



## SAFEGUARDING CHILDREN AND VULNERABLE ADULTS POLICY/PROCEDURE

**This policy and procedures show people what to do should they have concerns about a person’s safety, or where allegations of abuse are suspected or alleged. These procedures apply to all paid staff, volunteers, Trustees, students, agency staff or anyone else working on behalf of Nomad opening Doors.**

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## **Statement and General Policy**

Nomad Opening Doors is fully committed to safeguarding the welfare of all the people we work with. It recognises its responsibility to take all reasonable steps to promote safe practice and to protect our clients from harm, abuse and exploitation. Nomad Opening Doors acknowledges its duty to act appropriately to any allegations, reports or suspicions of abuse.

This policy applies to all paid staff and volunteers who will endeavour to work together to encourage the development of an ethos which embraces difference and diversity and respects the rights of the people we work with.

In implementing this Safeguarding Policy, Nomad Opening Doors will:

- Ensure that all workers understand their legal and moral responsibility to protect children and adults from harm, abuse and exploitation.
- Ensure that all workers understand their responsibilities to work to the standards that are detailed in the safeguarding procedures and work at all times towards maintaining high standards of practice.
- Ensure that all workers understand their duty to report concerns that arise about a child or adult or a worker's conduct towards a child or adult, to the organisation's Safeguarding Lead Manager.
- Ensure that procedures relating to the conduct of workers are implemented in a consistent and equitable manner.
- Provide training and opportunities for workers and volunteers to develop their skills and knowledge particularly in relation to the welfare and protection of children and adults.
- Ensure that children and adults are able to express their ideas and views on a wide range of issues and have access to Nomad's Complaints Procedure.
- Endeavour to keep up to date with national developments relating to the welfare and protection of children and adults.

## **Key Safeguarding Principles behind the Policy**

- The welfare of the person is paramount and Nomad will take all necessary steps to ensure the people it supports will have the best outcomes.
- All people who are supported by the project have the right to be protected from maltreatment or any impairment on their health or development.
- All suspicions and allegations of abuse will be taken seriously and responded to swiftly and appropriately.
- People are best protected when all managers, staff and volunteers know what is required of them and how to report concerns in line with this policy.

## **What is abuse?**

It is recognised that although the term abuse can be subject to wide interpretation, the starting point for the purpose of this policy is:

**‘Abuse is a violation of an individual’s (either child or adult) human and civil rights by any other person or persons.’**

Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it. When assessing any suspicion of abuse, harm will be defined as the ill treatment or the impairment of health or development.

## **The main forms of abuse:**

For further definitions see appropriate procedures:

[http://sheffieldscb.proceduresonline.com/chapters/p\\_def\\_ch\\_abu\\_neg.html](http://sheffieldscb.proceduresonline.com/chapters/p_def_ch_abu_neg.html)

For indicators of abuse see Appendix 1.

**Physical abuse** – This is deliberate physical hurt or injury. This includes hitting, slapping, pushing, kicking, burning, biting, and misuse of medication, inappropriate chastisement or sanctions.

**Sexual abuse** – This includes rape and sexual assault or sexual acts to which a person has not consented, could not consent or was pressured into consenting to.

**Emotional/psychological abuse** – Includes threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

**Financial or material abuse** – Includes theft, fraud, exploitation, pressure in connection with property or inheritance or financial transitions, or the misuse or misappropriation of property, possessions or benefits.

**Neglect and acts of omission** – Includes ignoring medical or physical care needs, failure to provide appropriate health, social care or educational services, the withholding of the necessities of life such as medication, adequate nutrition and heating. See also Sheffield Neglect Strategy

[http://www.safeguardingsheffieldchildren.org/assets/1/sheffield\\_neglect\\_strategy.pdf](http://www.safeguardingsheffieldchildren.org/assets/1/sheffield_neglect_strategy.pdf)

**Domestic Abuse** - Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence and abuse between those aged 16 or over, who are or have been intimate partners or family members regardless of gender and sexuality.

**Discriminatory abuse** – Includes racist, sexist, that based on a person’s disability, and other forms of harassment, slurs or similar treatment.

**Organisational abuse** – where a person comes to harm as a result of repeated poor care or support provided by the agency.

## **Who may be the abuser?**

A wide range of people including relatives and family members, professional staff, volunteers, other service users, neighbours, friends and associates may abuse children and vulnerable adults.

## **Definition of children and young people**

The framework and procedures outlined are intended to cover all situations which affect children and young people from birth to 25.

For the purposes of this policy the term -

**Children** will relate to people less than 18 years of age, defined under the Children Act 1989.

**Young people** will refer to those people who have passed their 18<sup>th</sup> birthday and can be described as adults at risk and are covered under Care Act 2014.

## **WORKING WITH CHILDREN**

**Relevant Legislation:**                    **The Children Act 1989 & 2004**  
   **Every Child Matters**  
   **Working together to Safeguard Children 2015**

**Relevant Local Procedures:**        **Sheffield Safeguarding Children Board (SSCB)**  
   **Protection Procedures**  
   **SSCB Protocols**

All work with people under the age of eighteen will be undertaken within the principles and spirit of the Children Act 1989. This introduced some key concepts that should inform practice:

- The welfare of the child is paramount
- The child's wishes and feelings should be ascertained and taken into account.
- The importance of working in partnership with parents.

It is recognised that Nomad will provide support to children aged 16 -17, who may have been or currently are the victims of abuse. In supporting people living in their own tenancies it is recognised that staff may have to report concerns regarding the safety of the children of the young people being supported. Nomad recognises that often it is difficult for staff to know exactly when a referral should be made but below are some examples of when a professional should make a telephone referral. Please note, this list is not exhaustive.

- A child makes a clear allegation of abuse;
- A child sustains an injury and there is professional concern about how it was caused;
- A non-mobile infant sustains any injury, however slight, without an adequate accidental explanation;
- A member of the public makes a clear, detailed, allegation that someone has abused a child;
- Where there is concern that a child may have been conceived as the result of an incestuous relationship or intra-familial sexual abuse;
- Professional concern exists about abuse or neglect, despite no allegation being made;
- Despite professional intervention, either on a single agency basis or as part of [FCAF](#) intervention, because of suspected neglect or emotional abuse there is concern that a child is suffering or is likely to suffer significant harm;
- An allegation is made that a child under 13 has been involved in penetrative sex or other intimate sexual activity;

- Where young people under the age of 18 are engaged in sexual activity and there are concerns around significant harm;
- There are concerns a child under 18 is being sexually exploited;
- Concern exists about a child having contact with a person who may pose a risk, or potential risk, to children (see [Persons, Volunteers/Carers Identified as Posing a Risk to Children Procedure](#) for further Guidance);
- A child has been abandoned;
- A child is being denied access to urgent or important medical assessment or services;
- A child is at risk of being subjected to illegal procedures, for example female genital mutilation or forced marriage;
- A child is being harmed through seeing or hearing the ill-treatment of another for example through domestic abuse;
- Where there has been a single incident of domestic violence in a family with a child under 12 months (including an unborn child) even if the child was not present;
- There are any other circumstances which suggest that a child is suffering or is likely to suffer significant harm, including as a result of 'honour-based violence';
- Further concerns have arisen in relation to a child who has an open case with Children's Social Care;
- Either an adult or a child makes historical allegations of abuse;
- There are suspicions of fabricated or induced illness (see [Fabricated or Induced Illness Procedure](#));
- Where there are concerns about the welfare of an unborn child;
- Concerns of significant harm have risen for a child receiving a service as a child in need;
- Further concerns have arisen of increased or additional risk to a child currently on the list of children who are the subject of a [Child Protection Plan](#);
- A child has been made the subject of an [Emergency Protection Order](#) or [Police Protection](#);
- Concerns have arisen for a child who is the subject of a [Supervision Order](#) or [Care Order](#);
- A child or young person has suffered or is likely to suffer significant harm, due to their participation in or as a victim of gang activity, or other community or youth related violence;
- A child or young person has suffered or is likely to suffer significant harm, due to being exposed to radicalisation and extremist views;
- A person applies to the police for information about a person who has contact with his / her children, under the Child Sex Offender Review Disclosure Scheme. However, following receipt of information that the person does or may pose a risk, he or she does not take steps to protect the children, by separating them from the person posing a risk.

## **WORKING WITH PARENTS**

Nomad recognises the importance of multi-agency working to prevent children suffering significant harm, therefore it is essential that staff share any concerns with other professionals working with the family. All staff supporting people who are parents, will ensure they are aware of all professionals involved with that family and contact them to make them aware of their involvement with the family.

When working with parents it is important that they are involved in any decision to make a referral to Children's Social Care, however if you are unable to discuss your concerns with a parent, this should not prevent the sharing of concerns. There are specific circumstances where it is important that concerns are not discussed with parents. Situations where it would not be appropriate to inform family members prior to referral include where:

- Discussion would put a child at risk of significant harm;
- There is evidence to suggest that involving the parents / caregivers would impede the police investigation and / or Children Social Care enquiry;
- Sexual abuse is suspected;
- Where there are concerns that a child may have been conceived as a result of an incestuous relationship or intra-familial sexual abuse;
- Complex (multiple or organised) abuse is suspected;
- Fabricated or induced illness is suspected;
- To contact parents / caregivers would place you or others at risk;
- Discussion would place one parent at risk of harm, for example in cases of domestic abuse;
- It is not possible to contact parents / caregivers without causing undue delay in making the referral;
- Where there are concerns about a possible forced marriage or honour-based violence;
- An allegation is made that a child under 13 has been involved in penetrative sex or other intimate sexual activity;
- Where young people under the age of 18 are engaged in sexual activity and there are concerns around significant harm.

## **WHO TO CONTACT**

Where concerns exist, it is important to establish previous involvement, with a child or person. The Safeguarding Service maintains a list of all those children who are subject (current and historical) to a [Child Protection Plan](#). This provides workers with a central point of speedy enquiry (CEPT), available 24 hours a day, for professionals who are concerned that a child is likely to, or is suffering significant harm and want to know whether the child is the subject of a Child Protection Plan, [Care Order](#), [Supervision Order](#) or [Interim Care Order](#). This also prompts a referral to Children's Social Care when two enquiries from agencies are made about a family in a 2-year period. An enquiry involves a two-way exchange of information. The enquirer is informed of all relevant information held about a child or family, via a call-back system, and the CPET records relevant information about the enquirer and reason for their concern. A chronological record of all previous enquiries about a child is recorded, which could assist the enquirer in deciding what action, if any, is needed.

During office hours (Mon-Thurs 08.45-17.15; Fri 08.45-16.45), enquires should be made to the Child Protection Enquiry Team, in the Sheffield Safeguarding Children Service on 0114 273 4925.

Outside of these hours, enquiries should be made to the Children's Social Care Out of Hours Service on 0114 273 4855.

**Professionals should be aware that an enquiry to the CPET does not constitute a referral to Children's Social Care.**

If after checking the CPET, staff have immediate concerns around the safety of children, or the parents disclose serious concerns they may have regarding the safety of their children or a child or young person discloses current or previous abuse, or a member of staff has reason to believe that they are currently being abused, then after consultation with a line manager, the member of staff should telephone the **Safeguarding Hub 0114 273 4855** and complete the Multi-Agency Confirmation Form and send via secure email or Secure File Transfer system to [C&FScreeningTeam@sheffield.gcsx.gov.uk](mailto:C&FScreeningTeam@sheffield.gcsx.gov.uk).

Where there is current involvement with Children and Young People's Social Work Services, and the child is known to have an allocated social worker, referrals should be made directly to the allocated worker or, in her/his absence, the manager or a duty officer in that team.

If the concern occurs outside of office hours enquiries can be made via the Children's Social Care Out of Hours team (0114) 2734855.

Where there is not an immediate risk to the safety of a child but the child has needs that are not being met, then an FCAF will be completed. Then the worker will contact the Health Visitor, School/Nursery or other professional to arrange a TAF meeting and develop a multi-agency plan. Where this is not providing support to meet the child's needs, then a referral will be made to the Multi-Agency Support Team (MAST) depending on the area where the child or young person lives (see Appendix 2).

If there are doubts regarding what action should be taken, advice can be sought from the Safeguarding Advisory Line on 0114 205 3535. They will advise on the best course of action to take and enquiries can be made without divulging any specific details of the identity of the person involved. They may, after hearing the information provided, confirm that a referral should be made - follow the guidelines below.

## **WHAT TO EXPECT AFTER A REFERRAL IS MADE**

The screening officer at the Safeguarding Hub should decide on a course of action. They should acknowledge receipt of a written referral within ONE working day. If the referrer has not received an acknowledgement within THREE working days they should make contact with the relevant manager in the Children's Social Care Team.

After the discussion with Safeguarding Hub, the member of staff or manager making the referral should be clear about timescales and any proposed action and who will be taking it. The outcome should be recorded by Children's Social Care and by the member of staff or manager on the relevant forms.

The outcome of the referral will be:

- That the child appears to be a [Child in Need](#) and there are concerns about the child's health and development or concerns of [Significant Harm](#) which justify an [Single Assessment](#) (which may be very brief if the criteria for initiating a [Section 47 Enquiry](#) are met); and/or
- That emergency protective action should be taken to safeguard the child or children - see [Emergency Protective Action](#) - (this will usually be determined by an immediate Strategy Discussion); or



- Where the child is already known and new information suggests that the child is or may be suffering harm, that a Section 47 Enquiry and/or a new or updated [Single Assessment](#) is required; or
- That a referral to another agency should be made in accordance with the Family [Common Assessment Framework](#) and/or the provision of advice and information is acted on; or
- That no further action is required.

Where the Significant Harm has been caused by a person who was not previously known to the child or by another child, the decision whether to take further action under these procedures will depend on the following:

- Is the alleged perpetrator likely to pose a risk of Significant Harm to this or any other children?
- Did the parent or carer by omission or commission contribute to the abuse?

Feedback on the outcome of a referral should be provided to the referrer, including where no further action is to be taken.

The person who made the referral may be involved at the meeting at the discretion of Social Care but may be asked to produce a report.

Where a referral or FCAF form has resulted in no further action, the worker should continue to work with the young person, under supervision, and should liaise with other agencies as appropriate. It is important that, even if no further action is taken, workers should continue to discuss any low-level concerns with all agencies working with the person, to ensure that action is taken if these concerns escalate. The worker should continue to monitor the situation and should be careful to maintain clear, factual, dated records of their contact with the person.

## **WORKING WITH PEOPLE OVER EIGHTEEN**

Relevant Guidance:	Care Act 2014 Mental Capacity Act Deprivation of Liberty Safeguards
Relevant Procedures:	South Yorkshire Adult Protection Procedures 2015

Care Act 2014 Identifies six key principles that underpin all adult safeguarding work are:

### **Empowerment**

Personalisation and the presumption of person-led decisions and informed consent  
*"I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."*

### **Prevention**

It is better to take action before harm occurs.  
*"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."*

### **Proportionality**

Proportionate and least intrusive response appropriate to the risk presented.  
*"I am sure that the professionals will work for my best interests, as I see them and they will only get involved as much as needed."*

### **Protection**

Support and representation for those in greatest need  
*"I get help and support to report abuse. I get help to take part in the safeguarding process to the extent to which I want and to which I am able."*

### **Partnership**

Providing local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.  
*I know that staff treats any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together to get the best result for me."*

### **Accountability**

Accountability and transparency in delivering safeguarding  
*"I understand the role of everyone involved in my life."*

It is the first priority of all agencies to ensure the safety and protection of all adults at risk and that any concerns around alleged abuse are addressed. It is, therefore, the responsibility of all staff to act on suspicions or evidence of abuse or neglect and pass their concerns on to appropriate agencies.

The Care Act 2014 identifies an adult at risk as someone over 18 years whose care and support needs/circumstances meet the three-stage test:

The safeguarding duties apply to an adult who:

1. Has needs for care and support (whether or not the local authority is meeting any of those needs)
2. Is experiencing, or at risk of, abuse or neglect
3. As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

## Mental Capacity

The **Mental Capacity Act 2005 (MCA 2005)** is designed to protect and restore power to adults who may lack or have reduced **capacity** to make certain decisions at certain times. One of the ways it does this is by putting adults at the heart of the decision-making process. In accordance with this Nomad presumes that all young people have the capacity to make decisions for themselves, irrespective of how unwise we consider those decisions to be. Capacity describes a person's ability to make a specific decision at a specific time. An individual is deemed to lack capacity if at the time a decision is required, he/she is unable to make that decision because of an impairment or disturbance in the functioning of the mind or brain. This may be temporary or permanent.

The following **5 principles** apply for the purposes of this Act:

- A person must be assumed to have capacity unless it is established that he/she lacks capacity.
- A person is not to be treated as unable to make a decision unless all practicable steps to help him/her to do so have been taken without success.
- A person is not to be treated as unable to make a decision merely because he/she makes an unwise or bad decision.
- An act done or decision made, under the Act for or on behalf of a person who lacks capacity must be done, or made, in his/her best interests.
- Before the act is done or the decision is made, regard must be given to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

In order to decide whether an individual has the mental capacity to make a particular decision, you must decide whether there is an impairment of or disturbance in the functioning of the person's mind or brain.

The person will be unable to make a particular decision if after all the appropriate help and support to make the decision has been given to them, they cannot do the following things -

1. Understand the information relevant to that decision
2. Retain the information
3. Use or weigh the information as part of the process of making the decision
4. Communicate their decision by any means

If an assessment of capacity concludes that the person lacks the mental capacity to make the relevant decision, the decision maker must consider the following key factors in determining what is in the person's best interests -

1. Likelihood of regaining capacity
2. Relevant circumstances
3. Participation of the individual
4. Past and present wishes
5. Views of others
6. Beliefs and values
7. Consideration of life sustaining treatment.
8. Not making judgements based on a person's age, gender disability etc.
9. Least restrictive alternative

Where staff feel that a person accommodated or supported by Nomad lacks the capacity to safeguard themselves, a referral must be made to Adult Social Care.

## **Undue Influence**

The concept of 'undue influence' applies where a person has capacity to conduct a financial or property transaction (usually related to gifts or wills), however they have not only been influenced but unduly influenced by someone else. If there is evidence of coercion or undue pressure, this is known as 'express undue influence'. Usually there is no such evidence, but there may have been 'presumed undue influence applied'.

### **There are three initial points in relation to undue influence:**

- a) The unduly influenced person has mental **capacity** to take the decision in question;
- b) The person is influenced to enter into a transaction concerning a gift or will in such a way that it is not of his or her own free will;
- c) There are two legal types of undue influence. One is called 'express' undue influence that applies to both gifts and wills; the other is called 'presumed' undue influence and applies to gifts only.' Consent should not therefore always be accepted at face value, since some adults may need protection from emotional manipulation and exploitation.

In domestic violence/ abuse the experience of duress and coercive control can be of a similar in nature:

If a vulnerable adult discloses or a member of staff has reason to believe that they are currently being abused, then the staff on duty should follow the process for dealing with disclosure. If the person expresses concerns regarding a vulnerable adult who is not known to the organisation, then the member of staff should gather as much information as possible and discuss this with their line manager or member of the Management Team.

If the person is over the age of 18 and they disclose that they have been abused and there is still a possible risk regarding the safety of this person or another young person, again, the line manager should be informed at the earliest possible opportunity and the responsibility for authorising the passing on of this information rests with the line manager. If this is not possible, within a reasonable amount of time that is not detrimental to the safety of any young person, a member of the Management Team should be contacted (within 24 hours maximum). The member of the Management Team will provide advice and support and take responsibility for the next steps to be taken.

If there are doubts regarding what action should be taken, advice can be sought from the Duty Social Worker at the Adult Services Access Team on 0114 273 4908. They will advise on the best course of action to take and enquiries can be made without divulging any specific details of the identity of the person involved. They may, after hearing the information provided, confirm that a full referral should be made. At this point all information known should be made available to the Adult Services Access Team as requested by them to assist in their investigations.

## **WHO TO CONTACT**

If workers consider that it is possible that abuse has taken place, they should complete the Safeguarding Concern Form SACF1 which should then be passed on to their line managers or Safeguarding Lead Manager, who will pass the concern to the Duty Worker of the Adults Access Team on 0114 2734908 email: [adultaccess@sheffieldgcsx.gov.uk](mailto:adultaccess@sheffieldgcsx.gov.uk).

Outside office hours, enquiries can be made via the Out of Hours Team (0114) 2734908.

## **WHAT TO EXPECT AFTER A REFERRAL IS MADE**

The Care Act 2014 states, the Local authority must make enquiries or cause others to do so if it believes an adult is experiencing or is at risk of experiencing abuse or neglect.

The Local authority will decide, based on the circumstance of the safeguarding concern, which agency is the most appropriate to carry out this function and will make the decision when a case can be closed to the Local Authority where the Section 42 duty is satisfied (see overview flowchart appendix 2).

Where there are concerns that meet the S42 three stage test, Adult Social Care will arrange a face-to-face meeting with the adult at risk within 15 days. A planning meeting chaired by an appropriate safeguarding manager will take place 2 weeks after the date of the face to face meeting. The purpose of the planning meeting is to oversee the S42 enquiry, agree actions and timeframes and develop or review the Protection Plan. An outcome meeting will take place within 23 weeks of the S42 starting, this could include making judgment about whether abuse occurred.

The purpose of an outcome meeting is to:

- Review whether the adult's outcomes have been met – fully, partially, or not met.
- Assess if risks have been removed, remain, have increased.
- Discuss how any remaining risks might be addressed for the adult and/or other adults at risk.
- Evaluate their satisfaction with the process and the outcomes.
- Identify if any other actions are required to improve practice or to reinforce protection plan etc.

If Social Care decides that either the concern doesn't meet the threshold for a S42 enquiry or there are professional disagreements about decisions made or enquiries undertaken they should refer to the Safeguarding Procedures Professional Resolution Policy. The worker should continue to work with the service user, update risk assessments and should liaise with other agencies as appropriate. The worker should continue to monitor the situation and should be careful to maintain clear, factual, dated records of their contacts with the young person and any concerns they may have should be recorded in the concerns section of the In-form Database.

### **Adults at risk from self-neglect**

Nomad may support adults whose behaviour may put them at risk due to self-neglect arising from:

- lack of self-care – neglect of personal hygiene, nutrition, hydration and/or health, thereby endangering safety and wellbeing, and/or
- lack of care of one's environment – squalor and hoarding, and/or
- Refusal of services that would mitigate risk of harm.

Stark contrasts emerge between those neglecting themselves and those neglecting their home environments, and between different types of and reasons for hoarding. Self-neglect

may be a longstanding pattern or a recent change and be linked to loss, past trauma and/or low self-esteem but will only apply to adults in the following circumstances -

- They have capacity to make the decision(s) causing concern.
- The self-neglect is not a response to abuse by another person.
- The result is risk(s)/harm to the individual.

Where there are concerns around self-neglect an initial self-neglect meeting will be arranged. Once this has been held and it has been agreed that this will progress through the self-neglect process, then a self-neglect notification form will be sent to Safeguarding Adults Team.

## **PROTECTION FROM ABUSE PROCEDURES**

The following procedures apply to all people accommodated or supported by Nomad:

### **Suspicion of abuse**

If any employee has concerns that a service user or their children may be suffering or may be likely to suffer some form of abuse, it is important to discuss these concerns with their line manager/on-call manager or the Safeguarding Lead Manager. Where there is a belief that the young person is at risk of immediate harm, staff should undertake an immediate risk assessment to ensure safety and ascertain if there is a need for medical intervention or the person needs to be in a place of safety. Where a serious physical or sexual assault has occurred on Nomad's premises, it may be necessary to contact the Police. In these circumstances all steps must be taken to preserve the scene and evidence, such as locking the room to prevent access and ensuring all clothing is bagged up. Once the concerns have been discussed with a line manager, they will authorise contacting either Children or Adult Social Care by telephone immediately which should be followed up in writing within 24 hours.

### **Allegations of abuse/disclosure**

If a child or young person discloses that she/he has been or is being abused, this information must be passed on to Social Care. Where someone has disclosed they are currently being abused, a line manager/on-call manager or the Safeguarding Lead Manager should be informed immediately. They will authorise contacting either Children or Adult Social Care. Where the disclosure is about previous abuse, they should be informed at the earliest possible opportunity. If this is not possible, within a reasonable amount of time that is not detrimental to the safety of any young person, a line manager/on-call manager or the Safeguarding Lead Manager should be contacted (24 hours maximum). They will authorise contacting relevant services depending on the risk posed to other vulnerable children or young people.

Disclosure by a person using Nomad's services may or may not be directly about them. A young parent may wish to disclose abuse issues about their own child. A person may wish to disclose information about an abusive situation relating to a sibling or friend's children. Where disclosure relates to someone not known to Nomad, staff need to make the person making the disclosure aware that they will need to pass the information on to the relevant authorities. Wherever possible staff will encourage and support the child or young person to make the referral to the authority themselves but if staff make the referral they will need to gather as much information about the situation using the appropriate written referral form.

### **Dealing with Disclosure**

In listening to a person disclosing, it is important that the worker is very careful not to question the child or young person. Whilst good practice accepts that some questions may need to be asked to clarify a worker's understanding of what has been said, it is important that staff are careful not to interview the young person as this may damage any subsequent criminal or disciplinary enquiry. Any early discussions with the young person should, as far as is possible, adhere to the following -

- Give them your full attention - ensure that there is privacy and that as far as possible you will not be interrupted.

- Ensure the person understands Nomad's Confidentiality Policy and what that means in terms of sharing information with others.
- Do not make promises you cannot keep.
- Take what the child or young person says seriously.
- Stay calm and reassure the person that the abuse is not their fault.
- Listen to the young person and do not directly question them or press for details.
- Never stop a person who is freely recalling significant events.
- Establish whether anyone knows about the abuse and whether there has been Social Service or Police involvement.
- Explain that you may need to contact other people regarding the disclosure and inform them who will be contacted.
- Reassure the person that they were right to tell you and that you understand how difficult this has been for them.
- Make notes of the discussion, taking care to record the timing, setting and persons present, as well as what is said.
- Record all subsequent events up to the time of what may eventually be a formal interview, conducted by another relevant agency.

This duty means that it is very important that Nomad workers think through, in advance, how best they might work with a person in a way which is in keeping with a relationship of trust and of respect for the rights and choices of that person and is consistent with their duty to pass on information on abuse. This will include thinking through how best to make it clear to the young person that the information will have to be communicated to others. If the person chooses to withdraw or deny his/her statement, this does not remove the obligation to inform the investigating agencies.

Sometimes a worker may be informed of abuse which has happened in the past or which does not involve the particular person. The procedures are the same in these cases, as other unknown young people may be at risk.

A worker may be informed that a person is not a victim but also a perpetrator. The worker could also be told by another person or by the person her/himself that s/he is, or has been abusing other people, or a child (see special circumstances). Children who harm others are likely to have additional and complex needs and while they should be held responsible for their behaviour, they should also be safeguarded and their welfare should be promoted. Again, the procedures remain the same as those already previously outlined, for further information about dealing with perpetrators see appendix 4.

### **Concerns Log**

Nomad recognises that when working with children and people, staff may have concerns about a child which initially would not necessarily result in a referral to Social Care, but that over a period of time, if these concerns were to continue, they would mount up to help identify certain types of abuse such as emotional abuse or neglect. In these circumstances they should complete the concerns section on the In-form Database for that particular child or person and make a record of all concerns. This will allow keyworkers and managers to identify



any ongoing issues that may have been missed if recorded in case notes alone. Managers will check these records as part of file checks/client updates and prior to supervision to provide staff with an opportunity to explore these issues and ensure concerns are passed on to the relevant agencies as soon as they are identified.

## **Domestic Abuse**

As part of a worker's role as a keyworker they will be working with people who are currently experiencing domestic abuse. In all circumstances where domestic abuse is disclosed or suspected a DASH<sup>1</sup> risk assessment will be completed. There are specific circumstances when a keyworker would need to take action under this policy, these include:

- Any person under the age of eighteen, who discloses domestic abuse within a relationship. A DASH risk assessment must be completed and the person referred to MARAC.
- Where concerns around a vulnerable adult's ability to make informed decisions regarding whether to remain in a relationship where domestic abuse is suspected.
- If there are children living in a family where there are suspicions of domestic abuse.

In these circumstances the keyworker should address such concerns through a referral to Children or Adult Social Care.

Any person whom a staff member suspects is in an abusive relationship or discloses domestic abuse but does not fall within this policy, will be dealt with in line with the supporting victim's procedure and a referral made to an appropriate support service or MARAC<sup>2</sup> where a DASH identifies a person is at high risk (Appendix 3). See Domestic and Sexual violence and abuse strategy.

<http://sheffielddact.org.uk/domestic-abuse/wp-content/uploads/sites/3/2013/05/Sheffield-Domestic-and-Sexual-Violence-and-Abuse-Strategy-2014-17.pdf>

## **Cultural Considerations**

When working with people from ethnic minority backgrounds, it is important to be aware of cultural considerations when dealing with suspicions of abuse. As workers we need to be aware of the negative stereotyping of black and Asian families and our distorted assumptions about child rearing practice in cultures other than our own. The protection of the person is paramount. Whilst recognising cultural differences, abuse is abuse regardless of race, culture or religion.

Specific protocols around specific cultural issues relating to both children and adults can be found in appendix 4.

## **Training**

Nomad will ensure all staff and volunteers will have completed basic Child and Adult Protection Training. This will be refreshed every two years as part of their compulsory training. Safeguarding training will be provided as part of new staff induction.

Any staff who work directly with parents will in their probationary period complete FCAF and TAF training, the Sheffield Safeguarding Children Board's - Working Together (Child

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<sup>1</sup> Domestic abuse, stalking and honour-based violence form.

<sup>2</sup> Multi-agency risk assessment conference

Protection Training). Further training around specific issues and child protection, will be identified and accessed through the supervision and appraisal process and this training will be agreed with their line manager.

All managers will undertake training around managing child and adult protection.

### **Confidentiality/Information Sharing.**

Information sharing is vital to safeguarding and promoting the welfare of children and young people. A key factor in many Serious Case Reviews and other enquires has been a failure to record information, to share it, to understand the significance of the information shared and not take appropriate action in relation to known or suspected abuse or neglect. Staff should use their judgement when making decisions regarding what information to share and when and should follow their organisation's procedures or consult with their manager if in doubt. The most important consideration is whether sharing information is likely to safeguard and protect a child/young person or vulnerable adult as set out [Information Sharing: advice for practitioners providing safeguarding services](#).

#### Seven Golden Rules of Information Sharing

1. Remember that GDPR is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately;
2. Be open and honest with the person (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;
3. Seek advice if you are in any doubt, without disclosing the identity of the person where possible;
4. Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgment on the facts of the case;
5. Consider safety and well-being: Base your information sharing decisions on considerations of the safety and wellbeing of the person and others who may be affected by their actions;
6. Necessary, proportionate, relevant, 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 people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely;
7. 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.

It is essential that all people supported by Nomad are aware of Nomad's Confidentiality Policy, especially regarding the limits of confidentiality when there is a concern about the person's or another person's safety. People supported by Nomad should always be made aware of Nomad's Confidentiality and Child Protection responsibilities at the time of their assessment or acceptance for support /accommodation.

Records of incidents and concerns should be written as soon as possible, with the date, your signature and designation made clear. If records are hand-written, the original should be kept for evidential purposes. Workers should be aware that their records relating to any concern or enquiry could be used as evidence in a range of procedures: disciplinary, criminal or at a safeguarding outcome meeting.

### **What must be included in the recording**

1. Name and address of the person involved.
2. Date of birth of the person.
3. Names and addresses of anyone with parental responsibility, if relevant.
4. Name and addresses and dates of birth, or ages of siblings, if known.
5. Names and addresses of other relevant adults.
6. Name, agency addresses and contact telephone numbers of all professionals known to be involved with the person and their family.
7. Full name, date of birth and address of any suspected abuser.
8. The person's first language.
9. Reason for referral, including description of any injuries observed, details of any allegations made, details of any witnesses.
10. Action taken and people contacted since the concern arose.
11. Any special needs, i.e. interpreters.

The record should indicate the original source of all information given and be clearly signed and dated by the author.

When receiving relevant information given and shared by the person in the process of disclosing, care should be taken to record in that person's own language.

### **Centrally Held Records**

The Project Manager is the person who takes the lead around safeguarding and can be used as a source of advice and support if needed.

It is this manager's responsibility to maintain a securely held log of all enquires and/or referrals to Social Care within Nomad, into which all dated recorded details of any investigations, outcomes and appropriate actions taken, will be placed.

This record should be monitored yearly to ensure staff are following the procedures and identify any issues around safeguarding that need to be discussed by managers/trustees.

This manager is Karen Awdhali, who can be contacted on 0114 3210262.

Details of any enquiry or referral regarding protection from abuse must be recorded on a Safeguarding Children Referral Form or Safeguarding Concern Form (over 18s), and this should be forwarded to Karen Awdhali so it can be centrally held.

A copy should also be kept on the young person's file. As stated in the guidelines above. Enquiries and/or referrals to Social Care can only take place after they have been authorised by a member of the Management Team. It is not the responsibility of the person holding this

central log to make every enquiry and/or referral to Social Care but they must be informed of all contact made and can be used as a source of advice if needed.

### **Check List**

1. If a person starts to disclose information that may relate to abuse you must follow the process summarised below.
2. Listen to the person and start recording the discussion by making notes as outlined in the guidelines above.
3. Decide if this is a potential abuse situation and that it could have taken place. (a member of staff must discuss all disclosures of abuse with their line manager).
4. If abuse is suspected, wherever possible, a worker should consult a line manager, or a member of the management team before they contact Social Care or the Police but this should not prejudice any potential crime scenes, evidence etc. If it is not possible to speak to the manager, then staff should make the appropriate referral as soon as possible, within 24 hours.
5. After consultation with the manager, if it is seen as the appropriate action to take, Social Care or the Police should be contacted. If there is any doubt about what action should be taken advice should be sought from Social Care. Start filling in the Protection from Abuse Recording Form.
6. If it is decided that the concerns are not sufficient to warrant any further action, continue a watching brief and consult with other professionals involved. It is essential that any further concerns are shared with all professionals involved.
7. If the person's name is not known to Social Care but abuse is thought to have taken place, refer to the appropriate Social Care Team (see Appendix 3).
8. Continue to listen to the service user and follow check lists regarding recording.
9. The completed Protection from Abuse Recording Form should be attached to copies of all records/case notes etc. related to the incident and forwarded to Central Services to be passed to the appropriate manager.

### **Responsibilities**

1. It is the responsibility of all of Nomad's staff to inform a member of the management team when there is any suspicion or disclosure of abuse relating to any of the people Nomad supports.
2. It is the responsibility of Nomad's staff to adhere to Nomad's Confidentiality Policy and Procedures and ensure that the people we work with understand the implication of these.
3. The member of staff whom a person discloses to is responsible for ensuring sensitivity in this matter, but must also, in maintaining their professional duty, correctly record

what has been said as outlined above.

4. It is the responsibility of the manager, to whom the incident of abuse was reported, to ensure that appropriate action is taken and that correct records are kept. The manager may delegate tasks such as contacting Social Care, and record keeping and compiling to another member of staff, but the manager retains overall responsibility.

## **Allegations against Staff and Volunteers**

NOMAD recognises that it has a duty to deal with all allegations against staff, volunteers and anyone else working on behalf of or for Nomad.

The aims of this process are to:

- Ensure allegations are dealt with expeditiously and in a fair manner.
- Ensure that where staff are not suitable to work with children and adults, they are prevented from doing so by notification to relevant bodies.

These procedures should be applied when there is an allegation or concern that any person who works with children, in connection with their employment or voluntary activity, has:

- Behaved in a way that has harmed a person or may have harmed a person.
- Possibly committed a criminal offence against or related to a person.
- Behaved in a way that indicates s/he is unsuitable to continue to work with clients in their present position, or in any capacity.

Compliance with these procedures should help ensure that allegations of abuse are dealt with expeditiously, consistently, with a thorough and fair process.

There are a number of sources from which an allegation might arise including from:

- A child or adult
- A member of staff or volunteer
- A parent
- A member of the public
- A disciplinary investigation

If a member of staff or manager receives an allegation, they should treat the matter seriously, avoid asking leading questions and make a written record of the information, including:

- When the alleged incident took place
- Who was present
- What was said to have happened
- Sign and date the written record

All allegations should be passed immediately to the Chief Executive Officer. Where the CEO is the subject of the allegation, then the Chair of the Board of Trustees should be contacted.

If a concern or an allegation requiring immediate attention is received outside normal office hours the worker should consult straight away with the Children's Social Care Out of Hours Service (0114 205 2672) or South Yorkshire Police (101).

Where the allegation meets the criteria identified above the CEO should report the allegation to the Local Authority Designated Officer (LADO) on 0114 2053535 within 1 working day.

The LADO and CEO will discuss and decide on what further action should be taken and it is the LADO's responsibility to keep records and monitor to ensure that each case is dealt with expeditiously and that there are no due delays.

There may be up to three strands in considering a concern or an allegation:

- A police investigation of a criminal offence.
- Enquiries and assessment by Children's Social Care about whether a child is at risk of suffering [Significant Harm](#) or is a [Child in Need](#) of services.
- Consideration by an employer of disciplinary action in respect of the individual.

The worker making the disclosure will be protected under the provisions of the Confidential Reporting Policy.

All allegations will be investigated without prejudice or without conclusions as to guilt or innocence. The emphasis will be on possibility not actuality.

If the allegation is substantiated and on conclusion of the case the employer dismisses the person or ceases to use the person's services, or the person resigns or otherwise ceases to provide his / her services, the LADO should discuss with the employer whether a referral to the Disclosure and Barring Service and / or practitioner or regulatory body should be made.

If a referral is appropriate, the report should be made within one month.

A referral should always be made if the employer thinks that the individual has harmed a child or vulnerable adult or poses a risk of harm.

It will be the duty of the CEO to ensure that the relevant agencies will be contacted if there are seen to be grounds for such a referral.

# **Appendix 1**

## **Indicators of Abuse**

Some indicators are more highly suggestive of abuse than others, but it is important to consider the whole circumstances regarding the person's life and other things that are happening. It is the responsibility of the worker in conjunction with their line manager to undertake an assessment and make a judgement whether to refer to Social Care or Police. For further information regarding indicators of abuse, all staff should consult the relevant section of either the SSCB's<sup>3</sup> online Child Protection procedures or South Yorkshire's Adult Protection Procedures (see appendix 3 for further details of specific circumstances and other further information about other forms of potential abuse).

A full copy of each are available at the web addresses below:

### **Adults**

<https://www.sheffield.gov.uk/content/dam/sheffield/docs/social-care/social-care-policies/adult-safeguarding-doc1%20South%20Yorkshire%20Safeguarding%20Adults%20Procedures%20Sept%2015.pdf> (section 1.8 pg 15)

### **Children**

[http://sheffieldscb.proceduresonline.com/chapters/p\\_indic\\_abuse.html](http://sheffieldscb.proceduresonline.com/chapters/p_indic_abuse.html)

## **Physical Abuse**

- Any unexplained or persistent injuries including; bruises, fractures, slap marks, bite marks, black eyes, burns and cuts/lacerations.
- Refusal by a person to discuss reasons behind an injury or improbable explanation.
- Untreated injuries.
- Weight loss due to malnutrition or dehydration. An adult who is frail or underweight.
- Drowsiness/vomiting or seizures – due to excessive medication or intentional poisoning.
- Lack of medication, causing recurring crises/forced admission to hospital.
- Scars, especially large numbers of differing ages, unusual shapes or with current bruising.
- Fabricated or induced illnesses.
- Aggressive or withdrawn behaviour.
- Low self-esteem.
- Avoidance of contact with adults/carers.

## **Sexual Abuse**

- Sexually transmitted infections.
- Pregnancy, particularly where it is concealed or there is reluctance to identify the father.
- Injuries, bleeding, soreness or infection in the genital or anal areas.
- Mouth injuries.
- Bruising or bite marks on inner thighs, bottom, genitalia or breasts.
- Inappropriate sexual behaviour or knowledge.

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<sup>3</sup> Sheffield Safeguarding Children Board.



- Depression.
- Disturbed sleep or difficulty sleeping.
- Wetting/soiling.
- Self-harm or suicidal behaviour.
- Reluctance or agitation when being bathed, undressed or medically examined.

### **Emotional/Psychological abuse**

- Low self esteem
- Extreme forms of behaviour, either passivity or aggression
- Inappropriate emotional response to stressful situations
- Over-reaction to mistakes
- Self-harm
- Punishment that appears excessive
- Fear of parents
- Denial of basic rights – choice, opinions, privacy
- Being over protected – not being allowed to live a normal life
- Substance misuse
- Speech disorders
- Relationship difficulties

### **Neglect**

- Poor or inappropriate diet, leading to low weight or height
- Poor personal hygiene
- Inappropriate or poor state of clothing
- Not reaching developmental milestones
- Lack of stimulation, restricted mobility or isolation from social contacts
- Low self-esteem
- Untreated medical problems
- Issues around attendance at school
- Unresponsiveness or indiscriminate in seeking affection/attention from adults
- No social relationships
- Non-organic failure to thrive

### **Financial Abuse**

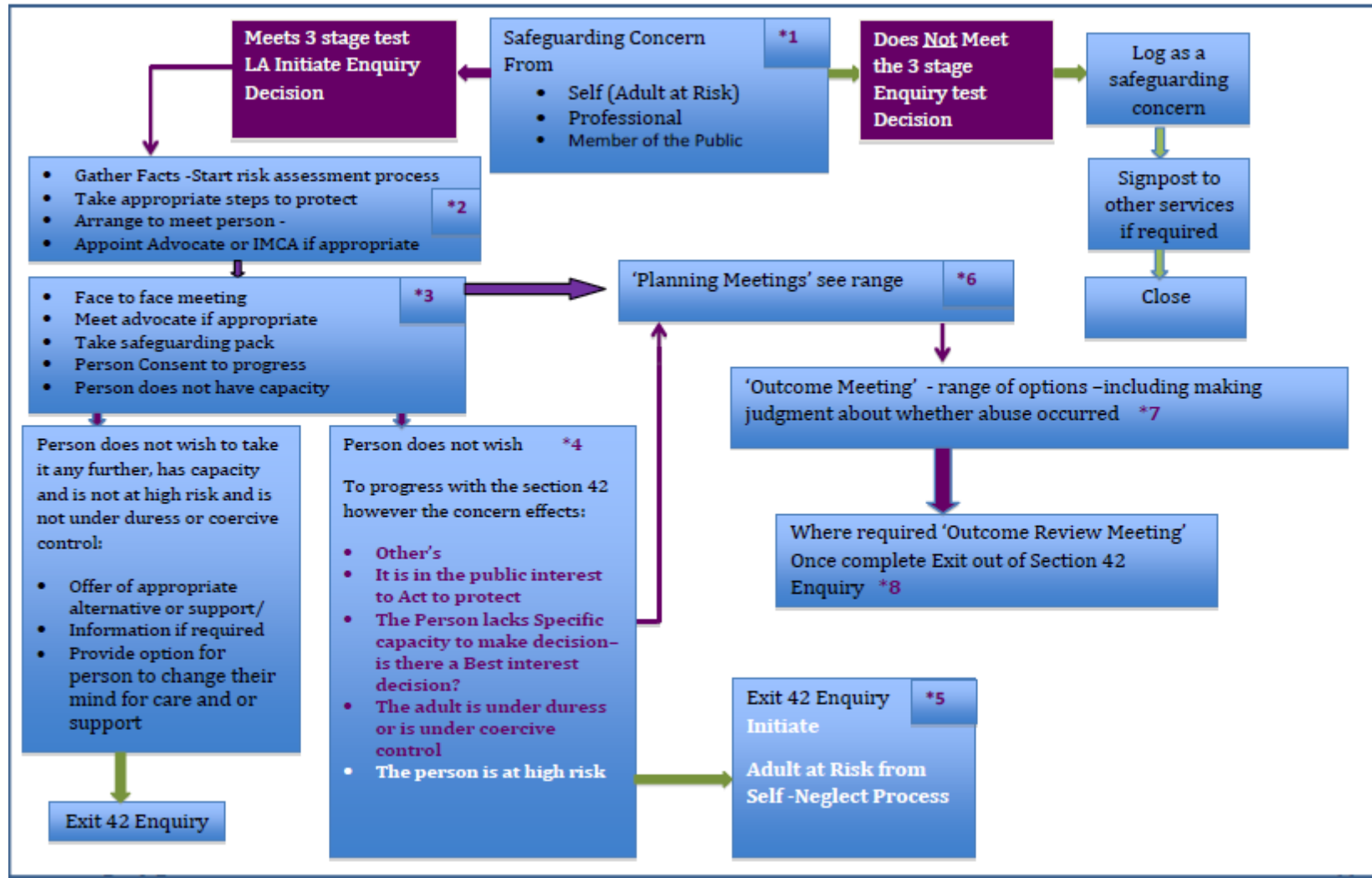
- Benefits being cashed and person not receiving money
- Parent or an appointee withholds money
- Money is withheld to such a degree that the vulnerable person does not have enough money to buy food, pay bills, rent etc.
- Someone is supposed to be buying food, paying rent, bills etc., but they are not
- A vulnerable person is persuaded to give money, savings, and property to another person.

### **Discriminatory Abuse**

- Significant harm or exclusion from mainstream opportunities
- Less than equivalent health or social care
- Breaches in civil liberties or civic status

- A failure to protect or provide redress through the criminal or civil justice system

## Appendix Two – Overview of Safeguarding Adult Process



## Appendix Three

### Contact Details for Social Care – Prevention and Assessment Teams

Children at risk of significant harm:

Area	Address	Contact numbers
North PAT	Sorby House - 42 Spital Hill, Sheffield S4 7LG	Social Care 0114 203 9591 MAST 0114 2331189
East PAT	1 <sup>st</sup> Floor, Shortbrook Primary Site, Westfield Northway, Westfield, Sheffield, S20 8FB	Social Care 0114 203 7463 MAST 2053635
West PAT	Old Sharrow Junior School, south View road, Sheffield, S7 1DB	Social Care 0114 273 4891 MAST 0114 2506865

### Contact Details for Social Care – Adult Services

#### **Emergency Duty Team**

**Tel:** 0114 2734908

**Email:** [Outofhoursservice.adults.olderpeople@sheffield.gov.uk](mailto:Outofhoursservice.adults.olderpeople@sheffield.gov.uk)

#### **Enquires and Referrals**

**Tel:** 0114 2734908

**Email -** [adultaccess@sheffield.gcsx.gov.uk](mailto:adultaccess@sheffield.gcsx.gov.uk)

#### **Area Teams**

**Tel:** 0114 2734567

#### **Adult Mental Health Services**

**Tel:** 0114 2716310

#### **Independent Mental Capacity Advocacy Service**

**Tel:** 01924 454875

#### **Safeguarding Adults Team/ Mental Capacity/DoLS/VARMM**

**For safeguarding and VARMM case advice – for all alerts please contact the enquiries and referral team.**

**Tel:** 0114 2736870

**Email:** [safeguardingadults@sheffield.gcsx.gov.uk](mailto:safeguardingadults@sheffield.gcsx.gov.uk)

#### **For MCA/DOLS case advice**

**Tel –** 0114 2057183

**Email -** [mca@sheffield.gcsx.gov.uk](mailto:mca@sheffield.gcsx.gov.uk)

## **Appendix Four**

### **Special Circumstances - children**

There are a number of different circumstances where children and young people may have individual needs that require further information than can be covered in a safeguarding policy. SSCB provides protocols for dealing with a variety of different circumstances which are helpful for staff around safeguarding in relation to these issues.

To access these either go to the website

[http://sheffieldscb.proceduresonline.com/chapters/contents.html#ch\\_specific](http://sheffieldscb.proceduresonline.com/chapters/contents.html#ch_specific)

Protocols available:

[Children and HIV](#)

[Sexual, Physical and Emotional Abuse by Children and Young People of other Children and Vulnerable Adults](#)

[Children and Young People who Abuse Substances](#)

[Children from Abroad](#)

[Children Missing from Education](#)

[Complex \(Organised or Multiple\) Abuse](#)

[Disabled Children](#)

[Domestic Abuse](#)

[E-Safety](#)

[Fabricated or Induced Illness](#)

[Female Genital Mutilation](#)

[Forced Marriages](#)

[Gang Activity](#)

[Honour-based Violence](#)

[Safeguarding Children Living in Families with Drug and / or Alcohol Misuse Protocol](#)

[Parents/Carers with Learning Disabilities](#)

[Parents, Carers or Family Members with Mental Health Issues](#)

[Pregnant Women and Babies where there is Substance Misuse \(MAPLAG\)](#)

[Missing from Home or Care and Runaways](#)

[Self-Harm and Suicide](#)

[Sexual Exploitation](#)

[Spiritual and Religious Beliefs](#)

[Trafficking](#)

[Transitions from Children to Adult Services](#)

[Uncooperative Families](#)

[Working with Sexually Active Young People](#)

[Safeguarding Children and Young People who may have been Sexually Abused by a Family Member](#)

Children vulnerable to or from extremism

[http://sheffieldscb.proceduresonline.com/chapters/p\\_ch\\_vul\\_extremism.html](http://sheffieldscb.proceduresonline.com/chapters/p_ch_vul_extremism.html)

## **Special Circumstances – adults**

The following categories of abuse have dedicated services and processes in place to respond, however, a joint response with Safeguarding may be required.

### **Domestic Violence**

See also: **Adult Safeguarding and Domestic Abuse: A Guide to Support Practitioners and Managers (LGA and ADASS)**

([http://www.local.gov.uk/c/document\\_library/get\\_file?uuid=5928377b-8eb3-4518-84ac-61ea6e19a026&groupId=10180](http://www.local.gov.uk/c/document_library/get_file?uuid=5928377b-8eb3-4518-84ac-61ea6e19a026&groupId=10180)).

**Domestic Violence and Abuse, Home Office** (<https://www.gov.uk/domestic-violence-and-abuse>)

### **Forced Marriage – New Offences from 16th June 2014**

On **16th June 2014** new legislation becomes effective under the Anti-Social Behaviour, Crime and Policing Act 2014 to make **forcing** someone to marry a criminal offence.

A person who is found guilty of the offence is liable to a fine or imprisonment of 7 years.

It will also be an offence to use deception in order to entice someone abroad so that they can be married against their will. The act will also give protection to those lacking mental capacity to make an informed decision about whether to marry or not.

- **Forced Marriage of People with Learning Disabilities**  
([http://www.anncrafttrust.org/Forced\\_Marriage.php](http://www.anncrafttrust.org/Forced_Marriage.php))
- **Information from the Forced Marriage Unit** (<http://www.fco.gov.uk/en/travel-and-living-abroad/when-things-go-wrong/forced-marriage/>)
- **HM Government Forced Marriages and Learning Disabilities: Multi-Agency Practice Guidelines** (<http://www.fco.gov.uk/resources/en/pdf/travel-living-abroad/when-things-go-wrong/fm-disability-guidelines>)

### **Female Genital Mutilation (FGM)**

See also **Female Genital Mutilation: Multi-Agency Practice Guidelines, DH, 2011**

(<https://www.gov.uk/government/publications/female-genital-mutilation-multi-agency-practice-guidelines> )

### **Hate Crime**

Hate crimes are any crimes (actual criminal offences) that are targeted at a person because of hostility or prejudice towards that person's:

□ **Disability** (The Equality Act 2010 (EA) generally defines a disabled person as someone who has a physical or mental impairment that has a substantial and long - term adverse effect on his or her ability to carry out normal day-to-day activities. The definition of disability hate crime would include anyone who was targeted as a result of his or her disability or impairment, as defined by the EA, including those diagnosed with HIV, cancer and multiple sclerosis);

- Race or ethnicity;
- Religion or belief;
- Sexual orientation;
- Transgender identity.

This can be committed against a person or property.

## Mate Crime

Mate Crime is a form of hate crime and 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.

Types of Mate Crime:

- Theft/financial abuse - The abuser might demand or ask to be lent money and then not pay it back. The source of harm might mis-use the property of the adult;
- Physical assault/abuse - The abuser might hurt or injure the adult;
- Harassment or emotional abuse - The abuser might manipulate, mis-lead and make the person feel worthless;
- Sexual assault/abuse - The abuser might harm or take advantage of the person sexually.

A national organisation called Safety Net helps local agencies develop systems to tackle Mate crime. For further information please see the **Arc Safety website** (<http://arcuk.org.uk/safetynet/>).

For more information on Hate Crime visit the **Government website (Hate Crime)** (<https://www.gov.uk/government/policies/reducing-and-preventing-crime--2/supporting-pages/hate-crime>).

For more information on Disability Hate Crime and on the way the Crown Prosecution Service (CPS) prosecutes such crime visit the **CPS website (Disability Hate Crime)** (<http://www.cps.gov.uk/publications/prosecution/disability.html>).

## Exploitation by Radicalisers who Promote Violence (Prevent)

The following are part of the UK government's counter terrorist strategy, referred to as CONTEST.

**Protecting the UK against Terrorism**

(<https://www.gov.uk/government/policies/protecting-the-uk-against-terrorism> )

**The Prevent Strategy 2011**

([https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/417943/Prevent\\_Duty\\_Guidance\\_England\\_Wales.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/417943/Prevent_Duty_Guidance_England_Wales.pdf))

**The Prevent Strategy: A Guide for Local Partners in England. Stopping people becoming or supporting terrorists and violent extremists**

(<https://www.gov.uk/government/publications/prevent-strategy-2011> )

**Recognising and Responding to Radicalisation: Considerations for Policy and Practice through the Eyes of Street Level Workers** (<http://www.recora.eu/>)

**The Channel Strategy: Protecting vulnerable people from being drawn into terrorism.**

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/425189/Channel\\_Duty\\_Guidance\\_April\\_2015.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/425189/Channel_Duty_Guidance_April_2015.pdf)

## Modern Slavery / Human Trafficking

See also **Modern Day Slavery: The Hidden Agenda**

(<http://www.humantraffickingfoundation.org/sites/default/files/Booklet.pdf>)

## Modern Slavery: How the UK is leading the fight, Home Office

([https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/328096/Modern\\_slavery\\_booklet\\_v12\\_WEB\\_2\\_.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/328096/Modern_slavery_booklet_v12_WEB_2_.pdf))

## Human Trafficking, Best Practice Guide, National Crime Agency

(<http://www.nationalcrimeagency.gov.uk/about-us/what-we-do/specialist-capabilities/uk-human-trafficking-centre/best-practice-guide>)

## Internet Abuse: Adults Exposed to Abuse through the Digital Media.

'Internet Abuse' relates to three main areas of sexual abuse:

- Abusive images (although these are not confined to the Internet);
- An adult being groomed for the purpose of sexual abuse;
- Exposure to pornographic or other offensive material via the Internet.

### Potential Indicators of Internet Abuse include:

- Spending extended amounts of time online;
- Secrecy over mobile phone and computer;
- Withdrawal from social contact;
- Depression;
- Mood Swings;
- Unexplained gifts;
- Sleep disturbances;
- Self-harming.

## Adults who go missing

- Adults at Risk who are being sexually exploited may go **missing** from home or care, and education / work. Some go missing frequently; the more often they go missing the more vulnerable they are to being sexually exploited. If an adult does go missing, the **Adults Missing from Hospitals or Care Settings Procedure** should be followed.
- **Independent Return Interviews** with the adult can help in establishing why they went missing and the subsequent support that may be required, as well as preventing repeat incidents. These may be conducted by a social worker, police officer, or other professional known to the adult.



## **Appendix Five**

### **Supporting Victims Procedure**

#### **Aim:**

This document aims to provide guidance in supporting victims, to both staff and managers. This also recognises the differences between parts of Nomad who provide support and accommodation and the legal requirements that govern these.

This document recognises that young people can become victims of abuse both inside and outside the project.

The following stages will apply to all parts of the project:

**Information gathering** – When a young person discloses, they have been a victim of abuse or discrimination, the first step is to try and establish the facts. Staff must do this in line with the ‘dealing with disclosure guidelines’ in the Safeguarding Policy.

**Informing authorities** – Staff must support the person in reporting any crime and abuse to the appropriate authority. It is important to recognise that any person may be reluctant to report any incidents both due to concerns about any further consequences for other family members and a lack of faith in Police or other statutory agencies. All decisions should be the person’s decision unless there are concerns around someone’s capacity to make that decision or where other people may be at risk of significant harm. Wherever possible staff should support and accompany people to report abuse.

**Risk assessment** – As soon as practical after an incident or disclosure, a risk assessment should be undertaken to ascertain whether it is appropriate for a person to remain accommodated or supported by the service. This should also consider the person’s wishes, especially where their safety may be compromised if they remain with the service or their own accommodation. There may be circumstances where the victim and perpetrator live in the same accommodation. Where the abuse may have an impact on staff undertaking lone working the risk assessment will consider this and consider what additional steps need to be taken.

**Access appropriate accommodation/support** - If it is decided that a person should not remain with the service or within their accommodation, Support Workers/ Asset Coaches should take all steps to secure alternative support through referral to other tenancy support services or other accommodation providers. Where a person needs immediate housing, an application should be made to housing solutions or out of hours housing. Workers will support the person in attending appointments with housing solutions and advocate for them.

**Referral to specialist agencies** – If a person continues to receive support or accommodation from Nomad, discussions through 1-1 sessions will focus on what additional support they may need from specialist agencies. This will then form part of the support planning process and staff will provide information about what is available and make referrals as appropriate. Staff should also accompany the person to initial appointments with specialist agencies if requested.

## **Appendix Six**

### **Dealing with Perpetrators**

#### **Aim:**

This document aims to provide guidance in dealing with perpetrators of abuse to both staff and managers.

Where the perpetrator is a member of staff, they will be dealt with in line with 'suspected abuse by workers' documented earlier in the Safeguarding Policy.

This document recognises there will be times when supporting people, that staff become aware that they have perpetrated abuse on others, or staff are having contact with an abusive partner.

The following stages apply:

**Information gathering** – When a person discloses they have perpetrated abuse or it comes to light that they are a person posing a risk, the first step is to try and establish the facts. This could include speaking to the Police, Probation/YOS and Social Care.

**Inform the Police/Social Care** – If the abuse has led to a crime being committed, then staff should encourage the person to hand themselves in to the Police. If they are reluctant to do this and the information gathered indicates that there is a current risk to children, adults or staff, then a decision will be taken to breach the person's confidentiality. Where the perpetrator is a child, then a referral should be made to the appropriate Children's Social Care Team. This will also be the case where someone has disclosed current domestic abuse and children are present at the accommodation.

**Risk Assessment** – Once the facts have been established, a risk assessment must be completed to see if it is appropriate for Nomad to continue to provide support to the person. This should also consider the safety of staff undertaking home visits where the perpetrator is not the client. Where the risk assessment ascertains it is not appropriate for Nomad to continue support, the person should be referred to alternative support providers.

**Referral to specialist agencies** – If a person continues to receive support, then workers should work with them and other agencies supporting them to address the behaviour that has led to the abuse.

**For accommodation-based services** - In addition to the above stages it may be necessary for the safety of other people or the client themselves to remove them from the project.

**Access appropriate accommodation** - If it is decided that a person should not remain within their accommodation, workers should take all steps to secure alternative support through referral to other tenancy support services or other accommodation providers. Depending on the nature of their tenure, the notice period required to remove them from the project will affect how quickly a person can be moved on. Where a person needs immediate housing, an application should be made to Housing Solutions or out of hours housing. Workers may support the young person in attending appointments with housing solutions and advocate for them.

## **Appendix Seven**

### **The list of specialist agencies includes:**

Victim Support	0114 275 8411
Sheffield Rape Crisis SRASAC Helpline	0114 241 2766 08088020013
Sheffield Rape & Sexual Abuse Counselling Service Helpline	0114 2493920 0114 244 7936
Sexual Exploitation Project	0114 2018645
Sheffield Womens' Counselling and Therapy Centre -	0114 275 2157
Sheffield Domestic Helpline Sanctuary Scheme – <a href="mailto:sanctuary.scheme@action.org.uk">sanctuary.scheme@action.org.uk</a>	0808 808 2241
National Domestic Violence Helpline	0808 802 0247
VIDA Sheffield IDVAS Sheffield Action Domestic Abuse Service	0114 275 0101 0114 2493920 0114 2706999
Respect Helpline - Perpetrators' Respect.uk.net	0808 802 4040
Karma Nirvana Honour Helpline Forced marriages and violence	0800 599 9247
NSPCC FGM Helpline Forward (forward.org.uk)	0800 028 3550 0208 960 4000 ext 1
NSPCC Young People's Centre Sheffield	0114 228 9200