

# SAFEGUARDING CHILDREN AND VULNERABLE ADULTS POLICY

## 1. STATEMENT OF INTENT

The School believes that the health, welfare and safety of children and vulnerable adults is paramount and that all people without exception have a human right to be protected from abuse of any kind regardless of age, gender, ethnicity, disability, sexuality, gender identity, lifestyle or family make-up, or beliefs.

This policy applies to all staff and students of Central (refer to Section 2.6 for definitions). Those people will be informed of the policy and procedures, and provided with training where appropriate.

Effective safeguarding of children and vulnerable adults begins with staff being well informed and aware of safeguarding issues, and following procedures. Central staff are required to report any concerns of potential risk to self/others or of abuse immediately through the procedures outlined in this policy.

All concerns of potential risk to self/others and allegations of abuse will be taken seriously by staff and responded to appropriately and sensitively. In some cases this may require Central to make a referral to children's services, the local Safeguarding board or Camden's Channel Panel, and in emergencies, the Police.

### **The Child Protection and Safeguarding Leads are:**

Head of Student Experience (for students on higher education programmes)

Head of Outreach and Business Training (for short courses)

Central will:

- Establish and maintain an environment where children and vulnerable adults feel safe, can talk freely about their feelings and experiences in structured ways, and are listened to.
- Take effective, timely and robust action to protect children and vulnerable adults and report concerns according to the procedures outlined in this policy.
- Ensure there is a commitment to safe recruitment, selection and vetting of staff; ensure all relevant staff are adequately aware of and supported in child protection and safeguarding reporting, know who the Child Protection and Safeguarding Leads are and how to implement this procedure.

The Governing Body has responsibility to obtain assurance on safeguarding through Audit Committee's oversight of the health, safety and wellbeing procedures.

The duties and procedures used to inform this policy are:

- Children Act 1989
- Children Act 2004
- Children and Families Act 2014
- Safeguarding Vulnerable Groups Act 2006
- Statement of Government Policy on Adult Safeguarding 2013
- Working Together to Safeguard Children 2015 (updated in 2018)
- Keeping children safe in education (Statutory guidance) 2018
- National Service Framework for Children, Young People and Maternity Services
- Every Child Matters
- Mental Capacity Act 2005
- Counter-Terrorism and Security Act 2015, and Prevent Duty Guidance (updated 2019)

## 2. DEFINITIONS

### 2.1 DEFINITION OF CHILD

A child is legally defined as any person under the age of 18.

Central staff may often prefer to use the words ‘young person’ to describe teenagers though this definition does not exist in law. It is important to be clear that any young person up to their 18th birthday is legally regarded as a child. Each academic year, a small number of undergraduate students will be 17 years of age and will turn 18 at some point during the first year of study with us.

A large proportion of the work taking place within the Department of Innovation and Development is with children (outreach activity, youth theatre, short courses etc).

### 2.2 DEFINITION OF VULNERABLE ADULT

A vulnerable adult is someone aged 18 years or over who ‘is or may be in need of community care services by reasons of mental health or other disability, age or illness’ and ‘is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation’.

There are no hard and fast definitions of what makes an adult vulnerable. Making a judgement about vulnerability is a process based on gathering evidence and discussion with the person concerned, others, and with the relevant Child Protection and Safeguarding Lead.

Vulnerability may be caused by something inherent to the person – for example, having a learning disability or mental health issue or frailty due to old age – and this can be lifelong, acquired or temporary. However, it is very important to understand that a personal characteristic in itself does not make someone vulnerable – i.e. not everyone with a learning disability, mental health issue will be vulnerable.

It is very important in terms of disabled and older people’s equality and rights not to assume someone is vulnerable just because of who they are.

**What actually makes someone vulnerable is the interaction of their personal characteristic with an inability to protect themselves from harm at this moment in time.**

Vulnerability may also exist not because of anything inherent to the person but due to the circumstances they are living in, for example they are homeless or living in an abusive relationship or having a mental health crisis of some kind. Again, what makes someone vulnerable in these circumstances is an inability to protect themselves against significant harm. Vulnerability due to such circumstances can be short-term or long-term.

## **2.3 DEFINITION OF SIGNIFICANT HARM**

For both children and vulnerable adults, what triggers safeguarding action is a concern that the child or adult is experiencing or at risk of significant harm.

The law says that significant harm “is the threshold which justifies compulsory intervention in family life in the best interests of the child” (or also, vulnerable adult).

Significant harm therefore triggers action that must involve statutory agencies. The local authority is the agency with legal responsibility for safeguarding children and vulnerable adults and for assessing whether significant harm exists. This includes harm related to being drawn into radicalisation or extremism.

However, sometimes staff members have concerns about a child or vulnerable adult which don't reach the threshold of significant harm but which nevertheless require action. Government defines harm as “the ill-treatment or impairment of health or development, including self-harm suffered by seeing or hearing the ill-treatment of another”. This includes concerns about the physical, intellectual, emotional, social or behavioural development of a child or vulnerable adult; or involves experiences that affect their physical or mental health.

Concerns about harm should never be ignored, even if they seem minor. However, they may not warrant a formal or immediate referral to the local authority. Within Central this decision is ultimately the responsibility of the Child Protection and Safeguarding Leads.

Staff members have a responsibility to report concerns according to the procedures in this policy. Staff should not make decisions in isolation but use existing mechanisms for discussion.

## **2.4 DEFINITION OF ABUSE**

Abuse can consist of a single or repeated act of harm or exploitation. It may be perpetrated as a result of deliberate intent, negligence or ignorance. Abuse can be physical, verbal, psychological, emotional, or a result of neglect or an omission to act. Neglect is the failure to meet a child or vulnerable adult's basic physical and psychological needs.

For vulnerable adults, abuse can also occur when the person is persuaded to enter into a financial arrangement or sexual relationship to which they have not, or could not, consent to or understand.

Abuse can occur in a wide range of circumstances and be perpetrated by a wide range of adults. Children can be abused by other children. The law recognises four types of abuse (physical, emotional, neglect and sexual), with a fifth (financial) also applying to vulnerable adults. These types of abuse are defined in Appendix 1.

Possible signs of abuse are given in Appendix 2.

## 2.5 THRESHOLDS OF NEED

Safeguarding procedures are based on an assessment about the child or vulnerable adult's needs. Statutory guidance groups needs into four levels, with different duties at each level.

Level 1: Universal needs – the child or adult doesn't have any additional needs at the moment and universal services are adequate in meeting the needs they do have.

Level 2: Low needs but someone is vulnerable – the needs of the child or adult are not clear, not known or not being met. This is of concern. This is the threshold that triggers internal procedures (Health, Wellbeing and Support for Study, a safeguarding cause for concern, or a referral to the School's Prevent Duty Lead).

Level 3: High or complex needs – the needs of the child or vulnerable adult require longer interventions to be met, are at a high level and/or require statutory or specialist interventions. This is the threshold that triggers social care intervention or in the case of concerns about radicalisation, a potential referral to the local authority Channel Panel.

Level 4: Complex or acute needs – the needs of the child or vulnerable adult are immediate, complex or acute. There are high risks and intensive statutory support is required. This is the threshold of child protection. People's situations can go up or down these levels. The aim is that, through appropriate action and support, the level of need goes down. It is ultimately the responsibility of Social Services to judge which level of need a child or vulnerable adult is at. There are no hard and fast rules as it depends on the circumstances.

Child protection teams are only legally responsible for providing services for people at level 4, although they will usually be involved with people at level 3. Other health, education, voluntary or support services will pick up working with children and vulnerable adults judged to be at level 2.

Many referrals made to Social Services or a local authority Channel Panel will not meet level 4 after assessment and a referral will be closed or passed back to the institution. However, Social Services/ the local authority will always help a referring agency to make a judgment about need and staff should never hesitate to refer if necessary.

This information is provided as a background explanation. Central staff should not be making an assessment of level of need. This is ultimately a job for Social Services. Within Central, the Child Protection and Safeguarding Leads (with the School's Prevent Duty Lead, where appropriate) are ultimately responsible for the triggering of safeguarding referrals to external agencies.

## 2.6 DEFINITIONS OF STUDENT AND STAFF MEMBER IN RELATION TO SAFEGUARDING

This policy uses a number of words to describe the people who are involved in Central and its activities. This section defines what those words mean.

### 2.6.1 STUDENT

The term student applies to anyone who uses or takes part in a Central activity as a participant. This includes:

- young people who register onto and attend Saturday classes, Diploma courses or Youth Theatre
- people who register onto our taught degrees and our PhD programme

## **2.6.2 STAFF MEMBER**

Staff member means anyone with an employment contract from Central, including those working as Visiting Professionals or working on a freelance basis. It includes members of the Governing Body and third party contractors, while working under contract with Central.

All staff will always be encouraged to share safeguarding concerns that they may have/ witness.

## **3. RIGHTS & RESPONSIBILITIES**

### **3.1 RESPONSIBILITIES OF CENTRAL**

- Central will ensure that staff and students are aware of this safeguarding policy and that relevant staff members attend appropriate safeguarding training, including Prevent training, through inclusion in staff induction, and as part of key senior management responsibilities within relevant departments, as outlined in job descriptions.
- The relevant agencies will be notified if abuse is identified or suspected, following the procedures in this policy.
- Central will support and where possible secure the safety of children and vulnerable adults and ensure that all referrals to services have full information in relation to identified risk.
- Central will ensure that enhanced DBS checks are undertaken for all staff and students who do direct work with children and vulnerable adults where this might involve support work and/or one-to-one work.

### **3.2 RESPONSIBILITIES OF CENTRAL STAFF**

- Staff must make sure they are familiar with the safeguarding policy and procedures.
- Staff are responsible for their professional conduct.
- Staff should always take action according to this policy if they have safeguarding concerns.
- Staff members must declare any relevant existing or spent convictions. Failure to do so will be regarded as gross misconduct, resulting in dismissal.

### **3.3 RESPONSIBILITIES OF STATUTORY AGENCIES**

- Local authorities have a legal duty to protect children and vulnerable adults and to investigate where there is a reason to suspect that a child or vulnerable adult may be suffering significant harm, including being drawn into extremism.
- Local authorities do not have a legal duty to take action where the threshold of harm has not reached 'significant' but they may choose to do so.
- Local authorities have the legal duty to decide if what someone is experiencing amounts to 'significant harm'.
- The police have a duty to investigate when an alleged crime – or evidence of a crime – has taken place.
- Whether the significant harm a child or vulnerable adult experiences is legally a crime is the responsibility of the police and Crown Prosecution service to decide.

### **3.4 RIGHTS OF THOSE WHO REPORT ABUSE**

- All those reporting abuse of a child or vulnerable adult, or making an allegation or expressing concern, whether they be staff, students, carers or parents will be reassured that they will be listened to and taken seriously and that their concerns will be acted on in accordance with this policy.
- This includes a respect for confidentiality for staff members reporting concerns of abuse.
- Students will be given immediate protection from the risk of reprisals or intimidation.

- Staff will be given support and afforded protection if necessary in line with the Public Interest Disclosure Act 1998.

### **3.5 RIGHTS OF STUDENTS**

- Students have the right to see this policy.
- All students have the right to be listened to and to have alleged incidents and concerns taken seriously and acted on in an appropriate way.
- Students have the right to receive sensitive, fair and respectful treatment during the processes undertaken in line with this policy.
- Students have the right to have their wishes and feelings taken into account when safeguarding decisions about actions are being made.
- Students have the right to be consulted and informed about decisions made about them, including if the actions taken by Central under this procedure are against their wishes, and to receive information about the actions taken and their outcomes.

## 4. OVERALL GOOD PRACTICE PROTOCOL

### 4.1 DISCLOSURE AND BARRING SERVICE (DBS) CHECKS

All staff working with Central who have contact with children and vulnerable adults will have enhanced Disclosure and Barring Service (DBS) checks. Students who are required to work unsupervised with children and/or vulnerable adults as part of their programme of study are also required to have an enhanced DBS check (as outlined in the School's DBS Policy and Guidance for Students and Staff). For more information on the Disclosure and Barring Service, please see <https://www.gov.uk/government/organisations/disclosure-and-barring-service>.

### 4.2 INDUCTION & TRAINING

- All Central staff will familiarise themselves with all policies and procedures during induction into their role.
- All staff will be made aware of who the Child Protection and Safeguarding Leads are and how to implement the safeguarding policy.

### 4.3 MANAGEMENT

- Central has appointed Child Protection and Safeguarding Leads who are staff members with training and experience to implement the safeguarding policy and liaise with other organisations.
- The Child Protection and Safeguarding Leads will communicate directly with their Line Managers where appropriate.
- The Academic Registrar and Director of Academic Services (and Prevent Duty Lead) will be the internal point of escalation for safeguarding-related matters.
- The Child Protection and Safeguarding Leads will, when necessary and/or required, provide reports to the Executive Management Group.
- Staff will ensure that they are familiar with this policy and have informed the staff they manage about it.
- Staff will work with the relevant Child Protection and Safeguarding Lead to ensure the effective implementation of this policy.

### 4.4 RECORD KEEPING: THE RECORD OF SAFEGUARDING CONCERN FORM

- Staff will keep a written record of any safeguarding concerns and raise these with the relevant Child Protection and Safeguarding Lead.
- Staff will discuss concerns with the Child Protection and Safeguarding Lead.
- Confidential information will be kept securely by the Child Protection and Safeguarding Lead. Written documentation will be kept in accordance with Central's Data Protection and Records Retention Handbook.
- It is important that this information is recorded as factually as possible. Records kept by staff about children and vulnerable adults should include what was said or observed, all persons involved, the date and time of what has occurred, date of disclosure and if there are observable injuries.
- Any actions agreed and/or taken must also be recorded.
- Records should be completed as soon as is reasonably practical and ideally within forty-eight hours of a disclosure or incident occurring.
- All documentation must be given to the relevant Child Protection and Safeguarding Lead who will read it.
- A written record must always be kept, even where there is no immediate referral to children's services or safeguarding adults' services. The record will be kept electronically in a secure file with limited permissions for access.

## 4.5 PROFESSIONAL CODE OF CONDUCT

- All staff of Central will abide by Central policies and conduct requirements.
- Professional code of conduct requirements include maintaining professional boundaries and confidentiality, according to procedures.
- Any staff breaching code of conduct will activate the investigation policy.
- One-to-one meetings with students who might be described as children or as vulnerable adults should follow good practice procedures as outlined in the [Guide to Student Support, Academic and Pastoral Tutoring](#).
- It might be deemed appropriate to hold a meeting with another staff member present, where there are safeguarding concerns.
- Staff members who are waiting for a DBS check to be processed should not work unsupervised at any time with children or vulnerable adults.

## 4.6 CONFIDENTIALITY

Central will not disclose information about a student to a third party without the individual's consent, unless there is a risk of significant harm.

### 4.6.1 CONFIDENTIALITY WITHIN CENTRAL

Staff should be clear with students that their information is available to other relevant staff members within Central. These people will include the Child Protection and Safeguarding Leads and the Prevent Duty Lead, but may include other staff members if appropriate. Staff members should be clear with students that information may be shared with these people for the purposes of support and guidance, and safeguarding.

Some students may be anxious about who might know about their situation within Central. This may happen, for example, if a student is personally known to another staff member (they may live near each other or be a relative or a former student) or is well known within a particular community or context. In this circumstance, the individual staff member should talk with the student and the relevant Child Protection and Safeguarding Lead about confidentiality measures. However, a staff member should never promise to keep something secret.

Safeguarding concerns about another staff member are addressed below.

### 4.6.2 CONFIDENTIALITY BETWEEN AGENCIES

Where there are safeguarding concerns about a child or vulnerable adult, the relevant Child Protection and Safeguarding Lead, and/or the Prevent Duty Lead, will make a judgment based on the evidence about whether or not to refer to the local authority or other agency. Only those members of staff holding these roles have the authority to make that decision.

It is good practice to explain to students that, although we always strive to work with an individual's wishes, Central may have a legal duty to break confidentiality against an individual's wishes if we have evidence of a real risk of significant harm (a "genuine concern for a child or vulnerable adult's welfare" is how it is described in guidance).

We will normally discuss this with the student and inform them of our actions. However, it is legally acceptable to break confidentiality without informing the child or vulnerable adult if informing them would lead to high likelihood of significant harm. For example, if by informing the students they are highly likely to immediately attempt suicide, hurt someone else, or disappear etc.



#### **4.7 SAFEGUARDING CONCERNS ABOUT CENTRAL STAFF**

If there are safeguarding concerns about a person working for Central, the Head of Human Resources should be informed immediately. Central understands that this may be a sensitive and difficult task to undertake, but the organisation has a duty to safeguard children and vulnerable adults and to prevent the reputation of Central being brought into disrepute.

#### **4.8 GETTING SUPPORT**

It is never easy dealing with disclosures of harm or abuse to children and vulnerable adults. It is natural to have personal feelings and reactions to this. Staff should ensure they get support for their own emotional needs using School systems of support such as a Line Manager and/ or member of the HR team and/ or external support.

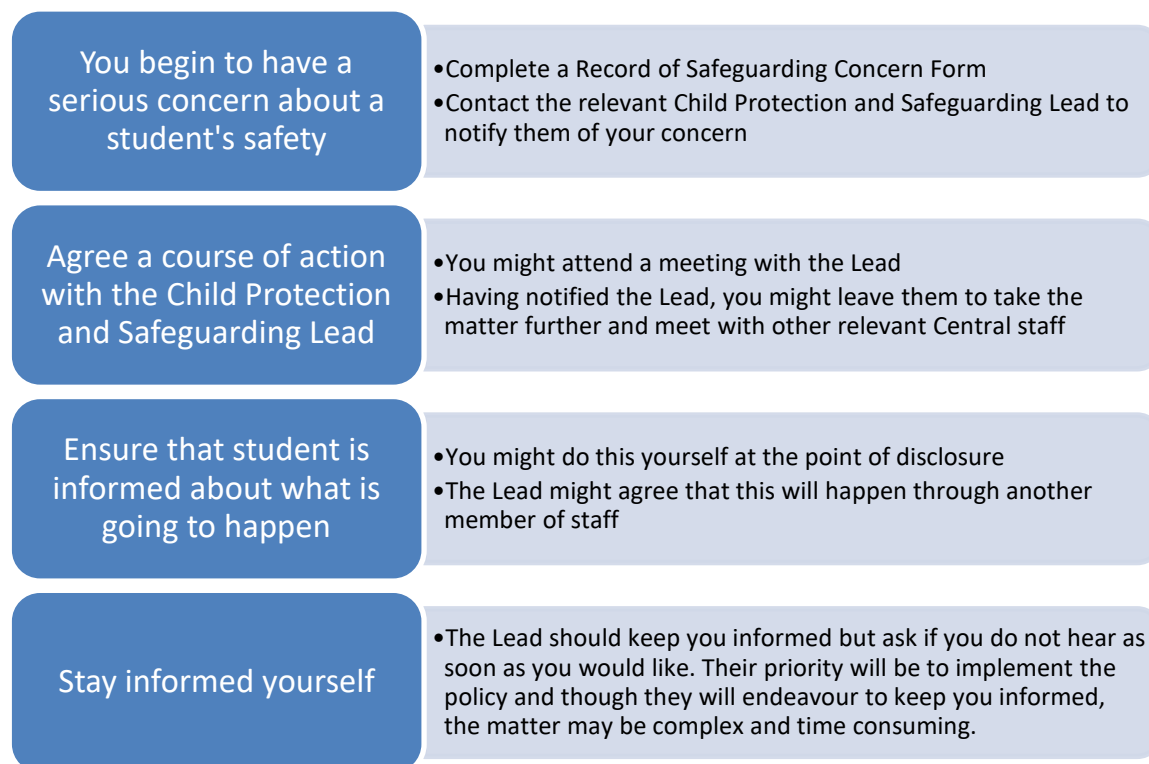
## 5. WHAT TO DO IF SIGNIFICANT HARM OR ABUSE IS SUSPECTED

There is no hard and fast rule about how an individual or organisation makes a judgement about whether to report a safeguarding concern to a statutory agency. It's a process of listening, gathering evidence, judging risk and taking action. However there are two basic rules which staff members and volunteers should always follow:

1. Do not ignore it.
2. Do not work in isolation.

### 5.1 BASIC PROCEDURE

#### Basic step-by-step guide:



1. If a student makes a disclosure directly to you, record basic factual information (but do not quiz the person as this might affect a later court case in instances of abuse). This might be done in immediate response to a disclosure from a student, or it might be done as a result of concerns being raised by other staff that you manage.

2. Talk to Central's Child Protection and Safeguarding Leads (or other senior manager) about the safeguarding concern or disclosure. Agree what immediate action you should take. If you did not start a Record of Safeguarding Concern form at step 1, do so now at step 2.

3. Tell the student what you are going to do next. Explain that you cannot promise confidentiality when there is evidence or disclosure about a safeguarding concern. Parental permission is sought when referring children, unless this might place the child at risk. Tell the student that you must disclose the information to Central's Child Protection and Safeguarding Lead, who may decide that Social Services must be informed.

Where the concern is raised by professionals and recorded at Central, the student must be

informed at the soonest practical opportunity and throughout the process, unless this might raise the risk of significant harm.

If a colleague shares a concern about a staff member within Central or another agency you must inform the relevant Child Protection and Safeguarding Lead without delay and before the end of the working day.

If the Child Protection and Safeguarding Lead is not available, inform the relevant member of the Executive Management Group. Staff members should be aware that it is their duty to tell the appropriate person when significant harm is disclosed or you have a safeguarding concern. It is not their duty to make a judgement about what action Central should take (this is the responsibility of the Child Protection and Safeguarding Leads).

4. If the situation is urgent, take action to protect the student. This may involve:

- calling an ambulance so the student is taken by health care professionals to A&E;
- calling the police (999);
- calling the Camden Social Services Emergency Duty Team on 020 7974 4444 (Mon-Fri 5pm-9am; Sat-Sun and Bank Holidays 24 hours for emergencies only) or Brent Social Services Emergency Duty Team on 020 8937 1200 (9-5 week days) 020 8863 5250 (out of hours).

5. If significant harm is suspected, the Child Protection and Safeguarding Lead (or another member of staff, for example the Prevent Duty Lead, if agreed) will refer the matter to the relevant Social Services team or local authority Channel liaison officer in the case of a concern about possible radicalisation. This is done by phone to a referral and assessment team or emergency duty team on the same day or at least within 24 hours and followed up in writing.

6. If the Lead is not sure whether to make a referral, they will call the relevant Social Services team/ local authority contact for advice.

7. If harm is suspected but is not significant (i.e. at level 2), you will agree a plan of action and support with the student. You would notify the Child Protection and Safeguarding Lead by completing a Record of Safeguarding Concern form.

8. You or the person leading the reporting, record all conversations and concerns.

9. A safeguarding concern can be stepped up to a more serious level if the situation changes, plans are not kept or needs change. Similarly, a situation can be stepped down.

Once referred, it is the local authority's legal duty to assess the threshold of risk and need, and decide on further action (or not). In general, only 20% of referrals to Social Services lead to Child in Need or Child Protection measures.

## **5.2 ACTIONS BY THE CHILD PROTECTION & SAFEGUARDING LEAD (OR OTHER RELEVANT STAFF MEMBER)**

After discussing the allegations and finding there are immediate concerns of danger, the concern needs to be referred immediately to the local social services team (no later than 24 hours). Any referral made by phone must be followed up in writing within 48 hours of the referral.

Social services will acknowledge receipt of the referral and will decide on the course of action to be

taken within one working day. This will be fed back to the referring agency / person. If a response is not forthcoming the Lead will pursue the referral. A response is vital in order to be assured that a referral has been considered.

At this stage the local authority may decide not to take it further or to refer elsewhere or to carry out an initial assessment that may lead to emergency action to protect the child or vulnerable adult.

If for any reason Social Services cannot be contacted, the concern can be reported to the local Police Child Protection Team or Community Safety Unit.

### **5.2.1 HAVING DISCUSSED THE MATTER WITH THE CHILD PROTECTION & SAFEGUARDING LEAD OR MANAGER AND THERE ARE NO SERIOUS CONCERNS**

Other referral options may be appropriate to offer the individual further support, or an agreed process of working with the individual within Central so that their progress can be monitored and reviewed regularly.

Even though there are considered to be no major concerns and no referral is made, the process needs to be documented using the Record of Safeguarding Concern form. Any documentation should be sent to the Child Protection and Safeguarding Lead to be placed in the person's file.

### **5.2.2 HAVING DISCUSSED THE MATTER WITH THE CHILD PROTECTION & SAFEGUARDING LEAD AND THERE ARE SOME CONCERNS BUT NO IMMEDIATE THREATS TO THE INDIVIDUAL'S WELLBEING**

If the Child Protection and Safeguarding Lead or, in their absence, another senior manager, considers that the concerns do not pose an immediate and serious risk to the child or vulnerable adult they can consult with the local social services as to the most appropriate action to take to provide services to the family.

This consultation must take place as soon as possible but no later than within twenty-four hours of receiving the concerns.

## **6. SPECIFIC RISK AREAS**

Any concerns of abuse or harm in relation to the following specific risk areas need to be dealt with using the above procedure.

### **6.1 WORKING WITH SUICIDAL CHILDREN AND VULNERABLE ADULTS**

Each person who presents as being at potential risk of suicide needs to be risk assessed, preferably by one of Central's Mental Health First Aiders (see [Mental health and wellbeing guidance on MyCentral](#)).

That team works with a set of questions and prompts when they assist a student who is experiencing a mental health crisis to determine what the best course of action should be.

If a member of staff routinely works with children and/ or vulnerable adults outside of normal working hours (e.g. outside the hours 8am – 6pm on week days), they can receive training and support in order to be able to respond themselves. Within normal working hours, they would call for support and would not need to manage a crisis themselves.

If the risk is considered serious or the person has just attempted suicide, the member of staff dealing with the crisis must ensure that the person accesses emergency services immediately. How this is achieved will depend on the level of distress that the person is in:

- If the person is calm and agreeing to treatment, the student will go to A&E;
- If the person is badly injured or in too much distress, an ambulance should be called;
- The final option will be to call the police who will help get the person to safety.

The relevant Child Protection and Safeguarding Lead must be informed as soon as possible after any suicidal interventions.

If a young person under 16 or a vulnerable adult has disclosed that they are suicidal or at risk in any way, staff would use [appropriate guidelines](#) to decide if the person's parents/guardians/ carers should be informed.

## **6.2 BULLYING OR ABUSE INCLUDING HOMOPHOBIC, TRANSPHOBIC, RACIST OR OTHER BULLYING OR ABUSE**

If a person discloses that they are being bullied or abused at Central, at their own school, within a youth group, near their home or in another location, staff should:

- Firstly assess if the person is in any immediate danger. If this is the case, the police need to be contacted.
- If the person is not in immediate danger, the person can be offered support, via the Student Advice Service, to begin to talk about how they are being abused, how it is affecting them, and what action they would like to take to stop the abuse happening. Referrals can be made to external support organisations.

## **6.3 CHILDREN OR VULNERABLE ADULTS BEING DRAWN INTO EXTREMISM OR RADICALISATION**

Channel is the name for the process of identifying and referring a person at risk of radicalisation for early intervention and support. It is a multi-agency approach to protect vulnerable people using collaboration between local authorities, statutory partners (such as education and health organisations, social services, children's and youth services and offender management services), the police and the local community. Channel operates to:

- Identify people at risk of being drawn into terrorism;
- Assess the nature and extent of that risk; and
- Develop the most appropriate support plan for the individuals concerned.

Channel may be appropriate for anyone who is vulnerable to being drawn into any form of terrorism. Channel aims to safeguard children and adults of any faith, ethnicity or background before their vulnerabilities are exploited by those that would want them to embrace terrorism. The emphasis is on early intervention to protect and divert people away from the risk they face before being drawn into committing terrorist-related activity.

## APPENDIX 1 TYPES OF ABUSE

### PHYSICAL ABUSE

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child or vulnerable adult. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child or vulnerable adult. This situation is often described using terms such as Fictitious Illness by Proxy or Munchausen Syndrome by proxy.

### EMOTIONAL ABUSE

Emotional abuse is the persistent emotional maltreatment of a child or vulnerable adult such as to cause severe and persistent adverse effects on the individual's emotional development and well-being. It may involve conveying to children or vulnerable adults that they are worthless or unloved, inadequate or valued only in so far as they meet the needs of another person.

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.

Emotional abuse may involve threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks. It can involve being drawn into radicalisation of any kind. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying causing children or vulnerable adults frequently to feel frightened or in danger. Emotional abuse can cause the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child or vulnerable adult, though it may occur alone.

### NEGLECT

Neglect is the persistent failure to meet a child or vulnerable adult's basic physical and/or psychological needs, likely to result in the serious impairment of health or development. Neglect may occur during pregnancy, for example as a result of maternal substance abuse. Neglect may involve a parent or carer failing to provide adequate food and clothing, shelter (including exclusion from home or abandonment), failing to protect a child from physical and emotional harm or danger, failure to ensure adequate supervision including the use of inadequate care-takers, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child or vulnerable adult's basic emotional needs.

### SEXUAL ABUSE

Sexual abuse involves forcing or enticing a child, young person, or vulnerable adult to take part in sexual activities, including prostitution, whether or not they are aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non-contact activities, such as involving children or vulnerable adults in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children or vulnerable adults to behave in sexually inappropriate ways. Sex with a child under 16 is unlawful.

There are some circumstances when consensual sex between children aged between 13 and 16 will not be prosecuted, although it is still unlawful. However, whether consent has been freely given will be a crucial factor. Sex with a child under 13 is always unlawful, regardless of the

circumstances. Sex with a child aged 16 or 17 (i.e. over the age of consent) by an adult who has caring responsibilities (parent, teacher, youth leader, scout leader, support worker etc.) is unlawful. 'Sex' in all the above includes all penetrative and non-penetrative sexual acts, whether contact or non-contact.

## **FINANCIAL ABUSE**

Financial abuse involves theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits from children or vulnerable adults.

## **APPENDIX 2: WHO MIGHT THE ABUSER BE AND WHAT ARE POSSIBLE SIGNS OF ABUSE?**

### **Who might the abuser be?**

Abuse is always caused by someone else. Abusers may be:

family members  
professional staff  
paid or voluntary workers  
other adults at risk  
friends  
young people  
carers  
strangers.

Signs of abuse to look out for

### **If someone is suffering abuse, you may notice one or a combination of the following:**

multiple bruising or finger marks  
injuries the person cannot give a good reason for  
worsening health for no reason  
weight loss  
withdrawal or mood changes  
tearfulness  
neediness, wanting affection or being clingy  
an unexplained shortage of money  
inappropriate, dirty or inadequate clothing  
a carer who is unwilling to let other people have access with the person.