

Lancaster University Students' Union

Safeguarding Procedures
July 2023

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1. Introduction

Lancaster University Students' Union (hereafter referred to as the Students' Union) is committed to the fundamental principle of protecting a person's right to live in safety free from abuse or neglect. This is developed and sustained through a positive culture of vigilance, implementing learned lessons from incidences and best practice whilst working in partnership with statutory agencies, partner services and organisations.

These safeguarding procedures seek to ensure that the Students' Union undertakes its responsibilities to safeguard people consistently and effectively. We support a framework to support all those who come into contact with the Students' Union in order protect them from abuse and maltreatment of any kind.

These procedures clarify the organisation's expectations of all individuals working for and with the Students' Union including Trustees, employees, secondees, officers, volunteers, suppliers or contractors and students.

Failure to follow these procedures may make you liable to disciplinary procedures.

2. Definitions

An adult is a person who is aged 18 and over and a child is a person who is under the age of 18.

Safeguarding Children and promoting the welfare of children and families is defined as:

- protecting children from maltreatment
- preventing impairment of children's mental and physical health or development
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- taking action to enable all children to have the best outcomes

Safeguarding Adults means protecting and adult's right to live in safety, free from abuse and neglect.

An adult at risk of abuse or neglect as outlined in legislation¹ is an adult who:

- a. is experiencing or at risk of abuse or neglect;

¹ Care Act 2014

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- b. has needs for care and support (whether or not the authority is meeting any of those needs); and
- c. as a result of those cared and support needs is unable to protect themselves against abuse or neglect or the risk of it

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

Vulnerable Adult may include people with learning disabilities, mental health issues and people with a physical disability or impairment. It may also include adult victims of domestic abuse, self-neglect, sexual exploitation, criminal exploitation, hate crime, honour-based violence, and anti-social abuse behaviour.

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

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

Abuse is the violation of a person's human, civil or legal rights by another person or persons. Abuse may be a single act, repeated acts and/or multiple acts. It may be physical, verbal, emotional or psychological. It may be perpetrated as a result of deliberate intent, negligence, or ignorance.

Abuse may be an Act of Omission: (failing to act) or neglect. Abuse may involve the person at risk of abuse or neglect being persuaded or forced to enter into a financial or sexual arrangement to which they have not, or cannot, understand or consent.

An abuser may be anyone who has contact with the person at risk of abuse or neglect. This may be a family member, carer, friend, professional staff, support staff, Adult Placement Carer, neighbour, volunteers, people in a position of trust, another service user.

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

3. Recognising Abuse and Neglect

The Students' Union recognise that the following may indicate abuse and will act appropriately upon receipt of such information. See also Appendix E (page 25) of these Procedures for more information and explanation.

Physical Abuse: The non-accidental infliction of a physical act that results, or could result, in physical injury, pain or suffering including:

- assault
- hitting
- slapping
- pushing
- misuse of medication
- restraint
- inappropriate physical sanctions

Sexual Abuse: The direct or indirect involvement of a person at risk of abuse or neglect in sexual activity to which they are unwilling or unable to give informed consent or which they do not fully comprehend. Any sexual activity that is not freely consenting is criminal. Where there is an abuse of trust, sexual activity may appear to be with consent, but it is unacceptable because of the differences in power and influence between the people involved. This includes:

- rape
- indecent exposure
- sexual harassment
- inappropriate looking or touching
- sexual assault
- sexual teasing or innuendo
- sexual photography
- subjection to pornography or witnessing sexual acts
- sexual acts to which the adult has not consented or was pressured into consenting

Neglect: This can be intentional and unintentional acts. It includes ignoring care needs or withholding or deliberately not providing care to a person at risk of abuse or neglect. It includes the unintentional failure to provide support because of lack of knowledge or understanding of the need for services. It includes failure to follow support plans, policies, and procedures. Failure to provide prescribed medication and provide poor nutrition.

Emotional/Psychological Abuse: The violation of the emotional and psychological health and development of the person at risk of abuse or neglect. This includes threats of harm, bullying, humiliation, verbal abuse,

isolation or withdrawal from services or support networks, coercion, control, and intimidation.

Domestic Abuse: Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence, or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to: psychological, physical, sexual, financial, emotional, or so called 'honour' based violence.

Financial Abuse: Includes theft, fraud, pressure around wills, property or inheritance, the misuse or misappropriation of benefits or monies.

Discriminatory Abuse: Includes harassment, slurs or similar treatment because of race, gender and gender identity, age, disability, sexual orientation or religion.

Self-neglect: This covers a wide range of behaviour neglecting to care for one's personal hygiene, health, medication (when indicated), safety precautions or surroundings and includes behaviour such as hoarding. This excludes a situation in which a mentally competent person who understands the consequences of their decisions, makes a conscious and voluntary decision to engage in an act that threatens their own health or safety.

Organisational Abuse: Includes neglect and poor care practice within an institution or specific care setting such as a hospital or a care home for example, or in relation to care provided in one's own home. This may range from a one-off incident to ongoing- ill-treatment. It can be through neglect or professional practice as a result of the structure, policies, processes, and practices within an organisation.

Modern Slavery: Modern slavery is the severe exploitation of other people for personal or commercial gain. It includes slavery, human trafficking, forced labour and domestic servitude, traffickers and slave masters using whatever means they have at disposal to coerce, deceive, and force individuals into a life of abuse, servitude, and inhumane treatment.

Radicalisation and Extremism: Radicalisation is a process which somebody goes through in order to become involved in extremist activities or terrorism, from a starting point of having no particular strong opinions or being a moderate person through to holding some extremist views, and it can be a process that happens online or in meeting people, and their conversations and their opinions are gradually changed over time.

Extremism is the demonstration of unacceptable behaviour by using any means or medium to express views which:

- Foment(incite), justify, or glorify terrorist violence in furtherance of particular beliefs

- Seek to provoke others to terrorist acts
- Foment other serious criminal activity or seek to provoke others to serious criminal acts
- Foster hatred which might lead to inter-community violence in the UK.

See also Appendix E page 34 for more information on Radicalisation and Extremism

Criminal Exploitation: is a geographically widespread form of harm that is a typical feature of '**County Lines**' activity. According to the UK government county lines is defined as: *"County lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of "deal line". They are likely to exploit children and vulnerable adults to move and store the drugs and money and they will often use coercion, intimidation, violence (including sexual violence) and weapons."* County lines activity and the associated violence, drug dealing, and exploitation has a devastating impact on young people, vulnerable adults and local communities.

People who choose to exploit will often target the most vulnerable in society. They establish a relationship with the person to access their home this is referred to as '**cuckooing**'. Once they gain control over the person - whether through drug dependency, debt or as part of their relationship – larger groups will sometimes move in. Threats are often used to control the person. It is common for the perpetrators to have access to several cuckooed addresses at once, and to move quickly between them to evade detection. The victims of cuckooing are often people who misuse substances such as drugs or alcohol, but also can be people with learning difficulties, learning disabilities, mental health issues, physical disabilities or socially isolated.

Child Sexual Exploitation: is as a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 years 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 may also occur through the use of technology.

Sexual relationships where one or both partners are under the age of 16 remain illegal.

Those aged between 13 – 16 years old are deemed competent to give consent; however, any form of sexual activity involving a child under the age of 18 may be abusive, if it involves the exercise of power over the child.

Mate Crime: Mate Crime is a form of hate crime and can become a very serious form of abuse. Mate Crime is defined as the exploitation, abuse, or theft from any person at risk from those they consider to be their friends. Those that commit such abuse or theft are often referred to as 'fake friends.' People with disabilities, particularly those with learning disabilities, are often the targets of this type of crime. In some cases, victims of mate crime have been badly harmed or even killed.

Mate crimes are likely to happen in private, often in the victim's own accommodation. They can also happen via social media, where victims are financially or sexually exploited after being befriended online.

Mate crimes often occur within long-term relationships, which may have started out as genuine friendships. They can appear to be real friendships to many observers. Social workers can be so delighted that a person with learning disabilities has a 'friend' that they don't question the relationship any further. Indicators of mate crime can be similar to other forms of abuse. Potential signs include:

- bills not being paid, a sudden lack of money, losing possessions, suddenly changing their will
- changes in routine, behaviour, appearance, finances, or household (new people visiting or staying over, lots of new 'friends', lots more noise or rubbish than normal)
- cutting themselves off from established networks of friends/family and support, missing weekly activities
- secretive internet or mobile phone use.

Any of the above forms of abuse could be motivated by the personal characteristics of the victim. This may make it a '**hate crime**'. These involve a criminal offence perceived by the victim or any other person, to be motivated by hostility or prejudice based on a person's actual or perceived disability, race, religion and belief, sexual orientation, and transgender.

Further information on the signs and indicators of the different forms of abuse and neglect together with factors that can increase the vulnerability of adults who may be at risk of abuse or neglect are outlined in Appendix E

4. Mental Capacity

Having mental capacity means that a person is able to make their own decisions. The Mental Capacity Act 2005 (MCA) applies to England and

Wales. The primary purpose of the MCA and its [Code of Practice](#) is to promote and safeguard decision-making within a legal framework. It does this in two ways:

- by empowering people to make decisions for themselves wherever possible, and by protecting people who lack capacity by providing a flexible framework that places individuals at the heart of the decision-making process
- by allowing people to plan ahead for a time in the future when they might lack the capacity

The MCA is underpinned by five statutory principles:

- i. **presumption of capacity:** every adult has the right to make their own decisions and must be assumed to have capacity to do so unless it is proved otherwise.
- ii. **Individuals being supported to make their own decisions:** a person must be given all practicable help before anyone treats them as not being able to make their own decisions.
- iii. **Unwise decisions:** people have the right to make decisions that others might regard as unwise or eccentric.
- iv. **Best Interests:** anything done for or on behalf of a person who lacks mental capacity must be done in their best interests.
- v. **Least restrictive:** someone making a decision or acting on behalf of a person 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 and freedoms of action.

The Students' Union works on the assumption that people have the capacity to make decisions for themselves and that where it is established that a person does not have capacity in respect of a particular decision that they remain at the heart of the decision-making process.

It is useful to consider the principles chronologically: principles (i) to (iii) will support the process before or at the point of determining whether someone lacks capacity. Once it has been decided that capacity is lacking, principles iv and v are used to support the decision-making process.

In circumstances where the person at risk of abuse or neglect is assessed against these five statutory principals as lacking capacity professionals and others are required to act in the best interest of the individual concerned.

Further information on undertaking a 'Best Interest Decision Making Assessment' – see Appendix F.

5. Responding to and Reporting a Safeguarding Concern or Disclosure

Trustees, employees, secondees, officers, volunteers, suppliers or contractors and students have a duty to raise concerns about a person who is experiencing or at risk of abuse or neglect, without prejudicing their positions.

All have a duty under the Public Interest Disclosure Act 1998 to report any suspicion or allegation of abuse, or if they have reason to believe someone is at risk of abuse.

If you have a safeguarding concern or receive a disclosure you must:

- i. **Listen carefully and sympathetically:** where a person has difficulty in explaining do not make assumptions or put words in their mouth; use your knowledge of the individual to try and understand what they are saying.
- ii. **If you discover a person is physically injured or has been subject to a recent physical or sexual assault, you must seek medical assistance immediately:** call 999 if there is immediate risk or if you suspect a crime has been committed.
- iii. **Do not promise to keep the information secret:** try and make it clear that you are obliged to pass the information on to people who will decide what action to take.
- iv. **Consent to share information:** where possible you should seek consent from the individual to share information (if safe to do so) with the Police or Social Services Safeguarding teams.
- v. **Public Interest:** there are certain situations where interventions are needed to protect people and other vulnerable groups and consent is not needed, i.e., public interest of safeguarding a child or adult at risk or to prevent.

If after discussion with the Designated Safeguarding Lead (DSL) it is judged to be in the 'public interest' or under a Duty of Care to share the concern/disclosure with external statutory agencies then the DSL will contact the Police or Social Services Safeguarding teams as soon as possible by telephone, and in any case before the end of the day.

- vi. **Avoid asking direct questions:** any questions that could be considered as formally investigating should be avoided. You are encouraged to ask questions to clarify what is being said.

- vii. **Make a note:** record what the person is telling you, either at the time or immediately afterwards. You should complete the **Safeguarding Concern Form (Appendix A)** ensuring it is signed, timed, and dated.

Once completed you must send the Safeguarding Concern Form to the Designated Safeguarding Lead (or Deputy) within 24hrs. email to su.safeguarding@lancaster.ac.uk

Failure to complete the Safeguarding Concern form should not delay the matter being reported verbally to the Designated Safeguarding Lead or your line manager.

- viii. **Criminal assault:** if you suspect the abuse amounts to a criminal assault, you should contact the DSL or your manager immediately. Where a criminal offence has been committed or is suspected, the police must be notified immediately. Early consultation will help them establish whether a criminal act has been committed or not. The police will follow their own procedures informing Police Now of progress through updates.
- ix. **You must not confront the alleged abuser or investigate the matter yourself.**
- x. **You are reminded that all safeguarding records are official documents and important to the process of safeguarding and protecting people.** This means they must be completed in full, clearly and stored securely. They will be made available to the defence if legal proceedings are taken.

Any physical evidence must be preserved e.g., clothing worn. The victim should be advised not take a bath or shower until forensic medical examinations have been concluded.

- **Do not contaminate evidence.**
 - **Do not inform alleged abuser of reporting.**
 - **Do not inform alleged abusers of retained evidence**
- xi. **Emotional Impact:** It is important to take these steps without undue delay and consideration must always be given to the victims' feelings with every effort being made to explain any action you propose taking.
- xii. **Never assume others will act:** No trustee, employee, secondee, volunteer, supplier, agency staff or participant should assume that someone else will pass on information which they think may be critical to the safety and wellbeing of a child or adult.

If you have a concern about a child or adult's welfare and believe they are suffering or likely to suffer abuse or neglect, then you should share the information with your DSL. They will notify the relevant local authority

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and/or the police if they believe or suspect that a crime has been committed.

Designated Safeguarding Lead	Christopher Cottam c.cottam1@lancaster.ac.uk Tel: 07376427552
Deputy Designated Safeguarding Lead	Vicki Greenwood su.safeguarding@lancaster.ac.uk Tel: 01524 593125
Deputy Designated Safeguarding Lead	Misbah Ashraf (CEO) misbah.ashraf@lancaster.ac.uk Tel: 07930447699

Refer to Appendix B for a summary flowchart of the procedure to follow where you have a safeguarding concern, together with guidance on Preserving Evidence following a Safeguarding Concern in Appendix C.

6. Referring a Safeguarding Concern or Disclosure

Upon receipt of the Safeguarding Concern Form (within 24hrs of the concern or disclosure), the Designated Safeguarding Lead (DSL) will:

- i. Consider the concern or disclosure and clarify any details.
- ii. Consider the capacity and consent of the person at risk of abuse or neglect, if they are capable of making informed choices, they will respect any decision not to proceed with a concern unless it is in the best interest of the alleged victim or other members of the public.
- iii. Consider the concern or disclosure in the context of the relevant local authority procedures.
- iv. Under no circumstances should the DSL investigate the disclosure. However, they may make some discrete enquiries to establish the credibility of the concern or disclosure. They should consider such action carefully and if necessary, seek advice from the police.
- v. Ensure that all relevant facts and decisions made in respect of the safeguarding concern or disclosure are accurately recorded including a body map form to record any physical injuries that may be present. The forms and any other records must be sufficient, accurate, prompt,

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concise, legible, dated, timed, signed, and factual. Where opinion or hypothesis is important, they must be clearly distinguished between facts. These forms once completed will be used to facilitate the multi-agency strategy discussion or meeting process.

- vi. In all instances of abuse the DSL must refer the concern/incident to the relevant Social Services Department Safeguarding Manager within 24hrs or one clear working day of the concern being raised. This should be done directly in person by telephone and/or in accordance with the local multi-agency safeguarding referral form. If the concern involves more than one person at risk of abuse or neglect, a separate referral form will need to be completed for each person.
- vii. The relevant local authority referral form must be completed by the DSL.

Lancashire Safeguarding Children

Any concerns about the safety of a child should be reported to 0300 123 6720 (8am to 8pm) or out of hours 0300 123 6722 (8pm - 8am).

Lancashire Safeguarding Adults

Adult social care: **0300 123 6721**

[Online Alert Form](#)

Consent

You do not require the consent of an adult or child to make a safeguarding referral. The criteria for not informing or seeking consent are:

1. Seeking consent would increase the risk of harm to a child or adult; or
2. Because, in the referrer's professional opinion, to do so might impede an investigation that may need to be undertaken; or
3. Because there would be an undue delay caused by seeking consent which would not serve the child or adult's best interests.

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

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

Feedback from Social Services

Social Services should notify the Students' Union Designated Safeguarding Lead within 1 day of receiving the referral to advise them which course of action has been taken in response to the referral. If you do not receive any

(same day) verbal feedback following an urgent child/adult safeguarding referral, and where this places a child or adult who may be vulnerable in an increased position of risk of harm, you should make urgent telephone contact that day to speak to the Duty Social Worker to establish what actions are being taken.

Where a trustee, employee, secondee, officer, or volunteer is suspected of abuse or inappropriate care, the DSL in conjunction with the Head of HR must consider whether there is a need to take immediate action against the alleged perpetrator. This may involve suspending the individual from duty pending a formal investigation. When taking such action, it is important to realise that taking this action is necessary to protect the interest of both parties involved.

7. Information Sharing

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

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

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

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

Common Law Duty of Confidentiality

The Common Law Duty of Confidentiality is, as the name suggests, common law.

Some information has something called a "quality of confidence". This means the information that has been shared with us shouldn't be shared with anyone else.

Information has a "quality of confidence" if:

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

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

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

The [Data Protection Act 2018](#)

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

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

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

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

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

Special Category personal data

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

Where you have concerns that the actions of some may place children at risk of significant harm or adults at risk of serious harm, it may be possible to justify

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sharing information with or without consent for the purposes of identifying people for whom preventative interventions are appropriate.

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

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

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

Further information on the 7 Golden Rules for Information Sharing can be found in Appendix D.

Appendix A:

Lancaster University Students' Union Safeguarding Concern Form

Name of Adult (or child)			
Address			
Contact Number			
Day/Date/Time		D.O.B.	
Name of person noting the concern	Name		
	Contact Details		
Service Area			

Please indicate the type of abuse suspected (please tick more than one if appropriate):			
Physical		Financial/Material	
Sexual		Self-Neglect	
Neglect/acts of omission		Domestic Abuse	
Emotional/ Psychological		Modern Slavery	
Discriminatory		Organisational	
Criminal Exploitation		Child Sexual Exploitation	
Where did the incident or event that is the subject of the concern occur?			
Details of the concern/incident - Include clear and factual outline of the concern being raised with dates, times, people and places, and any witnesses where appropriate. (Please use additional sheets if required)			
Where is the adult or child now in relation to the source of harm or alleged abuser?			

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In your opinion does the alleged abuser pose a risk of harm to others?	Yes	No
<i>If yes, please describe the risk and names of others potentially at risk from this concern.</i>		

In your opinion does the adult or child have any vulnerability or communication difficulties? <i>(i.e., a physical or mental impairment or illness - give details)</i>		
Is the adult or child aware that the concern is being reported? <i>If no why?</i>	Yes	No
Are you aware if a Safeguarding concern has been made about this person before?		
Yes	No	Not Known
Is the adult or child involved with any other agencies?		
Yes	No	Not Known
<i>If YES provide details</i>		
Have you completed a Body Chart? (Please tick and complete)	YES – attached	No – why?

**This form once completed should be emailed directly to DSL,
following which you should confirm with them that they have received it.**

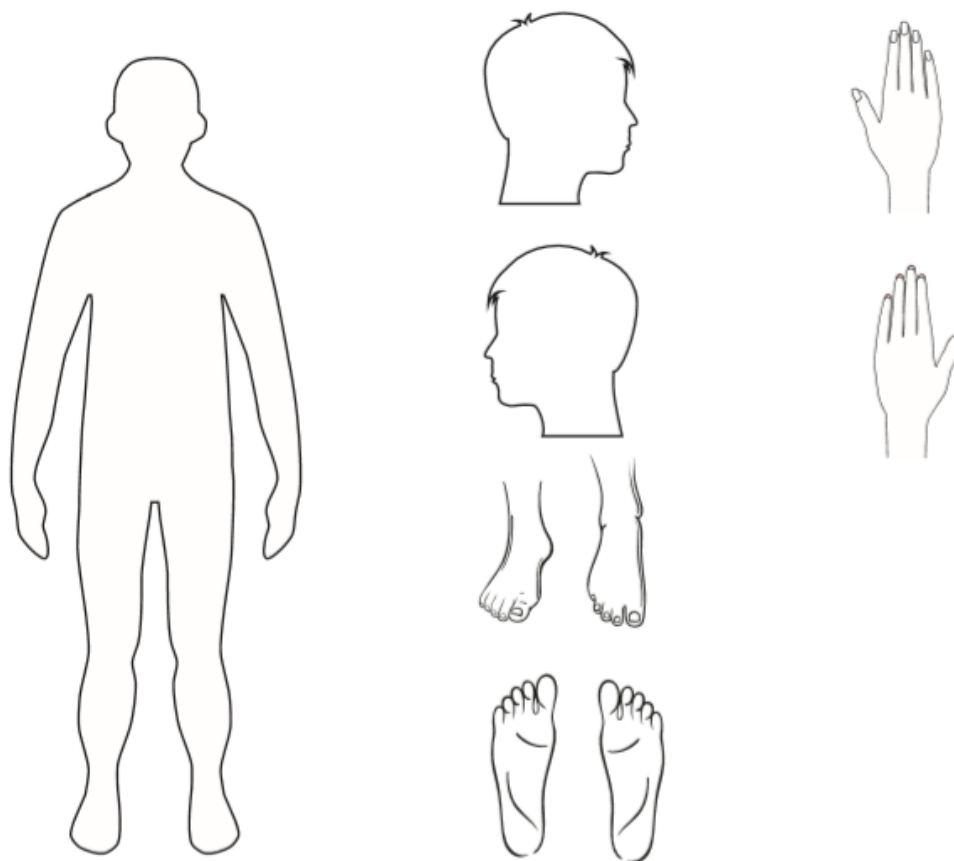
Actions Taken by Designated Safeguarding Lead			
Date	Person taking action	Action taken	Signature

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Safeguarding Concern Form - Body Chart

Name of adult (or child):	Day/Date/Time
Name of person completing form	Service Area

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



Notes

Guidance on completing the Students' Union Safeguarding Concern Form

It is important that this Safeguarding Concern Form and accompanying Body Map is fully completed in a timely manner.

The details are important and in order to help the Designated Safeguarding Lead respond and refer appropriately you should follow the guidance below.

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

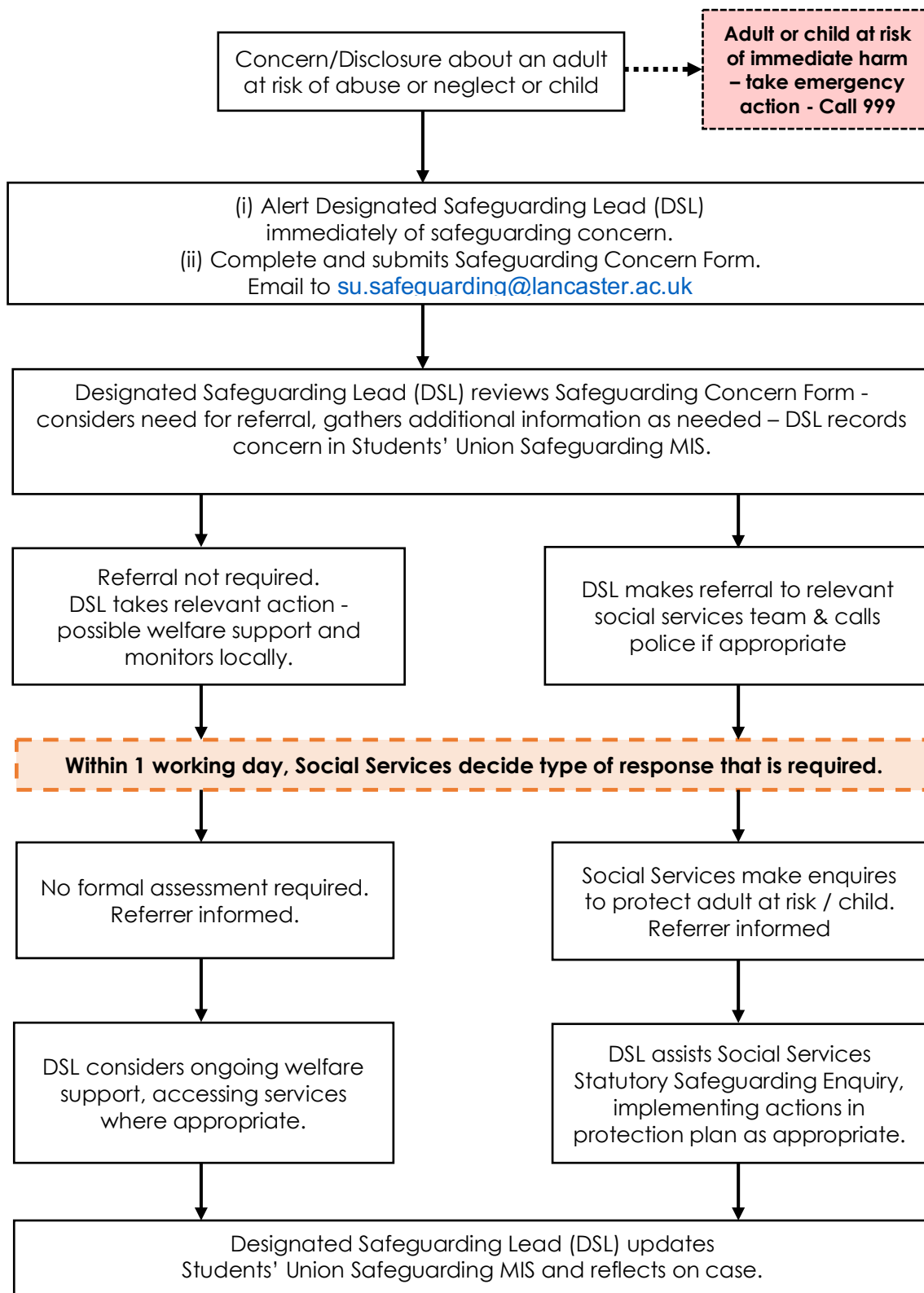
Chronology Sheet

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

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

Appendix B

Lancaster University Students' Union
How to respond to a Safeguarding Concern or Disclosure Flowchart



Appendix C

Preserving Evidence following a Safeguarding Concern or Disclosure

- Your first concern is the safety and welfare of the abused person. However, your efforts to preserve evidence may be vital.
- When Police involvement is required, they are likely to be on the scene quickly. Preservation of evidence is crucial if the Police investigation is to be effective.
- ***What you DO OR NOT DO in the time whilst you are waiting for the Police to arrive may make all the difference.***

The following checklist aims to help you to ensure that vital evidence is not destroyed. **In situations of physical and/or sexual assault:**

- a) If the abused client has a physical injury and it is appropriate for you to examine, always obtain their (or parent's) consent first.
- b) Do not touch what you do not have to. Wherever possible leave things as they are. Do not clean up, do not wash anything or in any way remove fibres, blood etc. If you do have to handle anything at the scene keep this to a minimum.
- c) Do not touch weapons unless they are handed directly to you. If this happens, as before, keep handling to a minimum. Place the items/weapons in a clean, dry paper bag.
- d) Preserve the abused person's clothing and footwear, do not wash or wipe them. Handle them as little as possible.
- e) Preserve anything that was used to comfort the abused person, for example, a blanket.

Following allegations of physical and/or sexual assault, consideration will be given to organising a medical examination of the abused person and the alleged perpetrator.

The decision to carry out an examination will be taken during the strategy discussion/meeting. Any examination will be carried out by a Forensic Medical Examiner who will be contacted by the Police.

Methods of preservation:

- a) For most things use clean brown paper, if available, or a clean brown paper bag or a clean envelope. If you use an envelope do not lick it to seal.
- b) For liquids use clean glassware.
- c) Do not handle items unless necessary to move and make safe.

It is acknowledged that completion of all of the above tasks may not be possible in a traumatic situation - you are urged to do the best that you can.

Appendix D

Information Sharing to Safeguard Adults and Children

01

REMEMBER GDPR & DATA PROTECTION ACT 2018 and human rights law are not barriers to justified information sharing but provide a framework to ensure personal information about living individuals is shared appropriately.

02

BE OPEN AND HONEST with the individual (and/or their family where appropriate) from the outset about why, what, how, and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.

03

SEEK ADVICE from the DDSL/DSL, your line manager or governance lead, if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.

04

SHARE INFORMATION WITH CONSENT WHERE POSSIBLE, and respect where possible the wishes of those who do not consent to having their information shared. You may share information without consent if, in your judgement, there is a lawful basis to do so, such as a safeguarding concern. Base your judgement on the facts of the case. When sharing or requesting information from someone, be clear of the basis you are doing so. Be mindful an individual might not expect information to be shared.

05

CONSIDER SAFETY AND WELL-BEING: base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.

06

NECESSARY, PROPORTIONATE, RELEVANT, ADEQUATE, ACCURATE, TIMELY AND SECURE: ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those who need to have it, is accurate and up-to-date, shared in a timely manner and securely.

07

KEEP A RECORD of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose. If you decide not to share, record your reason why.

Appendix E

Signs And Indicators of Abuse And Neglect in Children and Adults

Categories of Child Abuse

Lists of possible signs and symptoms of abuse must never be considered to be comprehensive or definitive 'checklists' as children and young people may behave strangely or appear unhappy or distressed for a number of reasons as they move through the stages of development, and as their family circumstances and experiences change.

Neither does the presence of one or more of any of the commonly cited possible signs and symptoms 'prove' that a child has been or is being abused. (We need to be absolutely clear that our role is not to investigate or prove abuse but to observe, gather and share information where we have concerns).

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

The impact of Covid 19 on child abuse

The NSPCC have conducted research into the effect of Covid 19 restrictions on child abuse. By understanding the scale and the risks brought by lockdown professionals can begin to think about how to mitigate them and ensure children are kept safe while at home, online and as restrictions start to ease. They identified that the following areas may intensify:

1. Increase in stressors to parents and caregivers.

The research we reviewed confirms that the risk of child abuse is higher when caregivers become overloaded by the stressors in their lives. There are indications that the coronavirus pandemic has increased stressors on caregivers.

2. Increase in children and young people's vulnerability.

There are indications that the conditions caused by the coronavirus pandemic have heightened the vulnerability of children and young people to certain types of abuse, for example online abuse, abuse within the home, criminal exploitation and child sexual exploitation.

3. Reduction in normal protective services

There is evidence that the 'normal' safeguards we rely on to protect children and young people have been reduced during the pandemic. However social connections and social support can provide a protective effect for children's safety and wellbeing.

For more information see [NSPCC Briefing paper](#)

Physical abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning, or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child.

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

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

The physical signs of abuse may include:

- Unexplained bruising, marks, or injuries on any part of the body
- Multiple bruises- in clusters, often on the upper arm, outside of the thigh
- Cigarette burns
- Human bite marks
- Broken bones
- Scalds, with upward splash marks,
- Multiple burns with a clearly demarcated edge

Changes in behaviour that can also indicate physical abuse:

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

Emotional abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their own

opinion, deliberately silencing them or 'making fun' of what they say or how they communicate.

It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

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

Changes in behaviour which can indicate emotional abuse include:

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

Sexual abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing, and touching outside of clothing.

They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Safeguarding Procedures

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

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

The physical signs of sexual abuse may include:

- Pain or itching in the genital area
- Bruising or bleeding near genital area
- Sexually transmitted disease
- Vaginal discharge or infection
- Stomach pains
- Discomfort when walking or sitting down
- Pregnancy
- Changes in behaviour which can also indicate sexual abuse include:
- Sudden or unexplained changes in behaviour e.g., becoming aggressive or withdrawn
- Fear of being left with a specific person or group of people
- Having nightmares
- Running away from home
- Sexual knowledge which is beyond their age, or developmental level
- Sexual drawings or language
- Bedwetting
- Eating problems such as overeating or anorexia
- Self-harm or mutilation, sometimes leading to suicide attempts
- Saying they have secrets they cannot tell anyone about
- Substance or drug abuse
- Suddenly having unexplained sources of money
- Not allowed to have friends (particularly in adolescence)
- Acting in a sexually explicit way towards adults

Neglect

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

- provide adequate food, clothing, and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;

Safeguarding Procedures

- ensure adequate supervision (including the use of inadequate care-givers); or
- ensure access to appropriate medical care or treatment

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

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

The physical signs of neglect may include:

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

Changes in behaviour which can also indicate neglect may include:

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

Bullying

Bullying is not always easy to recognise as it can take a number of forms. A child may encounter bullying attacks that are:

- physical: pushing, kicking, hitting, pinching and other forms of violence or threats
- verbal: name-calling, sarcasm, spreading rumours, persistent teasing
- emotional: excluding (sending to Coventry), tormenting, ridiculing, humiliating

Persistent bullying can result in:

- depression
- low self-esteem
- shyness
- poor academic achievement
- isolation
- threatened or attempted suicide

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

always want to understand them in relation to the child's development and context.

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

Child in Need Concern and Responses

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

Section 17 Children ACT 1989

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

1. They are unlikely to achieve or maintain, or to have the opportunity to achieve or maintain, a reasonable standard of health or development, without the provision of services by a local authority;

OR

2. Their health or development is likely to be impaired, or further impaired, without the provision of such services;

OR

3. They are disabled.

Social Services Responses to Referrals and Timescales

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

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

Significant Harm– actual or likely?

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

Risk Assessment 'Checklist'

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

Possible Signs and Symptoms of Adult Abuse or Neglect

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

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

Patterns of abuse vary and include:

- Serial abusing in which the perpetrator seeks out and 'grooms' individuals. Sexual abuse sometimes falls into this pattern as do some forms of financial abuse;
- long-term abuse in the context of an ongoing family relationship such as domestic abuse between spouses or generations or persistent psychological abuse; or

- opportunistic abuse such as theft occurring because money or jewellery has been left lying around

Categories of Adult Abuse

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

1. **Physical abuse** – including assault, hitting, slapping, pushing, misuse of medication, restraint, or inappropriate physical sanctions. Domestic violence – including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence.
2. **Sexual abuse** – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.
3. **Domestic Abuse** - any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence, or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to **psychological, sexual, financial, and emotional abuse**.
4. **Psychological abuse** – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
5. **Financial or material abuse** – including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions, or benefits.
6. **Modern slavery** – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive, and force individuals into a life of abuse, servitude, and inhumane treatment.

7. **Discriminatory abuse** – including forms of harassment, slurs, or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation, or religion
8. **Organisational abuse** – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes, and practices within an organisation.
9. **Neglect and acts of omission** – including ignoring medical, emotional, or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition, and heating
10. **Self-neglect** – this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

Adult Abuse Vulnerability Factors

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

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

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

Effect of Covid 19 on vulnerable adults

People may be more vulnerable to abuse and neglect as others may seek to exploit disadvantages due to age, disability, mental or physical impairment or illness.

These groups may be targeted because of a number of factors. Generally speaking, they may need assistance with some tasks, be less up to speed with technology, more welcoming of new contacts, more trusting and – for many older people – wealthier. There is evidence that social isolation increases the likelihood of abuse.

Many older and disabled people spend long periods at home alone under normal circumstances. People who are more vulnerable to COVID-19 may continue to shield and avoid going out or mixing with others.

Exploitation of these vulnerabilities such as new scams offering help and advice on COVID-19 or with financial assistance have seen a significant increase over the past few months with many falling preys to fraudsters.

Radicalisation and Extremism

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

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

The Prevent strategy has three specific strategic objectives:

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

Safeguarding links

It is essential that Channel panel members, partners to local panels and other professionals ensure that children, young people, and adults are protected from harm and prevented from being drawn into violent extremism. Section 11 of the Children Act 2004 and Section 6 of the Care Act 2014 puts duties on

partners of local authorities to cooperate in their Safeguarding responsibilities for children and adults who may be vulnerable and at risk of abuse or neglects.

Identifying Vulnerable Individuals at risk of radicalisation

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

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

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

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

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

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

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

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

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

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

If any Students' Union member of staff or volunteer has a concern that a child/adult who may be vulnerable and at risk of abuse or neglect is at risk of being drawn into violent extremism, then they must follow the Students' Union Safeguarding procedures and report to their named safeguarding Lead.

Information about Individuals that Self-harm and have Suicide Ideation

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

[See Samaritans website for help and support on suicidal thoughts](#)

Definitions

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

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

Self-harm - Self-harm might be described as the term used to describe the coping strategy that some people use to deal with stresses in their life: It involves a person hurting themselves physically. Self-harm often takes the form of a person cutting, burning or banging themselves. Self-harm is often about "surviving", "coping", "taking control", "release of pressure", "distraction from other stuff, places/people", "complex emotions".

Safeguarding Procedures

(Findings from Lancashire's Youth and Community Service conducted some research with young people in 2002 and produced a paper which offers a helpful baseline (Coupe et al, 2002)

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

Self-harm can involve:

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

(Mental Health Foundation 2006)

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

Issues that may trigger self-harm

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

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

Immediate Response to injuries

1. It is ok and appropriate to show concern. Make sure the child/adult is safe; give them something to treat any injuries (e.g., plaster or bandage) and/or seek medical advice and attention as required. Encourage them to seek

medical attention if they are reluctant and provide the necessary support to facilitate this.

2. The child/adult who has just harmed themselves usually feels upset and vulnerable (although they may hide this). Just because they caused the harm to themselves this does not mean that they will not feel hurt, frightened, or shocked by their injuries. Be reassuring rather than questioning them at this stage. They may want to talk, so allow for this.
3. People often fear that being sympathetic will somehow 'reinforce' the behaviour as an 'attention-seeking' strategy, thereby perpetuating it and possibly making it worse. In fact, being punitive, hostile, or withholding care and support is likely to make them feel even worse about themselves, thereby increasing risk. (However, avoid 'amateur' psychology and/or therapy at all costs, unless you are trained and/or qualified to provide either or both!)

Human Trafficking & Modern Slavery

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

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

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

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

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

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

Children may be used for:

- Sexual exploitation, e.g. child sexual abuse, child abuse image - see also [Safeguarding Children At Risk of Sexual Exploitation](#)
- Domestic servitude, e.g., undertaking domestic chores, looking after young children

Safeguarding Procedures

- Labour exploitation, e.g., working in restaurants, building sites, cleaning
- Enforced criminality, e.g., begging and pick pocketing, cannabis cultivation, drug dealing and trafficking
- Benefit fraud
- Illegal adoption
- Forced marriage - see also [Forced Marriage](#) and [Honour Based Violence Procedure](#)
- Female genital mutilation - see also [Female Genital Mutilation Procedure](#);
- Trade in human organs and in some cases, ritual killing

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

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

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

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

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

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

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

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

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

Trafficking is first and foremost a safeguarding concern and you should contact the Designated Safeguarding Lead and follow the usual Students' Union safeguarding procedures.

[Safeguarding children who may have been Trafficked](#)- DFE/Home Office Guidance 2011

Modern Slavery Act 2015

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

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

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

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

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

Signs of Modern Slavery

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

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

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

If any Students' Union staff member or volunteer has concern that a student, client or colleague is subject to forced or compulsory labour or human trafficking they must report the matter to the Designated Safeguarding Lead.

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

<https://www.modernslaveryhelpline.org/>

Honour Based Violence (HBV)

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

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

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

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

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

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

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

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

Safeguarding Procedures

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

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

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

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

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

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

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

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

- Forced marriage
- Domestic violence
- Attempts to separate or divorce
- Starting a new relationship

Safeguarding Procedures

- Pregnancy
- Threats to kill or denial of access to children
- Pressure to go abroad
- House arrest and excessive restrictions
- Denial of access to the telephone, internet, passport, and friends

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

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

There is specific refuge provision available for victims of HBV. To alleviate the sense of isolation, Karma Nirvana also offers a befriending/mentoring service for victims at risk, and those that leave the family home. Helpline telephone 0800 5999 247 or go to: <http://www.karmanirvana.org.uk/>

If any Students' Union staff or volunteers suspect a student, client or colleague is at risk of honour-based violence then you must report your concerns immediately to the Designated Safeguarding Lead. Specialist help should be sought immediately. i.e., Police, Social Services, Forced Marriage Unit.

Forced Marriages / Protection Orders

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

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

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

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

Legislation on Forced Marriage

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

This includes:

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

Forcing someone to marry can result in a sentence of up to 7 years in prison
Disobeying a Forced Marriage Protection Order can result in a sentence of up to 5 years in prison

Forced Marriage Protection Order (FMPO)

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

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

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

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

National Forced Marriage unit

The Forced Marriage Unit (FMU) is a joint-initiative with the Foreign & Commonwealth Office and Home Office. They are dedicated to preventing forced marriage. They work with embassy staff overseas to rescue British

nationals, both male and female, who may have been/or who are being forced to marry. Call them on (+44)0207 008 0151.

<https://www.gov.uk/forced-marriage>

If any Students Union staff or volunteer suspects that a guest is at risk of a forced marriage, then they should seek advice immediately from the Safeguarding Named Lead or and consult the National guidelines below:

See also the Multi-agency practice guidelines: Handling cases of Forced Marriage

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/322310/HMG_Statutory_Guidance_publication_180614_Final.pdf

Female Genital Mutilation (FGM)

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

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

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

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

Other offences include:

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

FGM Protection Orders

An FGM Protection Order is a civil measure which can be applied for through a family court. The FGM Protection Order offers the means of protecting actual or potential victims from FGM under the civil law. Breach of an FGM Protection Order is a criminal offence carrying a sentence of up to five years

in prison. As an alternative to criminal prosecution, a breach could be dealt with in the family court as a contempt of court, carrying a maximum of two years' imprisonment. [See CPS website on prosecutions guidance.](#)

FGM of girls is to be considered as child abuse. Any concerns by a Students' Union member of staff or volunteer that a girl is at risk of or has been subjected to FGM then the matter must be reported to the named Safeguarding Lead and normal Safeguarding Procedures followed.

Safeguarding Children and Adults that are particularly vulnerable

All trustees, employees, Officers, and volunteers should be aware that 'vulnerability' and 'risk of harm' is increased when other factors are present in abuse cases. Additional safeguarding and protection may be needed for people when one or more of these factors are involved.

The following check list should be used to assess risks in order to inform immediate actions that may be required to promote the welfare and safeguard individuals.

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

All references to risk assessments and the identification of any factors that increase risks should be recorded alongside safeguarding concerns and the information made available to statutory services at time of referral.

Children and Adults with Mental Health or Learning Disabilities

Autism

Autism is experienced differently by individuals, but there are three areas of difficulty which are commonly used to describe the condition and are also used in the criteria when diagnosing autism. These are known as the 'triad of impairments'. While people may experience different degrees of impairment for each part of the triad, people with autism experience the following:

Safeguarding Procedures

- difficulties with social interaction – finding it hard to understand, communicate and recognise how other people are feeling.
- difficulties with social communication – struggling with verbal and non-verbal language
- difficulties with social imagination – finding it hard to imagine what others are thinking or alternatives to their own routines.

As a result, people with autism typically struggle with the rules of social engagement, such as when to speak, when to laugh and when to empathise. While many people with autism have good language skills, others will speak little or not at all, though this does not mean they cannot communicate in other ways. Autistic people typically prefer communication to be simple and clear.

Many autistic people also have the following.

- Sensory sensitivity – over- or under-sensitivity to things such as light, sound, touch and heat, or certain tastes, textures, or smells.
- Problems with motor skills, proprioception, or balance.
- A need for structure – imposing their own routines in order to help make sense of the world and alleviate anxiety; such routines can sometimes become obsessive behaviours and rituals.
- narrow interests – a very close interest in a particular topic or pastime, often becoming extremely knowledgeable in it.
- A focus on detail – this is also a strength which can enable high levels of achievement in certain fields. However, it can also inhibit understanding of the 'bigger picture' in relationships and contexts.
- Mild difficulties in one area of the triad and severe difficulties in another.
- Skills and needs that fluctuate from day to day and moment to moment.
- Learned strategies which mask their difficulties, or carers who help to mediate difficulties so well that they are not initially apparent to a professional assessing them.

It is important to note that impairment in the area of 'social imagination' does not mean that people with autism lack imagination and creative talent. The spectrum nature of the condition and the idiosyncrasy of some people's needs mean it is imperative that service providers and practitioners do not over-generalise ([SCIE](#))

Some people with autism are able to live relatively independent lives but others may need a lifetime of specialist support. People with autism may also experience some form of sensory sensitivity or under-sensitivity, for example to sounds touch, tastes, smells, light, or colours.

Asperger syndrome is a form of autism. People with Asperger syndrome are often of average or above average intelligence and generally have fewer problems with speech than other people on the spectrum. This can make them

more vulnerable as while they might appear very able, this appearance can conceal their level of social naivety.

The Students' Union recognises that children and adults with mental health or learning disabilities such as autism and Asperger syndrome can be extremely vulnerable both within a service setting and within the community.

As outlined above, as a result of their difficulties with social imagination, people with autism are often unable to properly interpret other people's intentions. They can take written and spoken words to be literal truth without discriminating or probing further and taken advantage of as a result. It should also be highlighted that an adult with autism can be very isolated as a result of their condition, leaving them more open to abuse. Three-quarters of adults with autism either do not have any friends or find it hard or very hard to make friends. Fifty-six per cent have been bullied or harassed as adults.

For more information go to: <http://www.autism.org.uk/>

Children and Adults with a Drug or Alcohol Dependency

Substance misuse and abuse for a child or adult can mean many things. It includes the use of drugs that can change your mood, such as alcohol, tranquilizers, or illegal drugs. Substance misuse also includes "risky drinking" or unsafe use of medications. Any substance misuse or abuse can cause serious health problems and problems with family and friends, money, and the law.

Risky drinking is when someone drinks alcohol in ways that may not have caused problems yet but may cause problems if the same drinking pattern is kept up. For some people, this can mean drinking more than the recommended amounts. For some older adults with certain health problems or who take certain medications, this can mean drinking any alcohol.

Drinking alcohol or using medications unsafely can make many physical and mental health problems worse. Some of the physical conditions that are made worse by drinking alcohol are liver disease, cardiovascular disease, diabetes, ulcers and other gastrointestinal problems, and sleep problems. Alcohol can also make it harder for doctors to correctly diagnosis some medical conditions as well as slowing the healing process from injuries.

Some mental health conditions can place a person in greater danger of developing problems with alcohol or other drugs. Some of these include depression, memory or thinking problems, and anxiety. For example, an older person who is depressed may start to drink more, which makes the depression get worse and increases the risk of developing a serious problem with alcohol. Alcohol can make the symptoms of dementia, such as memory loss or trouble concentrating, get worse.

Some dementia type illnesses are caused by alcohol dependency (e.g., Korsakoff's syndrome) where the symptoms include memory loss, invented memories, and loss of interest.

Warning Signs of Alcohol or Medication-Related Problems

- Anxiousness or irritability (feeling worried or “crabby”)
- Memory loss (trouble remembering things)
- New problems making decisions
- Difficulty concentrating or paying attention
- Lack of interest in usual activities
- Sadness or depression
- Mood swings (happy one minute, sad or angry the next)
- Chronic pain (pain that doesn't go away)
- Problems with money or the police
- Falls, bruises, burns
- Incontinence (can't control urinating, wetting the bed)
- Headaches
- Dizziness
- Poor hygiene (not combing hair, bathing)
- Poor nutrition, changes in eating habits (eating junk food only)
- Out of touch with family and friends
- Suicidal thoughts (wanting to kill yourself)
- Strange response to medication

You should also seek advice from the relevant medical professional if you have any such concerns.

For more information go to: <http://www.addaction.org.uk/>

Adults who Self-Neglect

Helping those who neglect themselves can prove an impossible task even for experienced social workers let alone the staff, Officers, and volunteers at the Students' Union.

It is important for you to explore the immediacy of serious harm in these cases, e.g., a diabetic saying that they are going to stop taking their insulin. Professional medical advice may be required in some cases to assist in this assessment.

Managing the balance between protecting an adult at risk from self-neglect against their right to determine their own fate is a serious challenge for any service or organisation. It may be that some adults at risks are unable to understand or agree to help because they lack capacity to make this decision.

When a member of staff identifies that an adult at risk has been subject to:

- serious self-neglect which could result in 'serious or significant harm'
- and

Safeguarding Procedures

- the adult at risk has capacity to make relevant decisions but has refused essential help without which their health and safety needs cannot be met

and

- the care management process / care plan approach has not been able to mitigate the risk of this 'serious self -neglect that could result in significant harm'

then you should report such concerns to your Deputy Designated Safeguarding Lead using the Police Now Safeguarding Form.

The Designated Safeguarding lead (or Deputy) will liaise with the local adult Social Services Safeguarding Team by telephone in the first instance followed up in writing using the Local Authority Safeguarding Concern Referral Form.

Appendix F

Capacity and Consent

Consent and Children

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

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

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

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

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

Capacity and Adults

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

- an activity that may be abusive – if consent to abuse or neglect was given under duress, for example, as a result of exploitation, pressure, fear or intimidation, this apparent consent should be disregarded
- a Safeguarding Adults Investigation going ahead in response to a concern that has been raised. Where an adult at risk with capacity has made a decision that they do not want action to be taken and there is no public interest or vital interest considerations, their wishes must be respected. The person must be given information and have the opportunity to consider all the risks and fully understand the likely consequences of that decision over the short and long term

- the recommendations of an individual protection plan being put in place
- a medical examination
- an interview
- certain decisions and actions taken during the Safeguarding Adults process with the person or with people who know about their abuse and its impact on the adult at risk.

Overriding lack of consent

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

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

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

Principles of the Mental Capacity Act 2005

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

Testing Capacity

A single clear four-step test for determining whether a person lacks capacity has been introduced. Because the capacity of some adults may fluctuate and they may or may not be able to make a decision about how to pursue their safety at the time it is needed, the test must be applied in a way that is decision specific. It will help an independent expert or an identified staff member who makes a judgement about whether a person can make a particular decision at a particular time.

Safeguarding Procedures

In the case of suspected or alleged abuse, Students' Union Trustees, staff and volunteers will need to determine whether the person understands the nature of the concerns and choices facing them. Any issues of a power imbalance in the relationship between them and the alleged perpetrator will need to be taken into consideration. The context for such professional decision making would ideally be in the strategy discussion led by Adult Social Services.

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

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

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

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

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

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

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

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

Part 1:

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

Part 2 - Decision making assessment:

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

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

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

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

Best Interests Check list

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

1. Considering all relevant circumstances – these are circumstances of which the decision maker is aware and those which it is reasonable to regard as relevant.
2. Regaining capacity – can the decision be put off until the person regains capacity?
3. Permitting and encouraging participation – this may involve finding the appropriate means of communication or using other people to help the person participate in the decision-making process.
4. Special considerations for life-sustaining treatment – the person making the best interests' decision must not be motivated by the desire to bring about a person's death.
5. Considering the person's wishes, feelings, beliefs and values – especially any written statements made by the person when they had capacity.
6. Taking into account the views of other people – take account of the views of family and informal carers and anyone with an interest in the person's welfare or appointed to act on the person's behalf.

7. Taking into account of the views of any independent mental capacity advocate (IMCA) or any attorney appointed by the person or deputy appointed by the Court of Protection.
8. Considering whether there is a less restrictive alternative or intervention that is in the person's best interests.

Advance Decisions

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

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

Ill treatment and wilful neglect – Criminal Offence

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

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

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

Abuse by an attorney or deputy: If someone has concerns about the actions of an attorney acting under a registered enduring power of attorney (EPA) or

lasting power of attorney (LPA), or a deputy appointed by the Court of Protection, they should contact the Office of the Public Guardian (OPG).

Further reading about the role and powers of the OPG and its policy in relation to [adult safeguarding](#).

Everyone is entitled to the protection of the law and access to justice. Behaviour which amounts to abuse and neglect, for example physical or sexual assault or rape, psychological abuse or hate crime, wilful neglect, unlawful imprisonment, theft and fraud and certain forms of discrimination also often constitute specific criminal offences under various pieces of legislation. Although the local authority has the lead role in making enquiries, where criminal activity is suspected, then the early involvement of the police is likely to have benefits in many cases. ([Care and support Statutory Guidance last updated 2023](#))

[Office of the Public Guardian \(OPG\)](#)

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

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

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

- ☐ who has a deputy appointed by the Court of Protection or
- ☐ is the donor of a registered enduring power of attorney or lasting power of attorney or
- ☐ is someone for whom the court authorised a person to carry out a transaction on their behalf under Section 16(2) of the Mental Capacity Act (single orders). This includes young people aged 16 or over who are defined as adults under the Mental Capacity Act.

Involvement

The OPG may be involved in Safeguarding Adult at risks in a number of ways, including promoting and raising awareness of legal safeguards and remedies,

for example, lasting powers of attorney and the services of the OPG and the Court of Protection

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

Court of Protection

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

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

In most cases decisions about personal welfare will be able to be made legally without making an application to the court, as long as the decisions are made in accordance with the core principles set out in the Mental Capacity Act 2005 and the best interest's checklist and any disagreements can be resolved informally.

However, it may be necessary and desirable to make an application to the court in a safeguarding situation where there are:

- particularly difficult decisions to be made
- disagreements that cannot be resolved by any other means
- on-going decisions needed about the personal welfare of a person who lacks capacity to make such decisions for themselves
- matters relating to property and/or financial issues to be resolved
- serious healthcare and treatment decisions, for example, withdrawal of artificial nutrition or hydration
- concerns that a person should be moved from a place where they are believed to be at risk
- concerns or a desire to place restrictions on contact with named individuals because of risk or where proposed Safeguarding Adults actions may amount to a deprivation of liberty outside of a care home or hospital

Appendix G

Historic Abuse Allegations or Disclosures

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

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

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

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

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

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

Students' Union staff members or volunteers should follow normal Students' Union Safeguarding Procedures and contact the Designated Safeguarding Lead about the disclosure/allegation.