

THE ROYAL NAVAL BENEVOLENT TRUST

SAFEGUARDING POLICY AND PROCEDURES¹

STATEMENT OF INTENT

The RNBT is committed to ensuring that adults at risk who use its services are not abused and that working practices within the Trust minimise the risk of such abuse. The following notes are designed to protect and inform staff, residents, relatives and other visitors to the RNBT, Pembroke House and the John Cornwell VC National Memorial Almshouse (JCVCNM) about adults at risk and outlines the Trust's policy and procedures relating to this subject.

The RNBT is also committed to ensuring that all children at risk who may be identified as part of benevolence activities or any other source are identified and reported to the appropriate authorities.

Pembroke House has detailed procedures which give more specific guidance².

The policy and procedures are based on The Six Principles of Safeguarding that underpin all adult safeguarding work.

<i>Empowerment</i>	<i>Adults are encouraged to make their own decisions and are provided with support and information.</i>	<i>I am consulted about the outcomes I want from the safeguarding process and these directly inform what happens</i>
<i>Prevention</i>	<i>Strategies are developed to prevent abuse and neglect that promotes resilience and self-determination.</i>	<i>I am provided with easily understood information about what abuse is, how to recognise the signs and what I can do to seek help</i>
<i>Proportionate</i>	<i>A proportionate and least intrusive response is made balanced with the level of risk.</i>	<i>I am confident that the professionals will work in my interest and only get involved as much as needed</i>

¹ Replaces the Policy previously known as Vulnerable Adults Policy

² Policy 336: Safeguarding Adults and Prevention of Abuse

<i>Protection</i>	<i>Adults are offered ways to protect themselves, and there is a co-ordinated response to adult safeguarding.</i>	<i>I am provided with help and support to report abuse. I am supported to take part in the safeguarding process to the extent to which I want and to which I am able</i>
<i>Partnerships</i>	<i>Local solutions through services working together within their communities.</i>	<i>I am confident that information will be appropriately shared in a way that takes into account its personal and sensitive nature. I am confident that agencies will work together to find the most effective responses for my own situation</i>
<i>Accountable</i>	<i>Accountability and transparency in delivering a safeguarding response.</i>	<i>I am clear about the roles and responsibilities of all those involved in the solution to the problem</i>

The Care Act and Guidance state that safeguarding:

- Is person led
- Engages the person from the start, throughout and at the end to address their needs
- Is outcome focused
- Is based upon a community approach from all partners and providers

This policy and procedures is built on strong multi-agency partnerships working together, with adults to prevent abuse and neglect where possible, and provide a consistent approach when responding to safeguarding concerns. This entails joint accountability for the management of risk, timely information sharing, co-operation and a collegiate approach that respects boundaries and confidentiality within legal frameworks.

VALUES - SUPPORTING ADULTS AT RISK OF ABUSE AND NEGLECT

Safeguarding has the highest priority. There is a shared value of placing safeguarding within the highest of priorities. Organisations are judged on the effectiveness of safe communities and their values towards safeguarding adults who may be at risk of abuse or neglect. Values include:

- People are able to access support and protection to live independently and have control over their lives;
- Appropriate safeguarding options should be discussed with the adult at risk according to their wishes and preferences. They should take proper account of any additional factors associated with the individual's disability, age, gender, sexual orientation, 'race', religion, culture or lifestyle;

- The adult at risk should be the primary focus of decision making, determining what safeguards they want in place and provided with options so that they maintain choice and control;
- All action should begin with the assumption that the adult at risk is best-placed to judge their own situation and knows best the outcomes, goals and wellbeing they want to achieve;
- The individual's views, wishes, feelings and beliefs should be paramount and are critical to a personalised way of working with them;
- There is a presumption that adults have mental capacity to make informed decisions about their lives. If someone has been assessed as not having mental capacity, to make decisions about their safety, decision making will be made in their best interests as set out in the Mental Capacity Act 2005 and Mental Capacity Act Code of Practice;
- People will have access to supported decision making;
- Adults at risk should be given information, advice and support in a form that they can understand and be supported to be included in all forums that are making decisions about their lives. The maxim 'no decision about me without me' should govern all decision making;
- All decisions should be made with the adult at risk and promote their wellbeing and be reasonable, justified, proportionate and ethical;
- Timeliness should be determined by the personal circumstances of the adult at risk;
- Every effort should be made to ensure that adults at risk are afforded appropriate protection under the law and have full access to the criminal justice system when a crime has been committed.

DEFINITIONS AND INFORMATION ABOUT ADULT ABUSE (refer to Appendix 1)

People who may need safeguarding are defined under section 42 of the *Care Act 2014* as adults who:

- have care and support needs;
- are experiencing, or are at risk of abuse or neglect; and
- because of their care and support needs cannot protect themselves against actual or potential abuse or neglect.

The Care Act (2014) sets out a clear legal framework for how local authorities and providers of adult social care should protect adults at risk of abuse or neglect.

The Care Act and Guidance states that safeguarding:

- Is 'Person Led'
- Engages the person from the start throughout and at the end to address their needs.
- Is based upon community approach from all partners and providers

Local authorities:

- lead a multi-agency local adult safeguarding system that seeks to prevent abuse and neglect and stop it quickly when it happens;
- make enquiries, or request others to make them, when they think an adult with care and support needs may be at risk of abuse or neglect and they need to find out what action may be needed;
- establish Safeguarding Adults Boards, including the local authority, NHS and police, which will develop, share and implement a joint safeguarding strategy;

- carry out Safeguarding Adults Reviews when someone with care and support needs dies as a result of neglect or abuse and there is a concern that the local authority or its partners could have done more to protect them;
- Arrange for an independent advocate to represent and support a person who is the subject of a safeguarding enquiry or review, if required.

An adult at risk refers to a person who:

- Is an older adult and frail due to ill health, physical disability or cognitive impairment
- Has a learning disability
- Has a physical disability and/or sensory impairment
- Has mental health needs including dementia or a personality disorder
- Has a long-term illness/condition
- Misuses substances or alcohol
- Is a carer such as a family member/friend who provides personal assistance and care to adults and is subject to abuse
- Is unable to demonstrate the capacity to make a decision and is in need of care and support.

It is everybody's right to live in a safe environment free from being threatened, intimidated or abused. The feeling of being unsafe can occur in different ways and in different circumstances. Most people would consider abuse as being either physical or sexual in nature, but it can also be financial or psychological, happen as a result of neglect or discrimination; it may be deliberate but it may also happen as a result of poor care practice, a lack of knowledge in how to support someone, or ignorance. An adult at risk may be subject to abuse when they are neglected, persuaded to agree to something against their will, or be taken advantage of because they do not fully understand the consequences of their choices or actions. It can be a single act or repeated over time. Abuse can occur in any relationship, most frequently by people who the adult at risk knows.

Abuse can occur anywhere and at any time, and the nature of care 'behind closed doors' can lead to difficulties in detecting abuse. Abuse can occur in any relationship. In a care home the nursing/care staff are held in a position of trust. There is a 'potential' imbalance in the relationship between a member of staff and a resident in a care home.

The recognised types of abuse are:

- Physical
- Psychological
- Financial
- Sexual
- Neglect & acts of omission
- Institutional
- Discriminatory
- Excessive or unlawful restraint

Adults at risk are sometimes abused by strangers, but more often they are abused by someone that is well known to them. A relative, partner, child, friend, neighbour, paid or voluntary worker or health and social care workers can be in a position to abuse a vulnerable person.

At RNBT it is vital that all staff are aware of and know how to recognise signs of abuse and what action to take if they witness or suspect abuse may be taking place. Regular safeguarding training will be arranged for staff, trustees and appropriate volunteers. It is the responsibility of any member of staff that suspects abuse to take action. This involves

reporting any concerns immediately to their line manager or an appropriate senior member of staff. RNBT has a clear policy on Whistle Blowing – see RNBT Policy ‘Public Interest Disclosure Act 1998 (Whistle Blowing)’.

The seriousness of abuse varies and can range from behaviour that is violent and criminal to passive abuse which is neglectful, unintentional and less deliberately exploitative in character. Some instances of abuse will constitute a criminal offence, e.g. financial, physical, and sexual.

When complaints about alleged abuse suggest a criminal offence may have been committed, it is imperative contact should be made with the Police as a matter of urgency. In such circumstances, evidence of abuse must be protected. The Police will take the lead in carrying out an investigation. Criminal investigation by the Police takes priority over all other lines of enquiry.

WHAT TO DO IF YOU SUSPECT THAT AN ADULT IS BEING ABUSED

Internal Reporting

- Report immediately to the Home/Deputy Manager or Lead Nurse on duty where the resident resides.
- The Duty Manager on call must be informed by the senior nurse on duty at the time.

External Reporting

Pembroke House (see Policy 336)

As soon as possible following initial internal reporting of suspected abuse, the Home Manager or the senior nurse on duty must telephone Kent CC Adult Social Care:

Telephone: 03000 41 61 61 (09.00 am to 17.00 pm)

Out of hours: 03000 41 91 91

Email: Secure fax 03000 41 91 91

or

Medway Adult Social Care Contact details

Telephone: 01634 334466 (09.00 am to 17.00 pm)

Out of hours: 01233 646596

Email: CentralDutyTeam@kentgcsx.gov.uk

A duty officer will ask for details of the situation and may decide/recommend further actions for either the Home to take or which they will take.

- If the resident is funded by a local authority other than Medway the resident’s social worker at that local authority must be informed.
- The Care Quality Commission must be notified as soon as possible during office hours by the Home Manager or by the Home Administrator:

CQC National CS Centre
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Tel: 03000 616 161
Fax: 03000 616 171
Email: enquiries@cqc.org.uk

- The local Police must be contacted as soon as possible if criminal (e.g. financial, physical or sexual) abuse is suspected or has occurred
- In an emergency 999 or if it is a crime but not an emergency 101

All incidents should be reported immediately, no matter who the alleged perpetrator is or who the victim is. Staff who report suspected abuse would be fully supported by RNBT and protected under the Public Disclosure Act (Whistle Blower policy). The Trust will not tolerate harassment of staff by other people to 'keep quiet'. In situations where the suspected victim asks a member of staff not to tell anyone, the staff member will advise the resident that they cannot keep that confidentiality.

Action to be taken in an Emergency Situation

If the situation is an emergency (i.e. where a resident is being or has been physically or sexually abused), ensure the individual is safe and call 999 and ask for the police if immediate help is needed. Staff should call for assistance immediately and, if safe, intervene to protect the resident from further harm. First aid should be given as required.

The incident must be recorded promptly in the resident's notes and an incident form completed.

Action to be taken by the Person in Charge on a report or discovery of Abuse

All reports of abuse should be immediately acted upon by the person in charge. Staff should use tact and sensitivity in talking to the victim.

If a staff member is the alleged perpetrator they may be suspended from work with immediate effect whilst an investigation takes place. Suspension will not be an automatic response to an allegation. Full consideration will be given to all the options, subject to the need to ensure the safety and welfare of the person or persons concerned, and the need for a full and fair investigation. Suspension in this situation does not indicate that the individual has committed an offence. During their absence they will be offered support and will receive regular update communications from a support person in HR. They are advised to seek advice and guidance from their union representative.

If any other person(s) (e.g. relative, visitor or volunteer) is the alleged perpetrator, they must be asked to leave the victim's vicinity and escorted to an area where the Lead Nurse or Home Manager can talk to them regarding the incident. Appropriate action should be taken (as in 4 above) depending on the nature of the abuse.

If an incident is discovered outside of office hours, it is the responsibility of the senior nurse on duty to take the appropriate action. The Senior Nurse on duty has authority to immediately suspend a member of staff and must ensure they await instruction from the HR Department before returning to the premises.

Careful and sensitive management of the resident at this time is essential and they should be supported and reassured as required.

In consultation with external agencies it may be appropriate to arrange for an independent external advocate such as provided by Age UK on 0800 169 6565.

WHAT TO DO IF YOU SUSPECT THAT A CHILD IS AT RISK

Internal Reporting

Castaway House. In the first instance, report your concerns immediately to the Chief Executive, who in turn may seek specialist advice from the Director RNRM Children's Fund, collocated at Castaway House.

Pembroke House. In the first instance, report your concerns immediately to the Home Manager.

External Reporting

Castaway House. If you think a child is being abused or neglected, please contact Portsmouth City Council's Multi Agency Safeguarding Hub (MASH) during office hours:

phone 023 9268 8793

email pccraduty@portsmouthcc.gcsx.gov.uk

Pembroke House. If you think a child is being abused or neglected, please contact Medway Council Childrens Services Social Care (First Response Service): 01634 334 466; out of hours: 03000 41 91 91; Local Authority Designated Officer (LADO): 01634 331 065.

Definitions of Abuse of Children are at Appendix 3

JCVCNM

If you are concerned about the safety of an adult, contact Essex County Council:

Social Care Direct on 0345 603 7630

or,

contact Havering London Borough:

https://www.havering.gov.uk/info/20015/adult_social_care/117/adult_protection

Adult Social Services Safeguarding Adults Team

Telephone: 01708 433 550

Email: safeguarding_adults_team@havering.gov.uk

- The local Police must be contacted as soon as possible if criminal (e.g. financial, physical or sexual) abuse is suspected or has occurred
- In an emergency 999 or if it is a crime but not an emergency 101

Investigations

Social Services have the primary responsibility to undertake an external investigation of alleged abuse and will arrange this using the 'Safeguarding Adults Protocol' in consultation with other agencies. They will inform the Home of what is required and whether we are permitted to undertake an internal investigation. If the Home is requested to undertake internal investigations, a senior and neutral individual will be nominated by the Home Manager or Chief Executive to undertake a comprehensive internal investigation. Advice and input from HR will support this process.

Investigations may involve interviewing and taking detailed written statements from all those involved, any witnesses, the alleged perpetrator and the resident, with their consent. The investigation should be conducted as swiftly and thoroughly as possible, contacting the relevant people, or their representatives, if they have been involved in the alleged incident. A suspended member of staff should be managed in accordance with RNBT Disciplinary Procedure Policy to determine if disciplinary action is required.

All persons involved should co-operate fully with any internal, Police or social services investigations and the Home Manager will ensure the following information is available:

- Personal details of the resident involved
- The referrer's details
- The details of the allegation
- Details of the alleged abuser(s)
- Details of specific incidents or events, including dates, places, injuries, witnesses etc.
- Whether or not consent has been given to take the matter further (where appropriate).

When a Safeguarding case has concluded and the case closed by Social Services and the Home has undertaken internal investigations a Summary of Safeguarding is completed by the investigating person/Home Manager/Chief Executive. The purpose is to document in one place all relevant information, to analyse the entire situation and develop learning and actions to prevent the situation from recurring.

Documentation

All facts, incidents, assessments and discussions related to the incident/s should be recorded clearly and accurately; personal opinion and conjecture must be avoided. All information pertinent to the suspicions should be written in an official file and be kept locked, in accordance with the requirements of the *Data Protection Act 1998*³. Statements should be typed and signed wherever possible.

Deprivation of Liberty

The Deprivation of Liberty Safeguards ('DoLS') were introduced in 2009 and apply if a person may be deprived of their liberty as a consequence of their accommodation and care arrangements, and lacks capacity to give their consent.

In March 2014 the Supreme Court (*P v Cheshire West and Chester Council*, March 2014) clarified that a deprivation of liberty occurs whenever a person is under the continuous supervision and control of others and is not free to leave. This definition applies equally in all settings and to all people regardless of their disability or other impairment. If the person who may be being deprived of their liberty is in a registered care home or a hospital it is the responsibility of the manager of the care home or hospital to make the relevant application to the relevant local authority following the local DoLS process. The relevant local authority is the local authority funding the person who may be being deprived of their liberty, regardless of where the person is living; If a Clinical Commissioning Group ('CCG') are funding the person who may be being deprived of their liberty e.g. Continuing Healthcare, then the application must be made to the local authority in which the funding CCG is based, regardless of where the person is living; or If the person who may be being deprived of their liberty is funding their own care, the application must be made to the local authority of the area in which the person is living.

Use of Restraint

The use of restraint is sometimes necessary and when used must always be appropriate, reasonable, proportionate and justifiable to that individual. Staff must use de-escalation or restraint in a way that respects dignity and protects human rights, and where possible respects the preferences of residents.

Disclosure and Barring Service

The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children.

³ As amended by GDPR and subsequent legislation.

When any member of staff who is being investigated for an allegation of abuse and the preliminary investigation suggests there is credible evidence to substantiate the allegation, the Disclosure and Barring Service and Care Quality Commission must be informed immediately. If a person is dismissed due to a substantiated allegation of abuse the Disclosure and Barring Service must be informed and they will review the evidence presented and make a decision regarding the individual's fitness to continue to work with adults at risk. If the Service decides that the person is unfit, they will be unable to work with adults at risk. This notification is undertaken by the Home Manager or, in exceptional circumstances, the Chief Executive.

This will also apply in the case where a member of staff resigns pending disciplinary action but the evidence collected indicates that dismissal would have been the likely outcome.

Visiting Children

Pembroke House may host visits by visiting school children between the ages of 5 – 17 years. Organised visits by schools would be done so with a teacher present at all times who would be responsible for the wellbeing of the children in loco parentis.

Resident's families are welcome and encouraged to visit, and young children are to be accompanied at all times in Pembroke House and are the responsibility of their parent or guardian.

Training and Support

Training support relevant and appropriate for staff, volunteers and trustees regarding the protection of adults at risk, abuse and challenging behaviour is provided in accordance with appropriate policies and procedures.

Safeguarding issues such as 'Abuse Awareness' must be raised on a regular basis as part of Pembroke House departmental team monthly meetings. This may include a discussion, a particular article or case that is current in the media, through the distribution of leaflets, or by making reference to the Charity's policy and ensuring all staff are aware of their responsibilities and how to respond to and report suspected cases of abuse.

Protection of Vulnerable Adults at Risk training is compulsory for staff, trustees or volunteers likely to work or have regular access to Pembroke House or JCVCNM at induction and thereafter annually for all such staff and volunteers. Child Protection training is being introduced in 2019 for Pembroke House staff, as recommended by CQC. No individual or groups are exempt from attending training in recognising and preventing abuse.

Members of staff who may be exposed to family situations where the safeguarding of children may be an issue will be provided with appropriate training support.

Recruitment

(see also RNBT Recruitment Procedure)

RNBT operates rigorous recruitment practices. Every member of staff working or likely to work at Pembroke House or JCVCNM, and volunteers and trustees, are required to complete and submit a Disclosure and Barring Service (DBS) form which allows the Charity to run a check on any criminal activity of the individual.

As a care provider, we have the statutory duty to check that all workers have a satisfactory enhanced DBS clearance prior to employment and will be re-checked for a satisfactory clearance periodically throughout their employment. Until these checks are completed a potential applicant cannot commence employment, or an opportunity to volunteer.

During the recruitment process any gaps in the employment history and the reason for leaving the last or current employment must be explained or employment cannot be offered. All new staff are required to have at least two written reference checks from previous employers covering between 3-5 years, one of which will be followed up verbally.

CASEWORKING ORGANISATIONS

Although RNBT is a benevolence charity, RNBT does not carry out casework, and relies on other reputable and experienced armed forces charities to carry out this important component of benevolence on our behalf. The organisations used are:

- a. The Royal British Legion
- b. SSAFA
- c. The Royal Commonwealth Ex-Service League (for casework outside UK in Commonwealth countries)

The Chief Executive will conduct regular 'due diligence' checks on these organisations to ensure that they have appropriate safeguarding policies in place, reporting any matters of concern to trustees.

Before any other organisation is used to conduct casework on behalf of RNBT, appropriate 'due diligence' checks will be undertaken by the Chief Executive.

TRUSTEE OVERSIGHT

As advised by the Charity Commission and the Confederation of Service Charities (Cobseo), a specific trustee is to be designated with responsibility for the oversight and conduct of the implementation of this policy. This trustee will undergo training relevant to this role.

The trustees take their responsibility for the oversight of safeguarding policy and appropriate procedures very seriously. Accordingly this Policy will be reviewed by the Care and Safeguarding Committee and presented for approval annually by the Central Committee of Trustees.

Note: This policy document will be reviewed annually. The next review will take place May 2020.

APPENDIX 1

HOW TO RECOGNISE SIGNS OF ADULT ABUSE

The following are possible clues that abuse may be occurring. This is not an exhaustive list and other indicators may also raise suspicion.

Physical Abuse

Possible signs of physical abuse may include:

- Unexplained bruises or cuts, especially where they reflect the shape of any object, a hand, or finger marks
- Loss of hair in clumps, or abrasions on the scalp from pulling
- Unexplained fractures
- Unexplained burns or scalding
- Delays in reporting injuries
- Vague, implausible, or inappropriate explanations
- Multiple injuries or a history of past injuries such as falls

Neglect

Possible signs of neglect may include:

- Debilitation or weakness through malnutrition or dehydration
- Unexplained weight loss
- Poor hygiene, including unkempt appearance, untidy/dirty surroundings
- Inappropriate dress
- Pressure ulcers
- Poor skin condition and poor resistance to infection and disease

Emotional Abuse

Possible signs of emotional abuse may include:

- Fearfulness and low self esteem
- Mood changes including depression, irritability, and unhappiness
- Changes in sleep and appetite patterns
- Withdrawn, self-isolating behaviour

Financial Abuse

Possible signs of financial abuse may include:

- Unexplained loss of money or inability to pay bills
- Sudden withdrawal of money
- Sudden disappearance of favourite or valuable possessions
- Loss of financial documents such as pension books, bank books

Sexual Abuse

Possible signs of sexual abuse may include:

- Unexplained difficulty walking
- Bleeding or bruised genitals
- Reluctance to be alone with a particular person
- Sudden behaviour change.

Indicators of other forms of abuse may be more difficult to identify, however, all staff should be aware of the following:

Psychological or Mental Abuse

This can take the form of verbal insults, shouting, swearing, blaming, ignoring, bullying, or humiliation. It can also include the spreading of rumours or malicious gossip. All residents should be able to live their lives with privacy, dignity, independence and choice, and all information about them should remain confidential. The breaking of such a duty of confidence by the spreading of stories may constitute psychological abuse.

Other

Abuse can also occur in organisations that have strict rules and routines, resulting in generally abusive regimes. Such regimes are characterised by a lack of concern for service users, a lack of choice, lack of privacy, lack of respect, public discussion of matters private to service users, unjustified use of restraints and unrestricted staff access to residents' rooms without due cause.

APPENDIX 2

IDENTIFICATION OF ADULT ABUSE AND REFERRAL OF CONCERNS

Identification of abuse

It is often staff members, the police or other involved individuals such as unpaid carers, who having most contact with service users or patients, are most likely to become aware of abusive situations. They may become aware of the possibility of suspected abuse in several ways:-

- Specific occurrences of physical injury
- Observation of a person's behaviour, or of changes in that behaviour, over a period of time
- Disclosure by the person or by a third party
- Separate referral from a third party of their suspicions or allegations.

Responses to the vulnerable adult:

- Remain calm and try not to show any shock or disbelief
- Listen very carefully to what you are being told.
- Demonstrate a sympathetic approach by acknowledging regret and concern that this has happened to the person.
- Reassure the person, telling them they have done the right thing by sharing the information, that this information be treated seriously and that the abuse is not their fault.
- Be aware of the possibility of forensic evidence if the disclosure refers to a recent incident.
- Explain that you are required to share the information with your line manager, but not with other staff or service users.
- Reassure the person that any further investigation will be conducted sensitively, and with their full involvement wherever possible.
- Reassure the person that the service will take steps to support and, where appropriate, protect them in the future.
- Report the information to your line manager at the earliest opportunity.
- Make a written record of what the person has told you.
- Do not stop someone who is freely recalling significant events but allow them to share whatever is important to them.
- Do not ask questions or press the person for more details. As this may be done during any subsequent investigation, it is important to avoid unnecessary stress and repetition for the person concerned.
- Do not promise to keep secrets.
- Do not make promises you are unable to keep.
- Do not contact the alleged abuser or alleged victim [depending on who is sharing the information with you at the time].
- Do not be judgmental.

Do not break the confidentiality agreed between the person disclosing the information, yourself and your line manager. Therefore do not talk to other staff members or residents about the information shared with you.

APPENDIX 3

DEFINITIONS OF ABUSE OF CHILDREN

Abuse

Abuse is defined as a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent them. Children may be abused in a family or in an institutional community setting by those known to them or, more rarely, by others (e.g. online). They may be abused by an adult or adults or another child or children. Abuse can take place wholly online or technology may be used to facilitate offline abuse.

Significant Harm

There are no absolute criteria on which to rely when judging what constitutes significant harm. Under s31 (10) of the Children Act 2004, the question of whether harm suffered by a child is significant relates specifically to the child's health and development. Their health or development should be compared with that which could reasonably be expected of a similar child and the parenting that we would reasonably expect them to receive from their parent/carer.

Types and Signs of Abuse

With reference to definitions included in Working Together to Safeguard Children' (2018) and Keeping Children Safe In Education (September 2018)

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. For example, this may include:

- Extreme, inappropriate physical chastisement
- Deliberate, malicious injuries
- Restraining the child inappropriately
- Leaving a child unsupervised which results in accidents causing harm

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 and development. Neglect may occur during pregnancy as a result of maternal substance abuse. Neglect may involve:

- a parent or carer failing to provide adequate food, clothing or shelter (including exclusion from home or abandonment)
- failing to protect a child from physical and emotional harm or danger
- failure to ensure adequate supervision
- failure to ensure access to appropriate medical care
- neglect of a child's basic emotional needs
- lack of interest in the welfare of the child
- inappropriate clothing
- no boundaries, limits in terms of actions and behaviour

Emotional abuse

Is the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to the child that they are worthless or unloved, inadequate or valued only in so far as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone. This may include:

- over protection and limitation of exploration and learning
- preventing the child participating in normal social interaction
- causing the child frequently to feel frightened or in danger, or the exploitation or
- corruption of the child
- persistent ridicule, rejection, humiliation
- living in an atmosphere of fear and intimidation
- being allowed no contact with other children
- inappropriate expectations being imposed
- an atmosphere of low emotional warmth or high criticism
- being bullied or scapegoated

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. They may include non-contact activities (such as involving the child in looking at pornographic material or watching sexual activities), encouraging a child 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. Sexual abuse may involve:

- Access to pornographic materials
- Being involved in the sexual activities of adults
- Being touched or talked to in sexually explicit ways – directly or indirectly
- Being spoken to about sex in ways which are inappropriate for the child and which seek to gratify the needs of others

Indicators of abuse in children may include:

- Physical marks
- Self-injury
- Loss of appetite/eating concerns
- Fears
- Worrying/unusual behaviour
- Excessive tiredness
- Inappropriate contact/talk/play/relationships
- Drawing/writing that causes concern
- Poor hygiene

Child Sexual Exploitation (CSE)

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 (a) in exchange for something the victim needs or wants, and/or (b) 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. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

The following vulnerabilities are examples of the types of things children can experience which might make them more susceptible to child sexual exploitation:

- Having a prior experience of neglect, physical and/or sexual abuse;
- Lack of a safe/stable home environment, now or in the past (domestic abuse or parental substance misuse, mental health issues or criminality, for example);
- Recent bereavement or loss;
- Social isolation or social difficulties;
- Absence of a safe environment to explore sexuality;
- Economic vulnerability;
- Homelessness or insecure accommodation status;
- Connections with other children and young people who are being sexually exploited;
- Family members or other connections involved in adult sex work;
- Having a physical or learning disability;
- Being in care (particularly those in residential care and those with interrupted care histories); and
- Sexual identity.

Not all children and young people with these vulnerabilities will experience child sexual exploitation. Child sexual exploitation can also occur without any of these vulnerabilities being present.

Indicators of Child Sexual Abuse may include:

- Acquisition of money, clothes, mobile phones etc without plausible explanation;
- Gang-association and/or isolation from peers/social networks;
- Exclusion or unexplained absences from school, college or work;
- Leaving home/care without explanation and persistently going missing or returning late;
- Excessive receipt of texts/phone calls;
- Returning home under the influence of drugs/alcohol;
- Inappropriate sexualised behaviour for age/sexually transmitted infections;
- Evidence of/suspicious of physical or sexual assault;
- Relationships with controlling or significantly older individuals or groups;
- Multiple callers (unknown adults or peers);
- Frequenting areas known for sex work;
- Concerning use of internet or other social media;
- Increasing secretiveness around behaviours; and
- Self-harm or significant changes in emotional well-being.

Peer on Peer Abuse

Children can abuse other children. This is generally referred to as peer on peer abuse and can take many forms.

This can include but is not limited to:

- bullying
- physical abuse (including hitting, kicking, shaking, biting, hair-pulling or otherwise causing physical harm),
- sexual abuse and emotional bullying (including cyber-bullying e.g. sexting (also known as youth-produced sexual imagery) and inappropriate 'banter'),
- gender-based violence (e.g. children being sexually touched / assaulted or being subject to inappropriate initiation ceremonies),
- sexual violence (including rape, assault by penetration and sexual assault)
- sexual harassment (e.g. sexual comments, remarks or taunting; physical behaviour and online harassment)

Peer on peer abuse can affect their social, mental and emotional health. Abuse is abuse and should never be tolerated or passed off as 'banter', 'just having a laugh' or 'part of growing up'. All peer on peer abuse is unacceptable and will be treated seriously. Whenever a child may have harmed another, where there is reasonable cause to suspect that a child is suffering, or likely to suffer, significant harm it will be referred to the local authority as a child protection concern. Any cases deemed to be of a criminal nature may be referred to the police.

Child Criminal Exploitation

There is no legal definition of child criminal exploitation (CCE) through organised crime groups in England and Wales. The exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (for example food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them completing a task on behalf of another individual or group of individuals; this is often of a criminal nature. Child criminal exploitation often occurs without the child's immediate recognition, with the child believing that they are in control of the situation. In all cases, those exploiting the child/young person have power over them by virtue of age, gender, intellect, physical strength and/or economic or other resources. Violence, abuse, coercion and intimidation are common; involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability. 'County lines' is the police term for urban gangs supplying drugs to suburban areas and market and coastal towns using dedicated mobile phone lines or 'deal lines'. It involves child criminal exploitation (CCE) as gangs use children and vulnerable people to move drugs and money. Gangs establish a base in the market location, typically by taking over the homes of local vulnerable adults by force or coercion in a practice referred to as 'cuckooing'.

Domestic Abuse

Domestic abuse is defined as any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- psychological
- physical
- sexual
- financial

- emotional

Exposure to domestic abuse and/or violence can have a serious, long lasting emotional and psychological impact on children. In some cases, a child may blame themselves for the abuse or may have had to leave the family home as a result. Domestic abuse affecting young people can also occur within their personal relationships, as well as in the context of their home life.

Specific Children's Safeguarding Issues

Female Genital Mutilation (FGM)

FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It is illegal in the UK and a form of child abuse with long-lasting harmful consequences.

There is a statutory duty to report cases of FGM involving children. Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015), places a statutory duty to report to the police (tel: 999) where they discover that FGM appears to have been carried out on a girl under 18.

Online-Safety

Children and young people can be vulnerable to exploitation or abuse through the medium of Information Communication Technology. It is important that staff and volunteers are alert to potential risks children or young people may be exposed to, and that steps have been taken to mitigate the risk of this occurring, with specific reference to:

- Content – e.g. exposure to age inappropriate material, inaccurate or misleading information, socially unacceptable material (e.g. inciting violence, hate or intolerance) and illegal material (including images of child abuse)
- Contact – e.g. grooming using communication technologies leading to inappropriate behaviour or abuse
- Commerce – e.g. exposure to inappropriate advertising, online gambling, identity theft and financial scams
- Culture – e.g. bullying via websites, mobile phones or other communication technologies, or inappropriate downloading of copyright materials (i.e. music, films, images); exposure to inappropriate advertising, online gambling and financial scams.