

	Title	Safeguarding Adults, Children and Young Persons Policy		
	Reference	Volume 11	Owner	Emma Wynne
	Approved by	Care Committee	Approval date	23/02/2022
	Issue date	11/08/2022	Review date	01/02/2025

Index

1.	Purpose and scope.....	4
2.	Responsibilities and risk	4
3.	Policy details and guidance	4
4.	Supporting documentation and key legislation	6
4.1	Forms	6
4.2	Guidance.....	6
4.3	Legislation.....	6
4.4.	Related policies.....	7
5.	Monitoring and reporting.....	7
6.	Definitions.....	8
7.	Equality and diversity	8
8.	Appendices	8
9.	Policy Approval	8

NCHA CORPORATE SAFEGUARDING POLICY STATEMENT

NCHA is committed to ensuring the safety of the people who use our services. All persons have the right to live their lives free from violence and abuse. This right is underpinned by the Human Rights Act (1998) and the duty of agencies to intervene proportionately to protect the rights of citizens.

1 RESPONSIBILITIES

The Care Act (2014) conveys a responsibility on NCHA that we will ensure that our customers are safeguarded against risk of abuse by means of taking reasonable steps to identify the possibility of abuse, prevent it before it occurs and respond appropriately to any allegation of abuse.

As an employer of care workers, we are required to check that a prospective colleague/ volunteer is not barred from providing 'regulated care activities'. Checks will be made by NCHAs HR team via the Disclosure and Barring Service (DBS) and prospective or existing colleagues/volunteers will not be allowed to commence/continue lone working in care positions until satisfactory checks have been conducted or a risk assessment has been undertaken.

We have a duty to refer colleagues or ex colleagues to the DBS where NCHA withdraw permission for them to engage in regulated care activity or where we have concerns about an individual. In addition to this, we have safeguarding obligations to children and to report these concerns to the Local Authority Designated Officer (LADO).

As part of our commitment to safeguarding, preventing and responding to abuse, NCHA have developed policies, procedures and training aids to assist colleagues working with and supporting individuals who may be experiencing abuse. A full definition of safeguarding, abuse and domestic abuse can be found in these policies.

If any colleague has an immediate concern about a customer or colleague in relation to safeguarding and is unsure about what to do, they should immediately refer to their line manager or to the Care and Support Duty Manager via Customer Wellbeing on 0345 650 5599. If there is a risk of immediate harm or life is in danger, call the Police on 999.

2 RELEVANT POLICIES AND PROCEDURES

All colleagues must familiarise themselves with these policies and procedures where relevant.

- NCHA Safeguarding Adults, Children and Young Persons Policy
- NCHA Safeguarding Procedures
- Domestic Violence & Abuse Policy
- Colleague Handbook Domestic Abuse and Stalking Policy
- Tenancy Policy
- Care and Support Medication Policy
- Anti-Social Behaviour Policy
- Modern Slavery and Human Trafficking Statement
- Whistleblowing Policy

Our safeguarding policies have been drawn up in conjunction with the procedures for safeguarding adults, children and young persons produced by the Local Authorities we work with.

3 LEAD MANAGERS/SENIOR MANAGERS

The following colleagues are nominated lead officers and responsible for the co-ordination of safeguarding within their departments:

- Resources: HR Business Partner
- Homes and Wellbeing: Contracts Manager (safeguarding lead)
- Development/Assets: Assistant Director of Property Services

NCHA have also identified the Director of Homes and Wellbeing as the overall NCHA safeguarding lead to organise and co-ordinate organisational and inter-agency safeguarding arrangements.

4 TRAINING

NCHA has a range of training aids available to colleagues. All colleagues will receive safeguarding training as part of their induction to NCHA. In Care and Support, specific safeguarding training is available for project based colleagues either as a face to face course or via e-learning and must be completed within 12 weeks of commencing employment.

Specific safeguarding training is also available via face to face training or e-learning to all NCHA colleagues who have a designated role in fulfilling our corporate responsibilities; these include the safeguarding lead managers and senior managers, Community Co-Ordinators, Community Safety Team, and DMS team leaders for example and should be refreshed on a 3 year basis. Colleagues working in Care and Support services receive annual refresher training.

5 RECORDING AND ANALYSIS

NCHA will record all allegations and incidents of safeguarding concerns as follows:

- For Care and Support, all allegations and incidents will be recorded on SuRe and the appropriate notifications to CQC and the Local Authority will be initiated along with an investigation if appropriate.
- For all other departments, any allegations or incidents regarding tenants should be reported, via your line manager if appropriate, to the relevant Community Co-Ordinator, who will contact the alleged survivor and arrange for a meeting to complete the required risk assessment and action plan to provide appropriate support. The Community Co-Ordinator will also open a safeguarding contact on Capita.

To comply with our responsibilities conveyed through the Care Act (2014) NCHAs Care Committee (sub-committee of the main Board of Management) review the safeguarding statistics quarterly and consider a full analysis of trends annually through our detailed safeguarding review. The minutes from the Care Committee are reported to the NCHA main Board.

Where concerns or trends are noted through our reporting analysis and where NCHA has a duty to respond or change our approach, the action required will be recommended to and approved by the Care Committee for the whole Association.

6 NO SMACKING – CHILDREN

NCHA firmly believes in a 'no smacking' approach to the disciplining and teaching of children which includes both the physical act and the threat of smacking and our colleagues will challenge the physical punishment of children. Physically punishing children demonstrates to children that violence is acceptable and can lead to anti-social and violent behaviour in adolescence.

1. Purpose and scope

- 1.1 This policy defines NCHAs approach to safeguarding in line with our duty to have arrangements in place to safeguard, promote and protect the following who may be at risk of abuse in conjunction with partner agencies:
- Adults (18 years and over)
 - Children and young persons under 18 (including unborn children who may be at risk of harm after birth) who live in our accommodation or have contact with our customers
- 1.2 NCHA Safeguarding Children procedures should be followed when dealing with allegations of non-recent abuse that occurred when the adult was under 18 years old.
- 1.3 The policy will enable colleagues to recognise the signs of abuse and are able to respond appropriately to allegations of abuse.

2. Responsibilities and risk

- 2.1 All colleagues have a duty to raise a concern and report suspicions or disclosures of abuse, including those given without consent, and, failure to do so is a failure of their duty of care. If you suspect abuse or neglect, you **must** act on it and must not assume that someone else will do it.
- 2.2 All colleagues should follow the procedures relevant to their department ie Care and Support, Your Housing or Property Services which vary given the responsibilities relevant to each department.
- 2.3 If any colleague has an immediate concern about an adult, child, young person or colleague in relation to safeguarding and is unsure about what to do, they should immediately refer to their line manager or to the Care and Support Duty Manager via Customer Wellbeing on 0345 650 5599. If there is a risk of immediate harm or life is in danger, call the Police on 999.
- 2.4 Managers are responsible for briefing their teams on the local safeguarding protocols and procedures given that NCHA provides services across several local authorities all with different requirements.
- 2.4 Failure to identify and respond to safeguarding vulnerable adults, children and young persons will have a number of potential consequences:
- Vulnerable adults, children and young persons needs are not being addressed or risk of further harm
 - Breach of legislative and statutory reporting requirements
 - Reputational damage in multi partner agency work
 - Negative impact on tenancy sustainment

3. Policy details and guidance

- 3.1 NCHA is committed to ensuring the safety of the adults, children and young persons who use our services. All persons have the right to live their lives free from violence and abuse. This right is underpinned by the Human Rights Act (1998) and the duty of agencies to intervene proportionately to protect the rights of citizens.

3.2 The Care Act (2014) conveys a responsibility on NCHA that we will ensure that our customers are safeguarded against risk of abuse by means of taking reasonable steps to identify the possibility of abuse, prevent it before it occurs and respond appropriately to any allegation of abuse.

3.3 **Lead Managers/Senior Managers**

3.3.1 The Director of Homes and Wellbeing has been identified as the overall NCHA safeguarding lead to organise and co-ordinate organisational and inter-agency safeguarding arrangements.

3.3.2 The following colleagues are nominated lead officers and responsible for the co-ordination of safeguarding within their departments:

- Resources: HR Business Partner
- Homes and Wellbeing: Contracts Manager (safeguarding lead)
- Development/Assets: Assistant Director of Property Services

3.4 **Promoting Safeguarding**

3.4.1 As part of our commitment to safeguarding, preventing and responding to abuse, NCHA have developed policies, procedures and blended training to assist colleagues working with and supporting individuals who may be experiencing abuse. A full definition of safeguarding, abuse and domestic abuse can be found in these policies (see section 4) which colleagues must familiarise themselves with where relevant.

3.4.2 Our safeguarding policies have been drawn up in conjunction with the procedures for safeguarding adults, children and young persons produced by the Local Authorities we work with.

3.4.3 Colleagues must have regard to NCHA policies and procedures relating to data protection and confidentiality which enable information to be shared and stored for safeguarding purposes including information which may be sensitive or personal. Information about specific residents, customers, service users, children and young persons, applicants, colleagues, other individuals and commercially sensitive information will only be divulged to third parties in accordance with NCHAs policies.

3.5 **Training**

3.5.1 NCHA has a range of blended training available to colleagues. All colleagues will receive safeguarding training as part of their induction to NCHA.

3.5.2 In Care and Support, specific safeguarding training is part of the mandatory compliance training available for project based colleagues either as a face to face course or via e-learning which must be completed within 12 weeks of commencing employment. All Care and Support colleagues training should be refreshed annually. Suicide awareness, self-harm and online safety training will be provided in Ofsted registered projects to meet the specific needs of young people aged 16-17 linking into a trauma informed practice approach.

3.5.3 Specific safeguarding training is also available via face to face training or e-learning to all NCHA colleagues who have a designated role if fulfilling our corporate responsibilities; these include the safeguarding lead managers and senior managers, Community Co-Ordinators, Community Safety Team and DMS team leaders for example which should be refreshed on a 3 year basis.

3.6 **Disclosure and Barring Services (DBS) and Protection of Freedoms Act**

- 3.6.1 As an employer of care workers, we are required to check that a prospective colleague/ volunteer is not barred from providing 'regulated care activities'. Checks will be made by NCHAs HR team via the Disclosure and Barring Service (DBS) and prospective or existing colleagues/volunteers will not be allowed to commence/continue lone working in care positions until satisfactory checks have been conducted or a risk assessment has been undertaken.
- 3.6.2 We have a duty to refer colleagues or ex colleagues to the DBS where NCHA withdraw permission for them to engage in regulated care activity or where we have concerns about an individual. In addition to this, we have safeguarding obligations to children and to report these concerns to the Local Authority Designated Officer (LADO).

3.7 **Recording**

- 3.7.1 NCHA will record all allegations and incidents of safeguarding concerns as follows:
- For Care and Support, all allegations and incidents will be recorded on SuRe. Referrals to the Local Authority will be initiated, the appropriate notifications to CQC/ Ofsted will be made along with an investigation if appropriate.
 - For all other departments, any allegations or incidents regarding tenants should be reported, via your line manager if appropriate, to the relevant Community Co-Ordinator, who will contact the person potentially at risk and may arrange for a meeting to complete the required risk assessment and action plan to provide appropriate support. The Community Co-Ordinator will also open a safeguarding contact on Capita.

4. **Supporting documentation and key legislation**

4.1 Procedures and Forms

NCHA Alerter Report (not C&S)
NCHA Alerter Procedure (not C&S)
NCHA Referral Procedure (not C&S)
C&S Alerter Procedure
C&S Referrer Procedure
C&S Duty Manager Procedure
C&S Contracts Manager Procedure
C&S Safeguarding Closure by Head of Care and Support
Safeguarding Referral Profoma
Safeguarding Body Maps
SRR1 C&S Safeguarding Running Record Form

4.2 Guidance

Most local authorities regularly update their websites with a number of helpful documents providing advice for the Alerter or person raising a concern and Referrers – no notifications of updates are announced so websites should always be checked for the latest/current version.

4.3 Legislation

[Care Act 2014](#)

[Human Rights Act 1998](#)

[Health and Social Care Act 2008 \(the Regulated Activities Regulations 2014\)](#)

[Safeguarding Vulnerable Groups Act 2006](#)

[The Children's Act 1989 and 2004 amendments](#)
[The Children and Social Work Act 2017](#)
[Working Together to Safeguard Children 2018](#)
[Female Genital Mutilation Act 2003](#)
[Mental Capacity Act 2005](#)
[Equality Act 2010](#)
[Criminal Justice Act 2003](#)
[Counter Terrorism and Security Act 2015](#)
[Data Protection Act 2018](#)

4.4. Related policies

NCHA Data Protection and Access Policy
Anti-Social Behaviour and Hate Incident Policy
Domestic Violence Policy
Modern Slavery and Human Trafficking Statement
NCHA Preventing Extremism and Radicalisation Policy
Whistleblowing Policy
Colleague Handbook Domestic Abuse and Stalking Policy
Tenancy Policy
CSSU 15 Managing Behaviours of Concern
CSSU 11 Positive Behaviour Support
CSSU 27 Duty of Candour
CSSU 14 Death of a Service User or Dependent
CSHS 05 Medication Policy
NCHA Domestic Abuse Policy
CSSU 32 Trauma Informed Practice

5. **Monitoring and reporting**

5.1 An annual review of all safeguarding incidents will be undertaken annually by the Care and Support safeguarding lead comprising the following detail:

- Analysis of SuRe safeguarding adults statistics from the previous calendar year:
 - Number
 - Classification and locations
 - Length of time taken to close
 - Outcomes
 - Incidents that did not require an investigation
 - Medication administration errors and survey results
- Review of procedures including identifying any disincentives to reporting
- Review of training provision:
 - Statistics
 - Evaluation of sessions

5.2 In addition, the Care and Support safeguarding lead will provide a report of all safeguarding incidents open for more than 6 months within Care and Support and request Contract Managers to follow up and close where possible, or chase up actions required.

- 5.3 To comply with our responsibilities conveyed through the Care Act (2014), NCHAs Care Committee (sub-committee of the main Board of Management) review the safeguarding statistics quarterly and consider a full analysis of trends annually through our detailed safeguarding review. The minutes from the Care Committee are reported to the NCHA main Board.
- 5.4 Where concerns or trends are noted through our reporting analysis and where NCHA has a duty to respond or change our approach, the action required will be recommended to and approved by the Care Committee for the whole Association.

6. Definitions

Adult at risk – safeguarding duties apply where an adult (aged 18 or over) with one or more of the following:

- a) Has care and support needs (whether or not the authority is meeting those needs)
- b) Is experiencing or is at risk of abuse or neglect and
- c) As a result of those needs is unable to protect themselves against the abuse or neglect or risk of it

The adults care and support needs should arise from, or be related to a physical or mental impairment or illness.

Children and young persons – defined as anyone under the age of 18.

Abuse – detailed descriptors are in Appendix A for adults and Appendix B for children and young persons.

Indicator of abuse – suspicious signs and symptoms that draw attention to the fact that something is wrong or where an allegation of abuse is made. The presence of one or more of the indicators does not confirm abuse, however, a cluster of several indicators may reveal a potential for abuse and need for further assessment.

7. Equality and diversity

- 7.1 This procedure has been written in line with NCHAs Equality, Diversity and Inclusion Policy and Equality Statement.

8. Appendices

- A Safeguarding Adults - Definitions and Indicators of Abuse
B Safeguarding Children and Young Persons – Definitions and Indicators of Abuse

9. Policy Approval

- 9.1 This procedure has been approved prior to issue by the Director of Homes and Wellbeing or if applicable by NCHAs Board, Customer or Care Committees.

Safeguarding Adults - Definitions and Indicators of Abuse

The list of definitions and indicators is not exhaustive and should be used as a tool in the assessment of vulnerability and risk.

1	<p>Physical abuse includes: Hitting, slapping, pushing, kicking, female genital mutilation, misuse of medication, restraint or inappropriate sanctions. <i>C&S only: may include pressure ulcer damage following a District Nurse assessment to determine if a safeguarding referral is required, and, also wheelchair belts (regarded as abusive) unless clear mental capacity and deprivation of liberty documentation is in place</i></p> <p>Indicators:</p> <ul style="list-style-type: none"> • Any injury not fully explained by history given • Injuries inconsistent with the lifestyle of the adult at risk • Bruises/welts on face, lips, mouth, torso, arms, back, buttocks, thighs • Clusters of injuries forming regular patterns or reflecting shape of article • Burns, especially on soles, palms or back; immersion in hot water, friction burns, rope or electric appliance burns • Multiple fractures • Lacerations or abrasions to mouth, lips, gums, eyes, external genitalia • Marks on body, including slap marks, finger marks • Injuries at different stages of healing • Medication misuse
2	<p>Sexual abuse includes: Rape and sexual assault, sexual acts to which the adult at risk has not consented, is incapable of giving informed consent or was pressured into consenting and which may involve contact or non-contact abuse (eg touch and inappropriate touching), masturbation, being photographed or teasing.</p> <p>Indicators:</p> <ul style="list-style-type: none"> • Significant change in sexual behaviour or attitude • Pregnancy in a woman who is unable to consent to sexual intercourse • Wetting or soiling • Poor concentration • Adult at risk appears withdrawn, depressed, stressed • Unusual difficulty in walking or sitting • Torn, stained or bloody underclothing • Bruises, bleeding, pain or itching in genital area • Sexually transmitted diseases, urinary tract or vaginal infection, love bites • Bruising to thighs or upper arms
3	<p>Psychological abuse includes: Emotional abuse, threats of harm including self-harm or suicidal thoughts, abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, cyber bullying, verbal abuse, coercion, harassment, isolation, withdrawal from services or supportive networks and extremism and radicalisation.</p> <p>Indicators:</p> <ul style="list-style-type: none"> • Change in appetite • Low self-esteem, deference, passivity and resignation • Unexplained fear, defensiveness, ambivalence • Emotional withdrawal • Sleep disturbances • Significant change in normal behaviour

4	<p>Financial or material abuse includes:</p> <p>Theft, fraud, exploitation, pressure in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.</p>
	<p>Indicators:</p> <ul style="list-style-type: none"> • Unexplained sudden inability to pay bills or maintain lifestyle • Unusual or inappropriate bank account activity • Power of attorney or enduring power of attorney obtained when person is unable to comprehend and give consent • Withholding money • Recent change of deeds or title of property • Unusual interest of family/others in a person's assets especially around pay/benefit days • Person managing financial affairs is evasive or uncooperative
5	<p>Neglect and acts of omission abuse includes:</p> <p>Ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, withholding of the necessities of life eg medication, adequate nutrition and heating. <i>C&S only: failure to provide support (where commissioned) to service users around self-harm or signpost them to appropriate services may result in a safeguarding alert and referral against NCHA as the perpetrator.</i></p>
	<p>Indicators:</p> <ul style="list-style-type: none"> • Physical condition of person is poor eg bed sores, unwashed, ulcers • Clothing in poor condition eg unclean, wet, ragged • Inadequate physical environment • Inadequate diet • Untreated injuries or medical problems • Inconsistent or reluctant contact with health or social care agencies • Failure to engage in social interaction • Malnutrition • Inadequate heating • Failure to give prescribed medication • Poor personal hygiene
6	<p>Self-neglect abuse includes:</p> <p>Wide range of behaviour neglecting to care for own personal hygiene, health or surroundings and includes behaviour such as hoarding.</p>
	<p>Indicators:</p> <ul style="list-style-type: none"> • Hoarding, neglect of personal hygiene and surroundings • Not eating, eating uncooked or out of date food • Not seeking medical advice for health issues • Not taking prescribed medication or not taking in the manner prescribed
7	<p>Organisation (formerly institutional) abuse includes:</p> <p>Mistreatment by poor or inadequate care, support or systemic poor practice affecting a whole care setting occurring when individual wishes and needs are sacrificed for the smooth running of a group, service or organisation.</p>
	<p>Indicators:</p> <ul style="list-style-type: none"> • Inappropriate or poor care • Misuse of medication • Restraint • Sensory deprivation eg denial of use of spectacles, hearing aid etc • Lack of respect shown to personal dignity • Lack of flexibility and choice eg mealtimes, bedtimes, choice of food

	<ul style="list-style-type: none"> • Lack of privacy • Lack of adequate procedures eg for medication, for financial management • Controlling relationships between colleagues and service users • Poor professional practice
8	<p>Discriminatory abuse includes: Racism, sexist or based on a person’s disability or culture and other forms of harassment including slurs or similar treatment.</p> <p>Indicators:</p> <ul style="list-style-type: none"> • Lack of respect shown to an individual • Signs of a sub-standard service offered to an individual • Repeated exclusion from rights afforded to individuals such as health, education, employment, criminal justice and civic status
9	<p>Modern slavery abuse includes: Slavery, human trafficking (between countries), abduction (within countries), forced labour and domestic servitude. Traffickers and slave masters will coerce, deceive and force individuals into a life of abuse, servitude and inhuman treatment.</p> <p>Indicators:</p> <ul style="list-style-type: none"> • Show signs of consistent abuse or have untreated health issues • Have no identification documents in their personal possession and little or no finances of their own • Be unwilling to talk without a more ‘senior’, controlling person around who may act as their translator • Sleeping in a cramped, unhygienic room in a building that they are unable to freely leave • Be unable to leave their place of work to find different employment, and fear that bad things may happen if they do • Be charged for accommodation or transport by their employers as a condition of their employment, at an unrealistic and inflated cost which is deducted from their wages
10	<p>Domestic abuse and violence abuse includes: Incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse by someone who is or has been an intimate partner or family member regardless of gender or sexuality. It includes psychological, physical, sexual, financial, emotional abuse, ‘honour based’ violence and forced marriages.</p> <p>Indicators:</p> <ul style="list-style-type: none"> • Physical injuries • Depression • Withdrawn • Fearful

Safeguarding Children and Young Persons - Definitions and Indicators of Abuse

The list of definitions and indicators is not exhaustive and should be used as a tool in the assessment of vulnerability and risk.

1	<p>Physical abuse includes: Hitting, shaking, kicking, female genital mutilation, punching, smacking, burning, scalding, hair pulling, biting, choking, poisoning, mutilating, attempted suffocation or drowning.</p> <p>Indicators:</p> <ul style="list-style-type: none"> • Unexplained injuries, bruises, burns, bites and scars • Bruises to the eyes, mouth or ears • Bruises of different ages in the same place • Outline bruises (prints of hands, belts, shoes etc.) • Bruises to non-mobile babies, particularly trunk/ arms/ face • Refusal to discuss injuries • Untreated injuries and scars that indicate the child did not receive medical attention • Teeth marks (more than 3cm across are unlikely to have been made by another child) • Admission of punishment which appears excessive • Fear of parents being contacted or of returning home • Bald patches • Withdrawal from physical contact • Arms and legs kept covered in hot weather • Fear of medical help • Self-destructive tendencies • Aggression towards others • Chronic running away • For female genital mutilation this may include: <ul style="list-style-type: none"> ○ preparations to take a long holiday ○ arranging vaccinations or planning an absence from school ○ changes in the child's behaviour after a prolonged absence from school ○ or the child has health problems, particularly bladder or menstrual
2	<p>Sexual abuse includes: Sexual intercourse, rape, buggery, digital penetration, penetration with a foreign object, child pornography, genital stimulation, touching, stroking, oral sex, forcing a child to witness sexual acts and fondling. Non-contact activities include looking at or involvement in pornographic materials, watching sexual activities or one or more children engaging in sexual discussions inappropriate for their age.</p> <p>Indicators:</p> <ul style="list-style-type: none"> • Become insecure or cling to parent in a fearful way • Show extreme fear of a particular person • Cry hysterically when their nappy is changed • Become hysterical when clothing is removed, particularly underclothes • Have some physical signs in the genital or anal areas e.g. smell of semen • Having soreness or bleeding in the throat, anal or genital areas • Regress to a much younger behaviour pattern • Behave in a way sexually inappropriate to their age, being obsessed with sexual matters as opposed to normal exploration • Stare blankly, seem unhappy, confused or sad • Become withdrawn, stop eating, have chronic nightmares, begin wetting again when previously dry • Playing out sexual acts in a too knowledgeable way with dolls or other children

	<ul style="list-style-type: none"> • Produce drawings of sex organs such as erect penises • Stop enjoying activities with other children, such as stories and games • Seem to be bothered or worried, but won't say why as if keeping a secret • Change from being happy and active to being withdrawn and fearful • Repeat obscene words or phrases said by the abuser • Say repeatedly that they are bad, dirty or wicked • Become aggressive and hurtful • Act in a sexually inappropriate way towards adults • For harmful sexual behaviour this may include: <ul style="list-style-type: none"> ○ Attachment disorders, poor nurturing and parental guidance ○ Domestic abuse and violence ○ Previous sexual victimisation – a younger age at the onset of abuse is more likely to lead to sexualised behaviour ○ Social rejection and loneliness ○ Poor empathy skills ○ To help determine whether a behaviour might be normal in terms of a child's development, staff may refer to the Brook Sexual Behaviours Traffic Light Tool
3	<p>Psychological abuse includes: Emotional abuse, terrorising a child with threats physical injury or abandonment, forced to watch domestic violence, deprivation of access to social contact, exclusion, malicious taunting, racial abuse, humiliation, continuous shouting, swearing, threats or verbal abuse, failure to prevent positive parental attention and cyber bullying. Gang activity, youth violence and criminal exploitation through street gangs, movement and selling drugs and money across the country using power, violence, threats to family members to taking over home for drug distribution. Extremism opposed to British values, democracy, law, liberty, mutual respect and tolerance of different faiths/beliefs and calls for death of armed forces members, radicalisation and support of terrorism.</p> <p>Indicators:</p> <ul style="list-style-type: none"> • Physical, mental and emotional development lags • Admission of punishment which appears excessive • Over-reaction to mistakes • Sudden speech disorders • Fear of new situations • Inappropriate emotional responses to painful situations • Neurotic behaviour e.g. rocking, hair twisting, thumb sucking • Self-mutilation • Fear of parents being contacted • Extreme of passivity or aggression • Drug/solvent abuse • Chronic running away • Compulsive stealing • For gang activity, youth violence and criminal exploitation this may involve: <ul style="list-style-type: none"> ○ A child seems to withdraw from family life ○ Sudden loss of interest in school or change in behaviour, decline in attendance or academic achievement ○ Being emotionally switched off but also containing frustration or rage ○ Starting to use new or unknown slang words ○ Holding unexplained money or possessions ○ Sudden change in appearance, dressing in a particular style or uniform similar to that of other young people they hang around with including a particular colour ○ Dropping out of positive activities

	<ul style="list-style-type: none"> ○ Having a new nickname ○ Unexplained physical injuries and/or refusal to seek/receive medical treatment for them ○ Graffiti style tags on possessions, school books and walls ○ Constantly talking about another young person who seems to have a lot of influence over them ○ Breaking off with old friends and hanging around with one group of people ○ Associating with known or suspected gang members, closeness to siblings or adults in the family who are gang members ○ Adopting certain codes of group behaviour eg ways of talking and hand signs ○ Going missing and being found many miles from home with no explanation ○ Expressing aggressive or intimidating views towards other groups of young people, some of whom have been friends in the past ○ Being scared when entering certain areas ○ Concerned by the presence of unknown youths in their neighbourhoods ● For extremism and radicalisation this may involve: <ul style="list-style-type: none"> ○ Identity crisis - distance from cultural/religious heritage and uncomfortable with their place in society ○ Personal crisis – family tensions, sense of isolation, adolescence, low self-esteem, disassociating from existing friendship group and becoming involved with a new and different group of friends, searching for answers to questions about identity, faith and belonging ○ Personal circumstances – migration, local community tensions, events affecting country or region of origin, alienation from UK values, having a sense of grievance triggered by personal experience of racism or discrimination or aspects of Government policy ○ Unmet aspirations – perceptions of injustice, feeling of failure, rejection of community values ○ Criminality – experiences of imprisonment, previous involvement with criminal groups ○ Following changes in behaviour: <ul style="list-style-type: none"> ▪ Use of inappropriate language ▪ Possession of violent extremist literature ▪ Behavioural changes ▪ The expression of extremist views ▪ Advocating violent actions and means ▪ Association with known extremists ▪ Seeking to recruit others to an extremist ideology ● It should be borne in mind that someone radicalised over the internet may exhibit little change in behaviour
4	<p>Financial or material abuse includes: Theft, fraud, exploitation, exploitation, pressure in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.</p> <p>Indicators:</p> <ul style="list-style-type: none"> ● Unexplained sudden ability to pay bills or maintain lifestyle ● Unusual or inappropriate bank account activity ● Power of attorney or enduring power of attorney obtained when person is unable to comprehend and give consent ● Withholding money ● Unusual interest shown by family or other in the persons assets especially if visits occur on pay/benefit days ● Person managing financial affairs is evasive or uncooperative
5	<p>Neglect and acts of omission abuse includes: Failure to meet the essential needs of a child or protect from danger, failure to provide physical and developmental needs such as warmth, clothing, food or consistent care, educational or medical needs.</p>

	<p><i>C&S only: failure to provide support (where commissioned) to children and young persons around self-harm or signpost them to appropriate services may result in a safeguarding alert and referral against NCHA as the perpetrator.</i></p> <p>Indicators:</p> <ul style="list-style-type: none"> • Constant hunger • Poor personal hygiene • Constant tiredness • Poor state of clothing • Emaciation • Frequent lateness or non-attendance at school • Untreated medical problems • Destructive tendencies • Low self-esteem • Neurotic behaviour e.g. rocking, hair twisting, thumb sucking • No social relationships • Chronic running away • Compulsive stealing • Scavenging for food and clothes
6	<p>Self-neglect abuse includes: Wide range of behaviour neglecting to care for own personal hygiene, health or surroundings and includes behaviour such as hoarding.</p> <p>Indicators:</p> <ul style="list-style-type: none"> • Hoarding, neglect of personal hygiene and surroundings • Not eating, eating uncooked or out of date food • Not seeking medical advice for health issues • Not taking prescribed medication or not taking in the manner prescribed
7	<p>Organisation (formerly institutional) abuse includes: Mistreatment by poor or inadequate care, support or systemic poor practice affecting a whole care setting occurring when individual wishes and needs are sacrificed for the smooth running of a group, service or organisation.</p> <p>Indicators:</p> <ul style="list-style-type: none"> • Inappropriate or poor care • Misuse of medication • Restraint • Sensory deprivation eg denial of use of spectacles, hearing aid etc • Lack of respect shown to personal dignity • Lack of flexibility and choice eg mealtimes, bedtimes, choice of food • Lack of privacy • Lack of adequate procedures eg for medication, for financial management • Controlling relationships between staff and children • Poor professional practice
8	<p>Discriminatory abuse includes: Racism, sexist or based on a person's disability or culture and other forms of harassment including slurs or similar treatment.</p> <p>Indicators:</p> <ul style="list-style-type: none"> • Lack of respect shown to an individual • Signs of a sub-standard service offered to an individual • Repeated exclusion from rights afforded to citizens such as health, education, employment, criminal justice and civic status

9	<p>Modern slavery abuse includes: Slavery, human trafficking (between countries), abduction (within countries), forced labour and domestic servitude. Traffickers and slave masters will coerce, deceive and force individuals into a life of abuse, servitude and inhuman treatment.</p> <p>Indicators:</p> <ul style="list-style-type: none"> • Show signs of consistent abuse or have untreated health issues. • Have no identification documents in their personal possession, and little or no finances of their own. • Be unwilling to talk without a more ‘senior’, controlling person around who may act as their translator. • Sleep in a cramped, unhygienic room in a building that they are unable to freely leave. • Be unable to leave their place of work to find different employment, and fear that bad things may happen if they do. • Be charged for accommodation or transport by their employers as a condition of their employment at an unrealistic and inflated cost which is deducted from their wages. • Trafficked children may receive unexplained calls, have money from an unknown source, show signs of sexual or physical abuse, have not been enrolled in a school or with a GP and seem to do work in various locations
10	<p>Domestic abuse and violence abuse includes: Incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse by someone who is or has been an intimate partner or family member regardless of gender or sexuality. It includes psychological, physical, sexual, financial, emotional abuse, ‘honour based’ violence and forced marriages of those under the age of 18.</p>
	<p>Indicators:</p> <ul style="list-style-type: none"> • Physical injuries • Depression • Withdrawn • Fearful • For honour based violence this may include: <ul style="list-style-type: none"> ○ Awareness of honour based crime following an assault or child is reported missing ○ Fear of being forced into engagement or marriage ○ Signs of FGM, sexual abuse and forced marriage • For forced marriage this may include: <ul style="list-style-type: none"> ○ Extended absences from school/college, truancy, drop in performance, low motivation, excessive parental restriction, control of movements and history of siblings leaving education early to marry ○ A child talking about an upcoming family holiday they are worried about, fears that they will be taken out of education and kept abroad ○ Evidence of self-harm, treatment for depression, attempted suicide, social isolation, eating disorders or substance abuse ○ Evidence of family disputes/conflict, domestic violence/abuse or running away from home ○ Unreasonable restrictions such as being kept at home by their parent (house arrest) or being unable to complete their education ○ A child always being accompanied including to school and doctors’ appointments ○ A child directly disclosing they are worried they will be forced to marry ○ Children with learning difficulties are vulnerable and their ability to express concerns about what may be happening will be diminished
11	<p>Child sexual exploitation (form of child abuse) includes: Sexual exploitation involves exploitative contexts and relationships where young people (or a third person or persons) receive ‘something’ (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of performing, and/or others performing on them, sexual activities. Child sexual exploitation can occur through use of technology without the child’s immediate recognition, for example the persuasion to post sexual images on the internet/mobile phones without immediate</p>

	<p>payment or gain. In all cases those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young persons limited availability of choice resulting from their social/economic and/or emotional vulnerability.</p>
	<p>Indicators:</p> <ul style="list-style-type: none"> • Health – physical symptoms e.g. bruising, chronic fatigue, recurring or multiple sexually transmitted infections; pregnancy and/or seeking a termination of pregnancy; evidence of drug, alcohol or substance misuse; sexually risky behaviour • Education – truancy; disengagement with education; considerable change in performance at school • Emotional and behavioural development – volatile behaviour exhibiting extreme array of mood swings or use of abusive language; involvement in petty crime; secretive behaviour eg about internet use, entering or leaving vehicles driven by unknown adults; anti-social behaviour, sexualised language, sexually offending behaviour • Identity – low self-image; low self-esteem; self-harm; eating disorder; promiscuity; or lack of confidence • Family and social relationships – hostility in relationship with parents, carers and/or other family members; physical aggressions towards parents, siblings, pets, teachers or peers; placement breakdown; detachment from age appropriate activities; association with other young people who are known to be sexually exploited; sexual relationship with a significantly older person; unexplained relationships with older adults (e.g. through letters, texts, internet links); staying out overnight or returning late with no plausible explanation; persistently missing or missing with no known home base; returning after having been missing looking well cared for with no known home base; going missing and being found in an area where the child has no known links • Social presentation – change in appearance; leaving home in clothing unusual for the child e.g. inappropriate for age • Parental capacity – family history of parental neglect or abuse • Family and environmental factors – family history of domestic violence pattern of homelessness • Income - possession of large amounts of money with no plausible explanation, acquisition of expensive clothes, mobile phones or other possessions without plausible explanation; accounts of social activities with no plausible explanation of the source of necessary funding • Social integration – frequenting known high-risk areas or going to addresses of concern
12	<p>Online abuse includes:</p> <p>This can occur anywhere that allows digital communication such as social networks, text messages and messaging apps, email and private messaging, online chats, comments on live streaming sites and voice chat in games and may include bullying/cyberbullying, emotional abuse, sexting (sexual requests via technology), sexual abuse and sexual exploitation. Further abuse can be experienced when abusive content is recorded, uploaded or shared by others online irrespective of whether the original abuse happened online or offline.</p>
	<p>Indicators:</p> <ul style="list-style-type: none"> • Self-blame • Flashbacks or intrusive thoughts • Difficulties sleeping, extreme tiredness, nightmares • Difficulties concentrating • School - difficulties keeping up with school work or behavioural problems • Depression, low self-esteem, panic attacks and anxiety • Eating disorder or eating difficulties • Self-harm • Social withdrawal