Birchall
Supporting people affected by rape and sexual abuse

Birchall Safeguarding Policy

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1. Purpose

This policy sets out the key principles, process, and procedures that all members of the workforce working in the organisation should comply with in their safeguarding of children, young people and adults at risk of harm or abuse.

2. Audience

This policy is intended for:
• All members of the workforce (including trustees, staff, freelancers, volunteers, applicants, and contractors)
• People who use our Services
• Supporters & Stakeholders

3. Introduction

At Birchall

- Safeguarding and promoting the welfare of anyone using our services is **everyone's** responsibility. **Everyone** who encounters children, their families, and carers, has a role to play.
- In order to fulfil this responsibility effectively, all professionals should make sure their approach is trauma informed and person centred. This means that they should always consider what is in the **best interests** of the person.
- We take an '**it can happen here**' approach where safeguarding is concerned.
- **Everyone** who encounters people who use our services has a role to play in identifying concerns, sharing information, and taking prompt action.
- Victims of harm should **never** be given the impression that they are creating a problem by reporting abuse, sexual violence, or sexual harassment. Nor should a victim ever be made to feel ashamed for making a report.

We are committed to safeguarding and promoting the welfare of those using our services by:

- The provision of a safe environment in which people can access the support they need.
- Acting on concerns about someone's welfare immediately.
- Fulfilling our legal responsibilities to identify adults or children who may need early help or who are suffering, or are likely to suffer, significant harm.

The organisation supports the recovery of those affected by rape, sexual abuse, exploitation and sexual assault, working directly with children, young people and adults providing a trauma informed therapeutic service, promoting the wellbeing and safety of all people that come into contact with the organisation. The organisation is committed to ensuring that adults at risk and CYP who use our services are not exploited, abused, at risk of harm or likely to cause harm to others. We aim to ensure that our working practices minimise the risks of such issues.

The organisation is aware that all adult clients engaging as survivors of sexual violence may be feeling vulnerable and experiencing difficulties and have, albeit temporarily, some impairment of social functioning which could affect their capacity to a) make informed decisions or b) give consent to share information.

As an organisation that works in a trauma informed way, we are equally aware that NOT ALL clients engaging are adults at risk by legal or other definitions. Adults have self-determination so can make choices that may mean that their well-being suffers. None of us can make these choices for another adult. If we are supporting someone to make choices about their own safety, we need to understand 'What matters' to them and what outcomes they want to achieve from any actions the organisation takes to help them to protect themselves.

4. Related Documents

This policy should be read alongside internal policies:

- Birchall Safeguarding process (how we do it)
- Equal & Diversity policy
- Lone Working policy
- Remote Therapy and Support Policy
- Data Protection & Information Sharing policy
- Public Interest Disclosure (Whistleblowing) policy

4.1 Further resources

- Safeguarding | SCIE
- Cumbria Safeguarding Children Partnership: Cumbria County Council
- Adult Safeguarding: Cumbria County Council
- Safeguarding - Lancashire County Council
- Child Exploitation & Online Protection Safety Centre
- NSPCC | The UK children's charity | NSPCC

5. Legislation

All action taken by the organisation will be in accordance with current legislation and guidance. The following safeguarding legislation and guidance has been considered when drafting this policy: (please click on links for further information):

Children Act 1989 - This is the main source of child welfare law for England and Wales. The Act seeks to ensure that every child is kept safe and protected from harm. Its main purpose is to ensure that the welfare and developmental needs of every child are met.

Children Act 2004 - aims to improve effective local working to safeguard and promote children's well- being. The Act takes a child-centred approach and includes universal as well as targeted and specialist services.

Children and Families Act 2014 - rings together lots of different areas of law that affect children, especially vulnerable children, and codifies how they are protected in law.

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

Care Act 2014- places a general duty on local authorities to promote the wellbeing of individuals when carrying out care and support functions.

Sexual Offences Act 2003- modernised the law by prohibiting any sexual activity between a care worker and a person with a mental disorder while the relationship of care continues.

Mental Capacity Act 2005 - provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

Safeguarding Vulnerable Groups Act 2006 and the Protection of Freedoms Act 2012 - preventing people who are deemed unsuitable to work with children and adults at risk from gaining access to them through their work Disclosure and Barring Service -GOV.UK (www.gov.uk) (DBS).

Criminal Justice and Courts Act 2015 (legislation.gov.uk) - It is an offence under the for an individual who has the care of another individual by virtue of being a care worker to ill-treat or wilfully to neglect that individual.

6. Definitions

For the purposes of this policy, the following definitions apply:

6.1 Client

The individual who receives support from the organisation. This includes survivors and their family or friends. The terms ‘person’, ‘service user’ and ‘victim’ are included also in this definition.

6.2 Supporters & Stakeholders

People who are involved in our services but do not necessarily receive support from the Organisation

6.3 Safeguarding

Safeguarding means protecting a person’s health, wellbeing and human rights; enabling them to live free from harm, abuse and neglect. Safeguarding children, young people and adults is a collective responsibility.

Using the term safeguarding in this document, we intend to include those actions that will operate to enhance a person’s health, development and welfare and prevent the risk of harm, and we apply this to those adults & children who are vulnerable for any reason, in law or in practice at the time of any ongoing concern. We are also concerned about any possible

information we may receive which may indicate others (people known to our clients) may be at risk of harm, including but not exclusively, children, other family members and members of the wider community.

6.4 Adult at Risk

Adults at risk, are people over the age of 18 who:
• Have needs for care and support (whether the Local Authority is meeting any of those needs) **and**
• Are experiencing or at risk of neglect **and**
• because of those needs unable to protect themselves from either the risk of or the experience of abuse or neglect.

6.5 Child

A child is a person aged under 18 years; young people aged 16 or 17 who are living independently are still defined as 'children'.

6.6 Child in Need

This is defined under section 17 of the Children Act 1989as a child that has been assessed by a social worker and found to need help and protection because of risks to their development or health, such as neglect, domestic abuse in the family, or because they are disabled.

6.7 Abuse and Neglect

Abuse and neglect can have a major long-term effect on all aspects of a child's health, development and wellbeing. Sustained abuse is likely to have a deep impact on the child's self-image and self-esteem and on their future life. An individual may abuse or neglect a child by inflicting harm or failing to act to prevent harm. A child may be abused in a family, institutional or community setting, by those known to them, or by a stranger, for example via the internet. They may be abused by an adult or adults, by another child/children. These procedures apply in all such cases.

Please see **Appendix A** for types of abuse.

Further details can also be found via the hyperlink NSPCC website here

6.8 Serious Harm

The Department of Health, in 2003, provided guidance on the type of situations where the definition of serious harm may apply. This is still valid today: Murder, manslaughter, rape, treason, kidnapping, child abuse or other cases where individuals have suffered serious harm may all warrant breaching confidentiality.

6.9 Prevent

Prevent is about safeguarding and supporting those vulnerable to radicalisation. Prevent is 1 of the 4 elements of CONTEST, the Government's counter-terrorism strategy.

Within Britain, there are threats to our safety (young people in particular — and specifically under 18s) that are voiced in opposition to multiculturalism, against a multireligious, multiethnic existence. These are voices of extremism that come in many forms. The aim of Prevent is to stop people becoming or supporting terrorists, challenging the spread of terrorist ideology and protecting vulnerable individuals.

Please click on relevant hyperlinks for more information on Prevent:

Cumbria
Lancashire

6.10 The Organisation

For the purposes of this policy 'the organisation' refers to The Birchall Trust.

6.11 Transitional Safeguarding

'Transition' is a process or period of changing from one state to another. It can happen throughout our lives and it's experienced differently by different individuals. Within some aspects of social care, in particular safeguarding, the notion of transition can imply a definitive 'line in the sand' – a point of no return – at the age of 18 years. Children become adults on their eighteenth birthday; assumptions about capacity change overnight and eligibility for safeguarding support is very different depending which side of this line a person falls.

In recent years, the complexities of safeguarding children and adults have been challenging practice with an increased focus on violent crime, gang culture, domestic abuse, modern slavery, trafficking and sexual exploitation requiring local areas to adapt and innovate in how they safeguard young people and adults. These issues are revealing just how complex transition from childhood and adulthood can be when viewed through a safeguarding lens.

We know that the experience of adversity in childhood can make some adolescents particularly vulnerable to harm and that the effects of such harm can persist into adulthood. This means that there will likely be a proportion of adolescents who either need to transition directly into receiving support from Adults' Services, or who are more likely to require them later in life. Research shows that unresolved trauma can increase risks later in adulthood, and we know that not responding to harms in early adulthood can mean that people have more difficult and painful lives, and may need more expensive support later.

It is increasingly hard to justify our current binary approach to safeguarding, where childhood reaches an abrupt end and services withdraw from young adults based on arbitrary markers such as birthdays. 'Transitional safeguarding' challenges us to think about how we safeguard adolescents as they move into adulthood. In thinking about the extra-familial threats facing teenagers, such as sexual or criminal exploitation, it is sobering to note that perpetrators do not withdraw when a victim reaches 18 years old – but that professional services often do.

Where there are on-going safeguarding issues for a young person, and it is anticipated that on reaching 18 they are likely to require adult safeguarding, safeguarding arrangements should be discussed as part of transition support planning and protection. Conference chairs and Independent Reviewing Officers, if involved, should seek assurance that there has been appropriate consultation with the young person by adult social care and invite them to any relevant conference or review.

7. Trauma Informed Principles

Safeguarding relates to the action taken to promote the welfare of children, young people, and adults at risk and to protect them from harm. At Birchall, we ensure that we work in a way that realises the widespread impact of trauma, recognises the impact it has on people to

allow us to respond in a way that resists re-traumatisation. It is especially important to consider these values within the safeguarding context;

7.1 Safety.

We ensure the physical and emotional safety of people in safeguarding and those supporting adults in safeguarding is of paramount importance. If we feel there is a need to raise a concern or safeguarding issue, the safety of both the person using our services and the member of the team is at the forefront when we consider our actions.

7.2 Choice.

Adults and frontline staff have meaningful choice and a voice in the decision-making processes of safeguarding. By working to **Making Safeguarding Personal Principles** of empowerment, prevention, proportionality and protection we embed personal choice in safeguarding process. We ensure that each individual understands their rights and responsibilities and are informed clearly of every action that is taken.

7.3 Collaboration.

We recognise the value of people using services and frontline staff and their role in improving knowledge of how to overcome challenges and improving the system as a whole. We ensure that any safeguarding actions, wherever possible are done together.

7.4 Trustworthiness.

We aim to be transparent and clear when explaining our approach to safeguarding to enable us to build trust among staff, clients and the wider community.

7.5 Empowerment

We support and encourage people to make their own decisions in terms of safeguarding. We ensure that decisions are person-led and there is clear informed consent wherever we can

7.6 Gender & Cultural Considerations

We recognise a need for all team members to develop cultural competence and educate themselves about relevant faiths and cultures to work effectively in terms of safeguarding. Knowledge and understanding of culture and faith is critical to effective assessments of harm through neglect and/or abuse. However, “culture and faith should not be used as an excuse to abuse and must never take precedence over children’s rights”

8. Roles and Responsibilities

8.1 Role of all team members

To be aware of the Birchall process in place which supports safeguarding including reading this policy and other associated policies and procedures and the role of the Designated safeguarding Leads (DSL)

To complete their Safeguarding training appropriate for their role and refresh at least every 2 years

To be able to identify cause for concerns and safeguarding issues and take action to keep people safe. Information or concerns will be shared with the DSL where it includes

- Children who may need to access or have a social worker and may be experiencing abuse or neglect
- People who may need support or have links already to mental health services

- Where there is a radicalisation concern
- Where a crime has been committed

To record concerns appropriately and in a timely manner by using the organisations systems.

To be aware of the need to raise to the senior leadership team any concerns they have about safeguarding practices.

8.2 Role of Designated Safeguarding Leads

Details of who the Designated Safeguarding leads are available on notice boards in our building on the Welcome to Birchall SharePoint Site and our website.

The DSL is a senior member of the team who undertakes lead responsibility for safeguarding within the organisation.

The DSL has undertaken specific training to ensure they are compliant with Local Authority requirements for DSL's.

The DSL oversees referrals to local safeguarding partners and ensure team members work to the organisations policies

DSL's work with others, acting as a point of contact for outside agencies about safeguarding

They support and advise other team members in making referrals to other agencies.

Where requested, sit on the Safeguarding and Clinical Sub Committee of the Board of Trustees.

8.3 Role of Senior Leadership Team

Take responsibility for the organisation's safeguarding responsibility to ensure that safeguarding and child protection practice, process, and policy (including online safety) is effective and is compliant with legislation, statutory guidance, and Local Safeguarding Partnership arrangements.

When requested they may liaise with the case manager and the Local Authority Designated Officer (LADO) in relation to child protection cases which concern a staff member.

Coordinate safeguarding training and raise awareness and understanding of the organisations policies and practices in relation to safeguarding.

Where requested, sit on the Safeguarding and Clinical Sub Committee of the Board of Trustees.

Maintain the safeguarding log and produce an annual report for the Safeguarding Sub Committee

Ensure that all team members have appropriate checks carried out in line with statutory guidance.

Ensure that there are procedures in place to manage safeguarding concerns or allegations against team members

Ensure that systems are in place for people using the service to effectively share a concern about a safeguarding issue they are experiencing, express their views and give feedback.

9 Training and Induction

All workforce within the organisation will complete training around safeguarding as part of their induction relative to their role. This is mandatory training and should be completed within their first 3 months in post, Training should be repeated and updated every 2 years or as new trends/issues are identified

10. Data Protection

The organisation will keep a written/digital record of any safeguarding concerns and actions and comply with the Data Protection Act and General Data Protection Regulation. Records will be kept confidential, and not be released externally to the organisation unless statutorily obliged or requested by the Client.

Adults have a general right to independence, choice and self-determination including control over information about themselves. In the context of adult safeguarding these rights can be overridden in certain circumstances.

Emergency or life-threatening situations may warrant the sharing of relevant information with the relevant emergency services without consent. The law does not prevent the sharing of sensitive, personal information within organisations. If the information is confidential, but there is a safeguarding concern, sharing it may be justified. The law does not prevent the sharing of sensitive, personal information between organisations where the public interest served outweighs the public interest served by protecting confidentiality – for example, where a serious crime may be prevented.

Information can be shared lawfully within the parameters of the Data Protection Act 2018 and the Guide to the General Data Protection Regulation (GDPR)

10.1 Non consent in terms of data sharing

All members of the workforce should always share safeguarding concerns in line with this policy, usually with the Designated Safeguarding Leads or the CEO in the first instance, except in emergency situations. If it does not increase the risk to the individual, the member of the work force should explain their responsibility to share their concerns. The organisation will decide about sharing information with external agencies, including the police, health services and local authority.
Clients may not give their consent to the sharing of safeguarding information for a number of reasons. For example, they may be frightened of reprisals, they may fear losing control, they may not trust social services or other partners, or they may fear that their relationship with the abuser will be damaged. Reassurance and appropriate support along with gentle persuasion may help to change their view on whether it is best to share information.
If a Client refuses intervention to support them with a safeguarding concern, or requests that information about them is not shared with other safeguarding partners, their wishes should be respected. However, there are a number of circumstances where the organisation can reasonably override such a decision, including:

- The Client lacks the mental capacity to make that decision – this must be properly explored and recorded in line with the Mental Capacity Act 2005 - The law allows for professionals making 'best interest' decisions for clients if actions are intended to safeguard their immediate well-being. Workers/ volunteers deciding to break confidentiality following concern of immediate risk of suicide or other cases of serious

harm is likely to be considered, in law, as a 'best interest' decision regardless of the client's assumed capacity to make their own decisions.

- Other people are, or may be, at risk, including children
- Sharing the information could prevent a crime
- The alleged abuser has care and support needs and may also be at risk
- A serious crime has been committed
- Members of the workforce (both within the organisation or externally) are implicated
- The person has the mental capacity to make that decision, but they may be under duress or being coerced
- The risk is unreasonably high and meets the criteria for a multi-agency risk assessment conference referral
- A court order or other legal authority has requested the information.

If none of the above apply and the decision is not to share safeguarding information with other safeguarding partners, or not to intervene to safeguard the Client, workers should:

- Support the Client to weigh up the risks and benefits of different options
- Ensure they are aware of the level of risk and possible outcomes
- Offer to arrange for them to have an advocate or peer supporter
- Offer support for them to build confidence and self-esteem if necessary
- Agree on and record the level of risk the Client is taking
- Record the reasons for not intervening or sharing information on CRMS
- Regularly review the situation
- Try to build trust and use gentle persuasion to enable the person to better protect
- themselves.

If it is necessary to share information outside the organisation:

- Explore the reasons for the Client's objections – what are they worried about?
- Explain the concern and why the organisation think it is important to share the information
- Tell the Client who the organisation would like to share the information with and why
- Explain the benefits, to them or others, of sharing information – could they access better help and support?
- Discuss the consequences of not sharing the information – could someone come to harm?
- Reassure them that the information will not be shared with anyone who does not need to know
- Reassure them that they are not alone, and that support is available to them.

If the Client cannot be persuaded to give their consent then, unless it is considered dangerous to do so, it should be explained to them that the information will be shared without consent.

The reasons should be given and recorded on DPMS. The safeguarding principle of proportionality should underpin decisions about sharing information without consent, and decisions should be on a case-by-case basis.

If it is not clear that information should be shared outside the organisation, a conversation can be had with safeguarding partners in the police or local authority without disclosing the identity of the person in the first instance. They can then advise on whether full disclosure is necessary without the consent of the person concerned. It is very important that the risk of sharing information is also considered. In some cases, such as domestic violence or hate crime, it is possible that sharing information could increase the risk to the individual.

11 Working online and remotely

The organisation delivers services remotely and online. In these circumstances, spotting the signs of abuse might be more difficult and it can be difficult to know if something is wrong.

People who are considered to be clinically extremely vulnerable because of age or underlying health conditions may be forced to accept help from people with whom they are not familiar. While there has been an amazing response to the call for helpful volunteers, we cannot rule out the possibility of a few people who may see this as an opportunity to gain easy access to those who are vulnerable in order to exploit them. It is essential that we should all remain vigilant and provide advice to those who may be vulnerable to abuse on how to spot early signs.

Team members should follow the **Remote Therapy and Support Policy.**

12. Safer Recruitment

The organisation pays full regard to the safer recruitment practices

- This includes scrutinising applicants, verifying identity and academic or vocational qualifications, obtaining professional and character references, checking previous employment history, and ensuring that a candidate has the health and physical capacity for the job. References are always obtained, scrutinised and concerns resolved satisfactorily before appointment is confirmed.
- It also includes undertaking appropriate checks through the Disclosure and Barring Service (DBS), the barred list checks and prohibition checks (and overseas checks if appropriate), dependent on the role and duties performed, including regulated and non-regulated activity.
- Applicants must provide an application form and Curriculum Vitae will not be accepted as a stand-alone.
- As a setting we will conduct online searches as part of our due diligence checks on short listed candidates and inform them of this.
- All recruitment materials will include reference to the organisation's commitment to safeguarding and promoting the wellbeing of people using our services.

13 Concerns regarding a member of the organisation's workforce

Allegations or suspicions of abuse against a child, young person or adult at risk by a member of the workforce must be reported to the CEO or Chair of Trustees (designated senior manager –DSO).

If the allegations are against the CEO or Chair of Trustees then they should be reported to another member of the Trustee board.

If an allegation is made:

1) The organisation will ensure the child/young/adult at risk person is safe from the person against whom the allegation has been made.
2) The person to whom an allegation or concern is first reported should treat the matter seriously and keep an open mind.

They should not:

- Investigate or ask leading questions if seeking clarification;
- Make assumptions or offer alternative explanations;
- Promise confidentiality, but give assurance that the information will only be shared on a 'need to know' basis.

They should:

- Make a written record of the information (where possible in the child / adult's own words), including the time, date and place of incident/s, persons present and what was said;
- Sign and date the written record;
- Immediately report the matter to the DSO

3) When informed of a concern or allegation, the DSO should not investigate the matter or interview the member of staff, child concerned or potential witnesses.

They should:

- Obtain written details of the concern / allegation, signed and dated by the person receiving (not the child / adult making the allegation);
- Approve and date the written details;
- Record any information about times, dates and location of incident/s and names of any potential witnesses.
- Record discussions about the child and/or member of staff, any decisions made, and the reasons for those decisions.
- The DSO should report the allegation to the LADO within one working day.

For Lancashire LADO use the online form HERE or call 01772 536 694.
Safeguarding Unit, Room B16 County Hall, Fishergate Hill Preston, PR1 8RJ

For Cumbria Westmorland & Furness LADO | lado@westmorlandandfurness.gov.uk or call 0300 303 3897
Address: LADO, Cumbria Safeguarding Hub, Skirsgill Depot, Penrith, Cumbria, CA10 2BQ

13 Version History

It is recommended that this document is reviewed at minimum every 3 years. However, legal, or technological updates may need to be incorporated more frequently.

Version	Date	Approved by
1.0	2019	Board of Trustees
2.0	September 2021	Board of Trustees
3.0	May 2024	

Appendix A – Indicators of Abuse

Who Abuses and Neglects Adults/CYP?

Anyone can abuse or neglect adults including:

- Spouses/partners;
- Other family members;
- Neighbours;
- Friends;
- Acquaintances;
- Local residents;
- People who deliberately exploit adults they perceive as vulnerable to abuse;
- Paid staff or professionals;

- Volunteers and strangers.

Physical Abuse
Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.
An important indicator of physical abuse is where bruises or injuries are unexplained, or the explanation does not fit the injury for example:

- bruising or fractures in children/babies who are not independently mobile
- bruises that are seen away from bony prominences (elbows, knees, shins)
- bruises to the face, back, stomach, arms, buttocks, ears and hands
- multiple bruises in clusters and/or uniform shape
- multiple fractures
- bruises that carry the imprint of an implement used, hand marks or fingertips

Emotional Abuse
This is the persistent emotional maltreatment of a child that can cause severe and persistent adverse effects on the child's emotional development. Emotional abuse can be difficult to measure, and often children who appear well cared for may be emotionally abused by being taunted, put down or belittled. They may receive little or no love, affection or attention from their parents or carers. Emotional abuse has an important impact on a developing child's mental health, behaviour and self- esteem.

The physical and behavioural signs of emotional abuse may include:

- a failure to thrive or grow, particularly if the child puts on weight in other circumstances, e.g., in hospital or away from their parents' care
- sudden speech disorders
- developmental delay, either in terms of physical or emotional progress.
- neurotic behaviour, e.g., sulking, hair twisting, rocking
- being unable to play
- fear of making mistakes
- self-harm
- wetting/soiling
- fear of parent being approached regarding their behaviour.

Sexual Abuse
Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (e.g. rape or oral sex) or non-penetrative acts (i.e. kissing, touching outside of clothing, rubbing, masturbation). They may include non-contact activities, such as involving children in looking at, or in the production of sexual images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).

Sexual abuse often occurs in association with other types of abuse. Its presentation can be varied and include:

• Specific physical findings e.g. genital signs of a sexual assault after an allegation of rape.
• Physical findings presenting as a medical problem e.g., rectal bleeding
• diarrhoea, vulvovaginitis.
• Physical findings such as love bites/bruising around breasts, thighs or genitalia.
• Specific signs or symptoms e.g., pregnancy, sexually transmitted diseases.
• Behavioural changes e.g., sexualised behaviour inconsistent with the child's age and development, e.g., new onset of bowel or bladder disturbance in a child who was previously clean and dry, self-harm in older children and young people.
• Behavioural changes e.g., becoming withdrawn/aggressive, fear of being left
• with a specific person or group of people, having nightmares, running away from home.

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 because of maternal substance abuse. The impact of neglect can have long standing adverse consequences that can endure throughout childhood, adolescence and into adulthood, so it is important that professionals respond to neglect with the same degree of seriousness and urgency as all other forms of child abuse.

NB: Professionals are advised to rethink the term "did not attend", when a child does not attend an appointment, and instead think and record "was not brought", a reminder that children do not bring themselves to appointments, they have to be taken by parents/carers. Missed appointments can have a devastating impact on a child's wellbeing and are a form of neglect.

Children may present with:

• Physical signs of neglect: failure to thrive, poor hygiene and personal presentation
• Behavioural problems: scavenging for food, voracious appetite, chronic running
• away, low self-esteem, poor social functioning, indiscriminately seeking affection or attention from adults.
• Developmental problems: not reaching developmental milestones, poor
• language development, poor intellectual and social development.

Domestic Abuse
The Home Office definition of domestic violence and abuse (2013): "Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence and abuse between those aged 16 or over, who are or have been intimate partners or family members regardless of gender and sexuality".

Information for Local Areas on the change to the Definition of Domestic Violence and Abuse (publishing.service.gov.uk)

Domestic abuse includes ‘honour’ based violence, female genital mutilation (FGM) and forced marriage.

Family members are defined as: mother; father; son; daughter; brother; sister; and grandparents - whether directly related, in-laws or stepfamily. However, in some cases it may be necessary to consider specific circumstances to determine if the specific family relationship fits the definition e.g., in so called ‘Honour’ Based Abuse cases, wider family members such as cousins can be perpetrators.

There may be serious effects on children who witness domestic violence, which often result in behavioural issues, low self-esteem, depression, absenteeism, ill health, bullying, antisocial or criminal behaviour. It can have a detrimental and long-lasting impact on a child’s health, development, ability to learn and well-being.

Honour based violence

Honour based violence where it affects children and young people is a child protection issue. They are at risk of Significant Harm through physical, sexual, psychological, emotional harm and neglect. They are at significant risk of being murdered because they are perceived to have brought shame on their family and/or community.

Forced Marriage

In forced marriage one or both parties do not consent to the marriage and some element of duress is involved. It can be in the form of emotional pressure exerted by close family members and the extended family, or may include threatening behaviour, abduction, imprisonment, physical violence, rape and in some extreme cases may result in murder.

Forced marriage ‘is a form of child/domestic abuse and should be treated as such’. (Forced Marriage Unit Guidelines 2009).
Forced marriage - GOV.UK (www.gov.uk)
Forcing someone over the age of 16 to marry against their will is a criminal offence under the Anti-Social Behaviour, Crime and Policing Act 2014

Female Genital Mutilation

Female genital mutilation (FGM) is a collective term for procedures which include the removal of part or all of the external female genitalia for cultural or other non-therapeutic reasons.
The practice is medically unnecessary, extremely painful and has serious health consequences, both at the time when the mutilation is carried out and in later life. The procedure is typically performed on girls aged between 4 and 13, but in some cases it is performed on young women before marriage or pregnancy.

FGM has been a criminal offence in the U.K. since the Prohibition of Female Circumcision Act 1985 was passed. The Female Genital Mutilation Act 2003 replaced the 1985 Act and makes it an offence for the first time 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.

The rights of women and girls are enshrined by various universal and regional instruments including the Universal Declaration of Human Rights, the United Nations Convention on the

Elimination of all Forms of Discrimination Against Women, the Convention on the Rights of the Child, the African Charter on Human and Peoples' Rights and Protocol to the African Charter on Human and Peoples' Rights on the rights of women in Africa. All these documents highlight the right for girls and women to live free from gender discrimination, free from torture, to live in dignity and with bodily integrity. It is increasingly found in Western Europe and other developed countries primarily among immigrant and refugee communities.

The Serious Crime Act 2015 has amended the Female Genital Mutilation Act 2003

1. Introduced Female Genital Mutilation Protection Orders ("FGMPO") - breaching an order carries a penalty of up to five years in prison. The terms of the order can be flexible and the court can include whatever terms it considers necessary and appropriate to protect the girl or woman;
2. Allowing for the anonymity of victims of FGM – prohibiting the publication of any information that could lead to the identification of the victim. Publication covers all aspects of media including social media;
3. Extended the extra-territorial reach of Female Genital Mutilation (FGM) offences to include "habitual residents" of the UK;
4. Created a new duty of Mandatory Reporting of Female Genital Mutilation for regulated professionals in health and social care professionals and teachers/teaching assistants in England and Wales which came into force on the 31st October 2015.

For further information:
Multi-agency statutory guidance on female genital mutilation April 2016:
https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-femalegenital-mutilation
https://www.gov.uk/female-genital-mutilation-help-advice

Cultural Sensitivity
Investigating agencies need to be sensitive to the cultural beliefs surrounding FGM and should consult with cultural community groups. However, professionals should not let fears of being branded 'racist' or 'discriminatory' weaken the protection required by vulnerable girls and women.

FGM is much more common than is generally realised both worldwide and in the U.K. It is deeply embedded in the culture of the practicing community who may resent what they perceive as the imposition of liberal western values on them, but it is not a matter which can be left to personal preference or culture and custom. FGM is an extremely harmful practice that violates the most basic human rights. However, any community education should be sensitive to cultural norms and pressures. It may be most useful to try to engage community groups and elders or religious leaders in community education programmes. It is extremely important that those running programmes are not seen as alien to the practice. This may create animosity and paranoia within the practicing communities and make it harder to safeguard Adults at Risk from FGM. For many families English may not be their preferred language, the assistance of an independent interpreter needs to be considered. Any interpreter should be appropriately trained in relation to FGM and should not be a family member, not be known to the individual, and not be an individual with influence in the individual's community. This is because girls or women may feel embarrassed to discuss sensitive issues in front of such people and there is a risk that personal information may be passed on to others in their community and place them in danger

The guidance recommends that a female professional be available to speak to if the girl or woman would prefer this.

Raising a safeguarding concern of FGM
If any agency becomes aware of an Adult at Risk who may have been subjected to or is at risk of
FGM they must raise an Alert with their Local Authority Adults (Safeguarding Team
Suspicions may arise in a number of ways that an Adult at Risk is being prepared for FGM to take
place abroad.
All professionals need to consider whether any other indicators exist that FGM may have or has
already taken place, for example:
- Preparations are being made to take a long holiday;
- The Adult at Risk has changed in behaviour after a prolonged absence from home; or
- The Adult at Risk has health problems, particularly bladder or menstrual problems.
There may be older women in the family who have already had the procedure and this may prompt concern as to the potential risk of harm to other females in the same family.
It should be remembered that this is a one-off act of abuse , although it will have lifelong consequences, and can be highly dangerous at the time of the procedure and directly afterwards.

NHS Actions
Since April 2014 NHS hospitals have been required to record:
If a patient has had Female Genital Mutilation;
If there is a family history of Female Genital Mutilation;
If a Female Genital Mutilation-related procedure has been carried out on a patient.
Since September 2014 all acute hospitals have been required to report this data centrally to the
Department of Health on a monthly basis. This was the first stage of a wider ranging programme
of work in development to improve the way in which the NHS will respond to the health needs of
girls and women who have suffered Female Genital Mutilation and actively support prevention.
A midwife/obstetrician/gynaecologist/General Practitioner may become aware that Female Genital Mutilation has occurred when treating a female patient. This should trigger concern for
other females in the household.

Pathway for Pan Lancashire Adult FGM flowchart

Contextual safeguarding
As well as threats to the welfare of children from within their families, children may be vulnerable to abuse or exploitation from outside their families. i.e., at school/educational settings, within peer groups, or more widely from within the wider community and/or online. Contextual safeguarding recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse. Parents and carers have little influence over these contexts.

Evidence shows that, for example: from robbery on public transport, sexual violence in parks and gang- related violence on streets, through to online bullying and harassment from school-based peers and abuse within their intimate relationships, young people encounter significant harm in a range of settings beyond their families. It can include exploitation by criminal gangs and organised crime groups such as county lines, trafficking, online abuse, and the influences of extremism leading to radicalisation.
In a Contextual Safeguarding system these extra-familial settings and relationships would be assessed and police, community resources etc. would be used to intervene and disrupt. I.e., the take-away shop, street gang and/or young person's peer group may be referred into a safeguarding system, discussed by a partnership and then to subject to an intervention as a means of keeping young people safe. Interventions can be used to disrupt risk in shopping centres, take away shops, peer groups, schools, parks and other public settings.

Sexual Exploitation
Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity

- In exchange for something the victim needs or wants, and/or
- For the financial advantage or increased status of the perpetrator or facilitator.

The victim may have been sexually exploited even if the sexual activity appears consensual. CSE does not always involve physical contact/ it can also occur through the use of technology

Children and young people involved in any form of sexual exploitation face immense risks to their physical, emotional, and psychological health. The environment in which sexual exploitation is located tends to have close links with criminal behaviour, drug and alcohol misuse and violence; and they become exposed to these risks.

Children and young people do not make informed choices to enter or remain in sexual exploitation, but do so due to coercion, enticement, manipulation or desperation. Young people under 16 cannot consent to sexual activity: sexual activity with children under the age of 13 is statutory rape.

The earlier that a risk of sexual exploitation, can be identified, the more likely it is that harm toa child or young person can be minimised or prevented.

Indicators may include

- Physical symptoms (bruising suggestive of either physical or sexual assault)
- Evidence of misuse of drugs / alcohol, including associated health problems
- A sexually transmitted infection (STI), particularly if it is recurring or there are multiple STI's
- Pregnancy and / or seeking an abortion
- Sexually risky behaviour (including sexual activity with anyone not previously known to them, or with a number of different people; sexual activity in isolated places, where no one knows where they are)
- Mental health problems, including depression

• Truancy / disengagement with education, or considerable change in performance at school
• Being collected outside school by older / different people
• Becoming angry, hostile if any suspicions or concerns about their activities are expressed
• Secretive behaviour and detachment from age-appropriate activities
• Entering or leaving vehicles driven by unknown adults
• Sexualised language
• Excessive use or reliance on mobile phones
• Low self-image, low self-esteem, self-harming behaviour - cutting, overdosing, eating disorders, promiscuity
• Hostility in relationship with parents / carers and other family members
• Associating with other young people who are known to be sexually exploited or in areas renown for sexual exploitation. Involvement with young people known to associate with perpetrators of sexual exploitation
• Inappropriate use of the Internet and forming relationships with adults, via the Internet
• Persistently missing, staying out overnight or returning late with no plausible explanation. Going missing and being found in areas where the child or young person has no known links.
• Change in appearance.

Trafficking
This includes both trafficking from abroad into the UK and internal trafficking where children and young people are moved from one place to another in the UK, for the purposes of sexual exploitation. This may be from one street to a neighbouring street, from one area of a town or city to another area, or across county borders. It is not the distance that is relevant in the definition of internal trafficking, but the movement of a child or young person for the purpose of sexual exploitation.

Modern Slavery
This is a form of organised crime in which individuals including children and young people are treated as commodities and exploited for criminal and financial gain. It encompasses Slavery, Servitude and Forced Labour. Traffickers and slave drivers' trick, force and/or persuade children and parents to let them leave their homes. Grooming methods are used to gain the trust of a child and their parents, e.g., the promise of a better life or education. Children are not considered able to give 'informed consent' to their own exploitation (including criminal exploitation), and it is not necessary to prove coercion, or any other inducement has been used.

Gang Activity
If workers suspect a child/young person is involved, or at risk of involvement, in gang activity, particularly if weapons are implicated and there is a risk of significant harm, referrals should be made to Safeguarding Hub. Also consider the risks to any siblings as well to prevent revenge actions, which may target family and friends.

Extremism/Radicalisation
A concern that a child is at risk of radicalisation or extremism should be treated like any other concern about a child at risk of significant harm and should be referred using the online referral form to prevent@cumbria.police.uk

Risk factors may include:

• Being in contact with known extremists, extremist recruiters or organisations
• Articulating support for violent extremist causes or leaders.
• Accessing violent extremist websites or literature.
• Using inappropriate language, extremist narratives and a global ideology to explain personal disadvantage.
• Seeking to recruit others into extremist ideology.
• Significant changes to appearance and/or behaviour.
• Changes in friends and mode of dress.

E-safety
The effects of abuse suffered by children and young people via digital technology are the same as if they had been abused by personal contact and can occur through:

• Access to the internet and websites, including social networking websites, on computers, games consoles, mobile phones, the use of webcams and mobile phone cameras,
• Cyber bullying is carried out via social networks and mobile phones.
• Being groomed by other online users posing as 'friends', including setting up
• meetings, making threats to expose the child in some way.
• Abusers posting images of the abuse and victims online.

Financial or Material abuse
Theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits. It is the main form of abuse investigated by the Office of the Public Guardian and it is likely other forms of abuse are present.

These scams are becoming ever more sophisticated and elaborate. For example:

- internet scammers can build very convincing websites
- people can be referred to a website to check the caller's legitimacy but this may be a
- copy of a legitimate website
- postal scams are mass-produced letters which are made to look like personal letters or
- important documents
- doorstep criminals call unannounced at the adult's home under the guise of legitimate
- business and offering to fix an often non-existent problem with their property.

Sometimes they pose as police officers or someone in a position of authority
In all cases this is financial abuse and the adult at risk can 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 Trading Standards Services for investigation. The SAB will need to consider how to involve local Trading Standards in its work.

Potential indicators of financial/material abuse include:

- Lack of heating, clothing or food;
- Inability to pay bills/unexplained shortage of money;
- Change in living conditions.
- Unexplained withdrawals from accounts;
- Unexplained loss/misplacement of financial documents;
- The recent addition of authorised signers on a client or donor's signature card.
- Disparity between assets/income and living conditions;
- Power of attorney obtained when the person lacks the Capacity to make this decision;
- Sudden or unexpected changes in a will or deeds/title of house or other financial
- documents;
- Recent acquaintances expressing sudden or disproportionate interest in the person and
- their money;
- Client not in control of their direct payment or individualised budget;
- Mis-selling/selling by door-to-door traders/cold calling;
- Illegal money-lending.

Financial and material abuse can seriously affect the health, including mental health, of an adult at risk. Agencies working together can better protect adults at risk. Failure to do so can result in an increased cost to the state, especially if the adult at risk loses their income and independence.

Self-neglect
This covers a wide range of behaviours including neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. Safeguarding partnerships can be a positive means of addressing issues of self-neglect.

The Safeguarding Adults Board is a multi-agency group that is the appropriate forum where strategic discussions can take place on dealing with what are often complex and challenging situations for practitioners and managers as well as communities more broadly.

For further information, please follow the Pan Lancashire Self Neglect and Hoarding Frameworks.

Children and Young People who abuse
If a child or children is/are causing harm to an adult covered by the adult safeguarding procedures, action should be taken under these procedures, and a referral and close liaison with children's services should take place.

Physical and sexual abuse towards parents and other relatives (for example, grandparents, aunts, uncles) some of whom, may be adults at risk, can be carried out by adults and by young people and children, some of which can cause serious harm or death.

The UK prevalence study of elder abuse identified younger adults (rather than the person's partner) as the main perpetrators of financial abuse.