**TEMPLATE SAFEGUARDING POLICY FOR**

 **COMMUNITY SPONSORSHIP GROUPS**

All community sponsorship groups must have an accessible safeguarding policy, either on their website or by request. Your Local Authority must have been given the opportunity to view your safeguarding policy as part of the application process.

The below template sets out potential areas to consider when developing your safeguarding policy. Responsibility for safeguarding still rests with the Lead Sponsor and community sponsorship group, however, so you will need to tailor this template to reflect the specific safeguarding needs of those you support as well as your group’s respective policies, procedures, and standards. It is essential that if you choose to use this template, you edit it to reflect the way in which your group operates, including the way in which you recruit members.

The template includes instructional text (in blue). It should be used in conjunction with our ‘Safeguarding policy - guidance for sponsors’.

**SAFEGUARDING POLICY TEMPLATE**

**Introduction**

*[insert here a brief description of what your group does.]*

**What is safeguarding?**

Safeguarding means protecting people’s health, wellbeing and human rights, and enabling them to live in safety, free from harm, abuse and neglect.

Our safeguarding policies and procedures are intended to prevent abuse and neglect, not simply to give information on how to spot and report abuse.

**Purpose of this document**

This document has been produced for the following reasons:

* To be clear to all about our commitment to ensuring that all those supported are safe in their contact with *[insert name of your group]*.
* To outline our policy to ensure they are safe.
* To outline our procedures for responding if there is a concern.
* To provide further information where help and advice can be received for dealing with specific situations.
* To ensure group members and staff who work with those we support are aware of their role and responsibilities.
* To enable us to provide information easily to members of the community who wish to know our arrangements for keeping people safe.

This document has been developed using materials produced by *[insert as appropriate]*. It is not available for copying by other groups or organisations without prior written consent.

**Our safeguarding policy**

*[Your safeguarding policy must include an explicit statement which demonstrates your commitment to safeguard, protect and promote the welfare of those you support. Potential wording is set out below.]*

* We recognise that the welfare and safety of those we support is paramount in all the work we do. Those we support should not experience distress, harm, or abuse of any kind as a result of our actions or those of partner agencies.
* Our commitment to safeguarding, protecting, and promoting their welfare applies to everyone we support, regardless of age, disability, gender, race, religion or belief, or sexual orientation.

**Scope**

*[Potential wording is set out below.]*

*[insert name of your group]* intends to safeguard those we support from the following types of abuse: physical, sexual, psychological, emotional, financial, neglect, discriminatory, institutional, and self-neglect. There is further information on categories, signs, and definitions of abuse in the annexes.

Abuse and neglect are forms of maltreatment. Someone may abuse by inflicting harm and neglect by failing to act to prevent harm. Individuals may be abused in a family, institutional, or community setting, by those known to them, or by a stranger. They may be abused by an adult, a child, adults or children, or both adults and children.

The emphasis in our work with adults is to promote their empowerment and well-being through the support we provide and to act in a way which supports the rights of individuals to lead a life based on self-determination and personal choice as well as recognise those people who are unable to take their own decisions or protect themselves and their assets.

This policy applies to anyone working on behalf of *[insert name of your group]*, including *[insert all your different types of group members and staff be they, for example, trustees, senior managers, paid staff, volunteers, sessional workers, agency staff, or students]*.

**Implementing our safeguarding policy**

*[Your policy must include explicit reference to the following areas. Further guidance and potential wording are provided below.]*

**Recruitment and vetting**

*[Explain your group’s policies and practices in terms of group members and staff recruitment and vetting, including your approach to Disclosure and Barring Service checks. Where these are already set out in separate documents, summarise the main points here and either insert the relevant hyperlinks (where published) or attach them as annexes. Where separate documents are not already in place, you may wish to use the below suggested wording.]*

For group members and staff who directly encounter those we support, our recruitment process includes:

* Providing a role description relevant to the work they will undertake.
* Providing a document explaining the ethos, values and practices of *[insert name of your group]*.
* Providing relevant guidelines or policies.
* An informal interview.
* A formal interview for staff.
* Completing the following declaration ‘I understand the nature of the work I am to do. I have read the relevant guidelines. I agree to work within the safeguarding policies for those the group supports. I understand that I have responsibilities to share concerns and act in accordance with these policies. I understand that as part of *[insert name of your group]*, we together seek to create a safe and caring culture.’ In addition, they are asked about criminal convictions.
* Providing 2 references.
* Undergoing a Disclosure and Barring Service (DBS) check where the role meets the set criteria.

For group members and staff who do not directly encounter those *[insert name of your group]* supports, we will require one reference.

DBS checks and references

*[insert name of your group]* aims to have completed DBS checks and to have references in place prior to group members and staff starting work with those we support. *[insert name of your group]* will consider whether DBS checks are appropriate based on the level and nature of the work being undertaken by individual group members and staff. If references or criminal records checks are delayed, group members and staff may work with those we support under supervision which includes never being alone with a person in our care who has specific needs.

**Training**

*[In a clear and concise way, explain how group members and staff are trained to recognise indicators of abuse and report any safeguarding, protection or welfare related concerns they have about those (both adults and children) they support, including the* *training provided by Reset through their online resources and face-to-face training. You should also state how and by whom records of this training are kept.*

*Group members and staff must be alerted to types of child abuse (see annex A) that may be specific to certain cultures, such as* [female genital mutilation](https://www.gov.uk/government/publications/female-genital-mutilation-guidelines)*,* [forced marriage](https://www.gov.uk/guidance/forced-marriage), *and faith-based abuse. While these types of abuse are not necessarily common amongst refugees, group members and staff do need to know how to recognise risk indicators. In addition to culturally specific practices, group members and staff need to be aware of indicators of* [domestic abuse](https://www.gov.uk/guidance/domestic-abuse-how-to-get-help) *and how to refer to children’s services any child who may witness or be the victim of this.*

*It is not necessary to list all possible concerns or indicators in this safeguarding policy, but you can either insert hyperlinks (where published) to any relevant supporting documents that provide additional detail or attach them as annexes.]*

**Reporting adult safeguarding concerns**

*[You must demonstrate here that there is a clear process for reporting adult safeguarding concerns within your group and managing any subsequent referral to relevant statutory agencies in a timely and effective manner. A suggested flowchart for reporting concerns and making a referral is at annex C.*

*You must also explicitly state how group members and staff appropriately explain to those they support the circumstances in which safeguarding related intervention could be made by statutory agencies and the subsequent relevant procedures. Potential issues that may trigger such interventions include, but are not limited to:*

* *Domestic abuse - including evidence of violence and patterns of controlling, coercive or threatening behaviour.*
* *Financial abuse, such as benefit payments received being controlled by one family member and used for their sole benefit rather than equally distributed.]*
* [*Hate crime*](https://hatecrime.campaign.gov.uk/) *- any criminal offence which is perceived by the victim, or anybody else, to be motivated by hostility or prejudice towards someone’s race, religion, sexual orientation, transgender identity, or disability.]*

**Radicalisation**

*[You must explicitly state here your commitment to ensuring that group members and staff are aware of relevant local and national programmes for preventing people from being drawn into terrorism. In England, Scotland, and Wales, for example, this includes making sure that group members and staff are familiar with the Prevent programme and are clear that they must report to the respective local authority any concerns they have about a person’s potential radicalisation. It is an obligation for you to include links to radicalisation and preventing organised crime in your policy as a Community Sponsor, see links below.*

*The purpose of Prevent is to safeguard vulnerable people from becoming terrorists or supporting terrorism, by engaging with people who are vulnerable to radicalisation and protecting those who are being targeted by terrorist recruiters. Prevent aims to:*

* *Tackle the causes of radicalisation and respond to the ideological challenge of terrorism.*
* *Safeguard and support those most at risk of radicalisation through early intervention, identifying them and offering support.*
* *Enable those who have already engaged in terrorism to disengage and rehabilitate*

*The Prevent programme depends on leadership and delivery through a wide network of partners - with communities, civil society organisations, public sector institutions including local authorities, schools and universities, health organisations, police, prisons and probation, and the private sector. Through identification and early intervention, vulnerable individuals who are at risk of radicalisation can be safeguarded and supported. Referring possible cases of early stage radicalisation works in a similar way to safeguarding processes designed to protect people from gang activity, drug abuse, and physical or sexual abuse. Success means an enhanced response to tackle the causes of radicalisation, in communities and online; continued effective support to those who are vulnerable to radicalisation; and disengagement from terrorist activities by those already engaged in or supporters of terrorism.*

Further information about Prevent can be found at: [*www.gov.uk/government/publications/prevent-duty-guidance*](http://www.gov.uk/government/publications/prevent-duty-guidance)

Information on what happens when a Prevent referral is made can be found at:[*https://homeofficemedia.blog.gov.uk/2019/11/05/factsheet-prevent-and-channel/*](https://homeofficemedia.blog.gov.uk/2019/11/05/factsheet-prevent-and-channel/)

Information on how to prevent individuals from being drawn into serious or organised crime can be found at:

<https://www.gov.uk/government/publications/individuals-at-risk-of-beingdrawn-into-serious-and-organised-crime-a-prevent-guide>*]*

**Designated safeguarding lead**

*[While safeguarding responsibilities apply to all your group members and staff, your policy must provide details here of your group’s governance arrangements, including a named person in senior management who has been appointed as the designated lead who has ultimate responsibility for safeguarding within your group and a brief description of their role. A deputy safeguarding lead may also be listed.]*

**Responding to allegations about group members and staff**

*[Though mindful that in some cases there may first need to be a police investigation or an investigation conducted by local authority statutory social care services, it is essential that all safeguarding related concerns and allegations about a group member or staff are immediately acted upon.*

*Your safeguarding policy needs to explicitly state that all group members and staff must immediately report any safeguarding related allegations or concerns they have. Your policy must be clear as to how service users can raise concerns and complaints, to whom these allegations or concerns are reported, how they are handled by the group, and where responsibility lies for notifying respective statutory agencies. You should also concisely summarise here your complaints management policy and any allegations policy you have in place setting out how these are managed and either insert hyperlink(s) (where published) to the relevant document(s) or attach as annexes. This may include, for example, any whistleblowing policy in place.]*

**Information sharing**

*[You need to demonstrate that there is a policy in place for ensuring that group members and staff are aware of their responsibility to appropriately manage confidential information about those they support. This includes, for example, not sharing confidential information about a family with others, both within and outside the group. It could also include details of processes in place for securely storing all personal paper and electronic records such as locking access to these records and never keeping related papers in personal storage.*

*Your policy must also demonstrate that your group manages information in line with relevant data protection legislation and guidance (such as the Data Protection Act 2018 and the European Union General Data Protection Regulation which came into effect in May 2018) and the Data Sharing Protocol at Schedule 4 of the Sponsor Agreement which provides a set of principles for sharing and handling information classed as ‘personal data’.*

*It is essential you remember here that data protection legislation and human rights laws are not barriers to justified information sharing, rather they provide a framework to ensure that personal information about people is shared appropriately. Further advice on effective information sharing is available at:*

* [*ico.org.uk/for-organisations*](https://ico.org.uk/for-organisations)
* [*www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice*](http://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice) *(see the seven golden rules to sharing information at page 4)*
* [*www.gov.uk/government/publications/caldicott-information-governance-review-department-of-health-response*](http://www.gov.uk/government/publications/caldicott-information-governance-review-department-of-health-response) *(see page 5 on the revised Caldicott principles).]*

**Code of conduct**

*[Explicitly state here that a code of conduct must be signed by all group members and staff and retained on their personnel file.*

*While the code of conduct is likely to be a separate document rather than inserted into this policy, you could include a hyperlink to the blank template (where published) or include it as an annex.*

*In addition to containing a stated expectation that it is adhered to by all group members and staff, the code of conduct should, as a minimum, include:*

* + *Explicit reference to all group members and staff seeking, at all times, to living out and modelling your group’s values and ethos.*
	+ *Your group’s commitment to actively preventing the exploitation or abuse of those you support. This may include, for example, the responsibility of your group members and staff to place the safety and well-being of those you support before loyalty to friends and colleagues as well as any personal or group goals.*
	+ *The requirement for group members and staff to be familiar with and follow safeguarding arrangements, recognising that everyone has responsibilities here (not only those who directly work with those your group supports).*
	+ *Your group’s commitment to cultural competency. This means your group members and staff respecting the culture of those they support and learning as much as possible about how family behaviours may have different cultural interpretations. It also means the people your group supports being made aware of the social and cultural norms of behaviour they are expected to meet in the UK, and the statutory obligations that underpin these norms, building on the Cultural Competency training provided in host countries commissioned by the UK Government. Learning about these behavioural norms and incorporating them into their day-to-day lives will help people your group support successfully adapt to contemporary British society.*
	+ *The need to avoid situations that may be misunderstood by others, both within and outside of your group. This may include information, for example, on how your group manages lone working.*
	+ *Guidance for group members and staff on forming appropriate relationships with those they support which are based on mutual trust and respect. Group members and staff need to be aware of issues relating to potential abuse of trust, so this guidance should include specific advice on responding appropriately to family requests or demands for personal favours outside the group’s resettlement responsibilities.*
	+ *A clear expectation that group members and staff notify the group in writing when they decide to leave their role but wish to be friends with family members. In these circumstances, the group must notify those supported that the leaving group or staff member is now acting solely as a friend while the person leaving the group must continue to respect the confidentiality of personal information of those that they are aware they have supported through their role in the group.*

*Your code of conduct should also include specific sections on boundaries, pastoral care and decision making. Potential wording is set out below.]*

Boundaries

Group members and staff must discuss appropriate boundaries with *[insert appropriate designated lead here]* prior to working with those we support. Boundaries may include:

* Personal details.
* Contact details of the group member or staff and use of phone.
* Physical contact or personal care.
* Specific issues relating to the group member and staff or person supported (disabilities, for example).
* Anything that results in over-dependence on the group member or staff.

Group members and staff must behave consistently and appropriately, ensuring that nothing occurs that could be misinterpreted or misunderstood.

Resettlement and integration support

Community Sponsorship Group members are likely to hold an actual or assumed position of authority over those they support. There is, therefore, an increased risk of abuse occurring, be that emotional, physical, financial, spiritual, sexual, domestic, discriminatory, or organisational. Where pastoral care and friendship overlaps, there can emerge a conflict of roles and blurring of boundaries for all parties. Group members and staff involved in pastoral care therefore need to:

* Avoid any behaviour that may give the impression of favouritism or a ‘special’ relationship.
* Clearly define any mentoring or counselling roles.
* Be aware of the dangers of over-dependency (can be both ways).
* Be aware of own limitations.
* Avoid making decisions for the people you support.

Where a person displays challenging behaviour or exhibits obsessional-type interest in spiritual or other matters, you should act with caution and careful discernment before accessing any spiritual advice or ministry.

Decision making

Everyone must be treated in a way that respects their individuality and does not undermine their dignity or their human or civil rights. This includes allowing them to make informed decisions and taking the greatest possible control of all aspects of their lifestyle. In the Mental Capacity Act 2005, all individuals are assumed to have capacity to make informed decisions unless there is clear evidence to the contrary. This includes the right that individuals retain to make what might be unwise decisions. Group members and staff need to avoid taking decisions for those we support, however inadvertent or well-meaning. Where group members and staff cannot support decisions made, or have any concerns related to decision-making, including any doubts regarding capacity to make decisions, they must report to *[insert appropriate designated safeguarding lead(s)]*.

**Digital**

*Your digital approach should include explicit reference to group members and staff being alert to possible digital exploitation as well as how they can help those they support understand these risks and know how to report them.]*

**Transport**

*[As part of your support, you may offer driving or transport services to those you support, so it is essential that your commitment to safeguarding, protecting, and promoting their welfare is adequately addressed in your transport policy. Concisely summarise here how safeguarding is covered in your transport policy and either insert hyperlink(s) (where published) to the relevant document(s) or attach as annexes.]*

**First aid and medical issues**

*[Potential wording is set out below.]*

Emergency situations must be dealt with by the emergency services. First Aid should be administered only by trained group members and staff where available.

**Contact with people who use our services outside of** *[insert name of your group]*

*[Potential wording is set out below.]*

Don’t invite anyone who uses our services to your home alone. Where a person we support initiates a request to visit your home, clarify the reason for the request, decline (preferable) or make arrangements only after taking appropriate advice *[from, for example, your Lead Sponsor or your group’s designated safeguarding lead(s)]*. Where a person we support visits your home without warning, do not, if you are alone, invite them in. If there is another adult present, make sure the person’s visit is short. Make alternative arrangements where a long conversation is required.

**Telephone, Text, Internet, and Email contact**

*[Potential wording is set out below.]*

When using technology such as text, email or instant messaging, group members and staff should follow the below guidelines:

* A record of significant messaging, emails or text conversations, stating with whom and when they communicated should be immediately emailed to *[insert appropriate designated lead here]*.
* Save conversations, emails and text messages as text files where possible and make the person aware that you are doing this.
* Use technology at appropriate times, agreeing lengths of time and curfews.
* Pass on or show any texts, emails or conversations that raise concerns to *[insert appropriate designated lead here]*.
* Use clear language, avoiding words or abbreviations which might be misinterpreted.

**Photographs**

*[Potential wording is set out below.]*

To protect the privacy of those we support and avoid unwelcome publicity, you must avoid producing photographs, video, or any other media involving them without their explicit consent.

**Risk assessments**

*[Potential wording is set out below.]*

Appropriate risk assessments are undertaken by *[insert name of your group]*. If concerns around group or family safety arise, then a risk assessment for home and external visits should be considered. In addition, individual group members and staff may be asked to conduct their own risk assessments. For more information, contact your Lead Sponsor or designated safeguarding lead(s).

**Review and assurance**

*[It is vital your group’s safeguarding policy and related procedures and practices referred to in this document are subject to regular review (annually at the very least, and when any significant change happens), so that group members and staff know about and can follow these confidently and competently. Summarise here the arrangements your group has in place to ensure this, including relevant review timeframes.]*

**Children**

*[Further to guidance provided elsewhere in this document, your policy must include explicit reference to the following areas regarding children.*

**Scope**

*[Potential wording is set out below.]*

*[insert name of your group]* intends to safeguard children we support from the following types of abuse: physical, sexual, psychological or emotional, financial, neglect, discriminatory, institutional, and self-neglect. There is further Information on categories, signs, and definitions of abuse specific to children at annex A.

Abuse and neglect are forms of maltreatment. Someone may abuse by inflicting harm and neglect by failing to act to prevent harm. Individuals may be abused in a family, institutional, or community setting, by those known to them, or by a stranger. They may be abused by an adult, a child, adults or children, or both adults and children.

Promoting children’s welfare includes creating opportunities to enable those we support to have optimum life chances in adulthood, namely:

* Physical and mental and emotional health and wellbeing.
* Protection from harm and neglect.
* Education, training and recreation.
* The contribution made by them to society.
* Social and economic wellbeing.

**Reporting child safeguarding, protection, and welfare related concerns**

*[Potential wording is set out below.]*

You must immediately make a safeguarding referral to local authority children’s services where you identify a child who is at risk of abuse, has come to harm, or needs care and support. Always contact the police first in an emergency or where a crime has taken place.

*[You must demonstrate here that there is a clear and specific process for reporting child safeguarding, protection and welfare related concerns within your group and managing any subsequent referral to relevant statutory agencies in a timely and effective manner. A suggested flowchart for reporting safeguarding concerns and making a referral is at annex C.*

*You must also explicitly state how group members and staff appropriately explain to those they support the circumstances in which a child safeguarding related intervention could be made by statutory agencies and the subsequent relevant procedures. Potential child specific issues that may trigger such interventions include, but are not limited to:*

* *Physical punishment of children, including slapping or hitting.*
* *Leaving children under the age of 12 alone at their place of residence.*
* *Non-attendance at school for children aged 5-16 years.*
* *Leaving children in the care of people who are not well known to the family.*
* *Unrestricted access to the internet for children.]*

**Digital**

*[Children must not be able to access inappropriate websites or inappropriately share personal information. To help address this, your policy should explicitly state here that group members and staff must ensure there is adequate supervision whenever an activity requires them to use the internet with children.*

*Your digital approach should also include explicit reference to group members and staff being alert to the possible digital exploitation of children as well as how they can help those they support understand these risks and know how to report them.]*

**Personal Care**

*[Potential wording is set out below.]*

Privacy must always be respected. Young children may be taken to the toilets (with parental permission), but the group member or staff must not invade their privacy. Where a child soils themselves, the parent(s) or carer(s) should be asked to clean the child. Where the parent(s) or carer(s) are not available or cannot assist without delay, the group member or staff shouldn’t manage this situation alone. Remember to maintain the child’s dignity, privacy and feelings. Inform the parent(s) or carer(s) of the situation.

**First aid and medical issues**

*[Potential wording is set out below.]*

Emergency situations must be dealt with by the emergency services. First Aid should be administered only by trained group members and staff where available. Care needs to be taken when dealing with a minor situation involving children, with the following considered: parent(s)’ or carer(s)’ availability to deal with the situation; not being alone with a child; the child’s dignity and privacy; the child’s views; allergies and reactions.

**Physical contact**

*[Potential wording is set out below.]*

Never initiate physical contact with a child. Inappropriate physical approaches must be discouraged. Reject the physical expression, not the person. Young children who are hurt or upset may need comfort, but this should be minimal, appropriate and not hidden. The child’s wishes must be considered.

**Our safeguarding partners**

*[List here all partner agencies (including respective contact details) your group works with to safeguard, protect and promote the welfare of those you support. This could include, but should not be limited to, local authority social care services (children’s and adult), neighbourhood policing teams, and, where relevant, safeguarding leads from respective school(s) and health care services.]*

**Supporting documents**

*[Signpost here (inserting hyperlinks where appropriate) any related policies or procedures produced by your group which have not already been referred to elsewhere in this document. You can also signpost advice provided by your group’s safeguarding partners, other relevant organisations (such as the NSPCC) and guidance published on GOV.UK].*

**Commencement**

Prior to commencement, this policy was shared for comment with *[insert named contacts from local authority social care services]* on *[insert date]*.

*[summarise here any response your group received from these local authority contacts. Also explicitly state where the local authority chose not to comment or review this policy.]*

This safeguarding policy came into force on *[insert date in* ***bold****]*.

**Signed:** *[insert name]*.

*[This policy must be signed by your group’s Lead Sponsor and designated safeguarding lead(s) or, in exceptional circumstances, your deputy safeguarding lead(s).]*

**Annex A - Categories, signs, and definitions of child abuse**

Categories of child abuse are described in [Working Together to Safeguard Children (2018)](https://www.gov.uk/government/publications/working-together-to-safeguard-children--2) from which the following definitions are taken.*[Groups based or operating in devolved administrations should be aware of their equivalent guidance here. Groups in Northern Ireland, for example, should refer to guidance provided by the* [*Safeguarding Board for Northern Ireland*](http://www.safeguardingni.org/)*, while those in Scotland should be aware of the* [*national guidance for child protection*](http://www.gov.scot/Publications/2014/05/3052/0)*. Groups in Wales should refer to the codes of practice and statutory guidance on* [*working together to safeguard people*](https://gov.wales/sharing-information-safeguard-children)*.]*

**Physical abuse**

A form of abuse which 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.

Physical signs

* Bruises, black eyes and broken bones are obvious signs of physical abuse, but they are not the only ones.
* Other signs include:
* Injuries that the child cannot explain or explains unconvincingly.
* Untreated or inadequately treated injuries.
* Injuries to parts of the body where accidents are unlikely, such as thighs, back, abdomen.
* Bruising which looks like hand or finger marks.
* Cigarette burns, human bites, scalds and burns.

Behavioural signs

Sometimes if a child is being physically abused they may show changes in behaviour, such as:

* Sad, withdrawn or depressed.
* Having trouble sleeping.
* Behaving aggressively or being disruptive.
* Showing fear of certain adults.
* Showing lack of confidence and low self-esteem.
* using drugs or alcohol.

**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. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

**Child sexual exploitation**

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

Physical signs of sexual abuse

* Pain, itching, bruising or bleeding in the genital or anal areas.
* Genital discharge or urinary tract infections.
* Stomach pains or discomfort walking or sitting sexually transmitted infections.

Behavioural signs of sexual abuse

* A marked change in the child’s general behaviour. For example, they may become unusually quiet and withdrawn, or unusually aggressive. Or they may start suffering from what may seem to be physical ailments, but which can’t be explained medically.
* A young person may refuse to attend school or start to have difficulty concentrating so that their schoolwork is affected.
* They may show unexpected fear or distrust of a particular adult or refuse to continue with their usual social activities.
* They may start using sexually explicit behaviour or language, particularly if the behaviour or language is not appropriate for their age.
* The child may describe receiving special attention from a particular adult, or refer to a new, “secret” friendship with an adult or young person.

**Neglect**

The persistent failure to meet a child’s basic physical 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 caregivers).
* Ensure access to appropriate medical care or treatment It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs.

Physical signs

* Abandonment.
* Unattended medical needs.
* Consistent lack of supervision.
* Constant hunger, inappropriate dress, poor hygiene.

Behavioural signs

* Regularly displays fatigue or listlessness, falls asleep in sessions.
* Steals food, begs from others.
* Reports that there is no carer at home.
* Frequently absent or late.
* Lice, distended stomach, emaciated.
* Inadequate nutrition.
* Self-destructive.
* Extreme loneliness and need for affection.
* School dropout (adolescents).

**Emotional abuse**

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 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 a child’s developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including 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.

Physical signs

* Speech disorders.
* Delayed physical development.
* Substance abuse.
* Ulcers, severe allergies.

Behavioural signs

* Habit disorder (sucking, rocking, biting) antisocial, destructive.
* Neurotic traits (sleep disorders, inhibition of play).
* Passive and aggressive behavioural extremes.
* Delinquent behaviour (especially adolescents).
* Developmentally delayed.

**Extremism**

Extremism goes beyond terrorism and includes people who target the vulnerable (including the young) by seeking to sow division between communities based on race, faith or denomination; justify discrimination towards women and girls; persuade others that minorities are inferior; or argue against the primacy of democracy and the rule of law in our society. Extremism is defined in the Counter Extremism Strategy 2015 as the vocal or active opposition to our fundamental values, including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. We also regard calls for the death of members of our armed forces as extremis.

**Annex B – Categories of abuse experienced by adults**

The Care Act 2014 recognises 10 categories of abuse that may be experienced by adults. These have been summarised by the ann craft trust as follows: (<https://www.anncrafttrust.org/resources/types-of-harm/>)

[**Self-neglect**](https://www.anncrafttrust.org/what-is-self-neglect/)

This covers a wide range of behaviour, but it can be broadly defined as neglecting to care for one’s personal hygiene, health, or surroundings. An example of self-neglect is behaviour such as hoarding.

[**Modern Slavery**](https://www.anncrafttrust.org/what-is-modern-slavery/)

This encompasses slavery, human trafficking, forced labour, and domestic servitude.

[**Domestic Abuse**](https://www.anncrafttrust.org/disability-domestic-abuse/)

This includes psychological, physical, sexual, financial, and emotional abuse perpetrated by anyone within a person’s family. It also includes so-called ‘honour’ based violence.

[**Discriminatory**](https://www.anncrafttrust.org/what-is-discriminatory-abuse/)

Discrimination is abuse that centres on a difference or perceived difference, particularly with respect to race, gender, disability, or any of the protected characteristics of the Equality Act.

[**Organisational**](https://www.anncrafttrust.org/institutional-abuse-definitions-signs-symptoms/)

This includes neglect and poor care practice within an institution or specific care setting, such as a hospital or care home, or in relation to care provided in one’s own home. Organisational abuse can range from one off incidents to ongoing ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

[**Physical**](https://www.anncrafttrust.org/what-is-physical-abuse/)

This includes hitting, slapping, pushing, kicking, restraint, and misuse of medication. It can also include inappropriate sanctions.

[**Sexual**](https://www.anncrafttrust.org/what-is-sexual-abuse/)

This includes 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.

[**Financial or Material**](https://www.anncrafttrust.org/what-is-financial-abuse/)

This includes theft, fraud, internet scamming, and coercion in relation to an adult’s financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions. It can also include the misuse or misappropriation of property, possessions, or benefits.

[**Neglect and Acts of Omission**](https://www.anncrafttrust.org/what-is-neglect/)

This includes ignoring medical or physical care needs and failing to provide access to appropriate health social care or educational services. It also includes the withdrawing of the necessities of life, including medication, adequate nutrition, and heating.

[**Emotional or Psychological**](https://www.anncrafttrust.org/what-is-emotional-abuse/)

This includes threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation, or withdrawal from services or supportive networks.

The ann craft trust has identified four additional types of harm, while not included in the Care Act 2014, it believes are relevant to safeguarding adults. These are:

[**Cyber Bullying**](https://www.anncrafttrust.org/what-is-cyber-bullying/)

Cyber bullying occurs when someone repeatedly makes fun of another person online, or repeatedly picks on another person through emails or text messages. It can also involve using online forums with the intention of harming, damaging, humiliating, or isolating another person. It includes various different types of bullying, including racist bullying, homophobic bullying, or bullying related to special education needs and disabilities. The main difference is that, instead of the perpetrator carrying out the bullying face-to-face, they use technology as a means to do it.

[**Forced Marriage**](https://www.anncrafttrust.org/what-is-forced-marriage/)

This is a term used to describe a marriage in which one or both of the parties are married without their consent or against their will. A forced marriage differs from an arranged marriage, in which both parties consent to the assistance of a third party in identifying a spouse. The Anti-Social Behaviour, Crime and Policing Act 2014 make it a criminal offence to force someone to marry.

[**Mate Crime**](https://www.anncrafttrust.org/what-is-disability-hate-crime/)

A ‘mate crime’ is when a vulnerable person is befriended by members of the community who go on to exploit and take advantage of them. It may not be an illegal act, but it still has a negative effect on the individual. A mate crime is carried out by someone the adult knows, and it often happens in private. In recent years there have been a number of multi-agency safeguarding reviews relating to people with a learning disability who were seriously harmed, or even murdered, by people who purported to be their friend.

[**Radicalisation**](https://www.anncrafttrust.org/what-is-the-prevent-agenda/)

The aim of radicalisation is to inspire new recruits, embed extreme views and persuade vulnerable individuals to the legitimacy of a cause. This may be direct through a relationship, or through social media.

**Annex C: Flowchart for reporting safeguarding concerns (relating to adults or children)**

**You identify indicator of abuse or have safeguarding concern**

**YES**

**Immediately telephone emergency services**

**Emergency?**

**NO**

**Escalate to designated safeguarding lead**

**Discuss with local authority adult / children’s services & inform family**

**Referral?**

**YES**

**NO**

**Note reasons for not referring as well as any further action taken**

**Keep a record**