan from a person using the service
- Undue pressure, duress, threat or undue influence put on the person in connection with loans, wills, property, inheritance or financial transactions
- Arranging less care than is needed to save money to maximise inheritance
- Denying assistance to manage/monitor financial affairs
- Denying assistance to access benefits
- Misuse of personal allowance in a care home
- Misuse of benefits or direct payments in a family home
- Someone moving into a person's home and living rent free without agreement or under duress
- False representation, using another person's bank account, cards or documents
- Exploitation of a person's money or assets, e.g. unauthorised use of a car
- Misuse of a power of attorney, deputy, appointeeship or other legal authority
- Rogue trading – eg. unnecessary or overpriced property repairs and failure to carry out agreed repairs or poor workmanship
- Possible indicators of financial or material abuse

Safeguarding Children and Adults at Risk Policy

Document Control

THTCD-20-39

Issue Date: Feb 2019

Page: 32 of 38



Owner: Clinical Services

- Missing personal possessions
- Unexplained lack of money or inability to maintain lifestyle
- Unexplained withdrawal of funds from accounts
- Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity
- Failure to register an LPA after the person has ceased to have mental capacity to manage their finances, so that it appears that they are continuing to do so
- The person allocated to manage financial affairs is evasive or uncooperative
- The family or others show unusual interest in the assets of the person
- Signs of financial hardship in cases where the person's financial affairs are being managed by a court appointed deputy or attorney
- Recent changes in deeds or title to property
- Rent arrears and eviction notices
- A lack of clear financial accounts held by a care home or service
- Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person
- Disparity between the person's living conditions and their financial resources, e.g. insufficient food in the house
- Unnecessary property repairs

Modern slavery - Types of modern slavery: -

- Human trafficking
- Forced labour
- Domestic servitude
- Sexual exploitation, such as escort work, prostitution and pornography
- Debt bondage – being forced to work to pay off debts that realistically they never will be able to
- Possible indicators of modern slavery
- Signs of physical or emotional abuse
- Appearing to be malnourished, unkempt or withdrawn
- Isolation from the community, seeming under the control or influence of others
- Living in dirty, cramped or overcrowded accommodation and or living and working at the same address
- Lack of personal effects or identification documents
- Always wearing the same clothes
- Avoidance of eye contact, appearing frightened or hesitant to talk to strangers
- Fear of law enforcers

Discriminatory abuse

Types of discriminatory abuse: -

- Unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation (known as 'protected characteristics' under the Equality Act

2010)

- Verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic
- Denying access to communication aids, not allowing access to an interpreter, signer or lip-reader
- Harassment or deliberate exclusion on the grounds of a protected characteristic
- Denying basic rights to healthcare, education, employment and criminal justice relating to a protected characteristic
- Substandard service provision relating to a protected characteristic
- Possible indicators of discriminatory abuse
- The person appears withdrawn and isolated
- Expressions of anger, frustration, fear or anxiety
- The support on offer does not take account of the person's individual needs in terms of a protected characteristic

Organisational or institutional abuse

Types of organisational or institutional abuse: -

- Discouraging visits or the involvement of relatives or friends
- Run-down or overcrowded establishment
- Authoritarian management or rigid regimes
- Lack of leadership and supervision
- Insufficient staff or high turnover resulting in poor quality care
- Abusive and disrespectful attitudes towards people using the service
- Inappropriate use of restraints
- Lack of respect for dignity and privacy
- Failure to manage residents with abusive behaviour
- Not providing adequate food and drink, or assistance with eating
- Not offering choice or promoting independence
- Misuse of medication
- Failure to provide care with dentures, spectacles or hearing aids
- Not taking account of individuals' cultural, religious or ethnic needs
- Failure to respond to abuse appropriately
- Interference with personal correspondence or communication
- Failure to respond to complaints

Possible indicators of organisational or institutional abuse: -

- Lack of flexibility and choice for people using the service
- Inadequate staffing levels
- People being hungry or dehydrated
- Poor standards of care
- Lack of personal clothing and possessions and communal use of personal items

Safeguarding Children and Adults at Risk Policy

Document Control

THTCD-20-39

Issue Date: Feb 2019

Page: 34 of 38



Owner: Clinical Services

- Lack of adequate procedures
- Poor record-keeping and missing documents
- Absence of visitors
- Few social, recreational and educational activities
- Public discussion of personal matters
- Unnecessary exposure during bathing or using the toilet
- Absence of individual care plans
- Lack of management overview and support

Neglect and acts of omission

Types of neglect and acts of omission: -

- Failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care
- Providing care in a way that the person dislikes
- Failure to administer medication as prescribed
- Refusal of access to visitors
- Not taking account of individuals' cultural, religious or ethnic needs
- Not taking account of educational, social and recreational needs
- Ignoring or isolating the person
- Preventing the person from making their own decisions
- Preventing access to glasses, hearing aids, dentures, etc.
- Failure to ensure privacy and dignity
- Possible indicators of neglect and acts of omission
- Poor environment – dirty or unhygienic
- Poor physical condition and/or personal hygiene
- Pressure sores or ulcers
- Malnutrition or unexplained weight loss
- Untreated injuries and medical problems
- Inconsistent or reluctant contact with medical and social care organisations
- Accumulation of untaken medication
- Uncharacteristic failure to engage in social interaction
- Inappropriate or inadequate clothing

Self-neglect

Types of self-neglect: -

- Lack of self-care to an extent that it threatens personal health and safety
- Neglecting to care for one's personal hygiene, health or surroundings
- Inability to avoid self-harm
- Failure to seek help or access services to meet health and social care needs
- Inability or unwillingness to manage one's personal affairs

Indicators of self-neglect : -

Safeguarding Children and Adults at Risk Policy

Document Control

THTCD-20-39

Issue Date: Feb 2019

Page: 35 of 38



Owner: Clinical Services

- Very poor personal hygiene
- Unkempt appearance
- Lack of essential food, clothing or shelter
- Malnutrition and/or dehydration
- Living in squalid or unsanitary conditions
- Neglecting household maintenance
- Hoarding
- Collecting a large number of animals in inappropriate conditions
- Non-compliance with health or care services
- Inability or unwillingness to take medication or treat illness or injury

Appendix - Five

Additional Links, resources and guidance including: - national reporting pathways and mechanisms

Female Genital Mutilation (FGM)

[Equally Safe: Scotland's strategy for preventing and eradicating violence against women and girls \(2016\)](#)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/573782/FGM_Mandatory_Reporting_-_procedural_information_nov16_FINAL.pdf

<https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/female-genital-mutilation-fgm/preventing-protecting/>

[NHS Choices](#) FGM video resource

[Equally Safe: Scotland's strategy for preventing and eradicating violence against women and girls \(2016\)](#)

Forced Marriage

<https://www.gov.scot/publications/forced-marriage-practitioner-guidance-update-2014/pages/5/>

Forced Marriage Unit - Call: 020 7008 0151 (Mon-Fri: 09.00-17.00)

Email: fmu@fco.gov.uk

Web: www.gov.uk/forced-marriage

Modern Slavery – Human Trafficking

If you suspect human trafficking, call the police. Call 999 if it's an emergency, or 101 if it's not urgent. If you'd prefer to stay anonymous, call Crimestoppers on 0800 555 111

Referral mechanisms Adult England & Wales and Scotland & N. Ireland

Referral mechanisms child England & Wales and Scotland & N. Ireland

<https://www.gov.uk/government/publications/human-trafficking-victims-referral-and-assessment-forms>

<http://www.nationalcrimeagency.gov.uk/crime-threats/human-trafficking> - including contact numbers and recognising the signs

<https://www.gov.uk/government/publications/human-trafficking-victims-referral-and-assessment-forms>

<https://www.gov.scot/publications/trafficking-exploitation-strategy/>

Safeguarding Children and Adults at Risk Policy

Document Control

THTCD-20-39

Issue Date: Feb 2019

Page: 37 of 38



Owner: Clinical Services

Domestic Violence (DV)

England & Wales – plus additional links to support agencies UK wide:

<https://www.gov.uk/report-domestic-abuse>

Scotland: <https://www.scotland.police.uk/keep-safe/advice-for-victims-of-crime/domestic-abuse/reporting-domestic-abuse/>

Child Sexual Exploitation (CSE)

Scotland: [Child sexual exploitation: a guide for health practitioners](#)

England & Wales: <https://www.gov.uk/government/publications/child-sexual-exploitation-definition-and-guide-for-practitioners>

Safeguarding Children and Adults at Risk Policy

Document Control

THTCD-20-39

Issue Date: Feb 2019

Page: 38 of 38



Owner: Clinical Services

Document Control

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Change History

Version	Owner	Changed by	Change Summary	Date
1	Liz Porter	Liz Porter	Safeguarding Adults at Risk Policy combined with Safeguarding Children Policy	March 2019