# Family Refugee Support Project

## Safeguarding Procedures
January 2021

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# 1. Introduction

Family Refugee Support Project (FRSP) acknowledges its **duty of care** to safeguard and promote the well-being and welfare of our beneficiaries, staff, volunteers and those connected with FRSP's activities, and is committed to ensuring safeguarding practices reflect statutory responsibilities, government guidance and complies with best practice standards and Charity Commission requirements.

FRSP recognises that delivering the range of therapeutic services, support, programmes and activities requires vigilance and understanding by all Trustees, staff and volunteers who are involved. Clients accessing the project are vulnerable for a variety of reasons, not least as they have experienced human rights abuses, and are coping with mental health issues in a country and culture different to the one they grew up understanding.

These safeguarding procedures have been developed in recognition of the fact that as well as the above reasons, help and support is needed as a consequence of individuals:

1. being abused/ harmed or being at risk of abuse/harm by others
   OR
2. behaving in a way that has seriously harmed another adult or child which puts other adults or children at risk of serious harm
   OR
3. having increased thoughts of harming themselves and/or their children

These procedures should be used by all Trustees, staff and volunteers when they have a safeguarding concern about any child or adult. This includes FRSP's own Trustees, staff and volunteers.

These procedures have been prepared in accordance with the local inter agency procedures for Liverpool provided by the [Liverpool Safeguarding Children Partnership] and the [Merseyside Safeguarding Adults Board] together with the North West Safeguarding Adults Policy.

These procedures should be read in conjunction with the following policies and procedures:

- Allegations Management Policy and Procedures
- Whistleblowing Policy and Procedures
- Safer Recruitment Policy and Procedures

- Complaints Policy and Procedures

## 2. What is safeguarding?

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Safeguarding is about protecting children and adults from significant and serious harm and keeping them safe. It involves identifying those who have suffered harm or who may be at risk of harm and working with them and other agencies in order to protect them from avoidable harm.

All Trustees, staff and volunteers should be committed to recognising, preventing, and responding to the risk of, and actual abuse of children and adults, as far as is reasonably practicable. FRSP has a responsibility to safeguard children, adults, themselves and the organisation by reducing and managing risk. The procedures have been developed to:

- prevent and reduce the incidence of abuse
- increase awareness of issues concerning the abuse of adults and children
- provide a process if issues of concern are disclosed or discovered;
- improve the quality of life and protection of adults and children with whom we work
- protect people from harm
- make sure people can raise safeguarding concerns
- handle allegations or incidents
- report to the relevant authorities

We must be alert to the risks from:

- sexual harassment, abuse and exploitation
- negligent treatment
- physical or emotional abuse
- bullying or harassment
- health and safety
- commercial exploitation
- criminal exploitation
- radicalisation and extremism
- forced marriage and honour-based violence
- trafficking or modern slavery
- female genital mutilation
- discrimination on any of the grounds in the Equality Act 2010
- people targeting our organisation
- culture within the organisation allowing poor behaviour
- people abusing a position of trust they hold within the Charity

# 3. Recognising Abuse and Neglect

The signs of abuse are not always obvious, and an individual might not tell anyone what has happened, or is happening to them They might be scared that the abuser will find out, and worried that the abuse will get worse, or that their family might be harmed – in this country or back in their country of origin. Or they might think that there's no-one they can tell or that they won't be believed. Sometimes, individuals do not even realise that what is happening to them is abuse.

Children are abused or are at risk of abuse when their basic needs are not being met through acts of either commission or omission.

The categories of **adult abuse and neglect** are:
- Physical Abuse
- Psychological Abuse
- Sexual Abuse
- Neglect and acts of omission
- Financial or material
- Domestic abuse
- Modern slavery
- Discriminatory
- Organisational
- Self-Neglect

Where a local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident) and that adult:
a) has needs for care and support (whether or not the authority is meeting any of those needs) and
b) is experiencing, or is at risk of, abuse or neglect, and
c) as a result of those care and support needs is unable to protect himself or herself from either the risk of, or the experience of abuse or neglect.

Within the scope of this definition are:
- All adults who meet the above criteria regardless of their mental capacity to make decisions about their own safety or other decisions relating to safeguarding processes and activities
- Adults who manage their own care and support through personal or health budgets
- Adults whose needs for care and support have not been assessed as eligible or which have been assessed as below the level of eligibility for support
- Adults who fund their own care and support

- Children and young people in specific circumstances (see North West Safeguarding Adults Policy Section 2.7)

Then the local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case and if so, what should happen and who should do it. This then constitutes a statutory Section 42 enquiry. For further details please see (Appendix N)

The categories of **child abuse and neglect** are:
- Physical Abuse
- Emotional Abuse
- Sexual Abuse
- Neglect

The ability of trustees, staff and volunteers to recognise the signs and symptoms of abuse will depend upon their experience and training, however **all** Trustees, staff and volunteers should be alert to the possible signs of abuse. For full details of definitions, please see (**Appendix A).**

## 4. Responding to a safeguarding concern or disclosure

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Staff may have suspicions that a person is either
- at risk of harm or
- suffering abuse or neglect

because of behavioural, emotional and/or physical factors; or symptoms or conversations and/or written evidence which indicate that abuse or neglect may have taken place, or an individual may disclose information that causes a concern for their safety and welfare.

When making difficult judgements around possible signs and symptoms of abuse and neglect (including self neglect) it is crucial that all available information and presenting injuries or behaviours are seen in context. e.g., is the change in behaviour a result of a sudden illness, recent trauma, or mental health issues?

In this event FRSP Trustees, staff and volunteers must take prompt action to protect the individual. No single member of FRSP's workforce will be expected to make isolated decisions regarding abuse issues – the responsibility will always be shared.

If an individual discloses abuse, the following check list should be applied and followed by Trustees, staff, including interpreters and volunteers:
1. Take the concern / allegation seriously

2. Listen; encourage the child/adult to speak freely, but do not ask ‘leading questions’
3. Establish who is the alleged perpetrator or source of harm (and their whereabouts)
4. Stay calm
5. Take emergency action if needed (call 999)
6. Do not interpret the incident / indicate to the child/adult that you consider the incident is abuse as this will be established through investigation
7. Know not to express shock/embarrassment or other reactive feelings
8. Do not promise to keep the matter secret - **you have a safeguarding responsibility**
9. Do not discuss the allegation with the alleged perpetrator
10. Do not question the child/adult about the truth of what they are saying
11. Make a careful note of all the details (in your memory until they can be written down later) and include:
    - As accurately as possible the words that the child/adult used
    - The date, time and circumstances
    - What you said and any action you took
    - Sign and date the document
    - Keep it securely
12. Reassure the child/adult that you are pleased that they have felt able to tell you
13. Explain what you will do next
14. Ensure the child/adult is safe

**You should complete the FRSP Safeguarding Concern Form and notify the Designated Safeguarding Lead (or Deputy) as soon as possible (Appendix B).**

You should ensure that when you speak with someone who has identified themselves as a victim of abuse or neglect that they are comfortable and understand the questions you are asking them – it is about their safety and protection.

Particular sensitivity and attention are required when asking about whether the victim has been assaulted, physically and/or sexually by the perpetrator, or if the individual has expressed suicidal thoughts. The vulnerability of victims cannot be overstated. This could be further compounded by issues such as traditional gender roles, literacy and language and/or immigration or refugee status. You should take into consideration the victim’s perception of risk.

# 5. Reporting a safeguarding concern

FRSP accepts that both adults and children have their own rights. In particular they have the right to have their own basic needs met, be free from harm and exploitation and the right to family and private life.

FRSP has to ensure that all reasonable steps are taken to ensure the safety of children and adults and any third parties involved in any activity or interaction for which a Trustee, staff member or volunteer of the organisation is responsible.

If after any contact with an adult or child, a Trustee, staff member or volunteer has reasonable cause to suspect that:

a. a child has suffered significant harm or is at risk of significant harm, or
b. an adult has been seriously harmed or is at risk of serious harm

you should report the concern to the Designated Safeguarding Lead (or Deputy Designated Safeguarding Lead) immediately even if the allegation is about abuse that has taken place in the past in accordance with the following steps:

1. If you receive a disclosure of abuse or suspect a client or other individual is at risk of suffering abuse then you must report the matter immediately to the Designed Safeguarding Lead (or Deputy) and record your concerns on the FRSP Safeguarding Concern Form.
2. If you believe that a child, adult or yourself is likely to suffer immediate harm then you should take emergency action and telephone 999 immediately. All emergency telephone contact should immediately be followed by the completion of the FRSP Safeguarding Concern Form.
3. If an adult has made the disclosure or abuse or harm where possible you should seek their consent to share information (if safe to do so) with the Police or Social Care Safeguarding Team. (See Section 7 & 9 and Appendix L)
4. Verbal telephone reports to Police or Social Care Safeguarding Team should be followed up in writing within 24hrs.
5. If not already notified, then you must make the Designated Safeguarding Lead or Deputy aware of all reports to the Police or Social Care Safeguarding Team. They will then lead all liaisons with statutory agencies during any safeguarding investigations.
6. If the Designated Safeguarding Lead (or Deputy) fails to respond appropriately to any safeguarding reports then the matter should be escalated to the Lead Trustee for Safeguarding.

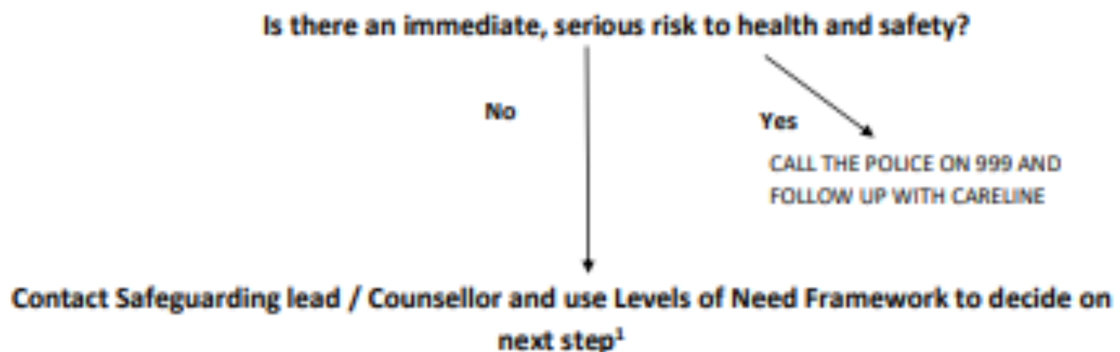
All decisions, discussions and agreed actions must be recorded on the Safeguarding Concern Form, signed and dated and will be recorded on FRSP electronic safeguarding records system by the Designated Safeguarding Lead.

| | |
|---|---|
| Lead Trustee for Safeguarding | Robert Waugh<br>rlwaugh@aol.com<br>0151 929 3681<br>07721 504884 |
| Designated Safeguarding Lead | Jason Ward, Project Director<br>jason@frsp.org.uk<br>0151 728 9340 |
| Deputy Designated Safeguarding Lead | Julia Nelki<br>jnelki@hotmail.com<br>07931632850 |

## FRSP Safeguarding Procedure for Children

**FRSP Child Safeguarding Procedure**

**In the event of concern regarding the welfare of a child:**




**Levels of Need Identified**

***Level 1:*** **No action needed; continue to support the family as usual**

***Level 2:*** **Consult with parents and obtain consent to contact EHAT hub[2] with safeguarding lead and take advised action. If a new EHAT is needed, instigate process via the children's school with the parents, or consult further with the EHAT hub.**

***Level 3:*** **Discuss with Safeguarding lead, who will either follow as with level 2 with parental consent, or escalate with or without parental consent to call Careline on 0151 233 3700 and follow up with the MARF[3]**

***Level 4:*** **Contact police in an emergency and Careline with details with or without consent from parents. Follow up with the MARF online within 48 hours**

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[1] PDF LEVELS OF NEED FRAMEWORK PAGE 12

[2] PDF LEVELS OF NEED FRAMEWORK PAGE 13

[3] https://liverpool.gov.uk/referrals/childrens-social-care-referrals/make-an-urgent-marf-referral/

# 6. Recording a safeguarding concern

It is vital that a written record of any safeguarding concern or allegation is made as soon as possible after the information is obtained. Written records must reflect as accurately as possible what was said and done by the people initially involved in the incident either as a victim, suspect or potential witness. The notes must be kept safe as it may be necessary to make records available as evidence and to disclose them to a court.

The record should be factual. However, if the record does contain your opinion or an assessment, it should be clearly stated as such and be backed up by factual evidence. Information from another person should be clearly attributed to them.

The following steps should be observed:

1. Whenever possible and practical, take notes during any conversation.
2. Ask permission to do this and explain the importance of recording information.
3. Explain that the child/adult giving you the information can have access to the records you have made in respect of their own information.
4. Where it is not appropriate to take notes at the time, make a written record as soon as possible afterwards.
5. Record the time, date, location, format of information (e.g. letter, telephone call, direct contact) and the persons present when the information was given.
6. The record must always be signed and dated by the person making the record.
7. Include as much information as possible but be clear about which information is fact, hearsay, opinion and do not make assumptions or speculate.
8. Include the context and background leading to the disclosure.

The Designated Safeguarding Lead (and Deputy) will:

1. Maintain a log of any/all discussions or agreed actions recording times, dates and names of people contacted and spoken to as well as their contact details.
2. Include full details of previous concerns or referrals to the Children's or Adult's Social Care and the Police if known.
3. Ensure all original notes or documents are retained if notes have to be made elsewhere. These original notes may form part of the 'evidence chain' in a criminal investigation.
4. Maintain all original safeguarding records, including rough notes securely at all times.

**See Appendix B.**

# 7. Referring a safeguarding concern to statutory services

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The person responsible for referring safeguarding concerns to external Statutory Agencies is the Designated Safeguarding Lead or Deputy or in exceptional cases the Lead Trustee for Safeguarding.

They will:
1. Telephone the appropriate Social Care department (Children or Adult Social Care')
2. Forward a written report/referral to the relevant Social Care department as soon as possible and certainly within 24 hours clearly indicating this is a Child/Adult Safeguarding referral.

**Liverpool Safeguarding Children**
Careline – 0151 233 3700
Multi-Agency Referral Form must be completed within one working day of making a telephone referral to Careline.

**Liverpool Safeguarding Adults**
Careline – 0151 233 3800
**https://liverpool.gov.uk/adult-social-care/keeping-adults-safe/adults-at-risk/**

**Consent**
Wherever possible and safe, consent should be sought, however you do not require the consent of an adult or child to make a safeguarding referral.  The criteria for not informing or seeking consent are:
1. Seeking consent would increase the risk of harm to a child or adult; or
2. Because, in the referrer's professional opinion, to do so might impede an investigation that may need to be undertaken; or
3. Because there would be an undue delay caused by seeking consent which would not serve the child or adult's best interests.

If you feel that your own or another employee's or volunteer's immediate safety may be put at risk by seeking consent then you should seek advice from the Designated Safeguarding Lead and/or make this clear on the referral form and in any telephone contact with Children's/Adult's Social Care as noted above.

Fear of jeopardising a hard-won relationship with a client, colleague or visitor because of a need to make a safeguarding referral is not sufficient justification for not telling them that you need to refer. To the contrary, this lack of openness will do little to foster ongoing trust, particularly as the source of referrals may be disclosed for example to parents of children except in a very limited number of circumstances.

**Feedback from Social Care**

Social Care should notify the FRSP Designated Safeguarding Lead within 1 day of receiving the referral to advise them which course of action has been taken in response to the referral. If you do not receive any (same day) verbal feedback following an urgent child/adult safeguarding referral, and where this places a child or adult who may be vulnerable in an increased position of risk of harm, you should make urgent telephone contact that day to speak to the Duty Social Worker to establish what actions are being taken.

## 8. Information Sharing

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FRSP Trustees, staff and volunteers should be proactive in sharing information as early as possible to help identify, assess and respond to risks or concerns about the safety and welfare of children and adults.

***Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare, and protect the safety, of children and adults, which must always be the paramount concern. - Information sharing advice for safeguarding practitioners 2018***

The main legal frameworks relating to the protection of personal information are set out in:

- **The Human Rights Act 1998 -** incorporates Article 8 of the European Convention on Human Rights (ECHR), including the right to a private and family life
- **The Common Law Duty of Confidentiality**
- **The Data Protection Act 2018 -** Covers personal information and incorporates the changes for data processing from European GDPR requirements

**Common Law Duty of Confidentiality**

The Common Law Duty of Confidentiality is, as the name suggests, common law. Some information has something called a "quality of confidence". This means the information that has been shared with us shouldn't be shared with anyone else.

Information has a "quality of confidence" if:

- It isn't in the public domain or available anywhere else
- It's considered sensitive
- It's been shared for a specific reason and in certain circumstances - between a solicitor and a client, a doctor and a patient etc.

FRSP is allowed to override a person's right to confidentiality if there is other law that lets us do this or if there is an overriding public interest that justifies it. This might include:

- Protecting children or vulnerable adults
- Preventing or detecting crime
- Protecting public safety

**The Data Protection Act 2018**

This legislation controls how your personal information is used by organisations, businesses or the government and is the UK's implementation of the General Data Protection Regulation (GDPR).

Everyone responsible for using personal data has to follow strict rules called *'data protection principles'*. They must make sure the information is:

- used fairly, lawfully and transparently
- used for specified, explicit purposes
- used in a way that is adequate, relevant and limited to only what is necessary
- accurate and, where necessary, kept up to date
- kept for no longer than is necessary
- handled in a way that ensures appropriate security, including protection against unlawful or unauthorised processing, access, loss, destruction or damage

Due regards must be given to the relevant data protection principles which allow the sharing of personal information, as provided for in the Data Protection Act 2018 and the General Data Protection Regulation (GDPR).

To share information effectively Trustees, staff and volunteers should be confident of the processing conditions under the Data Protection Act 2018 which allow them to store and share information for safeguarding purposes, including information which is sensitive and personal, and should be treated as 'special category personal data'.

**Special Category personal data**

The Data Protection Act 2018 ***contains 'safeguarding of children and individuals at risk' as a processing condition that allows professionals to share information.*** This includes allowing staff to share information without consent, if it is not possible to gain consent, it cannot be reasonably expected that a professional gains consent, or if to gain consent would place an individual at risk.

Where you have concerns that the actions of some may place children at risk of significant harm or adults at risk of serious harm, it may be possible to justify sharing information with or without consent for the purposes of identifying people for whom preventative interventions are appropriate.

Share with consent if appropriate, where consent cannot be obtained or is refused, or where seeking it is unsafe or inappropriate, the question of whether there is a sufficient public interest must be judged by the Trustee, staff member or volunteer on the facts of each case.

A public interest can arise in a wide range of circumstances. In making the decision you must weigh up what might happen if the information is shared against what might happen if it is not, and make a decision based on professional judgement.

**Principles for sharing information**

1. **Necessary and proportionate:** When taking decisions about what information to share, you should consider how much information you need to release. Not sharing more data than is necessary to be of use is a key element of the GDPR and Data Protection Act 2018, and you should consider the impact of disclosing information on the information subject and any third parties. Information must be proportionate to the need and level of risk.

2. **Relevant:** Only information that is relevant to the purposes should be shared with those who need it. This allows others to do their job effectively and make informed decisions. Adequate Information should be adequate for its purpose. Information should be of the right quality to ensure that it can be understood and relied upon.

3. **Accurate:** Information should be accurate and up to date and should clearly distinguish between fact and opinion. If the information is historical then this should be explained.

4. **Timely:** Information should be shared in a timely fashion to reduce the risk of missed opportunities to offer support and protection to a child. Timeliness is key in emergency situations and it may not be appropriate to seek consent for information sharing if it could cause delays and therefore place a child or young person at increased risk of harm. Practitioners should ensure that sufficient information is shared, as well as consider the urgency with which to share it.

5. **Secure**: Wherever possible, information should be shared in an appropriate, secure way. Practitioners must always follow their organisation’s policy on security for handling personal information.

6. **Record**: Information sharing decisions should be recorded, whether or not the decision is taken to share. If the decision is to share, reasons should be cited including what information has been shared and with whom, in line with organisational procedures. If the decision is not to share, it is good practice to record the reasons for this decision and discuss them with the requester. In line with

each organisation's own retention policy, the information should not be kept any longer than is necessary. In some rare circumstances, this may be indefinitely, but if this is the case, there should be a review process scheduled at regular intervals to ensure data is not retained where it is unnecessary to do so.

***The most important consideration is whether sharing information is likely to support the safeguarding and protection of a child or another individual at risk.***

## 9. Consent and Capacity – Mental Capacity Act 2005

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It is always essential in safeguarding to consider whether an adult (or child) is capable of giving informed consent. If they are, their consent should be sought to refer their information to an external agency.

In the case of suspected or alleged abuse, FRSP Trustees, staff and volunteers will need to determine whether the person understands the nature of the concerns and choices facing them.

The presumption is that adults have mental capacity to make informed choices about their own safety and how they live their lives. Issues of mental capacity and the ability to give informed consent are central to decisions and actions in safeguarding adults.

All interventions need to take into account the ability of adults to make informed choices about the way they want to live and the risks they want to take. This includes their ability:

- to understand the implications of their situation
- to take action themselves to prevent abuse
- to participate to the fullest extent possible in decision making about interventions.

The Mental Capacity Act 2005 and Code of Practice provides a statutory framework to empower and protect people who may lack capacity to make decisions for them self and establishes a framework for making decisions on their behalf. This applies whether the decisions are life-changing events or everyday matters. All decisions taken in the Safeguarding Adults process must comply with the Act.

The Act says that:
*"… a person lacks capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter because of an impairment of, or disturbance in the functioning of the mind or brain".*

Further, a person is not able to make a decision if they are unable to:

- understand the information relevant to the decision or
- retain that information long enough for them to make the decision or
- use or weigh that information as part of the process of making the decision or
- communicate their decision (whether by talking, using sign language or by any other means such as muscle movements, blinking an eye or squeezing a hand).

Mental capacity is time-and decision-specific. This means that a person may be able to make some decisions but not others at a particular point in time. For example, a person may have the capacity to consent to simple medical examination but not to major surgery. Their ability to make a decision may also fluctuate over time.

If you suspect that an adult may be at risk of harm or neglect, and lacks the capacity to make a decision, then you should report the matter to the Designated Safeguarding Lead (or Deputy). It may be that a more specialised and urgent intervention is needed, i.e. Adult Social Care or the adults G.P.

Once you have satisfied yourself that that adult lacks capacity to make the relevant decision in question then you can make a decision on their behalf only if you make it in their 'Best Interest'. **(For further information see Appendix L)**.

## Appendix A

## SIGNS AND SYMPTOMS ABUSE AND NEGLECT

### Categories of Child Abuse

Lists of possible signs and symptoms of abuse must never be considered to be comprehensive or definitive 'checklists' as children and young people may behave strangely or appear unhappy or distressed for a number of reasons as they move through the stages of development, and as their family circumstances and experiences change. Neither does the presence of one or more of any of the commonly cited possible signs and symptoms 'prove' that a child has been or is being abused. (We need to be absolutely clear that our role is not to investigate or prove abuse but to observe, gather and share information where we have concerns).

You should also remember that all children, regardless of age, sex, ethnicity, disability, race or culture, are entitled to the same level of protection and, as such, racial, cultural, religious or similar factors can never be used to 'explain' or justify abuse or maltreatment.

### 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.

Most children and young people will collect cuts and bruises as part of the rough-and-tumble of daily life. Injuries should always be interpreted in light of the child's medical and social history, developmental stage and the explanation given. Most accidental bruises are seen over bony parts of the body, e.g. elbow, knees, shins, and are often on the front of the body. Some children, however, will have bruising that is more than likely inflicted rather than accidental.

Important indicators of physical abuse are bruises or injuries that are either unexplained or inconsistent with the explanation given, or visible on the 'soft' parts of the body where accidental injuries are unlikely, e g, cheeks, abdomen, back and buttocks. A delay in seeking medical treatment when it is obviously necessary is also a cause for concern, although this can be more complicated with burns, as these are often delayed in presentation due to blistering taking place sometime later.

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.

Changes in behaviour that can also indicate physical abuse:
- Fear of parents being approached for an explanation
- Aggressive behaviour or severe temper outbursts
- Flinching when approached or touched
- Reluctance to get changed, for example in hot weather
- Depression
- Withdrawn behaviour
- Running away from home

**Emotional abuse**

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar 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 the 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 cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Emotional abuse can be difficult to measure, as there are often no outward physical signs. There may be a developmental delay due to a failure to thrive and grow, although this will usually only be evident if the child puts on weight in other circumstances, for example when hospitalised or away from their parents' care. Even so, children who appear well-cared for may nevertheless 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 can also take the form of children not being allowed to mix or play with other children.

Changes in behaviour which can indicate emotional abuse include:
- Neurotic behaviour e.g. sulking, hair twisting, rocking
- Being unable to play

- Fear of making mistakes
- Sudden speech disorders
- Self-harm
- Fear of parent being approached regarding their behaviour
- Developmental delay in terms of emotional progress

**Sexual abuse**
Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

The organisation has become increasingly aware of the criminal activity of viewing or downloading abusive images of children from the Internet. This is not a “victimless” crime but is both evidence of abuse taking place and is a criminal offence. It should be reported as a concern in all cases.

Adults who use children to meet their own sexual needs abuse both girls and boys of all ages, including infants and toddlers. Usually, in cases of sexual abuse it is the child’s behaviour that may cause you to become concerned, although physical signs can also be present. In all cases, children who tell about sexual abuse do so because they want it to stop. It is important, therefore, that they are listened to and taken seriously.

The physical signs of sexual abuse may include:
- Pain or itching in the genital area
- Bruising or bleeding near genital area
- Sexually transmitted disease
- Vaginal discharge or infection
- Stomach pains
- Discomfort when walking or sitting down
- Pregnancy
- Changes in behaviour which can also indicate sexual abuse 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 which is beyond their age, or developmental level
- Sexual drawings or language
- Bedwetting
- Eating problems such as overeating or anorexia
- Self-harm or mutilation, sometimes leading to suicide attempts
- 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

**Neglect**

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers); or
- ensure access to appropriate medical care or treatment.

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

Neglect can be a difficult form of abuse to recognise, yet have some of the most lasting and damaging effects on children.

The physical signs of neglect may include:

- Constant hunger, sometimes stealing food from other children and young people
- Constantly dirty or 'smelly'
- Loss of weight, or being constantly underweight
- Inappropriate clothing for the conditions.

Changes in behaviour which can also indicate neglect may include:

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

**Bullying**
Bullying is not always easy to recognise as it can take a number of forms. A child may encounter bullying attacks that are:
- physical: pushing, kicking, hitting, pinching and other forms of violence or threats
- verbal: name-calling, sarcasm, spreading rumours, persistent teasing
- emotional: excluding (sending to Coventry), tormenting, ridiculing, humiliating.

**Persistent bullying can result in:**
- depression
- low self-esteem
- shyness
- poor academic achievement
- isolation
- threatened or attempted suicide

These definitions and indicators are not meant to be definitive, but only serve as a guide to assist you. It is important too, to remember that many children may exhibit some of these indicators at some time, and that the presence of one or more should not be taken as proof that abuse is occurring. There may well be other reasons for changes in behaviour such as a death or the birth of a new baby in the family or relationship problems between parents/carers. In assessing whether indicators are related to abuse or not, the authorities will always want to understand them in relation to the child's development and context.

Very detailed information about possible signs and symptoms of the four categories of abuse is also contained within your local Safeguarding Children Procedures.

**Child in Need Concern and Responses**
Most children can achieve their potential through the provision of Universal Services. e.g. education, GP services, health visitors etc. However, some children need additional services to help them meet their needs, e.g. a young child with a minor speech delay problem which needs the additional services of speech therapist.

**Section 17 Children ACT 1989**
Under section 17 of the Children Act 1989, a child is in need if:

1. They are unlikely to achieve or maintain, or to have the opportunity to achieve or maintain, a reasonable standard of health or development, without the provision of services by a local authority;
   **OR**
2. Their health or development is likely to be impaired, or further impaired, without the provision of such services;
   **OR**
3. They are disabled.

**Social Care Responses to Referrals and Timescales**

In response to a referral, Children/Adult Social Care may decide to:

- Provide advice to the referrer and/or child/family;
- Refer on to another agency who can provide services; i.e. Early Help Assessment
- Convene a Strategy Meeting
- Provide support services
- Undertake an Initial Assessment (completed within local timescales);
- Convene an Initial Protection Conference/ Meetings (within local timescales after a Strategy meeting) (See your local Safeguarding Children Partnership Board for details of timescales)
- Undertake an Assessment (completed within local timescales);
- Arrange a safe placement by either accommodating any child under Section 20 (with parental consent), or by consent (or best interest assessment) for an Adult at Risk.
- Make an application to court for an Order
- Take no further action.

**Significant Harm– actual or likely?**

The following checklist of questions will help to support any risk assessment of likely or actual significant harm in a child.

**Risk Assessment 'Checklist**

- Does/could the suspected harm meet the definitions of abuse?
- Are there cultural, communication or disability issues?
- Are any injuries or incidents acute, cumulative, and episodic?
- Are the explanations consistent with injuries/behaviour?
- Severity and duration of any harm?
- Effects upon the child's health/development?
- What is the likelihood of recurrence?
- What is the child's reaction and their perception of the harm?
- Child's needs wishes and feelings?
- How willing do you thing the family are to cooperate?
- What are the strengths and weaknesses of the family situation?
- What are the possibilities for the child and the family?
- What are the probabilities?
- When and how is the child at risk?
- How imminent is any likely risk?
- How grave are the possible consequences?
- How safe is this child?
- What are the risk assessment options?
- What are the risk management options?

- What is the interim plan?

## POSSIBLE SIGNS AND SYMPTOMS OF ADULT ABUSE OR NEGLECT

Workers across a wide range of organisations need to be vigilant about adult safeguarding concerns in all walks of life including, amongst others in health and social care, welfare, policing, banking, fire and rescue services and trading standards; leisure services, faith groups, and housing. GPs, in particular, are often well-placed to notice changes in an adult that may indicate they are being abused or neglected.

Incidents of abuse may be one-off or multiple, and affect one person or more.
You should look beyond single incidents or individuals to identify patterns of harm, just as the Care Quality Commission, as the regulator of service quality, does when it looks at the quality of care in health and care services. Repeated instances of poor care may be an indication of more serious problems and of what we now describe as organisational abuse. In order to see these patterns, it is important that information is recorded and appropriately shared.

Patterns of abuse vary and include:

- Serial abusing in which the perpetrator seeks out and 'grooms' individuals. Sexual abuse sometimes falls into this pattern as do some forms of financial abuse;
- long-term abuse in the context of an ongoing family relationship such as domestic abuse between spouses or generations or persistent psychological abuse; or
- opportunistic abuse such as theft occurring because money or jewellery has been left lying around.

**Categories of Adult Abuse**
Organisations should not limit their view of what constitutes abuse or neglect, as they can take many forms and the circumstances of the individual case should always be considered; although the definition/criteria of who is an adult who may be vulnerable and at risk of abuse or neglect will need to be met before the issue is considered as a safeguarding concern. Exploitation, in particular, is a common theme in the following list of the types of abuse and neglect.

1. **Physical abuse** – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions. Domestic violence – including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence.
2. **Sexual abuse** – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and

sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

3. **Domestic Abuse -** 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, sexual, financial and emotional abuse.**
4. **Psychological abuse** – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
5. **Financial or material abuse** – including 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.
6. **Modern slavery** – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment. (Modern Slavery Bill awaiting Royal Assent)
7. **Discriminatory abuse** – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion
8. **Organisational abuse** – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
9. **Neglect and acts of omission** – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating
10. **Self-neglect** – this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

**Adult Abuse Vulnerability Factors**

You should also be aware that 'vulnerability' and 'risk of harm' is increased when other factors are present in adult abuse cases. Additional safeguarding and protection may be needed for adult who may be vulnerable when one or more of these factors are involved.

The following check list should be used to assess risks and inform immediate actions required to promote the welfare and safeguard the adult who may be vulnerable.

- Lack of capacity to make decisions
- Abuse by partner/family member – power relationship
- Abuse by carer – power relationship
- Repeat incidents
- Alcohol and/or Substance dependence/misuse
- Dominant Race/culture issues
- Dependence on one person for care
- Isolation or withdrawal from services or support networks
- Low self esteem
- Mental illness/confusion
- Lack of capacity/dementia
- Intimidation/threats/harassment
- Physical disability/lack of mobility
- Decreased ability to communicate
- People employing their own personal assistants - no DBS check needed
- Unsafe environments

## Appendix B

### Family Refugee Support Project Safeguarding Concern Form

| Name of Child or Adult | | |
|---|---|---|
| Address | | |
| Contact Number | | |
| Day/Date/Time | | D.O.B. |
| Member of FRSP noting the concern | Name | |
| | Contact Details | |

| Please indicate the type of abuse suspected (please tick more than one if appropriate): | | | |
|---|---|---|---|
| Physical | | Financial/Material | |
| Sexual | | Self-Neglect | |
| Neglect/acts of omission | | Domestic Abuse | |
| Emotional/ Psychological | | Modern Slavery | |
| Discriminatory | | Organisational | |
| Location of the incident or event that is the subject of the concern: | | | |

| **Details of the concern/incident -** *Include clear and factual outline of the concern being raised with dates, times, people and places, and any witnesses where appropriate. (please use additional sheet if required)* |
| --- |
| |

| **Where is the child/adult now in relation to the source of harm or alleged abuser?** | | |
| --- | --- | --- |
| **In your opinion does the alleged abuser pose a risk of harm to others?**<br>*If yes, please describe the risk and names of others potentially at risk from this concern.* | Yes | No |

| **In your opinion does the child/adult have any vulnerability or communication difficulties?** *(i.e. a physical or mental impairment or illness - give details)* | | |
| --- | --- | --- |
| **Is the child/adult aware that the concern is being reported?**<br>*If no why?* | Yes | No |
| **Are you aware if a Safeguarding concern has been made about this person before?** | | |
| Yes | No | Not Known |
| **Is the relevant person involved with any other agencies?** | | |

| Yes | No | Not Known |
|---|---|---|
| *If YES provide details* | | |

| Actions Taken | | | |
|---|---|---|---|
| **Date** | **Person taking action** | **Action taken** | **Signature** |
| | | | |

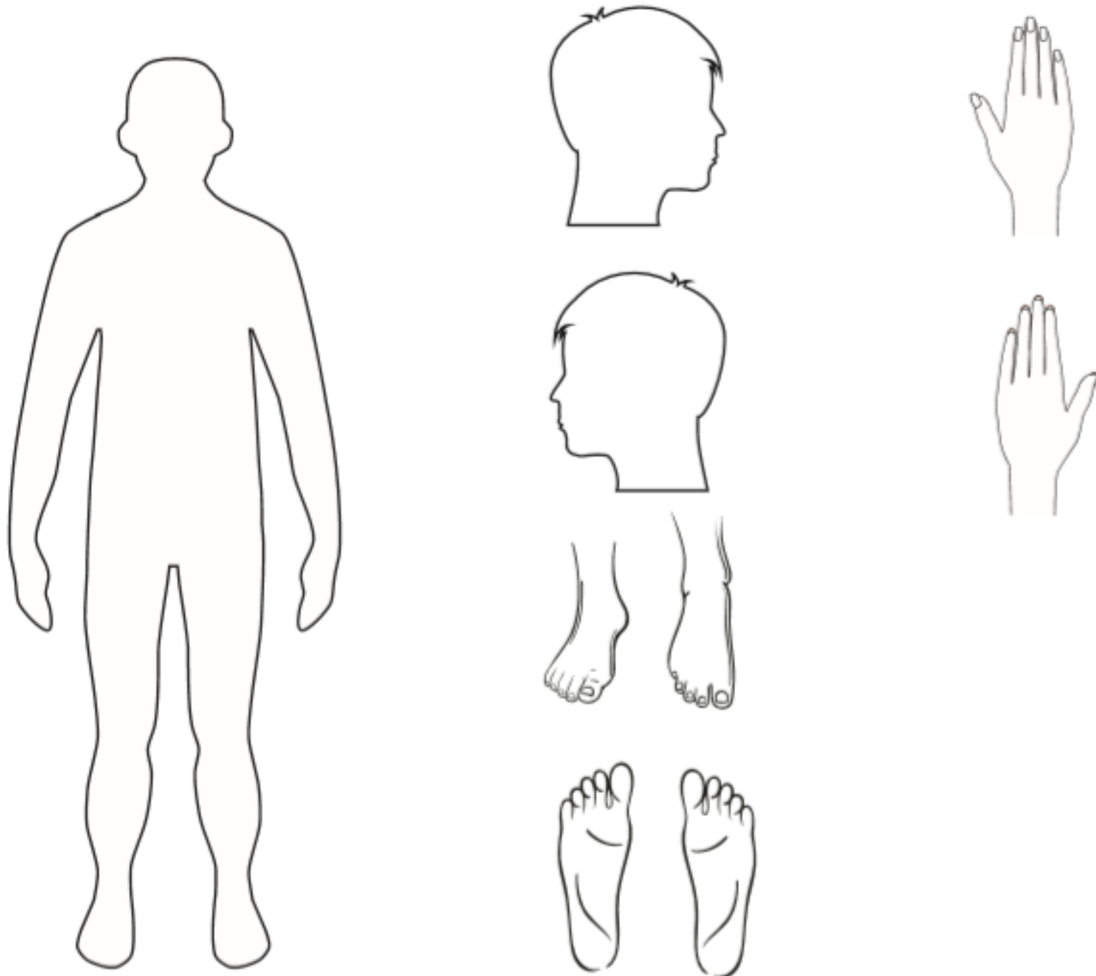
Once completed this form should be sent to Jason Ward - Designated Safeguarding Lead (jason@frsp.org.uk), (or Julia Nelki, Deputy Designated Safeguarding Lead jnelki@hotmail.com) immediately.

## Body Chart

## Name of child/adult

---

This chart must be sued together with the Safeguarding Concern Form
You should show clearly the located of your concern and label with a number and a brief description e.g. "1. Burn about 4cm" on the Safeguarding Concern Form refer to the injury using the same number and description.



## Notes

## Guidance on completing the Safeguarding Concern Form

It is important that this concern form is fully completed in a timely manner. The details are important. To help the Designated Safeguarding Lead (or Deputy) respond and refer appropriately you should follow the guidance below.

- Enter all the admin details including date of birth (this will be asked for when a safeguarding referral is made to either Social Care or the police)
- Include full names (not initials)
- Make sure the concern is given in detail using the words of the child/adult who the concern is about
- Don't report what other people have told you – they must write their own Safeguarding Concern Form
- Only write about one child/adult on each form
- Remember that concern forms are used in court cases and inquests as primary documents – so they must be complete, legible and accurate
- Make sure you use the FRSP Safeguarding Concern Form to record you concern. Do not use any other forms or simply a piece of paper. Writing on other forms can cause confusion and errors
- If you did jot your notes down on a piece of paper whilst talking to the child/adult or immediately afterwards, attach that to the completed form
- If you cannot access a copy of the Safeguarding Concern Form then contact the Designated Safeguarding Lead (or Deputy) as soon as you are able to who will supply the form for you
- Once completed the Safeguarding Concern Form should be handed to the Designated Safeguarding Lead (or Deputy) or emailed to **jason@frsp.org.uk**
- Please alert the Designated Safeguarding Lead (or Deputy) to safeguarding concerns as soon as possible. It can take several hours to deal with even urgent concerns and the earlier we start the better
- Finally, ensure you sign, date and time the concern form

# Chronology Sheet

This information is gathered to provide an overview of the nature of concerns and details of significant professional interventions.

| Date & Time | Nature of contact including name of person(s) | Key issues discussed & actions agreed or taken in response | Further details in file? Y/N | Signature and role of record keeper |
|---|---|---|---|---|
| | | | | |

## Appendix C

## Prevent Duty

**Children and Adults who may be vulnerable and at risk of abuse or neglect from being drawn into violent extremism.**

**FRSP Prevent Lead is - Jason Ward**

The Counter Terrorism and Security Act 2015 sets out the duty on local authorities, Police and NHS to provide support for people vulnerable to being drawn into terrorism. In England and Wales this duty is the Channel programme which identifies new duties under the 'Prevent Strategy'.

The 'Prevent strategy' addresses all forms of terrorism and we continue to prioritise according to the threat they pose to our national security; the allocation of resources will be proportionate to the threats we face. The most significant of these threats is currently from terrorist organisations in Syria and Iraq, and Al Qa'ida associated groups. But terrorists associated with the extreme far right also pose a continued threat to our safety and security.

The Prevent strategy has three specific strategic objectives:

- respond to the ideological challenge of terrorism and the threat we face from those who promote it;
- prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support; and
- work with sectors and institutions where there are risks of radicalisation that we need to address.

### Safeguarding links

It is essential that Channel panel members, partners to local panels and other professionals ensure that children, young people and adults are protected from harm and prevented from being drawn into violent extremism. Section 11 of the Children Act 2004 and Section 6 of the Care Act 2014 puts duties on partners of local authorities to cooperate in their Safeguarding responsibilities for children and adults who may be vulnerable and at risk of abuse or neglects.

### Identifying Vulnerable Individuals

There is no single way of identifying who is likely to be vulnerable to being drawn into terrorism. Factors that may have a bearing on someone becoming vulnerable may include: peer pressure, influence from other people or via the internet, bullying, crime against them or their involvement in crime, anti-social behaviour, family tensions, race/hate crime, lack of self-esteem or identity and personal or political grievances.

Example indicators that an individual is engaged with an extremist group, cause or ideology include:

- spending increasing time in the company of other suspected extremists;
- changing their style of dress or personal appearance to accord with the group;
- day-to-day behaviour becoming increasingly centred around an extremist ideology, group or cause; loss of interest in other friends and activities not associated with the extremist ideology, group or cause;
- possession of material or symbols associated with an extremist cause (e.g. the swastika for far-right groups);
- attempts to recruit others to the group/cause/ ideology; or
- communications with others that suggest identification with a group/cause/ideology

Example indicators that an individual has an intention to cause harm, use violence or other illegal means include:

- clearly identifying another group as threatening what they stand for and blaming that group for all social or political ills;
- using insulting or derogatory names or labels for another group;
- speaking about the imminence of harm from the other group and the importance of action now;
- expressing attitudes that justify offending on behalf of the group, cause or ideology;
- condoning or supporting violence or harm towards others; or
- plotting or conspiring with others.

Example indicators that an individual is capable of causing harm or contributing directly or indirectly to an act of terrorism include:

- having a history of violence;
- being criminally versatile and using criminal networks to support extremist goals;
- having occupational skills that can enable acts of terrorism (such as civil engineering, pharmacology or construction); or
- having technical expertise that can be deployed (e.g. IT skills, knowledge of chemicals, military training or survival skills).

The examples above are not exhaustive and vulnerability may manifest itself in other ways. There is no single route to terrorism nor is there a simple profile of those who become involved. For this reason, any attempt to derive a ‘profile’ can be misleading. It must not be assumed that these characteristics and experiences will necessarily lead to individuals becoming terrorists, or that these indicators are the only source of information required to make an appropriate assessment about vulnerability.

Outward expression of faith, in the absence of any other indicator of vulnerability, is not a reason to make a referral to Channel.

Local authorities have a duty to arrange Prevent Panels which must include the Police to consider those individuals referred who may be at risk. Other relevant partners also have a duty to cooperate under the Channel Programme/Prevent strategy e.g. prisons, probation, Education and child care services.

If any FRSP member of staff or volunteer has a concern that a child/adult who may be vulnerable and at risk of abuse or neglect is at risk of being draw into violent extremism then they must follow the FRSP Safeguarding procedures and report to Designated Safeguarding Lead Jason@frsp.org.uk 0151 728 9340 (or Deputy).

**Appendix D**

**Human Trafficking & Modern Slavery**

**Children and Adults who may be vulnerable and at risk of abuse or neglect (Modern Slavery Act 2015)**

Trafficked children are at increased risk of Significant Harm because they are largely invisible to the professionals and volunteers who would be in a position to assist them. The adults who traffic them take trouble to ensure that the children do not come to the attention of the authorities, or disappear from contact with statutory services soon after arrival in the UK or in a new area within the UK.

Trafficking causes significant harm to children in both the short and long term; it constitutes physical and emotional abuse to children.

**"**Child trafficking": Human trafficking is defined by the Office of the United Nations High Commissioner for Refugees (UNHCR) as a process that is a combination of three basic components:

- Movement (including within the UK);
- Control, through harm / threat of harm or fraud;
- For the purpose of exploitation.

Most children are trafficked for financial gain or sexual exploitation. This can include payment from or to the child's parents, and can involve the child in debt-bondage to the traffickers.

Children may be used for:

- Sexual exploitation, e.g. child sexual abuse, child abuse image - see also Safeguarding Children At Risk of Sexual Exploitation;
- Domestic servitude, e.g. undertaking domestic chores, looking after young children;
- Labour exploitation, e.g. working in restaurants, building sites, cleaning;
- Enforced criminality, e.g. begging and pick pocketing, cannabis cultivation, drug dealing and trafficking;
- Benefit fraud;
- Illegal adoption;
- Forced marriage - see also Forced Marriage and Honour Based Violence Procedure;
- Female genital mutilation; - see also Female Genital Mutilation Procedure;
- Trade in human organs and in some cases, ritual killing;

Traffickers recruit their victims using a variety of methods. Some children are abducted or kidnapped, although most children are trapped in subversive ways, e.g.

- Children are promised education or what is regarded as respectable work, such as in restaurants or as domestic servants;
- Parents are persuaded that their children will have a better life elsewhere.

Many children travel on false documents. Even those whose documents are genuine may not have access to them. One way that traffickers control children is to retain their passports and threaten children that should they escape, they will be deported. The creation of a false identity for a child can give a trafficker direct control over every aspect of a child's life, for example, by claiming to be a parent or guardian.

Even before they travel, children may be abused and exploited to ensure that the trafficker's control over the child continues after the child is transferred to someone else's care, e.g.

- Confiscation of the child's identity documents;
- Threats of reporting the child to the authorities;
- Violence, or threats of violence, towards the child and/or her/his family;
- Keeping the child socially isolated;
- Keeping the child locked up;
- Telling some children that they owe large sums of money and that they must work to pay this off;
- Depriving the child of money; and
- Voodoo or witchcraft, which may be used to frighten children, for example into thinking that they and their families will die if they tell anyone about the traffickers.

The traffickers might be part of a well organised criminal network, or they might be individuals involved in only one of the various stages of the operation, such as the provision of false documentation, transport, or places where the child's presence can be concealed.

All children who have been exploited will suffer some form of physical or mental harm. Usually, the longer the exploitation, the more health problems that will be experienced.

Trafficked children are not only deprived of their rights to health care and freedom from exploitation and abuse, they may not be provided with access to education too.

The creation of a false identity and implied criminality of the children, together with the loss of family and community, may seriously undermine their sense of self-worth. At the time they are found, trafficked children may not show any obvious signs of distress or imminent harm, they may be vulnerable to particular types of abuse and may continue to experience the effects of their abuse in the future.

Trafficking is first and foremost a safeguarding concern and you should contact the Designated Safeguarding Lead Jason Ward jason@frsp.org.uk 0151 728 9340 (or Deputy) and follow the FRSP safeguarding procedures.

Safeguarding children who may have been Trafficked- DFE/Home Office Guidance 2011

**Modern Slavery Act 2015**

More than 200 hundred years ago the Slave trade was made illegal. But sadly, the grim reality today is that slavery still exists in towns, cities and the countryside across the world. And be in no doubt, slavery is taking place here in the UK. The scale of modern slavery in the UK is significant. Modern slavery crimes are being committed across the country and there has been year on year increases in the number of victims identified.

Young girls are raped, beaten, passed from abuser to abuser and sexually exploited for profit. Vulnerable men are tricked into long hours of hard labour before being locked away in cold sheds or rundown caravans. People are made to work in fields, in factories, and on fishing vessels. Women are forced into prostitution, and children systematically exploited. Domestic workers are imprisoned and made to work all hours of the day and night for little or no pay.

Modern slavery is a complex crime that takes a number of different forms. It encompasses slavery, servitude, forced and compulsory labour and human trafficking. Traffickers and slave drivers coerce, deceive and force individuals against their will into a life of abuse, servitude and inhumane treatment. Victims may be sexually exploited, forced to work for little or no pay or forced to commit criminal activities against their will. Victims are often pressured into debt / bondage and are likely to be fearful of those who exploit them, who will often threaten and abuse victims and their families. All of these factors make it very difficult for victims to escape.

Servitude, forced or compulsory labour and human trafficking are all forms of modern slavery and is a criminal offence.

There is no definitive profile of a person who is potentially at risk of being enslaved. Victims can be poor, rich, children, adults, male, female, and of diverse nationalities, cultures, religions and sexual orientation. Often, victims of modern slavery may not appear to be vulnerable, or believe themselves to be a victim, but it is likely that they are. It is crucial that the person making first contact with a potential victim is aware of

and can identify the indicators of modern slavery, and that they take immediate action to safeguard the potential victim and protect their welfare.

**Signs of Modern Slavery**

1. Physical Appearance – victims may show signs of physical or psychological abuse, look malnourished or unkempt, or appear withdrawn.
2. Isolation- Victims may rarely be allowed to travel on their own, seem under the control, influence of others, rarely interact or appear unfamiliar with their neighbourhood or where they work
3. Poor Living Conditions - Victims may be living in dirty, cramped or overcrowded accommodation, and / or living and working at the same address
4. Restricted Freedom of Movement - Victims have little opportunity to move freely and may have had their travel documents retained, e.g. passports
5. Unusual Travel Times -They may be dropped off / collected for work on a regular basis either very early or late at night.
6. Reluctant to seek help - Victims may avoid eye contact, appear frightened or hesitant to talk to strangers and fear law enforcers for many reasons, such as not knowing who to trust or where to get help, fear of deportation, fear of violence to them or their family.

Individuals are considered to be at greater risk of becoming a modern slavery victim if they meet the criteria below:

- are vulnerable, e.g., are homeless, are hitchhiking, have addictions, have limited education, have a disability, experience mental ill health, have a learning difficulty, are missing, are in the social care system, are missing from care, lack family support, or have a weak or absent social network
- come from a country or culture where the buying and selling of people is not prohibited
- come from a country or culture where witchcraft, e.g., juju, is practised
- have limited or no knowledge of modern slavery, making them vulnerable to being deceived
- are in a foreign country and cannot communicate in the language of that country
- have debts in their home country or are managed into debt by perpetrators as a result of their illegal migration
- have previously been incarcerated in their home (or third) country, resulting in isolation and desperation for belonging.

If any FRSP staff member or volunteer has concern that a client or colleague is subject to forced or compulsory labour or human trafficking they must report the matter to the Designated Safeguarding Lead Jason Ward jason@frsp.org.uk 0151 728 9340 (or Deputy)

Additionally, each local Police force has a nominated Single Point of Contact (SPOC) to which referrals can also be made. Ring National Modern Slavery Helpline on Tel:0800 0121 700 or go to the below webpage. https://modernslavery.co.uk/

## Appendix E

### Forced Marriages / Protection Orders

Forced marriage is where one or both people do not (or in cases of children or adults with learning or physical disabilities), cannot consent to the marriage and pressure or abuse is used.

The pressure put on people to marry against their will can be physical (including threats, actual physical violence and sexual violence) or emotional and psychological (for example, when someone is made to feel like they're bringing shame on their family). Financial abuse (taking your wages or not giving you any money) can also be a factor.

There have been reports of children and adults who may be vulnerable and at risk of abuse or neglects who may be vulnerable and at risk of abuse or neglects with mental health needs, learning and physical disabilities being forced to marry. Some adults do not have the capacity to consent to the marriage. Some children and adults who may be vulnerable and at risk of abuse or neglects may be unable to consent to consummate the marriage – sexual intercourse without consent is rape. There are various offences under the Sexual Offences Act 2003 that can be committed relating to a person with a mental disorder impeding choice.

Disabled children and adults who may be vulnerable and at risk of abuse or neglects are particularly vulnerable to forced marriage and its consequences because they are often reliant on their families for care, they may have communication difficulties and they may have fewer opportunities to tell anyone outside the family about what is happening to them.

### Legislation on Forced Marriage

The Anti-social, Behaviour, Crime and Policing Act 2014 make it a criminal offence to force someone to marry.

This includes:

- Taking someone overseas to force them to marry (whether or not the forced marriage takes place)
- Marrying someone who lacks the mental capacity to consent to the marriage (whether they're pressured to or not)
- Breaching a Forced Marriage Protection Order is also a criminal offence
- The civil remedy of obtaining a Forced Marriage Protection Order through the family courts will continue to exist alongside the new criminal offence, so victims can choose how they wish to be assisted

Forcing someone to marry can result in a sentence of up to 7 years in prison

Disobeying a Forced Marriage Protection Order can result in a sentence of up to 5 years in prison

**Forced Marriage Protection Order (FMPO)**

A Forced Marriage Protection Order can help if you are being forced into marriage; or already in a forced marriage.

A Forced Marriage Protection Order is unique to each case and contains legally binding conditions and directions that change the behaviour of a person or persons trying to force someone into marriage. The aim of the order is to protect the person who has been, or is being, forced into marriage. The court can make an order in an emergency so that protection is in place straightaway.

The Family Court in England and Wales can make a Forced Marriage Protection Order to protect a person facing forced marriage or who has been forced into marriage.

The individual at risk or a third party can make applications for Forced Marriage Protection Orders at the same time as a police investigation or other criminal proceedings.

**National Forced Marriage unit**
The Forced Marriage Unit (FMU) is a joint-initiative with the Foreign & Commonwealth Office and Home Office. They are dedicated to preventing forced marriage. They work with embassy staff overseas to rescue British nationals, both male and female, who may have been/or who are being forced to marry. Call them on (+44)0207 008 0151.
https://www.gov.uk/forced-marriage

If any FRSP staff or volunteer suspects that a client or colleague is at risk of a forced marriage then they should seek advice immediately from the Designated Safeguarding Lead Jason Ward jason@frsp.org.uk 0151 728 9340 (or Deputy) or and consult the National guidelines below:

See also the Multi-agency practice guidelines: Handling cases of Forced Marriage
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/322310/HMG_Statutory_Guidance_publication_180614_Final.pdf

**Appendix F**

**Honour Based Violence (HBV)**
'Murder in the name of so-called honour' are murders in which, predominantly women, are killed for actual or perceived immoral behaviour, which is deemed to have breached the honour code of a family or community, causing shame. They are sometimes called 'honour killings'. There is, however, no honour in murder**.**

Honour Based Violence cuts across all cultures and communities: Turkish, Kurdish, Afghani, South Asian, African, Middle Eastern, South and Eastern European for example. This is not an exhaustive list and any culture that is heavily male dominated, HBV may exist.

The honour code means that women must follow rules that are set at the discretion of male relatives and which are interpreted according to what each male family member considers acceptable. Breaking the rules is seen as destroying the good name of the family, and is deserving of punishment at the discretion of male relatives.

Honour is an unwritten code of conduct that involves loss of face on someone's part if offended against, especially in groups where loyalty is considered paramount.

Cultures in which HBV exists sometimes also practice forced marriage, and do not accept that a woman can have a partner before marriage, or that she can choose her own spouse. Remember that where there is a forced marriage, there is also likely to be "rape".

Do not confuse a forced marriage, with an arranged marriage. Arranged marriages often work very well. Forced marriages exist where there is **not** the free consent of both parties.

Males can also be victims, sometimes as a consequence of their involvement in what is deemed to be an inappropriate relationship, if they are gay or if they are believed to be supporting the victim.

Relatives including females may conspire, aid, abet or participate in the killing. Younger relatives may be selected to undertake the killing, to avoid senior family members being arrested. Sometimes contract killers are employed.

Do not underestimate that perpetrators of HBV really do kill their closest relatives and/or others for what might seem a trivial transgression. Just the perception or rumour of immoral behaviour may be sufficient to kill. Such incidents may include:

- Inappropriate make-up or dress
- The existence of a boyfriend
- Rejecting a forced marriage
- Pregnancy outside of marriage
- Interfaith relationships
- Leaving a spouse or seeking divorce
- Kissing or intimacy in a public place

Evidence shows that these types of murders are often planned and are sometimes made to look like a suicide, or an accident. A decision to kill may be preceded by a family council. There tends to be a degree of premeditation, family conspiracy and a belief that the victim deserved to die.

When dealing with HBV, it is vital to retain an open mind that family members and/or individuals from within the community concerned may support the primary offender(s), by seeking to mislead, obstruct or undermine your involvement.

Shame and therefore the risk to a victim may persist long after the incident that brought about dishonour occurred. Consider whether the victim's partner (if new), children, associates or their siblings are at risk. They may also suffer communal/family pressure not to assist you.

These murders are often the culmination of a series of events over a period of time. Remember reporting is a brave step and an inappropriate response could put victims at further risk. Victims often have no experience of the Police and by getting into contact could be deemed to have brought further shame on the household.

Victims are sometimes persuaded to return to their country of origin under false pretences, when in fact the intention could be to kill them. If a woman is taken abroad, the Foreign and Commonwealth Office (FCO) may assist in repatriating the woman to the UK.

When dealing with potential victims it is important to recognise the seriousness/immediacy of the risk. Consider the possibility of forced marriage, abduction, missing persons and murder. Incidents that may precede a murder include:

- Forced marriage
- Domestic violence
- Attempts to separate or divorce
- Starting a new relationship
- Pregnancy
- Threats to kill or denial of access to children
- Pressure to go abroad
- House arrest and excessive restrictions

- Denial of access to the telephone, internet, passport and friends

When dealing with victims, do not speak with them in the presence of their relatives. Women that return to their families should be offered support including, signposting to Specialist Domestic abuse teams. Ensure that you make a full record of what is said, what you have done and to whom you have referred onto.

Where a victim has fled, be aware that members of the family may make false allegations of crime against them in an attempt to enlist your support to track them down. This may be in the guise of missing person reports or an alleged theft. They may also employ bounty hunters/contract killers to trace and return the victim.

There is specific refuge provision available for victims of HBV. To alleviate the sense of isolation, Karma Nirvana also offers a befriending/mentoring service for victims at risk, and those that leave the family home. Helpline telephone 0800 5999 247 or go to: http://www.karmanirvana.org.uk/
SaveraUK.co.uk is a Merseyside based organisation offering information, advice and support to individuals and professionals. Helpline telephone on 0800 107 0726 (9am – 5pm, Monday – Friday)

If any FRSP staff or volunteers suspect a client or colleague is at risk of honour-based violence then you must report your concerns immediately to the Designated Safeguarding Lead Jason Ward jason@frsp.org.uk 0151 728 9340 (or Deputy).

Specialist help should be sought immediately. i.e. Police, Social Services, Forced Marriage Unit.

**Appendix G**

**Female Genital Mutilation (FGM)**
Female Genital Mutilation (FGM) is a collective term for a range of procedures which involve partial or total removal of the external female genitalia for non-medical reasons. It is sometimes referred to as female circumcision, or female genital cutting. The practice is medically unnecessary, is extremely painful and has serious health consequences, both at the time when the mutilation is carried out, and in later life.

Female Genital Mutilation has been a specific criminal offence since the Prohibition of Female Circumcision Act 1985 came into force on 16 September 1985. The 1985 Act was replaced by the Female Genital Mutilation Act 2003. Further amendments were made by sections 70 to 75 Serious Crime Act 2015.

FGM is classified by the World Health Organisation (WHO) into four major types, all of which may be relevant to the offences arising under the FGM Act 2003:

- Type I: Clitoridectomy: partial or total removal of the clitoris;
- Type II: Excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora;
- Type III: Infibulation: narrowing of the virginal opening through the creation of a covering seal:
- Type IV: Other: all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area.

Other offences include:

- assisting a girl to mutilate her own genitalia,
- assisting a non-UK person to mutilate overseas a girl's genitalia and
- most recently from 3rd May 2015 failing to protect a girl from risk of genital mutilation.

**FGM Protection Orders**
An FGM Protection Order is a civil measure which can be applied for through a family court. The FGM Protection Order offers the means of protecting actual or potential victims from FGM under the civil law. Breach of an FGM Protection Order is a criminal offence carrying a sentence of up to five years in prison. As an alternative to criminal prosecution, a breach could be dealt with in the family court as a contempt

of court, carrying a maximum of two years' imprisonment. See CPS website on prosecutions guidance.

FGM of girls is to be considered as child abuse. Any concerns by a FRSP member of staff or volunteer that a girl is at risk of or has been subjected to FGM then the matter must be reported to the Designated Safeguarding Lead Jason Ward jason@frsp.org.uk 0151 728 9340 (or Deputy) and normal Safeguarding Procedures followed.

**Appendix H**

**Safeguarding Children and Adults with Disabilities**

Disabled children and adults have exactly the same human rights to be safe from abuse and neglect, to be protected from harm as non-disabled children and adults. Disabled children and adults do however require additional action. This is because they experience greater vulnerability as a result of negative attitudes about disabled children and adults; unequal access to services and resources, and because they may have additional needs relating to physical, sensory, cognitive and / or communication impairments.

When working with children and adults with disabilities it is important that FRSP staff and volunteers understand their role and responsibility, focussing on the strengths and abilities of the child/adult not just the effects of their disability. The reasons why disabled children and adults are more vulnerable to abuse are:

- Many disabled children and adults are at an increased likelihood of being socially isolated with fewer outside contacts than non-disabled children/adults.
- Their dependency on parents/carers for practical assistance in daily living, including intimate personal care, increases their risk of exposure to abusive behaviour.
- They have an impaired capacity to resist or avoid abuse or neglect.
- They may have speech, language and communication needs which may make it difficult to tell others what is happening.
- They often do not have access to someone they can trust to disclose that they have been abused or neglected.
- They are especially vulnerable to bullying and intimidation.

Children who disabled and in the care of the local authority are not only vulnerable to the same factors that exist for all children living in care, but are particularly susceptible to possible abuse or neglect because of their additional dependency on residential and hospital staff for day to day physical care needs.

**What does this mean for FRSP staff and volunteers?**

Professionals from all agencies/disciplines must be aware that the belief that disabled children and adults are not abused or beliefs that minimise the impact of abuse on disabled children or adults can lead to the denial of, or failure to report abuse or neglect.

Essentially disabled children and adults at risk of, or who have experienced abuse, should be treated with the same degree of professional concern accorded to non-disabled children and adults.
Additional resources and time may need to be allocated, if an investigation of potential or alleged abuse is to be meaningful. This is a basic premise and should not be ignored at any stage of the safeguarding process.

Basic preparation and awareness raising of the susceptibility of disabled children and adults to abuse is essential for all those working with disabled children and adults, including ancillary staff such as bus drivers, care assistants, escorts and personal assistants.

Reporting safeguarding concerns needs to be encouraged at all levels of professional involvement and prompt and detailed information sharing is vital.

The impairment with which a child or adult presents should not detract from early multi-agency assessments of need that consider possible underlying causes for concern.

Where a criminal offence is alleged, investigation by the police needs to be handled sensitively and in accordance with Achieving Best Evidence (ABE) in Criminal Proceedings: Guidance on vulnerable or intimidated witnesses including children (2000).

Parents and carers need to be made aware (if they are not already) of the vulnerability of their child or adult in their care to abuse or neglect, but also of their potential role in the safeguarding process.

Where there are safeguarding concerns about a disabled child or adult, there is a need for greater awareness of the possible indicators of abuse and/or neglect, as the situation is often more complex. However, it is crucial when considering whether a disabled child or adult has been abused and/or neglected that the disability does not mask or deter an appropriate investigation of the safeguarding concerns.

Any such concerns for the safety and welfare of a disabled child or adult should be acted upon in the same way as that for a non-disabled child or adult. When making a judgement (and considering whether significant harm might be indicated) FRSP staff and volunteers should always take into account the nature of the child's/adult's disability.

**Some indicators of possible abuse or neglect of disabled children/adults**:

- A bruise in a place that might not be of concern on a child or adult that is able to walk about, such as the shin, might be of concern on a non-mobile child or adult
- Not getting enough help with feeding leading to malnourishment
- Poor toileting arrangements
- Lack of stimulation
- Unjustified and/or excessive use of restraint
- Rough handling, extreme behaviour modification e.g. deprivation of liquid, medication, food or clothing
- Unwillingness to try to learn the child's or adult's means of communication
- Ill-fitting equipment e.g. callipers, sleep boards, inappropriate splinting; misappropriation of a child's or adult's finances
- Invasive procedures which are unnecessary or are carried out against the child's or adult's will.

FRSP staff and volunteers may find it more difficult to attribute indicators of abuse or neglect, or be reluctant to act on concerns in relation to a disabled child or adult, because of a number of factors, which they may not be consciously aware of.
These could include:

- Over identifying with the child's/adult's parents/carers and being reluctant to accept that abuse or neglect is taking or has taken place, or seeing it as being attributable to the stress and difficulties of caring for a disabled child/adult
- A lack of knowledge about the impact of disability on the child/adult
- A lack of knowledge about the child/adult, e.g. not knowing the child's/adult's usual behaviour
- Not being able to understand the child's/adult's method of communication
- Confusing behaviours that may indicate the child/adult is being abused with those associated with the child's/adult's disability
- Denial of the child's/adult's sexuality
- Behaviour, including sexually harmful behaviour or self-injury, may be indicative of abuse
- Being aware that certain health/medical complications may influence the way symptoms present or are interpreted. For example, some particular conditions cause spontaneous bruising or fragile bones, causing fractures to be more frequent.

Where a staff member or volunteer has concerns about a disabled child/adult, they should speak to the Designated Safeguarding Lead (or Deputy) for guidance and follow the procedures for raising a safeguarding concern.

Designated Safeguarding Lead - Jason Ward – jason@frsp.org.uk 0151 728 9340
Deputy Designated Safeguarding Lead - Julia Nelki - jnelki@hotmail.com

Further information is available at: https://www.gov.uk/government/publications/safeguarding-disabled-children-practice-guidance

## Appendix I

### Self-harm and Suicide

People who self-harm mainly do so because they have no other way of coping with problems and emotional distress in their lives. This can be to do with factors ranging from bullying, family breakdown or abuse. Self-harm is not a good way of dealing with such problems. It provides only temporary relief and does not deal with the underlying issues. People will usually require access and support from specialist mental health services as a result of self-harm, suicide ideation and/or attempted suicide. See Samaritans website for help and support on suicidal thoughts

### Definitions

**Suicide -** Suicide is an intentional, self-inflicted, life-threatening act resulting in death from a number of means.

**Suicidal intent** - This is indicated by evidence of premeditation (such as saving up tablets), taking care to avoid discovery, failing to alert potential helpers, carrying out final acts (such as writing a note) and choosing a violent or aggressive means of deliberate self-harm allowing little chance of survival.

**Self-harm -** Self-harm might be described as the term used to describe the coping strategy that some people use to deal with stresses in their life: It involves a person hurting themselves physically. Self-harm often takes the form of a person cutting, burning or banging themselves. Self-harm is often about "surviving", "coping", "taking control", "release of pressure", "distraction from other stuff, places/people", "complex emotions".
*(Findings from Lancashire's Youth and Community Service conducted some research with young people in 2002 and produced a paper which offers a helpful baseline (Coupe et al, 2002)*

Self-harm describes a wide range of things that people do to themselves in a deliberate and usually hidden way. In the vast majority of cases self-harm remains a secretive behaviour that can go on for a long time without being discovered.

**Self-harm can involve:**

- Cutting, often to the arms using razor blades, or broken glass;
- Burning using cigarettes or caustic agents;
- Punching and Bruising;
- Inserting or swallowing objects;
- Head banging;
- Hair pulling;
- Restrictive or binge eating;
- Overdosing;
- Problematic substance misuse;
- Frequent and repetitive risk-taking behaviour e.g. taking away and driving cars, 'playing chicken'.

(Mental Health Foundation 2006)

The term self-harm is often used as an all-encompassing term referring to suicidal ideation and attempted suicide.

**Issues that may trigger self-harm**

A number of factors may trigger the self-harm incident:

- Family relationship difficulties (the most common trigger for younger adolescents);
- Difficulties with peer relationships e.g. break up of relationship (the most common trigger for older adolescents);
- Bullying;
- Significant trauma, e.g. bereavement, **abuse;**
- Self-harm behaviour in other students (contagion effect);
- Self-harm portrayed or reported in the media;
- Difficult times of the year (e.g. anniversaries);
- Trouble in school or with the police;
- Feeling under pressure from families, school and peers to conform/achieve;
- Exam pressure;
- Times of change (e.g. parental separation/divorce).

**Immediate Response to injuries**

1. It is ok and appropriate to show concern. Make sure the child/adult is safe; give them something to treat any injuries (e.g. plaster or bandage) and/or seek medical advice and attention as required. Encourage the them to seek medical attention if they are reluctant and provide the necessary support to facilitate this.

2. The child/adult who has just harmed themselves usually feels upset and vulnerable (although they may hide this). Just because they caused the harm to themselves this does not mean that they will not feel hurt, frightened or shocked by

their injuries. Be reassuring rather than questioning them at this stage. They may want to talk, so allow for this.

3. People often fear that being sympathetic will somehow 'reinforce' the behaviour as an 'attention-seeking' strategy, thereby perpetuating it and possibly making it worse. In fact, being punitive, hostile or withholding care and support is likely to make them feel even worse about themselves, thereby increasing risk. (However, avoid 'amateur' psychology and/or therapy at all costs, unless you are trained and/or qualified to provide either or both!)

## Appendix J

## 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. **(Child Sexual Exploitation DfE 2017 guidance)**

**Which children are more at most risk of CSE?**

1. Adolescents or pre-adolescents
2. Children in care or 'looked after'
3. Children that are missing or runaway or homeless children
4. Children not in education, socially excluded,
5. Children from migrant families
6. Children with mental health, substance dependency or learning disabilities
7. Children involved with gangs
8. Refugee or trafficked children
9. Children living in poverty
10. Children living with families or communities with offending behaviours

**What are the signs or indicators of CSE?**

1. unexplained gifts/ unaffordable new things (clothes, mobile)
2. expensive habits (alcohol, drugs)
3. repeat sexually transmitted infections; in girls repeat pregnancy, abortions, miscarriage
4. association with older men
5. unexplained changes in behaviour or personality (chaotic, aggressive, sexual)
6. intimidated and fearful of certain people or situations
7. self-harming, suicide attempts, overdosing, eating disorders
8. getting into/out of different cars
9. moving around the country
10. criminal offending behaviour

**Child Sex Offender Disclosure Scheme**

In 2000, Sarah Payne, an 8-year-old girl, was abducted and murdered by Roy Whiting who had previously been convicted of abducting and indecently assaulting a young girl.

Following Sarah's death, the News of the World, supported by Sarah's parents, launched a campaign calling for the introduction of "Sarah's Law", a UK version of what is known as “Megan's Law” in the United States.

The sex offender disclosure scheme in England and Wales (also sometimes known as “Sarah’s Law”), has now come into being and allows anyone to formally ask the police if someone with access to a child has a record for child sexual offences. Police will reveal details confidentially to the person most able to protect the child- (usually parents, carers or guardians) if they think it are in the child’s interests.

The scheme is available across all 43 police forces in England and Wales.

People who require further information on how the scheme operates in their own community and how they may make applications for disclosure should contact their local police force for more information

The Home Office has produced a number of guidance documents and tools to help practitioners implement the scheme.

https://www.gov.uk/government/publications/child-sex-offender-disclosure-scheme-guidance

## Appendix K

### Fabricated and Induced Illness

The fabrication or induction of illness in children is a relatively rare form of child abuse. Where concerns exist about fabricated or induced illness, it requires professionals to work together, evaluating all the available evidence, in order to reach an understanding of the reasons for the child's signs and symptoms of illness.

Concerns that a child's illness may be fabricated or induced are most likely to come from health professionals. However, any agency in contact with a child may become concerned, for example education staff where a child is frequently absent from school on questionable health grounds or nursery staff may not observe fits in a child who is described by a parent to be having frequent fits etc.

It is essential that a paediatrician is involved in the assessment of fabricated and induced illness. However, the paediatrician will almost always need the help of social care and other agencies in gathering information needed to confirm or refute the diagnosis. The paediatrician will play a key role in the collation and interpretation of health information / evidence for non- health professionals.

Fabricated or induced illness is often, but not exclusively, associated with emotional abuse. There are a number of factors that staff should be aware of that can indicate that a child may be at risk of harm. Some of these factors can be:

- frequent and unexplained absences from school, particularly from PE lessons;
- regular absences to keep a doctor's or a hospital appointment; or
- repeated claims by parent(s) that a child is frequently unwell and that they require medical attention for symptoms which, when described, are vague in nature, difficult to diagnose and which teachers/ early years staff have not themselves noticed e.g. headaches, tummy aches, dizzy spells, frequent contact with opticians and/or dentists or referrals for second opinions.

The child may disclose some form of ill-treatment to a member of staff or might complain about multiple visits to the doctor. Either the child or his or her parent(s) may relate conflicting or patently untrue stories about illnesses, accidents or deaths in the family.

Where there is a sibling in the same institution, teachers/ early years staff should discuss their concerns with each other to see if children of different ages in the same family are presenting similar concerns. If they are, it is likely that more than one child in the family is affected. The school nurse may also be able to contribute to the initial evaluation of concerns.

There are also circumstances under which a child will demonstrate his or her anxiety or insecurity by presenting symptoms of an illness that will allow them to stay at home. This may occur as a response to family problems, for example, as a reaction to a parent is ill, who has been in hospital or, after a divorce or separation, but this is not an aspect of fabricated or induced illness.

All FRSP staff and volunteers who have concerns about a child's health should discuss these with the Designated Safeguarding Lead (or Deputy).

Designated Safeguarding Lead - Jason Ward – jason@frsp.org.uk 0151 728 9340
Deputy designated Safeguarding Lead - Julia Nelki - jnelki@hotmail.com 07931 632850

If the child is receiving services from Children's Social Care, the concerns should be discussed with them immediately.

For further information –
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/277314/Safeguarding_Children_in_whom_illness_is_fabricated_or_induced.pdf

## Appendix L

## Capacity and Consent

### Consent and Children

When deciding whether a child is mature enough to make decisions, people often talk about whether a child is 'Gillick Competent' or whether they meet the 'Fraser Guidelines'.

Gillick Competency and Fraser Guidelines refer to a legal case which looked specifically at whether doctors should be able to give contraceptive advice or treatment to under 16-year olds without parental consent. Since then, they have been more widely used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

FRSP staff and volunteers having a discussion with a child under 16 years old following a disclosure should gently explore the following details. These should be fully documented and should include an assessment of the young person's maturity, and whether they are acting voluntarily.

The below Fraser Guidelines can be used as a check list for all services accessed by children under the age of 16:

1. The child understands the advice being given.
2. The child cannot be convinced to involve parents/carers or allow the staff member to do so on their behalf.
3. It is likely that the child will begin or continue to be at risk
4. Unless he or she receives services/treatment or advice their physical and/or mental health is likely to suffer.
5. The child's best interests require this service/treatment or advice, to be given without parental consent.

### Capacity and Adults

It is always essential in safeguarding to consider whether the adult at risk is capable of giving informed consent. If they are, their consent should be sought. This may be in relation to whether they give consent to:

- an activity that may be abusive – if consent to abuse or neglect was given under duress, for example, as a result of exploitation, pressure, fear or intimidation, this apparent consent should be disregarded

- a Safeguarding Adults Investigation going ahead in response to a concern that has been raised. Where an adult at risk with capacity has made a decision that they do not want action to be taken and there is no public interest or vital interest considerations, their wishes must be respected. The person must be given information and have the opportunity to consider all the risks and fully understand the likely consequences of that decision over the short and long term
- the recommendations of an individual protection plan being put in place
- a medical examination
- an interview
- certain decisions and actions taken during the Safeguarding Adults process with the person or with people who know about their abuse and its impact on the adult at risk.

**Overriding lack of consent**

If, after discussion, the adult at risk who has mental capacity, refuses any intervention, their wishes will be respected unless:

1. there is a public interest, for example, not acting will put other adults or children at risk
2. there is a duty of care to intervene, for example, a crime has been or may be committed.

**The Mental Capacity Act 2005** and Code of Practice provides a statutory framework to empower and protect people who may lack capacity to make decisions for them self and establishes a framework for making decisions on their behalf. This applies whether the decisions are life-changing events or everyday matters. All decisions taken in the Safeguarding Adults process must comply with the Act.

**Principles of the Mental Capacity Act 2005**

1. An adult at risk has the right to make their own decisions and must be assumed to have capacity to make decisions about their own safety unless it is proved (on a balance of probabilities) otherwise.
2. Adult at risks must receive all appropriate help and support to make decisions before anyone concludes that they cannot make their own decisions.
3. Adult at risks have the right to make decisions that others might regard as being unwise or eccentric and a person cannot be treated as lacking capacity for these reasons.
4. Decisions made on behalf of a person who lacks mental capacity must be done in their best interests and should be the least restrictive of their basic rights and freedoms.

**Testing Capacity**

A single clear four-step test for determining whether a person lacks capacity has been introduced. Because the capacity of some adults may fluctuate and they may or may not be able to make a decision about how to pursue their safety at the time it is needed, the test must be applied in a way that is decision specific. It will help an independent expert or an identified staff member who makes a judgement about whether a person can make a particular decision at a particular time.
In the case of suspected or alleged abuse, FRSP staff and volunteers will need to determine whether the person understands the nature of the concerns and choices facing them. Any issues of a power imbalance in the relationship between them and the alleged perpetrator will need to be taken into consideration. The context for such professional decision making would ideally be in the strategy discussion led by Adult Social Care.

If every reasonable effort has been made to assist the adult's understanding of the situation and to enable them to communicate their wishes – which may involve commissioning the skills of an advocate or interpreter, and perhaps victim support – and there still is good reason to question the person's capacity or ability to give informed consent, then this test should be applied.

Lack of capacity may be temporary or permanent, and can fluctuate dependent on various things from time of the day or well-being. If a staff member suspects that an adult is:

- Getting upset and frustrated
- Acting out of character
- Changing behaviours/ appearance
- Getting confused
- Taking unusual amount of time to respond to questions

Then it may be that they need help to make a decision.

ANY FRSP staff member or volunteer can assess capacity by using the' 2-part test' below and they should also report the need for a capacity test to the Designated Safeguarding Lead (or Deputy).

Any consideration, actual testing or outcomes of a mental capacity test must be recorded on the FRSP Safeguarding Concern Form.

Anyone assessing someone's capacity in order to make a decision for another person should use the two-stage test of capacity in accordance with the Mental Capacity Act.

Mental capacity is the ability to make a decision. Any assessment should be in two stages:

**Part 1:**

1. Does the person have an impairment of the mind or brain, or is there some sort of disturbance affecting the way their mind or brain works? (It doesn't matter whether the impairment or disturbance is temporary or permanent.)
2. If so, does that impairment or disturbance mean that the person is unable to make the decision in question at the time it needs to be made?

**Part 2 - Decision making assessment:**

1. Does the person have a general understanding of what decision they need to make and why they need to make it?
2. Does the person have a general understanding of the likely consequences of making, or not making, this decision?
3. Is the person able to understand, retain, use and weigh up the information relevant to this decision?
4. Can the person communicate their decision (by talking, using sign language or any other means)? Would the services of a professional (such as a speech and language therapist) be helpful?

A lack of ability to communicate a decision (at no 4 above) on its own would not demonstrate a lack of capacity this lack of communication. This must be accompanied by either, 1, 2 or 3 above to confirm your assessment of a lack of capacity.

All decisions made on behalf of an adult who lacks capacity will be made in that person's **best interest**, using the common checklist of factors below. If a staff member or volunteer makes a decision on behalf of a client of FRSP then this decision and any capacity test should be recorded on the FRSP Safeguarding Concern Form including particular reference to the Best Interest Check List below.

In making serious or complex decisions staff should always seek help from a professional expert or Doctor and contact the Designated Safeguarding Lead (or Deputy) for guidance and support.

**Best Interests Check list**

Factors to take into consideration when determining 'Best Interests' (Mental Capacity Act, 2005 Section 5; Code of Practice, 5.13)

1. Considering all relevant circumstances – these are circumstances of which the decision maker is aware and those which it is reasonable to regard as relevant.
2. Regaining capacity – can the decision be put off until the person regains capacity?
3. Permitting and encouraging participation – this may involve finding the appropriate means of communication or using other people to help the person participate in the decision-making process.

4. Special considerations for life-sustaining treatment – the person making the best interests' decision must not be motivated by the desire to bring about a person's death.
5. Considering the person's wishes, feelings, beliefs and values – especially any written statements made by the person when they had capacity.
6. Taking into account the views of other people – take account of the views of family and informal carers and anyone with an interest in the person's welfare or appointed to act on the person's behalf.
7. Taking into account of the views of any independent mental capacity advocate (IMCA) or any attorney appointed by the person or deputy appointed by the Court of Protection.
8. Considering whether there is a less restrictive alternative or intervention that is in the person's best interests.

**Advance Decisions**

The Mental Capacity Act 2005 introduced new statutory rules with clear safeguards to enable people to make decisions in advance to refuse care or treatment should they lose capacity in the future. The Act does however stipulate that an advance decision will have no application to any treatment which a Doctor considers necessary to sustain life, unless strict formalities have been complied with. Those formalities are that the decision must have been made in writing, and be signed and witnessed. In addition, it must include an express statement that the decision stands 'even if life is at risk'. It should be noted however, that the compulsory treatment provisions of the Mental Health Act 1983 (as amended by the 2007 Act) would override an advance decision which concerns treatment for mental disorder.

This right impacts on safeguarding work, since any properly drawn-up advance decision may result in health care professionals especially, following a course of action that might in any other circumstances be misinterpreted as neglect or omission.

**Ill treatment and wilful neglect – Criminal Offence**

An allegation of abuse or neglect of an adult at risk who does not have capacity to consent on issues about their own safety will always give rise to action under the Safeguarding Adults process and subsequent decisions made in their best interests in line with the Mental Capacity Act 2005 and Mental Capacity Act Code of Practice as outlined above. Section 44 of the Act makes it a specific criminal offence to wilfully ill-treat or neglect a person who lacks capacity.

The offences can be committed by anyone responsible for that adult's care and support – paid staff but also family carers as well as people who have the legal authority to act on that adult's behalf (for example, persons with power of attorney or Court-appointed deputies).

These offences are punishable by fines or imprisonment. Ill-treatment covers both deliberate acts of ill-treatment and also those acts which are reckless which results in ill-treatment. Wilful neglect requires a serious departure from the required standards of treatment and usually means that a person has deliberately failed to carry out an act that they knew they were under a duty to perform.

Abuse by an attorney or deputy: If someone has concerns about the actions of an attorney acting under a registered enduring power of attorney (EPA) or lasting power of attorney (LPA), or a deputy appointed by the Court of Protection, they should contact the Office of the Public Guardian (OPG).

Further reading about the role and powers of the OPG and its policy in relation to adult safeguarding.

Everyone is entitled to the protection of the law and access to justice. Behaviour which amounts to abuse and neglect, for example physical or sexual assault or rape, psychological abuse or hate crime, wilful neglect, unlawful imprisonment, theft and fraud and certain forms of discrimination also often constitute specific criminal offences under various pieces of legislation. Although the local authority has the lead role in making enquiries, where criminal activity is suspected, then the early involvement of the police is likely to have benefits in many cases. (Care and support Statutory Guidance 2018)

**Office of the Public Guardian (OPG)**

The OPG was established under the Mental Capacity Act to support the Public Guardian and to protect people lacking capacity by:

- setting up and managing separate registers of lasting powers of attorney, of enduring powers of attorney and of court-appointed deputies
- supervising deputies
- sending Court of Protection visitors to visit people who lack capacity and also those for whom it has formal powers to act on their behalf
- receiving reports from attorneys acting under lasting powers of attorney and deputies
- providing reports to the Court of Protection
- dealing with complaints about the way in which attorneys or deputies carry out their duties.

The OPG also undertakes to notify local authorities, the police and other appropriate agencies when an abuse situation is identified. The OPG's Safeguarding Adult at risks Policy covers any person:

- who has a deputy appointed by the Court of Protection or
- is the donor of a registered enduring power of attorney or lasting power of attorney or

- is someone for whom the court authorised a person to carry out a transaction on their behalf under Section 16(2) of the Mental Capacity Act (single orders). This includes young people aged 16 or over who are defined as adults under the Mental Capacity Act.

**Involvement**

The OPG may be involved in Safeguarding Adult at risks in a number of ways, including: promoting and raising awareness of legal safeguards and remedies, for example, lasting powers of attorney and the services of the OPG and the Court of Protection

- receiving reports of abuse relating to adult at risks (‘whistle blowing’)
- responding to requests to search the register of deputies and attorneys (provided free of charge to local authorities and registered health bodies)
- investigating reported concerns, on behalf of the Public Guardian, about the actions of a deputy or registered attorney, or someone acting under a single order from the court
- working in partnership with other agencies, including adult care social services and the police.

**Court of Protection**

The Court of Protection deals with decisions and orders affecting people who lack capacity. The court can make major decisions about health and welfare, as well as property and financial affairs. The court has powers to:

- decide whether a person has capacity to make a particular decision for themselves
- make declarations, decisions or orders on financial and welfare matters affecting people who lack capacity to make such decisions
- appoint deputies to make decisions for people lacking capacity to make those decisions
- decide whether a lasting power of attorney or an enduring power of attorney is valid
- remove deputies or attorneys who fail to carry out their duties.

In most cases decisions about personal welfare will be able to be made legally without making an application to the court, as long as the decisions are made in accordance with the core principles set out in the Mental Capacity Act 2005 and the best interest’s checklist and any disagreements can be resolved informally. However, it may be necessary and desirable to make an application to the court in a safeguarding situation where there are:

- particularly difficult decisions to be made
- disagreements that cannot be resolved by any other means
- on-going decisions needed about the personal welfare of a person who lacks capacity to make such decisions for themselves

- matters relating to property and/or financial issues to be resolved
- serious healthcare and treatment decisions, for example, withdrawal of artificial nutrition or hydration
- concerns that a person should be moved from a place where they are believed to be at risk
- concerns or a desire to place restrictions on contact with named individuals because of risk or where proposed Safeguarding Adults actions may amount to a deprivation of liberty outside of a care home or hospital

**Appendix M**

**Historic Abuse Allegations / Disclosures**

Allegations of abuse are sometimes made by adults and also children many years after the abuse has occurred. There are many reasons for an allegation not being made at the time including fear of reprisals, the degree of control exercised by the abuser, shame or fear that the allegation may not be believed.

The person becoming aware that the abuser is being investigated for a similar matter or their suspicions that the abuse is continuing against other children or adults may trigger the allegation/disclosure.

These cases may be complex as the alleged victims may no longer be living in the situations where the incidents occurred or where the alleged perpetrators are and may no longer be linked to the setting or employment role. Such cases should be responded to in the same way as any other concerns. It is important to ascertain as a matter of urgency if the alleged perpetrator is still working with, or caring for children or adults at risk of abuse of neglect.

Organisational responses to allegations by an adult of abuse experienced as a child must be of as high a standard as a response to current abuse because:

- There is a significant likelihood that a person who abused a child/ren in the past will have continued and may still be doing so;
- Criminal prosecutions will still take place despite the fact that the allegations are historical in nature and may have taken place many years ago.

If possible, the FRSP staff member or volunteer should establish if the adult making the allegation/disclosure is aware of the alleged perpetrators recent or current whereabouts and contact with any children or adults at risk of abuse/neglect.

FRSP staff members or volunteers should follow normal safeguarding procedures and contact the Designated Safeguarding Lead about the disclosure/allegation.

Designated Safeguarding Lead - Jason Ward – jason@frsp.org.uk 0151 728 9340

Deputy Designated Safeguarding Lead - Julia Nelki - jnelki@hotmail.com 07931 632850

## Appendix N

## Different Types of Safeguarding Adults Enquiries

This refers to any enquiries made or instigated by the local authority **AFTER** receiving a safeguarding concern. There are two types of safeguarding enquiries.

If the adult fits the criteria outlined in Section 42 of the Care Act, then the local authority is required by law to conduct enquiries or ensure that enquiries are made. These will be referred to as **'Statutory Safeguarding Enquiries'**.

Local authorities will sometimes decide to make safeguarding enquiries for an adult who does not fit the Section 42 criteria. These enquiries are not required by law and therefore will be referred to as **'Non-Statutory Enquiries'**.

### Statutory Safeguarding Enquiry

The North West Safeguarding Adults Policy defines a statutory safeguarding enquiry as follows:

Where a local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident) and that adult:
a) has needs for care and support (whether or not the authority is meeting any of those needs), and
b) is experiencing, or is at risk of, abuse or neglect, and
c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

Then the local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case and if so, what should happen and who should do it. This then constitutes a statutory Section 42 enquiry.

Within the scope of this definition are:

- All adults who meet the above criteria regardless of their mental capacity to make decisions about their own safety or other decisions relating to safeguarding processes and activities
- Adults who manage their own care and support through personal or health budgets

- Adults whose needs for care and support have not been assessed as eligible or which have been assessed as below the level of eligibility for support
- Adults who fund their own care and support
- Children and young people in specific circumstances (see Section 2.7 or the NW Safeguarding Adults Policy)

**Outside the scope of the NW Safeguarding Adults Policy**
Adults in custodial settings i.e., prisons and approved premises. Prison governors and National Offender Management Services have responsibility for these arrangements. The SAB does however have a duty to assist prison governors on adult safeguarding matters. Local authorities need to assess for care and support needs of prisoners which take account of their well-being. Equally NHS England has a responsibility to commission health services delivered through offender health teams which contribute towards safeguarding offenders.

**Non-statutory safeguarding enquiry**
These are safeguarding enquiries carried out on behalf of adults who do not fit the criteria outlined in Section 42 of the Care Act.

These enquiries may relate to an adult who:

- is believed to be experiencing, or is at risk of, abuse or neglect
- does not have care and support needs (but might just have support needs)

**Who may be considered for statutory and non-statutory enquiries?**
This may include people with learning disabilities, mental health issues, older people, and people with a physical disability or impairment. It may also include adult victims of abusive care practices, neglect and self-neglect, domestic abuse, sexual exploitation, hate crime, female genital mutilation, forced marriage, modern slavery, human trafficking, honour-based violence, and anti-social abuse behaviour.

An adult's need for additional support to protect themselves may be increased when complicated by additional factors, such as, physical frailty or chronic illness, sensory impairment, challenging behaviour, drug or alcohol problems, social or emotional problems, or poverty or homelessness and it is important to note that vulnerability can fluctuate.

Many adults may not realise that they are being abused and/or exploited, particularly where there is an abuse of power, a dependency, a relationship or a reluctance to assert themselves for fear of making the situation worse.

**Who can carry out an enquiry?**
Although the local authority is the lead agency for making enquiries, it may cause others to do so. The specific circumstances will often determine who is the most ap-

propriate person /agency to carry out an enquiry, such as: care provider, health professional, or social worker. The local authority will determine who is the most relevant person/agency to carry out an enquiry. The police will lead criminal investigations. The local authority will decide when a case can be closed and if the Section 42 duty is satisfied.