



theMovement: Safeguarding Adults and Children Policy and Procedure



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1.0 Policy statement

1.1 Commitment

TheMovement has an absolute and unequivocal duty of care to protect people from harm and have and are committed to the protection and safety of children and adults at risk.

1.2 Background

TheMovement has an ethical and a legal duty to prevent and respond to potential and actual harm and abuse. theMovement also has a duty to act in the best interests of all beneficiary members. Safeguarding is the action taken to keep adults and children safe from harm and neglect. This includes beneficiaries/participants, staff, CPD attendees, volunteers and fundraisers. It is important that theMovement works together with partners to make sure an individual is safe.

By partnering with service provider organisations, theMovement provides opportunities for adult women who are or who have experienced multiple disadvantages to engage in fitness and wellbeing activities to improve self esteem, social inclusion and physical and mental wellbeing. Women who have multiple needs and have experienced multiple disadvantages may be more vulnerable than their male counterparts. theMovement works with women who are likely to have experienced repeated trauma over a sustained period of time, often commencing in childhood. Due to this, women who theMovement works with may be more likely to experience continued abuse and harm, which services need to be alert to and prepared to address when identified or disclosed. theMovement will seek to plan, deliver and develop services in a way which is trauma informed.

All beneficiary members of theMovement are considered to be vulnerable as they are very likely to have needs related to care and support provided by our partner organisations. Women who have recently moved onto independent accommodation, are likely to still have needs relating to their care and support and engaged with support services.

The majority of women that theMovement provides services to are aged 18 and over. Occasionally, theMovement may provide services to young women aged 16+. In these situations, where safeguarding concerns arise, safeguarding children procedures will apply.

Many beneficiary members have children and safeguarding concerns for children may be identified whilst working with beneficiary members. Safeguarding children duties may also arise where a beneficiary member is pregnant. theMovement will record, report and



work with other organisations to contribute to actions necessary to safeguard children in partnership with the beneficiary member.

In providing a service to beneficiary members, theMovement acknowledges that it has influence over participants and therefore needs to ensure that this responsibility is not abused at any time. This includes involving the participant in discussions around risk, what they would like to happen and consent to refer wherever possible. Action taken by theMovement will be proportionate to the level of assessed risk at that time.

1.3 Working in Partnership

theMovement works in conjunction with partner organisations to provide groups and opportunities for women to participate in fitness and wellbeing activities. Typically these sessions are for an hour a week and women will be engaged and be receiving a significant service from a partner organisation within the women's sector. In conjunction with partner organisations, theMovement will work with partners to prevent, identify and respond to cases of abuse and harm or suspected abuse and harm of beneficiary members.

In responding to a disclosure of abuse and harm or where abuse and harm is suspected, the lead will usually be taken by the partner agency under their existing safeguarding policies and procedures.

Preventing and responding to abuse and harm is not the responsibility of any single organisation. theMovement will contribute to, and participate in joint and inter-agency working and multi-agency assessments including the Police, local authorities and the NHS.

2.0 Scope

This procedure is to be followed by all volunteers, trustees, paid staff and contractors and details the process required where there is alleged or suspected abuse and harm of an adult or child who is:

- A beneficiary member of theMovement
- Related or in contact with a beneficiary member of theMovement
- In contact with theMovement volunteer, trustee, staff member or contractor as part of their delivery of services

This policy should be read in conjunction with theMovement's other relevant policies including health and safety, volunteering and whistle blowing policies.

2.1 Responsibilities for implementation

All volunteers, trustees, paid staff and contractors must:

Be alert to signs of abuse or neglect and:

Be alert to the risks which individual abusers, or potential abusers, may pose to adults with care and support needs and children. Prior knowledge and information regarding any known or current risks may form part of risk assessments undertaken by partner organisations, with regards to individual participants

Prior to partnership working with a charity partner organisation:

- Details for the Designated Safeguarding lead or a single point of contact for Safeguarding within the charity partner organisation are to be recorded and stored by theMovement
- Partner organisations will be encouraged to complete individual risk assessments for participants and venues / settings where groups and opportunities for women to participate in fitness and wellbeing are being provided
- A short statement regarding participant's acknowledgement of safeguarding duties by theMovement will be added to the PAR-Q form, which is completed prior to participants commencing activities

Report any knowledge or suspicions of safeguarding concerns to one of the following:

- The designated theMovement lead or deputy safeguarding lead trustee;
- A single point of contact or person with safeguarding responsibility in the partner organisation;
- The Safeguarding Adults or Children's Team in the relevant local authority.

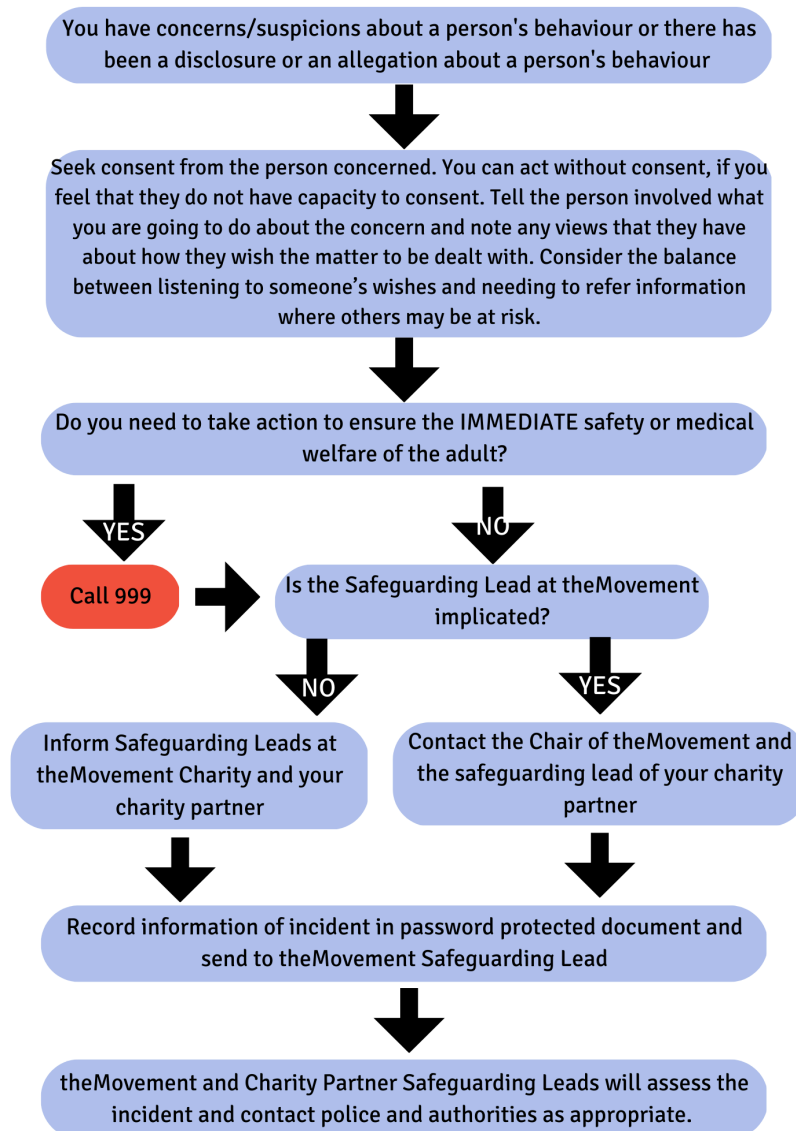
Contribute to whatever actions are needed to safeguard and promote the person's welfare;

Share and help to analyse information so that an assessment can be made of the person's needs and circumstances;

Communicate with and participate fully in discussions with the person at risk, trustees, partner organisations and external agencies e.g. local authority and Police;

Undergo checks by the Disclosure and Barring Service (where required);

2.2 Reporting process



Please also see Section 5.2 - 5.5 regarding further details of reporting processes

Trustees are committed to and must:

Be responsible for ensuring this procedure is implemented and reporting procedures are used and followed;

Ensure paid staff, contractors and volunteers have an appropriate level of training by completing training in best practice and current legislation;

Highlight and discuss this policy and procedure and local safeguarding and partnership arrangements to all new volunteers and paid members of staff as part of their induction and ongoing support and supervision;

Ensure safeguarding is a standing agenda item on the relevant sub-committee agenda or Board of Trustees meeting;

Be familiar with the local arrangements for safeguarding including the relevant partner organisation's policies, procedures and key contacts, local safeguarding arrangements.

Ensure all reporting and recording of safeguarding concerns produced are accurate, timely and beneficiary member centred.

2.3 theMovement Organisational Leads:

Harpreet Kaur – Trustee, Lead

Robin Barden – Trustee, Deputy

The Safeguarding Lead is responsible for safeguarding strategy, effective policy and practice, and creating the right culture of safeguarding at theMovement¹.

3.0 Safeguarding Adults

3.1 Definitions and Relevant Legislation

People with care or support needs

This term replaces “vulnerable adult” or “adult at risk” in the Care Act 2014. However the level of need is not relevant and the adult does not need to have eligible needs for care and support, or be receiving any particular service from the local authority in order for safeguarding duties to apply.

Abuse - Adults

“Abuse is a violation of an individual’s human and civil rights by any other person or persons. Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a person with care and support needs is persuaded to enter into a financial or sexual transaction to which he or she has not consented or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it” (Department of Health 2013)

¹

<https://www.ncvo.org.uk/help-and-guidance/safeguarding/specialist-guides/certain-roles/trustees/lead-responsibilities/>

3.2 Care Act 2014

The Care Act 2014 states the six principles of safeguarding, which the Movement must follow:

Empowerment – Presumption of person led decisions and informed consent

Prevention – It is better to take actions to prevent harm before harm occurs

Proportionality – Proportionate and least intrusive response appropriate to the risk presented

Protection – Support and representation to those in greatest need

Partnerships – Local solutions through services working in their communities

Accountability – Accountability and transparency in delivering safeguarding.

Wellbeing – This principle is enshrined in the Care Act 2014 and has a broad definition including personal dignity, physical and mental health and protection from abuse and neglect. Care and support (where it is required) must take into account the individual's views, wishes, feelings and beliefs.

3.3 Mental Capacity

Mental capacity only applies to persons aged 16 and above. All decisions in the Safeguarding Adults process must comply with the Mental Capacity Act 2005:

Principle 1 – A presumption of capacity

Every adult has the right to make his or her decisions and must be assumed to have capacity to do so unless it is proved otherwise.

Principle 2 – Individuals being supported to make their own decisions

An individual must be given all practicable help before anyone treats them as not being able to make their own decisions. If lack of capacity is established, it is still important that you involve the person as far as possible in making decisions.

Principle 3 – Unwise decisions

People have the right to make what others might regard as an unwise or eccentric decision. You cannot treat them as lacking capacity for that reason.

Principle 4 – Best interests

If a person has been assessed as lacking capacity then any action taken, or any decision made for, or on behalf of that person, must be made in his or her best interests.

Principle 5 – Least restrictive options

Someone making a decision on behalf or acting on behalf of someone who lacks capacity must consider whether it is possible to decide or act in a way that would interfere less with the person's rights or freedoms of actions, or whether there is a need to decide or act at all. Any intervention should be proportional to the particular circumstances of the case.

The test of capacity in this case is to find out if the person has the mental capacity (at the time an enquiry is made) to make informed decisions:

- About an enquiry and subsequent actions
- About their own safety – harm and prevention in the short and long term

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 time. Their ability to make a decision may also fluctuate with time, or with the consumption of drugs or alcohol.

A person is not able to make a decision if they are unable to do any of the following:

- Understand the information relevant to the decision
- Retain the information long enough for them to make the decision
- Evaluate the information as part of the process of making the decision
- Communicate their decision (whether by talking, using sign language or any other means).

Capacity can be undermined by the experience of abuse and where the person is being exploited, coerced, groomed or subjected to undue influences or duress.

The mental capacity of the person and their ability to give their informed consent to an enquiry being made and action being taken under these procedures is a significant, but not the only factor in deciding what action to take.

Where the person has capacity to give informed consent, their wishes will be respected as far as possible.

3.4 Informed consent

It is essential in safeguarding to consider whether a person aged 16 and above 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. There are limits (defined in common

law) to what a person can give consent to, so even if there appears to be consent, you should still seek guidance within the Movement (and the partner organisation if necessary) and/or the Local Authority Safeguarding Adults Team or Multi Agency Safeguarding Hub (MASH) if required.

- Enquiry into the safeguarding issue and subsequent actions (e.g. a protection plan) going ahead in response to a concern being raised.

To decide whether consent was given with capacity, consider:

- If the decision was made without duress
- The person's ability to make the decision

4.0 Safeguarding Children

4.1 Definitions and Relevant Legislation

Abuse – Children

“A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child or children.
(*Working Together to Safeguard Children 2018*)

Child

A child is any person aged under 18 and includes the unborn child where the lifestyle of a pregnant woman is thought to be detrimental to the unborn child.

Significant harm

Section 31 of The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children. Consideration of the severity of ill treatment may include:

- The degree and extent of physical harm;
- The duration and frequency of abuse and neglect;
- The extent of premeditation;
- The presence or degree of threat, coercion, sadism, bizarre or unusual elements

The local authority is under a duty to make enquiries, or cause enquiries to be made, where it has reasonable cause to suspect that a child is suffering, or likely to suffer significant harm.



4.2 Parental consultation for child protection referrals

Agencies referring to children's social care should inform those with parental responsibility for the child(ren) referred unless this would increase risk or delay investigation. Where a child is already experiencing or at imminent risk of experiencing significant harm, then a child protection referral must be made irrespective of obtaining parental consent.

5.0 Recognising and Responding to Abuse

5.1 Where there are concerns that abuse may be occurring

It is often difficult to recognise signs of abuse or that a person is being exploited. Women who have experienced repeated trauma may become desensitised to abuse as a coping strategy or feel that abusive behaviour is “normal” or to be expected. As a result, the situation where someone discloses abuse may be less common than the situation where professionals identify signs of possible abuse and concern. Because of this, theMovement, in conjunction with other professionals, need to be alert to the signs and possibility that someone may be experiencing abuse.

theMovement volunteers, trustees, paid staff and contractors should be alert to:

- Changes in a person’s behaviour or demeanour;
- Direct observations which are concerning (see appendix indicators of abuse);
- Overhearing concerns or indicators of abuse from the person potentially at risk or from other participants;
- Being informed by others e.g. other participants, friends, relatives, other professionals that someone may be at risk or experiencing abuse. Because theMovement does not work directly with children, it is possible that concerns about children commonly arise via this route;
- Indicators of abuse can increase incrementally over time (abusers behaviour usually escalates over time). In these situations, think about all of the signs and observations that you are aware of and seek advice from theMovement Safeguarding Leads and consider if you need to share information with other professionals in order to get a full picture of risk. Sharing relevant information promptly is an important way to identify risks, manage risks and reduce harm.

See Appendix A – Categories and signs of abuse.

5.2 If there are concerns that abuse may be occurring:

Volunteers, trustees, staff and contractors should discuss their concerns with the named contact or person responsible for safeguarding in the partner organisation. This should include:

- What has been observed, seen or heard, include dates if possible;
- Any information on who the person at risk may be at risk from;
- Based on what you currently know, an assessment of the level of risk or potential harm;
- Any impact the potential abuse has had upon the person.

Do not discuss concerns or suspicions with any person suspected to be causing the abuse as this may increase risk and could jeopardise any later enquiry.

This same information should be shared with the Lead or Deputy Safeguarding Lead within the Movement, together with details of the person the information was shared with in the partner organisation no later than 24 hours later.

the Movement Safeguarding Leads will follow up with the partner organisation to discuss what actions are necessary to identify and manage risk. Safeguarding Leads will feedback as appropriate on any actions needed by the organisation to contribute to safeguarding enquiries, management plans or working with the person in the future.

5.3 Responding to a disclosure of abuse

- Listen;
- Re-assure the person that they are being listened to, are being taken seriously and not being judged;
- Don't express disgust or jump to conclusions;
- Responsibility for investigating abuse is with the Police and Local Authority. However, if you do ask any questions about what has been said to you only use open questions e.g. tell me, explain to me, describe to me....
- Don't jeopardise any possible criminal investigation by discussing allegations with the alleged perpetrator(s) or anyone other than the Movement and the partner organisations safeguarding contacts;
- Contact emergency services e.g. Police, ambulance if there is an immediate threat to life, serious injury or a crime has been committed;
- Advise person at risk to take steps to secure evidence that may assist in the detection of crime e.g. clothing, advise victim not to drink, smoke or wash if they have been recently sexually assaulted, keep text or voicemail messages;
- Consider if anyone else is at risk e.g. another participant or a child;
- Immediately report the disclosure and any action taken to a responsible person in the partner organisation;
- Within 24 hours contact Lead or Deputy responsible for safeguarding in the Movement with details of the disclosure, action taken, who the information was passed to in the partner organisation.

Explain that:

- You will have to share information with people responsible for safeguarding in theMovement and the partner organisation;
- Professionals will work with them to take action to prevent further abuse.

5.4 Recording and raising a safeguarding concern

Accurate records should be made at the time of the disclosure or identification of safeguarding concerns giving details of the incident and/or grounds for suspecting abuse. The record should include:

- Details of any disclosure made;
- Victims account of the abuse/incident. Use speech marks to signify verbatim words used by victim;
- Details of the grounds for suspecting abuse;
- Date and time of any incidents;
- Details of people involved and any witnesses;
- Details of any observed or disclosed injuries;
- Appearance and behaviour of the victim;
- Details of any actions taken including details of who was notified at partner organisation;
- If person writing account was present, details what was directly observed.

This record will be retained and recorded by theMovement in a central log. Details of any safeguarding issues or alerts will be reported to the next board meeting to allow for any trends, themes or learning to take place.

theMovement will work with the partner organisation to take necessary action to identify and reduce risk. Usually, the partner organisation will take the lead in actions, using their safeguarding framework.

A safeguarding alert should contain:

- Vulnerability of the victim;
- Nature and extent of the abuse;
- Time period that abuse has been happening;
- Impact of the abuse on the victim;
- Impact on anyone else and whether anyone else may be at risk of harm, including children;
- The risk of repeat incidents of abuse and the risk of abuse escalating;
- The victims views on what they want to happen or not happen.

5.5 Information sharing

- Information given to the Movement volunteer, trustee or staff member belongs to the Movement, not the individual person;
- Information will be shared internally and with partner organisations on a need to know basis;
- Information will only be shared without consent in the best interests of the person;
- For guidance on when information can be shared, including shared without consent in a safeguarding context, guidance can be obtained from the Board of the Movement;
- Confidentiality must not be confused with secrecy, that is that need to protect the management of an organisation should not override the need to protect a person at risk from abuse;
- Agencies must ensure that the victim is kept up to date with the progress of a safeguarding investigation.

6.0 Abuse or allegations of abuse by an the Movement volunteer, staff member, trustee or contractor against a participant

All volunteers, staff members, trustees and contractors will complete a basic check with the Disclosure and Barring Service (DBS), be made on appointment and every 3 years or sooner if required.

Should volunteers, trustees, staff members or contractors be subject to criminal proceedings, conviction, caution or safeguarding investigation, they should immediately notify the Chair of the Movement so that current and future involvement can be risk assessed.

If abuse involving a volunteer or staff member of the Movement is disclosed or suspected, this must be immediately reported to the Movement Safeguarding Leads. If there are concerns or it is alleged that the designated safeguarding lead is perpetrating abuse, then this concern must be raised with the Chair of the Movement.

the Movement will work with partner organisations and external agencies to share information, assess risk and take necessary action to safeguard against abuse. In an immediate criminal emergency, the Police and social care will be contacted within 24 hours.

Please also see the Safeguarding flowchart at Section 2.2

7.0 Safer Recruitment Practice



theMovement will recruit trustees, volunteers, paid staff and engage contractors in line with current safe recruitment principles. This will include:

- Ensuring recruitment documentation makes reference to safeguarding responsibilities and suitability to work with women who have care and support needs;
- Use of recruitment panels rather than lone interviewing;
- Exploration of gaps, discrepancies or anomalies (as appropriate to role);
- Obtaining independent and (preferably professional) references including asking about suitability to work with women who have care and support needs;
- Verification of candidate identity and where employed right to work in the UK;
- Carrying out enhanced Disclosure and Barring (DBS) check if the role is a “regulated activity”.

8.0 Training and learning

All theMovement volunteers, trustees and paid staff will be supported to access appropriate safeguarding training. Free safeguarding training for volunteers and staff working with adults who have care and support needs and children is provided by Local Safeguarding Boards and delivered in all local authorities.

All attendance at safeguarding training should be notified to theMovement Secretary so that attendance can be logged against a central record.

Safeguarding will be a standing item on theMovement Trustee Board agenda. A brief discussion of any safeguarding reports will take place at each meeting, including any safeguarding issues or alerts that may have occurred between Trustee Board meetings - so that processes may be reviewed on an ongoing basis, trends regarding risks for example can be identified and any learning points identified.

*Revised July 2024
theMovement Board of Trustees
Review due by: July 2025*

theMovement Safeguarding Policy and Procedure - Appendix A

Types of abuse

1.0 Physical abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, fabricating the symptoms of, or deliberately inducing illness.

2.0 Sexual abuse

2.1 Adults - This is the involvement of a person in sexual activities for the gratification of the abuser(s) of which the victim:

- Does not want and has not consented to;
- Does not understand and is not able to consent to;
- Has been coerced into because the abuser(s) is in a position of trust, power or authority.
- Or acts that are against the law;
- This includes sexual exploitation in which the victim receives something e.g. money, alcohol, accommodation, in return for sexual activity, but where consent has not been given.

2.2 Sexual abuse of children can include:

- Forcing or enticing a child or a young person to take part in sexual activities, not necessarily involving physical violence, whether or not the child is aware of what is happening;
- The activities may involve physical contact, including assault by penetration (e.g. rape or oral sex) or non penetrative acts 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);
- Child sexual exploitation is defined as “involves exploitative situations, contexts and relationships where young people (or a third party of persons) receives “something” (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing and/or others performing on them, sexual activities.

3.0 Emotional and psychological abuse

3.1 Adults - This is behaviour that has a harmful effect on the persons emotional health and development or any other forms of mental cruelty that result in:

- Mental distress;
- Humiliating someone in private or public;
- The denial of basic human and civil rights such as self-expression, privacy and dignity;
- The negation of adult choice, independent wishes and self-esteem;
- Behaviour that causes isolation or over-dependence and has a harmful effect on a person's emotional health, development or wellbeing.

3.2 In children:

- 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 a child that they are worthless and 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

4.0 Financial and material abuse

This is the use of a person's property, assets, income, funds or any resources without their informed consent or authorisation. Examples include:

- Withholding of money;
- The unauthorised use of a person's money or property;
- Unauthorised disposal or sale of possessions;
- The entry of a person into contracts or transactions (e.g. loans, gifts) that are not understood and which are to their disadvantage and/or which have involved coercion or duress.

5.0 Neglect and acts of omission

5.1 Neglect is the failure of any person who has responsibility for the charge, care or custody of a vulnerable person or child to provide the amount and type of care that a reasonable person would be expected to provide. Examples in adults include:

- Depriving someone of everyday essentials like food, clothes, warmth and hygiene needs;
- Depriving someone of a service;
- Failure to intervene in behaviour which is dangerous to the person or others.

5.2 In children, neglect is the persistent failure to meet a child's basic physical, emotional or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy. Once a child is born, neglect may involve a parent failing to:

- Provide adequate food, clothing, shelter and supervision
- Protect a child from physical and emotional harm or danger
- Ensure access to appropriate medical and dental treatment

6.0 Discriminatory abuse

- Where values, beliefs or culture result in a misuse of power that denies opportunities to some groups or individuals.
- Exploitation of a person's vulnerability, resulting in repeated or pervasive treatment of an individual, which excludes them from opportunities in society e.g. education, healthcare, justice, civic status and access to services and protection

7.0 Organisational abuse

This is the mistreatment or abuse of a person by a regime or individuals in an organisation. It occurs when routines, systems and norms of an organisation compel individuals to sacrifice their own preferred lifestyle and cultural diversity to the needs of the institution. It can occur through repeated acts or inadequate care or neglect or poor professional practice.

8.0 Elder abuse

Older people can be at risk of being abused by both carers and those they care for. The abuser is usually well known to the victim, a partner, relative, friend, neighbour, volunteer or paid carer, health or social worker or other professional. Often the people who abuse older people are exploiting a position of trust.

9.0 Modern slavery

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. Types of exploitation can include sexual exploitation (mostly women and children), forced labour, domestic servitude and criminal exploitation (e.g. county lines, being forced to work on a cannabis farm or pick pocketing). The Modern Slavery Helpline is a useful source of information and guidance 0800 0121700.

Human trafficking is part of modern slavery. Individuals do not have to be moved large distances (e.g. internationally) to have been trafficked and can include victims being moved relatively small distances for the purpose of exploitation (commonly within a

town or geographical area). The Police are the lead agency in managing responses to adults and children who are suspected to be victims of human trafficking. The National Referral Mechanism is a multi agency framework to assist in the formal identification and to co-ordinate the referral of victims to appropriate services.

10.0 Allegations against carers who are relatives or friends

In allegations where unintentional harm has occurred this may be due to lack of knowledge, support or the carer's own mental or physical health needs making them unable to care adequately for the person. The carer may also have care and support needs of their own and should be referred to the local authority for a carer's assessment of needs.

11.0 Hate crime

Defined as any incident that is perceived by the victim, or any other person, to be racist, homophobic, transphobic or due to a person's religion, faith, gender identity or disability. Hate crime can include physical, emotional or financial abuse.

12.0 Exploitation by radicalisers who promote violence

Adults with care and support needs and children may be susceptible to exploitation into violent extremism by radicalisers who attempt to attract people to their cause by using persuasion or charisma. The aim is to attract new recruits and embed their extreme views.

13.0 Peer abuse

This is any form of abuse of one adult with care and support needs by another adult with care and support needs, both of whom are clients in a social or healthcare setting.

14.0 Abuse by children

If a child is causing harm to an adult with care and support needs, this should be dealt with by safeguarding adults team, but information should also be shared with local authority safeguarding children teams.

15.0 Self-neglect

This includes neglecting to care for one's own personal hygiene, health or surroundings and includes behaviour such as hoarding. If the person or child's accommodation or environment is being severely neglected by the provider this may constitute organisational abuse or neglect. Positively addressing self-neglect involves balancing the rights of the individual with a duty of care. Improvements will often be gradual.



Addressing related issues such as reducing isolation, fluctuating capacity, self-esteem, exploring long-term goals and developing interests and activities is often required.

16.0 Self-harm

Self harm is not a safeguarding issue on its own although it may be a sign of experiencing abuse. If this is the case, when reporting to safeguarding authorities include self harm as an impact upon the person.

17.0 Forced marriage

A forced marriage is where one or both people do not (or in the case of people with learning difficulties cannot) consent to the marriage. It is a crime in the UK.

The Forced Marriage Unit should be contacted in cases of actual or suspected forced marriage. Tel 02070080151 (Mon-Fri 9am-5pm) email fmf@fco.gov.uk www.gov.uk/forced-marriage. Out of office hours call Global Response Centre on 02070081500.

18.0 Abuse via the internet

Information and communication technology (ICT) based forms of child abuse, physical, sexual and emotional abuse can include bullying via mobile telephones or online with verbal and visual messages.

19.0 Organised and complex abuse

Abuse involving one or more abusers and a number or related or non-related abused children. The adults may be acting alone, with others or using an institutional framework or position of authority e.g. coach, teacher, faith based leader or celebrity position.

It can occur as part of a network of abuse across a family or community or within institutions e.g. boarding schools, in daycare, youth services, sports clubs, voluntary or faith groups.

Appendix B: Useful contacts / Signposting

SHOUT UK	<p>Free, 24/7 mental health support in the UK – Text SHOUT to 85258</p> <p>www.giveusashout.org</p>
Bipolar UK	<p>A charity helping people living with manic depression or bipolar disorder.</p> <p>Website: www.bipolaruk.org.uk</p>
Cruse Bereavement Care	<p>Telephone: 0808 808 1677 (Monday to Friday, 9am to 5pm)</p> <p>Website: www.cruse.org.uk/home</p>
Drinkline	<p>A free confidential helpline for people worried about their own or someone else’s drinking.</p> <p>Telephone: 0300 123 1110 (weekdays 9am to 8pm, weekends 11am to 4pm)</p>
NSPCC	<p>Children’s charity dedicated to ending child abuse and child cruelty.</p> <p>Telephone: 0800 1111 for Childline for children (24-hour helpline) 0808 800 5000 for adults concerned about a child (24-hour helpline)</p> <p>Website: www.nspcc.org.uk</p>

<p>Refuge</p>	<p>Advice on dealing with domestic violence.</p> <p>Telephone: 0808 2000 247 (24-hour helpline)</p> <p>Website: www.refuge.org.uk</p>
<p>Rethink Mental Illness</p>	<p>Support and advice for people living with mental illness.</p> <p>Telephone: 0300 5000 927 (Monday to Friday, 9.30am to 4pm)</p> <p>Website: www.rethink.org</p>
<p>Rape Crisis</p>	<p>To find your local services phone: 0808 802 9999 (daily, 12pm to 2.30pm and 7pm to 9.30pm)</p> <p>Website: www.rapecrisis.org.uk</p>
<p>Samaritans</p>	<p>Confidential support for people experiencing feelings of distress or despair.</p> <p>Telephone: 116 123 (free 24-hour helpline)</p> <p>Website: www.samaritans.org/</p>
<p>YoungMinds</p>	<p>Information on child and adolescent mental health. Services for parents and professionals.</p> <p>Telephone: Parents' helpline 0808 802 5544 (Monday to Friday, 9.30am to 4pm)</p> <p>Website: www.youngminds.org.uk/</p>

NHS App	<p>The NHS Safeguarding app has been developed to act as a comprehensive resource for healthcare professionals, carers and citizens. It provides 24-hour, mobile access on up to date legislation and guidance across the safeguarding life course.</p> <p>https://www.england.nhs.uk/safeguarding/nhs-england-safeguarding-app/</p>
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