

**Safeguarding Policy**

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| Trustee Lead for Safeguarding | Heather Dunbar  heather@cavernoma.org.uk  07909 526 545 |
| Emergency Police | 999 |
| Non-Emergency Police | 101 |
| NSPCC | 0808 800 5000 |
| Government helpline for extremism | 020 7340 7264 |
| Local Authority including:  Children’s Social Care Team  Adult Social Care Team  Local Authority Designated Officer (LADO) | Contact details will vary depending on where the safeguarding concern took place. Online search tools should be used to identify the appropriate contact details |

1. **Introduction**

The Cavernoma Alliance UK (CAUK) is a UK charity that provides support to children, young people and vulnerable adults with cavernoma and their supporters. We work tirelessly to promote and protect the physical and mental health of those with cavernoma through support services, educational information and the promotion of research. It is, therefore, essential that we equip our staff, both paid and unpaid with knowledge, training and systems that will enable them to keep those who use our services safe from harm and/or abuse. Our support services which bring us into direct contact with members of the cavernoma community include:

* Helpline (email and phone)
* Buddying (email, phone and in-person)
* Counselling (zoom)
* Online support groups (zoom)
* In-person meet-ups (in-person)
* Social media support (online)

Anyone using our services has the right to be treated with respect, be helped to thrive and to be safe from any abuse in whatever form. We do this by ensuring that we act to protect them from maltreatment and have robust procedures in place to prevent the impairment of our service users’ health, well-being and development and to take immediate actions where concerns are identified. CAUK also strives to protect our service users from the risk of radicalisation and we promote equality and work hard to provide inclusive services.

1. **Overarching policy statement**

Voluntary organisations in England have statutory responsibilities to do everything they can to recognise and report abuse. Actions should be both swift and appropriate to keep children, young people and vulnerable adults safe, and to prevent such abuse from happening wherever possible. These statutory duties are outlined in Care and Support Statutory Guidance 2020, The Children Acts of 1989 and 2004 and Working Together to Safeguard Children 2019.

Anyone who is employed (in a paid or unpaid capacity) for or, on behalf of CAUK, regardless of the type or amount of contact they have with children, young people and/or vulnerable adults has a role to play in safeguarding and protecting our service users. They must:

* Know how to recognise potential safeguarding issues or concerns
* Know what to do when safeguarding concerns arise
* Understand what CAUK expects of them in terms of their own behaviour and actions
* Understand what CAUK has put in place to reduce the likelihood of safeguarding concerns

To achieve this, we have developed a suite of child protection and safeguarding policies and procedures that guide our conduct and our activities. The following policies are included in our ‘safeguarding suite’ of documents:

* Child protection and safeguarding policy
* Whistleblowing
* Safer recruitment
* Code of conduct
* Mandatory training and professional development
* The on-going supervision and suitability of staff and volunteers
* GDPR policy with retention and disposal schedule
* Equality and inclusion
* Complaints
* Online safety
* The commissioning of services and suitability checks
* Human trafficking and modern slavery
* Prevent Duty and radicalisation

# Legal framework and definition of safeguarding

The legal basis for this policy and definitions of safeguarding come from the following legislation:

* Children Act 1989 and 2004
* Safeguarding Vulnerable Groups Act 2006
* Care and Support Statutory Guidance 2018
* Working together to safeguard children 2018
* Data Protection Act 2018
* Counter-Terrorism and Security Act 2015

Safeguarding and promoting the well-being of children and young people in relation to this policy is defined as follows, with this definition taken from ‘Working together to safeguard children, 2018:

* Protecting children from maltreatment
* Preventing the impairment of children’s health or development
* Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
* Acting to enable all children to have the best outcomes

Safeguarding and promoting the well-being of vulnerable adults covers the areas of, with the definition taken from Care and Support Statutory Guidance, 2020:

* + personal dignity (including treatment of the individual with respect)
  + physical and mental health and emotional wellbeing
  + protection from abuse and neglect
  + control by the individual over day-to-day life (including over care and support provided and the way it is provided)
  + participation in work, education, training or recreation
  + social and economic wellbeing
  + domestic, family and personal
  + suitability of living accommodation
  + the individual’s contribution to society

# Definitions

**Safeguarding**

The term ‘safeguarding’ is used in several statutory guidance documents. For the purpose of this document, safeguarding children and young people is defined in ‘Working together to safeguard children’ as: “protecting children from maltreatment, preventing impairment of children’s health or development ensuring that children are growing up in circumstances consistent with the provision of safe and effective care taking action to enable all children to have the best outcomes”.

Safeguarding vulnerable adults is defined in the ‘Care and support statutory guidance issued under the Care Act 2014’ as: “protecting the rights of adults to live in safety, free from abuse and neglect people and organisations working together to prevent and stop both the risks and experience of abuse or neglect people and organisations making sure that the adult’s wellbeing is promoted including, where appropriate, taking fully into account their views, wishes, feelings and beliefs in deciding on any action recognising that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances and therefore potential risks to their safety or well-being.”

**Designated Safeguarding Lead (DSL)**

The Designated Safeguarding Lead (DSL) is a senior person within CAUK who takes lead responsibility for safeguarding and child protection. These responsibilities include training staff members to be able to identify and take appropriate action in the event of disclosures or safeguarding concerns, to liaise with safeguarding partners to ensure that the actions of the organisation continue to protect children, young people and vulnerable adults.

**Staff**

Describes all paid and non-paid staff such as volunteers, trustees and anyone representing CAUK.

**Service Users**

Children and their parents, young people and vulnerable adults that engage with CAUK.

**Children**

From birth to the end of primary school which is around the age of 11 years old.

**Young People**

11-17 years old

**Vulnerable Adults**

Those in residential accommodation provided in connection with care or nursing or in receipt of domiciliary care services Those receiving healthcare. Those in lawful custody or under the supervision of probation services. Those receiving a welfare service of a prescribed description or direct payments from a social services authority. Those receiving services or taking part in activities aimed at people with disabilities or special needs because of their age or state of health. Those who need assistance in the conduct of their affairs “as per the Safeguarding Vulnerable Groups Act (2006).

**Commissioned Services**

Services brought in by CAUK to deliver specialists support or to add capacity to our workforce for a short period of time.

# Policy statement

To safeguard service users and promote their welfare we will:

* Create environments that encourage a positive self-image
* Provide positive role models and develop a safe culture where staff are confident to raise concerns about professional conduct
* Support staff to notice the softer signs of abuse and know what action to take
* Provide a safe and secure environment both physically and emotionally for services users
* Promote tolerance and acceptance of different beliefs, cultures & communities
* Always listen to children, young people and vulnerable adults
* Provide an environment where staff are confident to identify where children and families may need intervention and seek the help they need
* Share information with other agencies as appropriate

CAUK is aware that abuse sadly occurs in our society, therefore, our staff need to be ready to identify the signs of abuse and be able to take swift and appropriate action when concerns arise. Due to the sensitive nature of the services that we provide and the knowledge we develop of our families, our staff may be the first people to identify that there may be a problem. They may well be the first people in whom children, young people or vulnerable adults confide information that may suggest abuse or to spot changes in behaviour that may indicate abuse.

Our prime responsibility is the welfare and well-being of our service users which includes our statutory duty to act quickly and responsibly in any instance that may come to our attention. This includes sharing information with any relevant agencies such as local authority services for children’s or adult’s social care, health professionals or the police. All staff will work with other agencies in the best interest of our services users, including as part of a multi-agency team, where needed.

CAUK aims to:

* Keep service users at the centre of all we do
* Ensure staff are trained from the point of employment/volunteering:
* to understand our child protection and safeguarding policies and procedures,
* to be alert to identifying possible signs of abuse (including the signs known as softer signs of abuse)
* and to be aware of the different ways in which children, young people and vulnerable adults can be harmed
* Be aware of the increased vulnerability of service users with Special Educational Needs and Disabilities (SEND)
* Ensure that all staff feel confident and supported to act in the best interest of service users, sharing information and seeking help, when needed
* Ensure that all staff are familiar and updated regularly with child protection and safeguarding training and procedures and kept informed of changes to local/national procedures
* Make any child protection or adult social care referrals in a timely manner, sharing relevant information as necessary in line with procedures set out by the Local Authority
* Ensure that information is shared only with those people who need to know in order to protect the child/vulnerable person and act in their best interest
* Keep CAUK safe online by using appropriate software, checks and safeguards
* Ensure that children, young people and vulnerable adults are never placed at risk whilst working with CAUK staff and commissioned service providers
* Identify changes in staff behaviour and act on these as per our Supervision Policy
* Take any appropriate action relating to allegations of serious harm or abuse against any person working with children, young people or vulnerable adults including reporting such allegations to the relevant authorities
* Ensure service users are fully aware of our child protection and safeguarding policies and procedures when they register with us and are kept informed of all updates when they occur
* Regularly review and update this policy with staff and services users, where appropriate and make sure it complies with all legal requirements

# In all cases, safeguarding concerns will be recorded and reported in line with our procedures.

1. **Disclosures**

A disclosure is when someone confides information to us that is not previously known. In the world of safeguarding, disclosures are likely to relate to any of the ‘types of abuse’ found at Annex A. In the first instance staff members should:

* Reassure the service user and listen without interrupting
* Observe and listen carefully and then write down what has been seen and/or heard
* Write a factual account of what happened and refrain from making assumptions or judgements
* Share this information with the Designated Safeguarding Lead

In all situations staff members should never make promises that the information shared will remain a secret as it will be necessary to share this information to keep the service user safe.

# Concerns about a service user

All staff have a responsibility to report safeguarding concerns and suspicions of abuse. These concerns must be discussed with the Designated Safeguarding Lead (DSL) as soon as possible, unless the concerns relate to the behaviour and/or the conduct of the DSL.

# Actions

* Staff members will report their concerns to the DSL (in the absence of the DSL they should report their concerns to the Trustee with responsibility for safeguarding)
* Any signs of marks/injuries to a service user or information a service user has given will be recorded and stored securely
* If appropriate, the incident will be discussed with the parent/carer and the discussion will be recorded
* The parent/carer will have access to the records of any discussions they have taken part in, on request.

The Designated Safeguarding Lead will:

* Contact the local authority children’s/adult’s social care team to report concerns and seek advice. If it is believed a service user is in immediate danger, we will contact the Police. If the safeguarding concern relates to an allegation against an adult working or volunteering with service users, the DSL will follow the reporting allegations procedure (see below).
* Develop a chronology of events, recording key information and any actions taken relating to the concern raised
* Concerns will be referred within 24 hours
* Speak to the parents (unless advised not do so by Social Care colleagues)
* The DSL will follow up with the local authority children’s/adult’s social care team if they have not contacted CAUK within the timeframe set out in Working Together to Safeguarding Children (2019). We will never assume that action has been taken.

Keeping our service users safe is our highest priority and if, for whatever reason, staff do not feel able to report concerns to the DSL or the nominated Trustee for safeguarding, they should call the Local Authority Designated Officer (LADO) from the Local Authority in which the concern has been raised or contact the NSPCC and report their concerns anonymously.

# Recording Suspicions of Abuse and Disclosures

Staff members should make an objective record of any observation or disclosure, supported by the DSL. This record should include:

* Full names and dates of birth for the child and other members of the family.
* Address and daytime phone numbers for the parents, including mobile.
* The child's address and phone number.
* The whereabouts of the child (and siblings).
* The child and family's ethnic origin.
* The child and family's main language.
* What was actually said or heard in the words of the service user
* What was observed by the staff member and the names of any other person that may have been present
* The date, time and location of the event
* A chronology of events
* Actions taken and the people contacted.
* The special needs of the child, including the need for an accredited interpreter, accredited sign language interpreter or other language support.
* A clear indication of the family's knowledge of the referral and whether they have consented to the sharing of confidential information

Any documented concerns should be signed as a true record and countersigned by the DSL and the details of the person making the referral and their position within CAUK should be made clear.

# Other information that may be essential:

* Addresses of wider family members
* Previous addresses of the family
* Schools and nurseries attended by the child and others in the household
* Name, address & phone number of GP/Midwife/Health Visitor/School Nurse
* Hospital ward/consultant/Named nurse and dates of admission/discharge
* Details of other children who may be in contact with the alleged abuser
* Details of other practitioners involved with the family
* Child's legal status and anyone not already mentioned who has parental responsibility

# Records

All concerns about a service user will be recorded and records kept. This record will be a separate child protection/welfare record held in a separate child protection/safeguarding file and each concern will be clearly recorded with all decisions, actions taken and with outcomes and feedback to the referrer. These records will be shared on a need-to-know basis.

We will follow the local authority’s current guidance on the Child Protection Record Keeping and this will be reflected in our GDPR policy and GDPR retention and disposal schedule.

These records will be signed as a true and accurate account by the person reporting the concern and this should be counter-signed by the DSL, dated and kept in a separate confidential file. If a service user starts to talk to an adult about potential abuse it is important not to promise the service user complete confidentiality. This is a promise that cannot be kept.

# Confidentiality

All suspicions, enquiries, referrals and external investigations are to be kept in the strictest confidence and shared only with those who need to know. Any information shared should be done so in line with guidance from the local authority.

# Allegations against adults working or volunteering with service users

If an allegation is made against a member of staff or volunteer regardless of whether the allegation relates to the work of CAUK, we will follow the procedure below.

* The allegation should be reported to the DSL. If this person is the subject of the allegation, then this should be reported to the Trustee with responsibility for safeguarding or the Local Authority Designated Officer (LADO).
* The LADO will be informed immediately for advice and guidance
* A full investigation will be carried out by the appropriate professionals (LADO or Police) to determine how this will be handled
* CAUK will follow all instructions from the LADO and the Police and ask all staff members to do the same and co-operate where required
* Support will be provided to all those involved in an allegation throughout the external investigation in line with LADO support and advice
* CAUK reserves the right to suspend any member of staff during an investigation
* All enquiries/external investigations/interviews will be documented and kept in a locked file for access by the relevant authorities
* Unfounded allegations will result in all rights being reinstated
* Founded allegations will be dealt with as gross misconduct in accordance with our disciplinary procedures and may result in the termination of employment.
* CAUK will also notify the Disclosure and Barring Service (DBS) to ensure their records are updated, where appropriate
* All records will be kept until the person reaches normal retirement age or for 21 years and 3 months if that is longer. This will ensure accurate information is available for references and future DBS checks and avoids any unnecessary reinvestigation
* CAUK retains the right to dismiss any member of staff in connection with founded allegations following an inquiry or investigation

# Staffing and volunteering

Our policy is to provide a secure and safe environment for all service users.

We only allow an adult who is employed by CAUK (in a paid or unpaid capacity) to work with children, young people and vulnerable adults if they have an enhanced clearance from the Disclosure and Barring Service. We will obtain enhanced criminal records checks (DBS) for all volunteers, but should a DBS check not come through in time for a volunteer to take part in a key event, we will ensure that the volunteer does not work with service users in an unsupervised capacity.

All staff will attend child protection and safeguarding training annually, and a basic level of child protection training will need to be accesses during their induction period. This will include the procedures for spotting signs and behaviours of abuse and abusers/potential abusers, recording and reporting concerns and creating a safe and secure environment for service users.

During the induction period, staff will be given the contact details for the LADO, the local authority children’s social care team, the local authority’s adult social care team and the NSPCC to enable them to report any safeguarding concerns, independently, if they feel it necessary to do so.

We have a named Designated Safeguarding Lead (DSL) within CAUK who takes lead responsibility for safeguarding and the co-ordination of safeguarding referrals and welfare issues. Should a member of staff be unable to get int contact with the DSL, they should the Trustee with responsibility for safeguarding during the normal hours of operation. Please see contact details on page one.

These designated persons will receive comprehensive training at least every two years and update their knowledge on an ongoing basis, but at least once a year.

CAUK’s DSL will:

* liaise with local authority social care teams
* undertake specific specialist training, including a child protection training course
* seek out regular updates to developments within this field

They also have a responsibility to disseminate updates and their knowledge to CAUK staff.

# Breaches of safeguarding policy

Breaches are categorised as ‘major’ or ‘minor’. A major breach is one which may exacerbate a live safeguarding concern or prevent its being properly dealt with.

Examples: failing to pass on a disclosure to the DSL for further action; telling someone suspected of abuse that they are the subject of an investigation without the prior approval of Social Care.

If there has been a major breach (or suspected major breach) of the Policy, the following course of action should be followed:

1. Breach by a member of staff or volunteer: immediately report the breach to the DSL, who will consult Social Care as to the course of action to follow.
2. Breach by the DSL: immediately report the breach to the Board member with responsibility for safeguarding.
3. Breach by a Board member: immediately report the breach to the Chair of Trustees.

In all cases, if the appropriate person cannot be contacted immediately, pass up to the next person or direct to Social Services if none of these are available. Ask the recipient to let you know when they have taken the necessary action; if they do not do so, contact them again and, if necessary, escalate to the next level until you are sure the matter is being dealt with. If you think the subject is at immediate risk of harm call the police.

A minor breach is one which has no direct bearing on a live safeguarding concern but may reduce the organisation’s capacity to deal with any concerns in the future.

Examples: failing to ensure staff/volunteers receive adequate training in safeguarding and on relevant CAUK policies before coming into contact with children; failing to keep records of DBS checks for the required period.

Minor breaches will be dealt with by normal management action and reported to the DSL and the Board member with responsibility for safeguarding. In all cases a review of procedures will be carried out and any recommendations passed to the Board member with responsibility for safeguarding for comment.

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| Date originally written | July 2022 |
| Date of most recent review | 24th January 2024 |

**Annex A - Types of abuse**

Abuse and neglect are forms of maltreatment of a child, young person or vulnerable adult. Somebody may abuse or neglect a service user by harming them or by failing to act to prevent harm. Service users may be abused within a family, institution or community setting by those known to them or a stranger. This could be an adult or adults, another child/young person or a group of children/young people. The signs and indicators listed below may not necessarily indicate that a service user has been abused but will help us to recognise that something may be wrong, especially if a service user shows a number of these symptoms or any of them to a marked degree.

# Specific Safeguarding Issues

There are a growing number of specific safeguarding concerns that staff need to be familiar with for them to be able to identify when service users may be at risk. These include:

* Bullying (including cyber bullying)
* Child Sexual Exploitation (CSE) and as defined by Working Together 2018
* Domestic Violence
* Drug use
* Fabricated or induced illness (Munchhausen by proxy)
* Faith abuse
* Female Genital Mutilation (FGM)
* Forced Marriage
* Gangs and Youth Violence
* Gender based violence/Violence against women and girls (VAWG)
* Hate
* Mental Health
* Radicalisation
* Online abuse/Sexting
* Teenage Relationship abuse
* Trafficking
* Sexual abuse within the family
* The exploitation of vulnerable adults
* Control of vulnerable adults (including over care, the support provided, way it is provided)
* Poor parenting, particularly in relation to babies and young children

# Indicators of abuse

* Failure to thrive and meet developmental milestones
* Fearful or withdrawn tendencies
* Unexplained injuries to a service user or conflicting reports from parents or staff of how injuries occurred
* Repeated injuries
* Unaddressed illnesses or injuries
* Significant changes to behaviour patterns.

Softer signs as defined by National Institute for Health and Care Excellence (NICE) include:

* Low self-esteem
* Wetting and soiling
* Recurrent nightmares
* Aggressive behaviour
* Withdrawing communication
* Habitual body rocking
* Indiscriminate contact or affection seeking
* Over-friendliness towards strangers
* Excessive clinginess
* Persistently seeking attention.

# Peer on peer abuse

We are aware that peer on peer abuse does take place, so we include children, young people and vulnerable adults in our policies when we talk about potential abusers. This may take the form of bullying, physically causing pain or injury, emotional abuse, or sexual abuse. We will report this using the same process outlined in this policy and will take advice from the appropriate bodies in these matters.

# Physical abuse

Action needs to be taken if a staff member has reason to believe that there has been a physical injury to a service user where there is definite knowledge or reasonable suspicion that the injury was inflicted or knowingly not prevented (this would include deliberate poisoning). These symptoms may include bruising or injuries in an area that is not usual such as fleshy parts of the arms and legs, the back, wrists, ankles and the face. We do, however, need to remember that in the case of children, it is expected that they will have cuts and grazes from normal childhood activities.

The physical signs of abuse may include:

* Unexplained bruising, marks or injuries on any part of the body
* Multiple bruises- in clusters, often on the upper arm, outside of the thigh
* Cigarette burns
* Human bite marks
* Broken bones
* Scalds, with upward splash marks.
* Multiple burns with a clearly demarcated edge.
* Children and babies may also be abused physically through shaking or throwing.

These are not usual injuries and should always be logged and discussed with the DSL. Changes in behaviour can also indicate physical abuse, such as:

* Fear of parents/carers being approached for an explanation
* Aggressive behaviour or severe temper outbursts
* Flinching when approached or touched
* Reluctance to get changed, for example in hot weather
* Depression
* Withdrawn behaviour
* Running away from home.

# Female genital mutilation

This type of physical abuse is practised as a cultural ritual by certain ethnic groups and there is now more awareness of its prevalence in some communities in England including its effect on the children, young people and their siblings. This procedure may be carried out shortly after birth, during childhood or adolescence, just before marriage or during a woman’s first pregnancy depending on the community. Symptoms may include bleeding, painful areas, acute urinary retention, urinary infection, wound infection, septicaemia, incontinence, vaginal and pelvic infections with depression and post-traumatic stress disorder as well as physiological concerns. If you have concerns about a service user relating to this area, we will contact our children’s social care team and the Police with immediacy as we are well aware that there is a mandatory duty to report any case where an act of female genital mutilation appears to have been carried out on a girl under the age of 18.

# Breast ironing

Breast ironing also known as "breast flattening" is the process where young girls' breasts are ironed, massaged and/or pounded down through the use of hard or heated objects in order for the breasts to disappear or delay the development of the breasts entirely. It is believed that by carrying out this act, young girls will be protected from harassment, rape, abduction and early forced marriage.

# Fabricated illness (Munchhausen by proxy)

This is also a type of physical abuse. This is where a child, young person or vulnerable adult is presented with an illness that is fabricated by the adult carer. The carer may seek out unnecessary medical treatment or investigation. The signs may include a carer exaggerating a real illness or symptoms, complete fabrication of symptoms or inducing physical illness, e.g. through poisoning, starvation, inappropriate diet. This may also be presented through false allegations of abuse or encouraging the child to appear disabled or ill to obtain unnecessary treatment or specialist support.

# Sexual abuse

Action needs be taken if a staff member witnesses any occasion where a child, young person or vulnerable adult indicates inappropriate sexual activity through words, play, drawing, has an excessive preoccupation with sexual matters or has an inappropriate knowledge of adult sexual behaviour or language. This may include acting out sexual activity on dolls/toys or with peers, drawing pictures that are inappropriate for a child, talking about sexual activities or using sexual language or words. The physical symptoms may include genital trauma, discharge and bruises between the legs or signs of a sexually transmitted disease (STD). Emotional symptoms could include a distinct change in a service user’s behaviour. These changes could include:

* Sudden or unexplained changes in behaviour e.g. becoming aggressive or withdrawn
* Fear of being left with a specific person or group of people
* Having nightmares
* Running away from home
* Sexual knowledge beyond their age, or developmental level, sexual drawings/language
* Bedwetting
* Eating problems such as overeating or anorexia
* Self-harm or mutilation, sometimes leading to suicide attempts
* Saying they have secrets they cannot tell anyone about
* Substance or drug abuse
* Suddenly having unexplained sources of money
* Not allowed to have friends (particularly in adolescence)
* Acting in a sexually explicit way towards adults.

They may be withdrawn or overly extroverted and outgoing. They may withdraw away from a particular adult and become distressed if they reach out for them, but they may also be particularly clingy to a potential abuser so all symptoms and signs should be looked at together and assessed as a whole. If a service user starts to talk openly to an adult about abuse they may be experiencing, the procedure for disclosures outlined earlier should be followed.

# Child sexual exploitation (CSE)

Working Together to Safeguard Children defines CSE as “…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.”

Risk factors may include;

* Going missing
* Engagement in offending
* Disengagement from education
* Using drugs or alcohol
* Unexplained gifts/money
* Repeat concerns about sexual health
* A decline in emotional wellbeing

# The Criminal exploitation of Children: County Lines

Signs which may indicate criminal exploitation:

* Persistently going missing from school or home and / or being found out-of-area
* Unexplained acquisition of money, clothes, or mobile phones
* Excessive receipt of texts /phone calls
* Relationships with controlling /older individuals or groups
* Leaving home / care without explanation
* Suspicion of physical assault /unexplained injuries
* Parental concerns
* Carrying weapons
* A significant decline in school results / performance
* Gang association or isolation from peers or social networks
* Self-harm or significant changes in emotional well-being

# Adult sexual exploitation

Adult Sexual Exploitation (ASE) is a form of sexual abuse that involves someone taking advantage of an adult, sexually, for their own benefit through threats, bribes, and violence. Perpetrators usually hold power over their victims, due to age, gender, sexual identity, physical strength or status.

Adults can be sexually exploited in many ways. Examples include:

* rape
* sexual assault
* being tricked or manipulated into having sex or performing a sexual act
* being trafficked into, out of, or around the UK for the purpose of sexual exploitation (i.e. prostitution)
* being forced to take part in or watch pornography
* being victim to revenge porn (when a previously taken video or photograph, which was taken with or without consent, is shared online)

# Emotional abuse

Action should be taken if a staff member has reason to believe that there is a severe, adverse effect on the behaviour and emotional development of a child, young person or vulnerable adult, caused by persistent or severe ill treatment or rejection.

This may include extremes of discipline where a service user is shouted at or put down on a consistent basis, lack of emotional attachment by a parent, or it may include parents or carers placing inappropriate age or developmental expectations upon them. Emotional abuse may also be imposed through the service user witnessing domestic abuse and alcohol and drug misuse by adults caring for them.

The service user is likely to show extremes of emotion with this type of abuse. This may include shying away from an adult who is abusing them and becoming withdrawn, aggressive or clingy in order to receive love and attention. This type of abuse is harder to identify as it is unlikely to result in physical signs. These changes in behaviour may indicate emotional abuse:

* Neurotic behaviour e.g. sulking, hair twisting, rocking
* Being unable to play
* Fear of making mistakes
* Sudden speech disorders
* Self-harm
* Fear of parent being approached regarding their behaviour
* Developmental delay in terms of emotional progress.

# Neglect

Action should be taken if a staff member has reason to believe that there has been any type of neglect of a service user (for example, by exposure to any kind of danger, including cold, starvation or failure to seek medical treatment, when required, on behalf of the child, young person or vulnerable adult), which results in serious impairment of their health or development, including failure to thrive.

Signs may include a decline in the service user’s appearance – they may appear unwashed or unkempt, wearing clothes that are too small, including shoes that are too tight or have an illness or identified special educational need or disability that is not being addressed by the parent or carer. Service users may also be persistently hungry if a parent/carer is withholding food or not providing enough to meet their needs.

Neglect may be shown through emotional signs (see emotional abuse). It may include a failure to:

* Provide adequate food, clothing and shelter
* Protect a service user from physical and emotional harm or danger
* Ensure adequate supervision
* Ensure access to appropriate medical care or treatment.
* Respond to the service user’s basic emotional needs

# Bullying

Any form of bulling on and offline including prejudice based and cyber bullying is also abusive.

# Domestic Abuse

Domestic abuse is behaviour from a family member, partner or ex-partner that:

* is controlling, coercive, threatening, violent or abusive
* happens between people aged over 16

Domestic violence and abuse can happen to men or women. It includes the following types of abuse:

* psychological
* physical
* sexual
* financial
* emotional

This would also include gaslighting (which is the act of manipulating a person by forcing them to question their thoughts, memories, and the events occurring around them. A victim of gaslighting can be pushed so far that they question their own sanity). Should staff have any concerns about domestic abuse, they should initially speak to the DSL and contact the freephone, 24-hour National Domestic Abuse Helpline or Respect (previously Men's Advice Line (MALE) using their online contact details.

# Carrying knifes/offensive Weapons & Gang Culture

Bringing and carrying a knife/offensive weapon onto any premises is a criminal offence and immediate action will be taken by calling the Police. If a member of staff suspects a service user or parent/carer of being involved in gang culture, this will be discussed with the DSL who will seek advice from safeguarding specialists and the Police.

# Extremism - the Prevent Duty

Under the Counter-Terrorism and Security Act 2015, we have a duty to refer any concerns of extremism to the Police (In Prevent priority areas, the local authority will have a Prevent lead who can also provide support). We have a Prevent Duty Policy in place. Please refer to this for specific details.

# Online Safety

We take the safety of our service users very seriously and this includes their online safety. Please refer to the Online Safety Policy for details on this.

# Human Trafficking and Slavery

Please refer to our Human Trafficking and Modern-Day Slavery Policy for detail on how we keep service users safe.