

APPENDIX 1

Definitions Local Authority Contacts for Safeguarding Children and Young People.

1.0 Introduction

These guidelines should be read with in conjunction with Tarner's Child Protection and Safeguarding Policy and the Safeguarding Adults at Risk Policy (to be written). They have been written to provide information for you (staff or volunteer) on:

- recognising abuse
- roles and responsibilities for reporting
- procedure for reporting
- further resources

Section A covers categories and definitions for children and young people's safeguarding concerns (i.e. under 18s), and section B relates to definitions for adults at risk (i.e. 18 years and over). Where a category is relevant to both the relevant part in section B will refer back to section A.

SECTION A: CHILDRENS SAFEGUARDING: CATEGORIES AND DEFINITIONS

If you come into contact with a person whom you are concerned may be at risk from any of these concerns listed you must discuss with either the DSO, DDSO or DSL in their absence. A Tarner Incident Form A will then be written up and submitted to the DSO.

Your concerns may meet the threshold for a statutory safeguarding/child protection risk referral such as Children Social Care and/or the Police, this must be done without delay. See Reporting Procedure to Children's Social Care under **Appendix 2** of this document. If urgent then you must call the Local Authority, or Out of Hours Team, and/or the Police 999.

2.0 Intra-Familial Abuse/Harm

Intra-familial abuse relates to abuse within the family.

2.1 Physical Abuse

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

Recognising child abuse is not easy and it is not your responsibility to decide whether child abuse has taken place or if a child is at risk of significant harm. You do however have a **duty to act** if you have a concern about a child's welfare or safety.

Physical signs of abuse (non-comprehensive)

- Bruising in children who are not independently mobile or bruising in babies
- Bruises that are seen away from bony prominences
- Bruises to the face, back, stomach, arms, buttocks, ears and hands, bottom of feet, multiple bruises in clusters
- Bruises that carry the imprint of an implement used, hand marks or fingertips

- Cigarette burns or scalds
- Adult bite marks or animal bite marks
- Broken bones
- Changes in account of injury or condition should be carefully noted.

Changes in behaviour which may indicate physical abuse (non-comprehensive):

- A fear of parent/s, People in a Position of Trust (PPOT), person in authority, being approached for an explanation
- Aggressive behaviour or severe temper outbursts
- Flinching when approached or touched
- Reluctance to get changed, for example wearing long sleeves in hot weather
- Depression / low mood and / or anxiety or withdrawn behaviour
- Running away from home

2.2 Emotional/Psychological Abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent negative impact on the child's emotional development. It may involve:

- Conveying to a child that they are worthless or unloved, inadequate etc.
- Deliberately silencing them or 'making fun' of what they say or how they communicate.
- Imposing age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as 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 cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.

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

Physical signs of emotional abuse (non-comprehensive):

- A failure to thrive or grow, particularly and/or, if the child puts on weight within other circumstances; for example, during breaks away from home or away from their parent's care.
- Sudden speech disorders.
- Development delay either in terms of physical or emotional progress.

Changes in behaviour which may indicate emotional abuse (non-comprehensive):

- Neurotic behaviour, for example, sulking, hair twisting or rocking.
- Fear of making mistakes.
- Self-harm
- Fear of parent being approached regarding their behaviour.

2.3 Sexual Abuse

Sexual abuse involves forcing, grooming or enticing a child to take part in sexual activities, not necessarily involving a high level of violence, whether the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape, digital/object penetration or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

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This may also include noncontact 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.

Physical signs of sexual abuse (non-comprehensive):

- Pain or itching in the genital/anal areas
- Bruising or bleeding near the genital/anal areas
- Sexually transmitted disease
- Vaginal discharge or infection
- Stomach pains
- Discomfort when walking or sitting down
- Pregnancy or miscarriage

Changes in behaviour which may indicate sexual abuse (non-comprehensive):

- Sudden or unexplained changes in behaviour for example 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 development level, or sexual drawings or language
- Bedwetting
- Eating problems such as over eating or anorexia
- Self-harm or mutilation sometimes leading to suicide ideation/attempts
- Saying they have 'secrets' they cannot tell anyone about
- Substance or drug abuse
- Suddenly having unexplained sources of money
- Not allowed to have friends (particularly in adolescence)
- Acting in a sexually explicit way towards adults

2.4 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.

Physical signs of neglect (non-comprehensive):

- Constant hunger, sometimes stealing food from other children.
- Regularly dirty or smelly
- Loss of weight or being constantly under weight
- Inappropriate dress for the conditions

- Death

Changes in behaviour which may indicate neglect (non-comprehensive):

- Complaining of being tired all the time.
- Not requesting medical assistance and/or failing to attend appointments.
- Having few friends
- Mentioning their being left alone or unsupervised.

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

2.5 Domestic Violence/Abuse

Domestic abuse can encompass a wide range of behaviours and may be a single incident or a pattern of incidents. Children can be victims of domestic abuse. They may see, hear, or experience the effects of abuse at home and/or suffer domestic abuse in their own intimate relationships (teenage relationship abuse). All of which can have a detrimental and long-term impact on their health, well-being, development, and ability to learn. In some cases, a child may blame themselves for the abuse or may have had to leave the family home as a result.

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 and capacities for personal gain, depriving them of the means needed for independence, resistance and escaping and regulating 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 honour-based violence, female genital mutilation, breast ironing, and forced marriage. Behaviours associated with a coercive or controlling relationship include:

- Isolating a person from their friends and family
- Depriving them of their basic needs and taking control of everyday life (e.g. where a person can go, who they can spend time with, where they can work, travel)
- Repeatedly putting a person down, e.g. telling them that they are worthless
- Enforcing rules and activity which humiliate, degrade or dehumanise the victim
- Monitoring a person via online communication tools or using spyware
- Depriving or restricting access to support services, e.g. GP/medical services
- Financial abuse including control of finances
- Threats to hurt or kill
- Threats to a child
- Assault
- Criminal damage (such as destruction of household goods)
- Rape/sexual assault.

2.5.1 Multi-Agency Risk Assessment Conferences (MARACs)

MARACs are risk management meetings where professionals share information on high-risk cases of domestic abuse and put in place a risk management plan. The meeting's aim is to address the safety of the victim,

children and agency staff and to review and co-ordinate service provision in high-risk domestic abuse cases. MARACs aim to:

- Share information to increase the safety, health and well-being of victims, including adults and their children.
- Determine the level of risk that the perpetrator poses to the victim and associated children, and whether there is any risk to the general public.
- Construct and implement a risk management plan that provides professional support to all those at risk and that aims to reduce the future risk of harm.
- Reduce repeat victimisation.
- Improve agency accountability.
- Improve support for staff involved in high-risk domestic abuse cases.
- Contribute to the development of best practice.
- Identify policy issues arising from cases discussed at the MARACs and raise these through the appropriate channels.

In addition, MARAC meetings will also seek to focus appropriate resources on the needs of the perpetrator with the aim of reducing offending behaviour and supporting the associated criminal justice process as required. The MARAC is not a public forum and attendance is limited to those agencies that are able to provide a contribution towards the cases considered.

To make a MARAC referral, make sure you send it to the correct local authority. This is the local council that the **victim** currently lives in. You will need to complete a:

- Domestic Abuse Stalking and Harassment Risk Identification Checklist (DASH RIC)
- MARAC Referral Form

For Brighton and Hove please access these forms and guidance for referrals here. <https://www.brighton-hove.gov.uk/marac-referral-form-and-dash-ric-form>

2.6 Female Genital Mutilation (FGM) or sometimes called female circumcision.

FGM is a collective term for procedures which include the removal of part or all the external female genitalia for cultural or other non-therapeutic reasons. The practice is medically unnecessary, extremely painful and has serious long term health consequences. The procedure is typically performed on girls aged between 4 and 13, and in some cases, it is performed on young women before marriage or pregnancy.

FGM is a criminal offence in the UK; under the FGM ACT 2003 it is also an offence for UK nationals or permanent UK residents to carry out FGM abroad, or to aid, abet, counsel or procure the carrying out of FGM abroad, even in countries where the practice is legal. As such you have a duty to report 'known' cases of FGM in Under 18's to the police and Front Door for Families.

2.7 Male circumcision

Male circumcision is the surgical removal of the foreskin of the penis. The procedure is usually requested for social, cultural or religious reasons (e.g. by families who practice Judaism or Islam). There are also parents who request circumcision for assumed medical benefits.

There is no requirement in law for professionals undertaking male circumcision to be medically trained or to have proven expertise. Traditionally, religious leaders or respected elders may conduct this practice.

Male circumcision may constitute significant harm to a child if the procedure was undertaken in such a way that he:

- Acquires an infection as a result of neglect.
- Sustains physical functional or cosmetic damage.
- Suffers emotional, physical or sexual harm from the way in which the procedure was carried out.
- Suffers emotional harm from not having been sufficiently informed and consulted, or not having his wishes taken into account.

2.8 Forced Marriage

Forced marriage is illegal in England and Wales. This includes:

- Taking someone overseas to force them to marry (whether the forced marriage takes place)
- Marrying someone who lacks the mental capacity to consent to the marriage (whether they're pressured to or not)

Forced marriages of children may involve non-consensual and / or underage sex, emotional and possibly physical abuse and should be regarded as a Child Protection matter and referred to Children's Social Care. Please see Forced marriage - GOV.UK (www.gov.uk) for more information on forced marriage.

Victims of existing or prospective forced marriages may be fearful of discussing their worries with friends and teachers but may come to your attention due to various behaviours or circumstances consistent with distress. These may include:

- A family history of siblings being forced to marry or to marry early.
- A sibling who suddenly disappeared or went abroad.
- Frequent authorised school absences or truancy from school/lessons.
- Unreasonable restrictions on the child's liberty e.g. accompanied to / from school, not allowed to attend extra-curricular activities.
- Depression, self-harming behaviour, eating disorders.
- Reported to have left the country suddenly or on an extended family holiday.

2.9 Honour Based Violence

Honour based violence is a collection of practices, which are used to control behaviour and exert power within families to protect perceived cultural and religious beliefs and/or honour. Such violence can occur when perpetrators perceive that an individual has shamed the family and/or community by breaking their honour code.

It can also be used to describe murders in the name of so-called honour, sometimes called 'honour killings'. These are murders in which predominantly women are killed for perceived immoral behaviour, which is deemed to have breached the honour code of a family or community, causing shame.

A person who is at risk of honour-based violence is at significant risk of physical harm (including being murdered) and/or neglect and may also suffer significant emotional harm through the threat of violence or witnessing violence directed towards a sibling or other family member.

Abuse which may precede a murder includes:

- Physical abuse.
- Emotional abuse, including 'house arrest' and excessive restrictions; denial of access to the telephone, internet, passport and friends; threats to kill.
- Pressure to go abroad. Victims are sometimes persuaded to go to another country under false pretences, when in fact the intention could be to kill them.

Children sometimes truant from school to obtain relief from being policed at home by relatives. They can feel isolated from their family and social networks and become depressed, which can on some occasions lead to self-harm or suicide.

2.10 Breast Ironing (Flattening)

Breast ironing describes a process during which young pubescent girls' breasts are ironed, massaged, flattened and/or pounded down over a period of time (sometimes years) in order for the breasts to disappear or delay the development of the breasts entirely. It is believed that by carrying out this act, young girls will be protected from harassment, rape, abduction, and early forced marriage and therefore be kept in education. It is also believed that this practice will ensure that they remain "pure" and "innocent".

Breast flattening usually starts with the first signs of puberty, which can be as young as nine years old and is usually carried out by female relatives. Due to the type of instruments that may be used, the type of force and the lack of aftercare, significant health and developmental issue may occur.

Although there is no specific law within the UK around breast flattening or breast ironing, it is a form of physical abuse. If you are concerned that this is happening a referral to Front Door for Families Brighton and Hove must be made.

Indicators that a child may be subject to breast flattening are:

- Being embarrassed about their body.
- Other family members have undergone breast flattening themselves.
- It being considered part of the family's cultural identity.
- Being fearful of attending physical education at school or holiday groups.
- Being uninformed about their rights and body.
- Family indicate there are strong levels of influence from elders who are involved in bringing up the children and supporting the practice.
- Family may not be well-integrated into their community in the UK.

3.0 Extra-Familial Abuse or Contextual Abuse

Extra-familial abuse relates to abuse happening outside of the family, also known as contextual abuse.

3.1 Grooming

Grooming is when someone builds an emotional connection with a child to gain their trust for the purposes of sexual abuse or exploitation. Children and young people can be groomed online or in the real world, by a

stranger or by someone they know – for example a family member, friend or professional. Groomers may be male or female. They could be any age. Many children and young people don't understand that they have been groomed, or that what has happened is abuse.

Children can be groomed for the purpose of sexual abuse as well as other forms of exploitation including involvement in criminal and extremist activity. Children who are missing are more vulnerable to being groomed and may also go missing as a result of being groomed.

3.2 Child Sexual Exploitation/Sexual Exploitation (CSE/SE)

Like all forms of child sexual abuse, child sexual exploitation:

- Can affect any child or young person (male or female) under the age of 18 years, including 16- and 17-year-olds who can legally consent to have sex.
- Is not limited to those under 18 and can impact adults as well. For young people aged 18 and over the term child sexual exploitation is reduced to sexual exploitation as they are no longer legally a child.
- Can still be abuse even if the sexual activity appears consensual.
- Can include both contact (penetrative and non-penetrative acts) and non-contact sexual activity.
- Can take place in person or via technology, or a combination of both can involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence.
- May occur without the person's immediate knowledge (e.g. copying videos or images they have created and posting on social media).
- Can be perpetrated by individuals or groups, males or females, and children or adults.
- Can be a one-off occurrence or a series of incidents over time and range from opportunistic to complex organised abuse.
- Is typified by some form of power imbalance in favour of those perpetrating the abuse.

Signs of this type of abuse include:

- Acquisition of money, clothes, mobile phones etc. without plausible explanation.
- Gang-association and/or isolation from peers/social networks.
- Excessive receipt of texts/phone calls.
- Returning home under the influence of drugs/alcohol.
- Inappropriate sexualised behaviour for age/sexually transmitted infections.
- Multiple callers (unknown adults or peers).
- Self-harm or significant changes in emotional well-being.

3.3 Gangs and County Lines

Gangs are defined as groups of children who often gather in public places to socialise, and peer association is an essential feature of most children's transition to adulthood. Groups of children often can be disorderly and/or anti-social without engaging in criminal activity.

Youth violence, serious or otherwise, may be a function of gang activity. However, it could equally represent the behaviour of a child acting individually in response to his or her particular history and circumstances. Children may be coerced or choose to carry a weapon as a result of involvement in gangs. They are also more likely to be at risk of sexual exploitation.

Circumstances which can foster the emergence of gangs:

- Areas with a high level of social and economic exclusion and mobility (which weakens the ties of kinship and friendship and the established mechanisms of informal control and social support)
- Areas made up of predominantly social housing, and especially where it is high rise / high density social housing
- Areas with poor performing schools – in terms of leadership, positive ethos, managing behaviour and partnership working
- lack of access to pro-social activities (e.g. youth service) and to vocational training and opportunities
- Communities who have experienced war situations prior to arrival in the UK
- Areas with a high level of gang activity / peer pressure and intimidation, particularly if the family is denying this or is in fear of the gangs
- Family members involved in gang activity and criminality

County Lines – ‘County lines’ is the term used to describe the approach taken by gangs originating from large urban areas, who travel to locations elsewhere such as county or coastal towns to sell drugs. Gangs typically recruit and exploit children and vulnerable young people to courier drugs and cash. Typically, users ask for drugs via a mobile phone line used by the gang. Couriers travel between the gang’s urban base and the county or coastal locations on a regular basis to collect cash and deliver drugs.

The Home Office has also produced ‘County Lines Guidance. Criminal Exploitation of children and vulnerable adults’ September 2018.

3.4 Missing - Children and Young People who go/are missing

Missing is defined as “anyone whose whereabouts cannot be established and where the circumstances are out of character, or the context suggests the person may be subject of crime, or at risk of harm to themselves or another”. This includes all forms of exploitation.

Going missing is a potentially dangerous activity, and a child who goes missing just once, can face the same immediate risks as those who regularly go missing. The immediate risks associated with going missing include:

- No means of support or legitimate income, leading to enhanced high-risk activities such as:
 - being involved in criminal activities
 - becoming a victim of crime
 - becoming under the influence/enforced direction of gangs
- becoming a victim of multi forms of often organised abuses such as:
 - radicalisation
 - sexual abuse / sexual exploitation
 - county lines activity inc. alcohol/substance misuse/ sexual exploitation
- feeling unable to escape above examples of organised activities.

Longer term risks include:

- long-term drug dependency / alcohol dependency
- criminal activity

- homelessness
- disengagement from education/training
- poor physical and/or mental health

3.5 Human Trafficking

Some of the people who local authorities look after may be unaccompanied asylum-seeking children or other migrant children or vulnerable adults. Some may have been trafficked into the UK and may remain under the influence of their traffickers even while they are looked after. Trafficked people are at high risk of going missing, with most going missing within one week of becoming looked after and many within 48 hours. Unaccompanied migrant or asylum-seeking children, who go missing immediately after becoming looked after, should be considered as children who may be victims of trafficking.

3.6 Modern Slavery, Servitude or Compulsory Labour

There are many different characteristics that distinguish slavery from other human rights violations, however only one needs to be present for slavery to exist. Someone is in slavery if they are:

- Forced to work - through mental or physical threat
- Owned or controlled by an 'employer', usually through mental or physical abuse or the threat of abuse
- Dehumanised, treated as a commodity or bought and sold as 'property'
- Physically constrained or has restrictions placed on his/her freedom of movement

Contemporary slavery takes various forms and affects people of all ages, gender and races. People who are enslaved are not always subject to human trafficking. Recent court cases have found homeless adults promised paid work opportunities enslaved and forced to work and live in dehumanised conditions, and adults with a learning difficulty restricted in their movements and threatened to hand over their finances and work for no gains.

3.6.1 National Referral Mechanism (NRM)

Where there are concerns around modern slavery and human trafficking a referral should be made to Front Door for Families, who should consider a referral to the NRM. Referrals can only be made by designated first responders, who are the police or local authority staff such as social workers.

If the young person is under the age of 18 it is not necessary to obtain consent in order to make an NRM referral. If they are 18 or over consent must be obtained.

3.7 Radicalisation: Prevent Strategy

Prevent is one of the four strands of **CONTEST** which is the Government's Counter Terrorism Strategy. Safeguarding children and adults who are vulnerable to being radicalised or at risk of being drawn into terrorist-related activity, is one of the main objectives of the Prevent strategy, which is about early intervention to protect and divert people away from the risk they face before illegality occur.

A key element of the **Prevent Strategy** is **Channel**, namely the process of identifying and referring a person at risk of radicalisation for early intervention and support. It is a multiagency approach to protect vulnerable people, using collaboration between local authorities, statutory partners (such as education and health organisations, social services, children's and youth services and offender management services, the police and the local community).

People can be drawn into violence, or they can be exposed to the messages of extremist groups by many means. These can include through the influence of family members or friends and/or direct contact with extremist groups and organisations or, increasingly, through the internet.

Potential risk indicators include:

- Use of inappropriate language
- Possession of violent extremist literature or accessing extremist websites
- Behavioural changes
- The expression of extremist views
- Advocating violent actions and means
- Association with known extremists

See below hyperlink for more information and how to refer Brighton and Hove: Preventing terrorism and extremism.

<https://www.brighton-hove.gov.uk/community-safety-partnership/prevent-terrorism-and-extremism/prevent-referral-form>

3.8 Online safety

Online abuse relates to four main areas of abuse to children:

- Abusive images of children (although these are not confined to the Internet)
- A child or young person being groomed in regard to sexual abuse
- Exposure to adult abusive images and other offensive material via the Internet
- Access to age restricted content including online sex work and pornography
- The use of the internet and in particular social media sites, to engage children in extremist ideologies
- Financial online abuse, including fraud, scams, extortion, online commercial sexual exploitation, and 'money mule' exploitation

Social networking sites are often used by perpetrators as a way to access children and young people for sexual abuse. Radical and extremist groups may use social networking to attract children and young people. E.g. extreme Islamist, or Far Right/Neo Nazi ideologies, Irish Republican and Loyalist paramilitary groups, extremist Animal Rights groups and others who justify political, religious, sexist or racist violence.

Cyber-bullying or online bullying is when a person is tormented, threatened, harassed, humiliated, embarrassed or otherwise targeted by another online.

Sexting describes the use of technology to generate images or videos; images that are of a sexual nature. The content can vary, from text messages to images of partial nudity to sexual images or video. These images are then shared between young people and/or adults and with people they may not even know. People are not always aware that these actions are illegal.

3.9 Peer On Peer Abuse

Children are vulnerable to abuse by their peers. Peer-on-peer abuse is taken seriously by staff and will be subject to the same child protection procedures as any other form of abuse. Staff are aware of the potential uses of information technology for bullying and abusive behaviour between young people.

Staff will not dismiss abusive behaviour as normal between young people. The presence of one or more of the following in relationships between children should always trigger concern about the possibility of peer-on-peer abuse:

- Sexual activity (in primary school-aged children) of any kind, including sexting.
- One of the children is significantly more dominant than the other (e.g., much older)
- One of the children is significantly more vulnerable than the other (e.g., in terms of disability, confidence, physical strength)
- There has been some use of threats, bribes, or coercion to ensure compliance or secrecy.

Bullying includes discriminatory behaviour and is often motivated by prejudice against groups, for example on grounds of race, religion, gender, sexual orientation, special educational needs, or disabilities, or because a child is adopted, in care or has caring responsibilities. This can include cyber-bullying.

4.0 Self-Harm and Suicidal Ideation/Behaviour

Anyone who self-harms or expresses thoughts about self-harm or about suicide, must be taken seriously and appropriate help and intervention should be offered at the earliest point. If you become aware that someone has self-harmed, or is contemplating this or suicide, you should talk with them without delay. For important guidance, please refer to Tarner's Suicidal Clients policy and Self-harm policy.

4.1 Transitional Safeguarding

This term relates to the importance of considering safeguarding along with extra risks that are present during the time of transitioning from being a child to an adult, or between other key phases in a vulnerable person's life. It is most frequently used to relate to the age of a young person, rather than their emotional development and capacity. It highlights that broader Local Authority systems and support, tend to also reflect an 'age related' methodology, whereby children become more at risk as they transition from children's to adult's services (i.e. they are at risk of falling through the gap/disengaging due to change in service).

Transitional Safeguarding also acknowledges the mental health /wellbeing issues that young people face when transitioning gender.

SECTION B – ADULTS SAFEGUARDING: DEFINITIONS & CATEGORIES

Note: paragraphs related to 6.0 below are in alphabetical order; where a category is also applicable to children's safeguarding, please refer to the relevant point in Section A above.

5.0 Safeguarding Adults from abuse

The Care Act 2014 s.42 applies when a Local Authority has reasonable cause to suspect that an adult in their area (whether ordinarily resident there):

- Has needs for care and support (whether the local authority is meeting any of those needs),
- The adult is experiencing, or at risk of, abuse or neglect, **and**
- As a result of their care and support needs, the adult is unable to protect themselves from either the risk of, or the experience of abuse or neglect

All three factors need to be satisfied for a Safeguarding Enquiry to be addressed in accordance with Section 42 of the Care Act 2014. If so, the Local Authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case.

6.0 Definitions

6.1 Bullying

A person is bullied when they are exposed, repeatedly and over time, to negative actions on the part of one or more other persons, and they have difficulty defending him or herself:

- Bullying is aggressive behaviour that involves unwanted, negative actions
- Bullying involves a pattern of behaviour repeated over time
- Bullying involves an imbalance of power and strength

Cyberbullying – see 3.8

6.2 Disability Hate Crime

The Criminal Justice System defines a disability hate crime as any criminal offence, which is perceived, by the victim or any other person, to be motivated by hostility or prejudice based on a person's disability or perceived disability. The Police monitor five strands of hate crime, Disability; Race; Religion; Sexual Orientation; Transgender identity.

6.3 Discriminatory Abuse

Discriminatory abuse exists where values, beliefs or culture result in a misuse of power that denies mainstream opportunities to some groups or individuals. It is the exploitation of a person's vulnerability, which excludes them from opportunities in society e.g. education, health, justice, civic status and protection. This includes discrimination on the basis of race, culture, language, religion, gender, age, sexuality or disability and includes hate crime incidents.

Possible indicators of Discriminatory Abuse:

- Lack of respect shown to an individual
- Signs of a sub-standard service offered to an individual
- Exclusion of rights afforded to citizens such as health, education, employment, criminal justice and civic status
- Failure to follow aspects of a person's agreed support / care plan that reflects their individual identity

Domestic Violence/Abuse – see 2.5

Emotional/Psychological Abuse – see 2.2

Female Genital Mutilation (FGM) – see 2.6

6.4 Financial or Material Abuse

Financial or material abuse includes theft, fraud, internet scamming, postal and doorstep scams, and coercion in relation to an adult's financial affairs or arrangements. This may be in connection with wills, property, inheritance, financial transactions, or the misuse or misappropriation of property, possessions or benefits, and is more often than not targeted at adults at risk. The adult at risk may be persuaded to part with large sums

of money and in some cases their life savings. These instances should always be reported to the local police service and local authority. Financial abuse can have serious effects including loss of income and independence, and harm to both physical and mental health.

Forced Marriage - see 2.8

Grooming - see 3.1

Gangs & County Lines - see 3.3

6.5 Harassment

Harassment is characterised by repeated attempts to impose unwanted contact on an individual, with the intention of causing alarm or distress. It may include threats and demands, putting the individual in fear of violence. The purposes may vary, and could include racial prejudice, personal malice, attempt to force someone to leave a job, attempt to force someone to perform a sexual act, to apply illegal pressure to collect money, or to gain sadistic pleasure from making someone fearful or anxious. The nature of the behaviour may differ but will occur on more than one occasion.

6.6 Hate Crime

The police define hate crime as ‘any incident that is perceived by the victim, or any other person, to be racist, homophobic, transphobic or due to a person’s religion, belief, gender identity or disability’. It should be noted that this definition is based on the perception of the victim or anyone else and is not reliant on evidence. In addition, it includes incidents that do not constitute a criminal offence.

Concerns relating to hate crime/incidents that involve an adult at risk covered by the adults safeguarding procedures should be raised as an Alert and action coordinated under these procedures. Police and other organisations should work together to ensure a robust, coordinated and timely response to these situations. Coordinated action will aim to ensure that the person is offered support and protection, and action is taken to identify and prosecute those responsible.

Anyone can be a victim of hate crime/incidents regardless of race, sexuality or gender. Lesbian, gay, bisexual and transgender (LGBTQ+) individuals could face additional concerns around homophobia and gender discrimination. There may be concern that individuals would not be recognised as victims or be believed and taken seriously. Abusers may also control their victims, threatening to ‘out’ them to friends, family or support agencies. Local Authorities have a range of support services and point of advice for professionals in place.

Honour Based Violence – see 2.9

Human Trafficking – see 3.5

Male Circumcision – see 2.7

Missing – see 3.4

6.7 Mate Crime

A ‘mate crime’ has been defined as ‘when vulnerable people are befriended by members of the community who go on to exploit and take advantage of them’. It may not be an illegal act but still has negative effect on the individual.’ Mate crime is often difficult for police to investigate, due to its sometimes-ambiguous nature, but should be reported to the police who will decide about whether a criminal offence has been committed. Mate Crime is carried out by someone the adult knows and often happens in private. In recent

years there have been several Serious Case Reviews where an individual with a learning disability was murdered or seriously harmed by people who purported to be their 'mate/s'. Different types of mate crime can include:

- Theft or financial abuse – The abuser might demand or ask to be lent money and then not pay it back. The perpetrator might misuse the property of a vulnerable adult
- Physical assault or abuse - The abuser might hurt or injure the vulnerable adult
- Harassment or emotional abuse - The abuser might manipulate, mislead or make the person feel worthless
- Sexual assault or abuse - The abuser might harm or take advantage of the person sexually

Modern Slavery, Servitude, & Forced or Compulsory Labour - see 3.6

6.8 Neglect and Acts of Omission

Neglect and acts of omission relate to ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, social care or educational services, and the withholding of the necessities of life such as medication, adequate nutrition and heating. Neglect also includes a failure to intervene in situations that are dangerous to the person concerned or to others, particularly (but not inclusively – see self-neglect below) when the person lacks the mental capacity to assess risk for themselves.

Neglect can take several forms and can be the result of an intentional or unintentional act/s or omission/s. Under the Mental Capacity Act 2005 wilful neglect and ill treatment of a person lacking capacity is a criminal offence.

Concerns relating to self-neglect will not usually lead to the initiation of adult safeguarding procedures unless the situation relates to an act of commission or omission by someone else with established responsibility for that person's care or financial affairs.

Examples of neglectful or omissive behaviour include failure to provide food, shelter, clothing, heating, medical care or access to medical care, hygiene, personal care, under or over use of medication, failure to provide adequate or reasonable standard of support that could be reasonably expected to be provided, failure to adhere to other relevant standards of care and professional codes of conduct, or lasting Power of Attorney (relating to welfare or finance) not being used in the best interests of the person.

Indicators of Neglect:

- Person's physical condition is poor
- Clothing is in poor condition
- Inadequate physical environment, inadequate protection from sun or heat, inadequate heating
- Inadequate diet, insufficient fluid intake, malnutrition, dehydration
- Untreated injuries or medical problem
- Inconsistent or reluctant contact with health or social care agencies
- Failure to engage in social interaction
- Failure to give prescribed medication
- Poor personal hygiene
- Avoidable and unnecessary deterioration of health or well-being of the individual

The term 'self-neglect' relates to individual adults **at risk** only. When more than one adult at risk is alleged to have experienced neglect as a result of organisational failings this would be considered as possible institutional abuse.

6.9 Self Neglect

This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and included behaviour such as hoarding. Self-neglect is a behavioural condition in which an individual neglects to attend to their basic needs such as personal hygiene, or tending appropriately to any medical conditions, or keeping their environment safe to carry out what is seen as usual activities of daily living. It can occur as a result of mental health issues, personality disorders, substance abuse, dementia, advancing age, social isolation, cognitive impairment or through personal choice. It can be triggered by trauma and significant life events. Self-neglect is an issue that affects people from all backgrounds.

Skills for Care provided a framework for research into self-neglect identifying three distinct areas that are characteristic of self-neglect:

- Lack of self-care - this includes neglect of one's personal hygiene, nutrition and hydration, or health, to an extent that may endanger safety or wellbeing
- Lack of care of one's environment - this includes situations that may lead to domestic squalor or elevated levels of risk in the domestic environment (e.g., health or fire risks caused by hoarding)
- Refusal of assistance that might alleviate these issues. This might include, for example, refusal of care services in either their home or a care environment or of health assessments or interventions, even if previously agreed, which could potentially improve self-care or care of one's environment

A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their behaviour. There may come a point when they are no longer able to do this without external support. However, The Care Act makes clear that Self Neglect comes within the statutory definition of abuse or neglect, if the individual concerned has care and support needs and is unable to protect him or herself.

Online safety – see 3.8

6.10 Organisational Abuse

Organisation abuse is the mistreatment, abuse or neglect of an adult by a regime or individuals in a setting or service where the adult lives or that they use. Such abuse violates the person's dignity and represents a lack respect for their human rights.

Organisational abuse occurs when the systems, processes and / or management of these are failing to safeguard a number of adults leaving them at risk of or causing them harm. Institutional abuse can also occur when the routines, systems and norms of an organisation override the needs of those it is there to support, or fail to provide those individuals with quality of care. This can be the product of both ineffective and / or punitive management styles, creating an environment within which abuse can take place, intentional or otherwise.

Indicators of Organisational Abuse:

- Inappropriate or poor care

- Misuse of medication
- Inappropriate restraint methods
- Sensory deprivation (e.g. denial of use of glasses or hearing aid)
- Lack of respect shown to a person
- Denial of visitors or phone calls
- Lack of appropriate access to toilet or bathing facilities
- Lack of appropriate privacy or personal dignity
- Lack of flexibility and choice
- Lack of personal clothing or possessions
- Lack of privacy
- Lack of adequate procedures
- Controlling relationships between staff and service users
- Poor professional practice
- Poor communication and recording of essential care information
- Lack of account taken of the views of individuals, carers and relatives
- Lack of appropriate and / or robust management systems, staff supervision and or training
- Significant numbers of 'low level' concerns
- Entering a sexual relationship with patient / client
- Failure to refer disclosure of abuse
- Poor, ill-informed or outmoded care practice
- Failure to support an adult at risk to access healthcare / treatment
- Denying an adult at risk access to professional support and services such as advocacy,
- Service design where groups of users living together are incompatible
- Punitive responses to challenging behaviours
- Failure to whistle blow on issues when internal procedures to highlight issues have been exhausted

Physical Abuse – see 2.1

6.11 Psychological Abuse

Psychological abuse includes emotional abuse (see 2.0), threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyberbullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

Radicalisation inc. PREVENT, CHANNEL, CONTEST – see 3.7

6.12 Restraint – unlawful or inappropriate

In some circumstances 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 an adult'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; for example, the use of key pads to prevent people from going where they want from a closed environment. Please see Tarner's Use of Force Policy.

Self harm and Suicidal ideation – see 4.0

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Sexual Abuse – see 2.3

Sexual Exploitation see 3.2

6.14 Special Educational Needs and Adults

Statutory Guidance below:

‘Code of Practice: 0-25 years Statutory Guidance for organisations which work with and support children and young people who have special educational needs or disabilities (2015)’ .

https://assets.publishing.service.gov.uk/media/5a7dcb85ed915d2ac884d995/SEND_Code_of_Practice_January_2015.pdf

SECTION C - REPORTING PROCEDURE

This section covers the safeguarding procedures we expect all staff (paid and volunteer) to follow when there is a safeguarding concern.

7.0 Information Sharing, Consent and Confidentiality

Please see Tarner’s Confidentiality Policy which sets out that sharing information is vital for early intervention to ensure that people with additional needs get the service that they require. It is also essential to protect from harm.

All staff must complete mandatory data protection training in line with Tarner’s Data Protection Policy.

Under 18s – Tarner staff should keep parents/carers of children informed and involve them in the information sharing decision even if a child is Gillick competent or over 16. However, if a competent child wants to limit the information given to their parents or does not want them to know it at all, the child’s wishes should be respected unless the conditions for sharing without consent apply.

Where a child is not Gillick competent, a parent with parental responsibility should give consent unless the circumstances for sharing without consent apply.

Adults - please see Safeguarding Adults at Risk policy.

Whilst you must always discuss the safety and welfare of the person when making decisions as to whether to share information about them, in situations whereby there is concern that the person may be suffering, or is at risk of suffering significant harm, the person’s safety and welfare must be the overriding consideration.

You should where possible respect the wishes of the person who does not consent to share confidential information. Information may be shared if, in your judgement, there is sufficient need to override the lack of consent. However, you must discuss this with your DSO.

You should ensure that the information you share is accurate and up to date, and necessary for the purpose for which you are sharing it and shared only with ‘those people who need to see it and shared securely’. You should always record the reasons for your decision to share Information or not.

8.0 When you know/suspect there is a concern

There are several ways in which concerns regarding a child and/or young person's welfare might come to light. These include:

- The child/young person discloses to you that they are being abused/at risk of harm
- A third-party report that the child/young person has disclosed that they are being abused/at risk of harm
- You may strongly suspect that a child/young person is being abused/at risk of harm
- An allegation is made against a member of staff, volunteer or trustee (see Tarner's 'Allegation Against a Person in a Position of Trust' Policy and Procedure)
- A concern is raised without any specific disclosure of abuse/harm
- One person is seen to be abusing another

If you suspect that a child/young person is being abused/at risk of harm you must discuss concerns immediately with your DSO.

8.1 Disclosure Do's and Do Not's

Sometimes children and young people who are suffering abuse choose a trusted adult to tell. If a child discloses to you:

Please:

- Stay calm and do not show disbelief or shock
- Listen carefully
- Reassure the person that they were right to tell you and you are treating the information seriously
- Let the person know what you are going to do next (i.e., inform the appropriate manager) and that the service will take steps to protect and support them
- Report to your line manager/other appropriate manager
- Complete the Safeguarding and Monitoring Concerns report form (**see Appendix 3**) using the language of the person as appropriate
- Preserve all evidence, including any contemporaneous scribbles or notes that may have been taken directly after the event
- Support and reassure the person throughout
- Please refer to flow chart, **Appendix 2**

Please do not:

- Do not stop someone who is freely recalling significant events; allow them to share whatever is important to them
- Do not press for more information or ask questions. This is the role of trained social workers and police officers.
- Do not be judgemental
- Do not promise to keep secrets
- Do not contact the alleged abuser
- Do not discuss with anyone, other than the DSO to whom you are reporting the matter

9.0 Situations of Immediate and Significant Harm

You must take action if a person is in immediate danger. Remove the person from the danger (only if safe to do so regarding both the person of concern and you), and/or if necessary, call the police to assist you via 999.

10.0 Reporting

10.1 Reporting Internally and Monitoring Concerns

Following speaking to your DSO you will need to complete the Safeguarding and Monitoring Concerns Reporting Form (**see Appendix 3**), recording accurately any conversation between yourself and the child/young person.

This information will be kept on Family or in the young person's Youth Project folder. Any paper versions will be scanned and saved in the appropriate place and then shredded.

The DSO or DSL will then make decisions as to any further action.

10.2 Reporting Externally - Referral/Liaison with Statutory Services

If it is suspected that the person is at serious risk of harm a report should be made to the appropriate Social Care Team and/or the Police/Ambulance/Mental Health Services. Reporting varies according to local authority area but is usually an online form or email (See section D for contact numbers for Brighton & Hove, East Sussex and West Sussex at end of document).

The following information may be of use:

- The Local Authority must acknowledge receipt of the referral and decide on a course of action within one working day. If this is not received, you/your line manager should ensure that the referral is followed up after three working days.
- The Social Care Team will confirm to the referring agency the course of action that they intend to take or that they have agreed no further action is necessary.
- If thought to be a Child Protection matter, a Strategy Discussion or Meeting will be arranged and involve the Children's Social Care Team, the Police and Health as a minimum, and other agencies (which may include Tarner) as appropriate.

11.0 Third Party reports

A third-party report is a report based on information received regarding a child/vulnerable adult that Tarner are not working with.

You must act upon information obtained via a third party about others and seek advice from your DSO, even if you do not have any direct links with the person.

12.0 Intel Reporting

There will be times when a person alleges that they are a victim of a violent crime but do not want to report it to the police, for many different reasons. In order to help the police protect others and to improve safety, where possible Tarner staff should see whether the person would consent to staff providing a third-party report to the Police. All reports will be done anonymously, and all information will be held securely and confidentially. The information provided by the young person will be used by Sussex or Surrey Police for intelligence purposes and NO approach will be made to any parties involved without the young person's consent.



**SECTION D - LOCAL AUTHORITY CONTACT
INFORMATION**

13.0 Brighton & Hove

13.1 Children's Social Care (MASH – Front Door For Families):

Email: FrontDoorForFamilies@brighton-hove.gov.uk

Phone: 01273 290400

Online Referral Form: <https://www.brighton-hove.gov.uk/families-children-and-learning/refer-child-or-family-front-door-families>

Out of Hours Emergency Duty Team: 01273 335905 or 335906

15.2 Brighton & Hove Health and Adult Social Care (HASC)

Phone: Access Point on 01273 29 55 55, Monday to Friday, 8.30am to 4.30pm, outside these hours calls will be answered by CareLink Plus.

Safeguarding referrals by email: hascsafeguardinghub@brighton-hove.gov.uk

Safeguarding report online: <https://new.brighton-hove.gov.uk/adultsafeguarding>

Emails regarding support services: AccessPoint@brighton-hove.gov.uk

14.0 West and Mid Sussex

14.1 Children's Social Care (Integrated Front Door):

Online referral webform: <https://www.westsussex.gov.uk/education-children-and-families/keeping-children-safe/request-support-or-raise-a-concern-about-a-child/>

Email: WSChildrenservices@westsussex.gov.uk

Telephone: 01403 229 900

Out of Hours: 0330 222 6664

14.2 Adult Social Care

Telephone advice: 0330 2228400

Online enquiry form: <https://www.westsussex.gov.uk/social-care-and-health/social-caresupport/adults/raise-a-concern-about-an-adult/>

Urgent concern: please call the Adult Social Care out of hours manager on 033 022 27007.

15.0 East Sussex

15.1 Children's Social Care

Online form preferred: <https://earlyhelp.eastsussex.gov.uk/web/portal/pages/home>

Phone: 01323 464222

Email: webspoa@eastsussex.gov.uk

Out of Hours: 01273 335905/6

17.2 Adult Social Care

Online form: <https://www.eastsussex.gov.uk/social-care/worried/report>

Phone: 0345 60 80 191, 8am-8pm Monday-Sunday

SMS Text: 07797 878111

Out of Hours: 0345 608 0191 and select option 2 for Out of Hours Emergency Service