

Corporate Safeguarding Policy



**Protecting children, young people
and adults at risk**

Updated January 2017

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1. Introduction

This safeguarding policy sets out the Council's duty and commitment to safeguard and promote the health, wellbeing and human rights of adults and children at risk and to ensure that effective practices are in place throughout the Council and its commissioned services such that individuals can live their life free from harm, abuse and neglect.

2. Policy Statement

At Bridgend County Borough Council 'equality' lies at the heart of everything we do. Equality means understanding and tackling barriers so that everyone has a fair chance to fulfil their potential. The Council is committed to practices that protect adults and children from harm regardless of age, gender, disability, racial heritage, religious belief, sexual orientation or any other protected characteristic as covered by the Equality Act 2010. Bridgend County Borough Council's Strategic Equality Plan details how equality is mainstreamed into the work of the authority in the delivery of services.

Reference: [Strategic Equality Plan 2016 - 2020](#)

3. Scope

Whilst the Social Services and Wellbeing Directorate lead on dealing with enquires regarding concerns that individuals may be at risk of harm, everyone has a responsibility to safeguard the wellbeing of adults and children who may be at risk whatever their role. This policy covers all functions and services of the Council and applies to all Council employees, elected members, foster carers, individuals undertaking work placements and volunteers working within the Council. Also independent contractors who are carrying out work on behalf of the Council.

The Council also has a duty to ensure that other organisations commissioned to provide services on their behalf have regard to the need to safeguard and promote the wellbeing of adults and children.

This policy is in respect of the Council's responsibility towards:

- Adults and Children at risk

Safeguarding definitions relating to Adults and Children are contained in Appendix A

4. Context

This policy incorporates regulation and guidance from the [Social Services and Well-being \(Wales\) Act 2014](#), the [Children Act 1989](#), the [All Wales Child Protection Procedures 2008](#) and the [Wales Interim Policy and Procedures for the Protection of Vulnerable Adults from Abuse updated 2013](#). It reflects the overarching responsibilities placed on the Local Authority under the Social Services & Well-being

(Wales) Act 2014 as they relate to contributing towards preventing people from suffering abuse or neglect (Part 2) and to making enquires where an adult or child may at risk of harm (Part 7)

Note. There will be national review of the All Wales Adult and Child Protection Procedures (start date June 2017) with a remit of revising existing operational procedures for both Adults and Children.

As part of the Council's commitment to safeguarding we work actively with other agencies such as the Police, Abertawe Bro Morgannwg University Health Board, (see appendix H), Wales Probation and Community Rehabilitation Company, third sector organisations and others under the auspices of the [Western Bay Safeguarding Boards](#). The Adults and Children Board provide strategic leadership for the development of safeguarding policy, guidance and practice, consistent with best practice, Welsh and UK legislation and policy.

5. Safeguarding Responsibilities.

The Council has clear lines of accountability in relation to its work in safeguarding adults and children.

This means:

- The Chief Executive has the general responsibility for ensuring that there are robust and effective arrangements in place which are integrated into the overall strategic planning of the authority, and for providing leadership in developing, monitoring and reviewing partnership arrangements for improving outcomes for adults and children.
- Elected Members have a responsibility to be aware of and support the Council's safeguarding responsibilities and to consider how these are carried out in the planning and delivery of services.
- The Statutory Director of Social services leads on ensuring that there are effective arrangements in place, at a local and regional partnership level that promote co-operation regarding safeguarding adults and children at risk of abuse. [Social Services & Well-being \(Wales\) Act 2014 Part 8 Code of Practice on the Role of the Director of Social Services \(Social Services Functions\)](#).
- Respective Head of Services through their management teams will be jointly responsible for ensuring that all the statutory requirements in terms of safeguarding and promoting the well-being of adults and children receive due consideration.
- The Group Manager Safeguarding and Quality Assurance (children) and the Safeguarding and Quality Manager (adults at risk) provide support to operational managers and teams through the provision of advice and guidance in the application of safeguarding procedures; adherence to policy; and taking a lead role in more complex situations.

- Safeguarding champions across the Council. Safeguarding champions are a point of contact for information and support within their service area in relation to safeguarding. The role of the Safeguarding Champion does not replace the responsibility of all staff for safeguarding or the responsibility of staff to report safeguarding concerns promptly to the Safeguarding Teams within Social Services.

Recognising and raising concerns about an adult or child where abuse or neglect is suspected.

All employees should be alert to the possibility of abuse. An individual may become concerned about the safety or wellbeing of an individual in a number of ways:

- The person may tell you.
- The person may say something that worries you.
- A third party may voice concerns.
- You may see something – an incident or an injury or other sign.

Whilst Bridgend County Borough Council members, employees, volunteers and contracted service providers will have varied levels of contact with adults and children at risk as part of their engagement with the Council, everyone should be aware of the potential indicators of abuse and neglect and be clear about what to do if they have any concerns.

It is not the responsibility of any one individual to determine whether or not abuse has taken place or if an individual is at risk of harm; however they do have a responsibility to act if they have any concerns.

Adults at risk

An employee may need to take immediate physical action to protect the adult at risk. This could involve contacting the emergency services. If no immediate action is required to protect the adult the employee should inform their line manager or other designated person. Also complete an **Adult at Risk Referral Form (Appendix G)** and pass to the Adult Safeguarding and Quality Team.

The Adult Safeguarding and Quality Team can be contacted to discuss concerns with individuals and will give advice on any actions that should then be taken.

Domestic abuse in the workplace

Gender-based violence, domestic abuse and sexual violence can include all kinds of physical, sexual and emotional abuse, and can occur within all kinds of intimate relationships, including same sex relationships.

Domestic abuse is not a private matter and can impact greatly on an individual's working life.

The Council's protocol on violence against women, domestic abuse and sexual violence details its commitment to providing a workplace response to domestic abuse and violence.

This protocol together with the Domestic Abuse, Violence against Women and Sexual Violence - Manager and Employer Guidelines set out the actions that can be taken in the workplace to support employees and help them feel safe at work. It also raises awareness and understanding of risks and consequences in the workplace.

The [Violence against Women, Domestic Abuse and Sexual Violence \(Wales\) Act 2015](#)

The Act places duties Local Authorities and Local Health Boards to prepare and publish strategies aimed at ending violence against women, gender-based violence, domestic abuse and sexual violence.

Accompanying the Act is a national training framework, which requires that all local authority employees receive training (appropriate to their role) that meets the requirements specified within the framework. For most staff this will mean the completion of an e-learning awareness level module.

References:

[Domestic Abuse, Violence against Women and Sexual Violence Protocol](#)
[Domestic Abuse, Violence against Women and Sexual Violence Manager and Employee Guidelines](#)

Appendix C provides further information on domestic abuse and sexual violence.

Children

Any concerns about the safety and wellbeing of children should be passed to the Children's Social Care Assessment Team. The information can be passed verbally and must be followed up in writing using the request for help referral form contained in **Appendix F**.

6. Confidentiality

Information sharing is vital to safeguarding and promoting the welfare of children, young people and adults at risk. The Data Protection Act 1998 is not a barrier to sharing information. The Act promotes lawful and proportionate information sharing, while also protecting the right of the individual to have their personal information fairly processed.

As a matter of good practice employees should inform children, young people and adults about their service's policy on how information will be shared and seek their consent. Where information is confidential and consent is refused, this should be

respected unless in the employee's professional judgment on the facts of the case, there is justification for sharing information.

The Wales Accord on the Sharing of Personal Information (WASPI) provides a framework for service-providing organisations directly concerned with the health, education, safety, and social well-being of people in Wales. In particular, it concerns those organisations that hold information about individuals and who need to share that information to deliver effective services. More information on WASPI can be found via the following link: <http://www.waspi.org/>

Sharing confidential information without consent will normally be justified in the public interest:

- When there is evidence or reasonable cause to believe that a child is suffering, or is at risk of suffering, significant harm;
- When there is evidence or reasonable cause to believe that an adult is suffering, or is at risk of suffering, serious harm;
- To prevent significant harm to a child/ young person or serious harm to an adult, including through the prevention, detection and prosecution of serious crime.

Employees should seek advice from their line manager if they are in any doubt, without disclosing the identity of the person where possible.

7. Safeguarding children in Education – Appendix E

This section contains information for schools on safeguarding responsibilities and on the role of the Designated Child Protection Teacher.

8. Safeguarding in Employment

The Council is committed to safe recruitment practices and recognises that this fits into an overall corporate approach to safeguarding across a range of functions that need to operate together in order to be effective.

[The Recruitment and Selection Protocol](#) and [Managers' Guidelines](#) set out the principles and procedures that should be followed when undertaking any recruitment and selection activity. This includes pre-employment vetting which involves establishing full employment histories; proof of identity; satisfactory references; health assessment; checks of qualifications; asylum and immigration checks; and criminal record checks with the Disclosure and Barring Service.

Disclosure & Barring Service (DBS) Checks

The Council is committed to safeguarding the welfare of those accessing our services through the effective use of the Disclosure and Barring Service (DBS) and

has a statutory duty of care towards vulnerable members of society. Criminal record checks are one part of robust recruitment practice and undertaken with other pre – employment checks, to assess the suitability of an individual.

The [DBS Policy](#) applies to employees, volunteers, work placements and elected members. In addition, foster carers and prospective adoptive parents, student placements, licencing and school transport arrangements and any other regulated positions also come under the provisions of this policy. Additionally it applies to those directly employed by governing bodies.

In relation to those who are not directly employed or engaged by the Council the following arrangements apply:

Volunteers - when determining whether a check is required, the [statutory guidance](#) on the definition of supervision in relation to regulated activity with children needs to be considered. This guidance sets out what constitutes a reasonable level of supervision – that is, it describes the level of supervision that, if in place, means that an activity with children is not regulated.

Agency Workers - the manager or Head teacher requesting the agency worker should indicate the level of DBS required and have written confirmation from the agency or a copy of the DBS check, to ensure that there is a satisfactory DBS check (including a check against the Children’s and/or Adult’s barred list as required for that area of service).

Contractors - the need for a DBS check is dependent upon how long they are expected to be on site. The DBS has advised employers that checks should not be used in place of management procedures and as such, if a worker is engaged to attend site for ad hoc maintenance they should be supervised whilst on site and not subject to a DBS check. It is only when the contractors are expected to be engaged for an extended period of time that a DBS check should be sought. In these cases, the manager or Head teacher should include the requirement for a DBS check in the procurement documentation. The employer of the contractor is responsible for obtaining a relevant DBS check and the line manager or Head teacher should have written confirmation of the DBS check.

Allegations or concerns about employees

There are a range of policies and guidance in place that encourage and support staff to raise concerns about the safety and wellbeing of adults and children at risk. These include:

- All Wales Child Protection Procedures (currently under review)
- Wales Interim Policy & Procedures for the Protection of Vulnerable Adults from Abuse (currently under review)
- The Council’s [Whistle Blowing Policy](#) provides guidance for staff to report concerns about other employees/contractors or about the way the Council operates.

The Council's Disciplinary Policy ([Disciplinary Managers' Guidelines](#)) recognises that in certain situations the breach in discipline may require the implementation of specific departmental procedures to deal with issues of a specific nature e.g. safeguarding adults and children at risk etc.

Under the Safeguarding Vulnerable Groups Act 2006 there is a legal duty to refer information to the DBS if an individual is dismissed or removed from working with children and/or adults (in what is legally defined as Regulated Activity) because they meet the referral criteria. The Council has a duty to refer information to the DBS as both a regulated activity provider and as a local authority. Equally, the Council has an obligation to refer certain information about employees' conduct and matters relating to safeguarding to professional regulatory bodies such as the Care Council for Wales and the General Teaching Council for Wales.

9. Training

The Council recognises that it has a commitment to ensure that all members of staff have an understanding of their roles and responsibilities when working with children and adults at risk and the requirement for reporting concerns.

All line managers are responsible for ensuring that their staff, volunteers and individuals undertaking work placements have appropriate safeguarding training.

All employees are required to complete the safeguarding e-learning awareness level module and the Welsh Government e-learning on violence against women, domestic abuse and sexual violence. These can be accessed via the corporate learning and development website via the intranet <http://bridgend.learningpool.com/>

More specialist single and inter-agency training opportunities are available for those who work routinely with children or adults at risk at a level appropriate to their role and responsibilities. Information on training can be found on the Social Care Workforce Development Pages (SCWDP) of the Corporate Learning and Development Website. <http://bridgend.learningpool.com/>

10. Communication and media

Decisions about the release of information relating to safeguarding matters for example messages to staff, press statements etc. will be taken by the Director of Social Services and the communications team should be involved. No member of staff should contact the press directly or post information via the internet.

Use of social media

Employees have a responsibility to conduct themselves in their private lives in a manner that does not compromise their position in the workplace or call into question their suitability to work with children, young people or adults at risk. The Council has in place a protocol which covers employee responsibilities when using social media either for personal or professional use.

Reference: [Protocol for the use of social media](#)

11. Review

This policy will be subject to review to ensure that it takes account of any changes to / or the introduction of new relevant regulation, guidance and legislation, and guidance and procedures adopted by the Disclosure and Barring Service.

Appendix A

This policy is in respect of the Council's responsibility towards **Adults and Children who are experiencing or are at risk of harm.**

Adult means a person who is aged 18 or over.

Section 126(1) of the Social Services & Well-being (Wales) Act 2014 defines an adult at risk as an adult who:

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

This definition of an adult at risk applies in relation to the statutory powers and duties included in part 7 of the Social Services and Well-being (Wales) Act 2014 and for those purposes replaces the definition of 'vulnerable adult' included within *In Safe Hands* (Welsh Assembly Government 2000)

See appendix B for the categories of abuse.

Children

Child means a person who is under the age of 18.

The Social Services and Well-being (Wales) Act 2014 defines a child at risk as a child who:

- (a) is experiencing or is at risk of abuse, neglect or other kinds of harm; and
- (b) has needs for care and support (whether or not the authority is meeting any of those needs).

APPENDIX B – Categories and indicators of abuse and neglect

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

Safeguarding adults includes:

- Protecting their rights to live in safety, free from abuse and neglect.
- People and organisations working together to prevent the risk of abuse or neglect, and to stop them from happening.
- Making sure people's wellbeing is promoted, taking their views, wishes, feelings and beliefs into account.

Safeguarding children and promoting their welfare includes:

- Protecting them from maltreatment or things that are bad for their health or development.
- Making sure they grow up in circumstances that allow safe and effective care

Effective safeguarding arrangements should be underpinned by two key principles:

- Safeguarding is everyone's responsibility: for services to be effective each professional and organisation should play their full part; and
- A person-centred approach: for services to be effective they should be based on a clear understanding of the needs and views of adults and children.

Section 197(1) of the Social Services and Well-being (Wales) Act 2014 specifies the categories of abuse which are:

- Physical
- Sexual
- Psychological / Emotional
- Neglect
- Financial

Financial abuse has been added as new category for Children under the Social Services & Well-being (Wales) Act 2014.

Categories and indicators of abuse – adults at risk

Section 197(1) of the Social Services and Well-being (Wales) Act 2014 provides definitions of 'abuse' and 'neglect'.

Abuse means physical, sexual, psychological, emotional or financial abuse (and includes abuse taking place in any setting, whether in a private dwelling, an institution or any other place) and financial abuse which includes:

- having money or other property stolen
- being defrauded

- being put under pressure in relation to money or other property
- having money or other property misused

Neglect means a failure to meet a person's basic physical, emotional, social or psychological needs, which is likely to result in an impairment of the person's well-being (for example, an impairment of the person's health).

The following is a non-exhaustive list of examples for each of the categories of abuse and neglect:

Physical abuse

Hitting, slapping, over or misuse of medication, undue restraint, or inappropriate sanctions.

Sexual abuse

Rape and sexual assault or sexual acts to which the adult has not or could not consent and/or was pressured into consenting.

Psychological abuse

Threats of harm or abandonment, coercive control humiliation, verbal or racial abuse, isolation or withdrawal from services or supportive networks (coercive control is an act or pattern of acts of assault, threats, humiliation, intimidation or other abuse that is used to harm, punish or frighten the victim).

Neglect

Failure to access medical care or services, negligence in the face of risk-taking, failure to give prescribed medication, failure to assist in personal hygiene or the provision of food, shelter, clothing; emotional neglect.

Financial abuse

In relation to people who may have needs for care and support and includes:

- an unexpected change to their will.
- sudden sale or transfer of the home
- unusual activity in a bank account
- sudden inclusion of additional names on a bank account
- signature does not resemble the person's normal signature
- reluctance or anxiety by the person when discussing their financial affairs
- giving a substantial gift to a carer or other third party
- a sudden interest by a relative or other third party in the welfare of the person.
- bills remaining unpaid
- complaints that personal property is missing
- a decline in personal appearance that may indicate that diet and personal requirements are being ignored

- deliberate isolation from friends and family giving another person total control of their decision-making;

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

Abuse categories

Extract from the Social Services & Well-being (Wales) Act 2014 (italics)

Physical abuse - hitting, slapping, over or misuse of medication, undue restraint, or inappropriate sanctions

- **Types of physical abuse**
- Assault, hitting, slapping, punching, kicking, hair-pulling, biting, pushing
- Rough handling
- Scalding and burning
- Physical punishments
- Inappropriate or unlawful use of restraint
- Making someone purposefully uncomfortable (e.g. opening a window and removing blankets)
- Involuntary isolation or confinement
- Misuse of medication (e.g. over-sedation)
- Forcible feeding or withholding food
- Unauthorised restraint, restricting movement (e.g. tying someone to a chair)

Possible indicators of physical abuse

- No explanation for injuries or inconsistency with the account of what happened
- Injuries are inconsistent with the person's lifestyle
- Bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps
- Frequent injuries
- Unexplained falls
- Subdued or changed behaviour in the presence of a particular person
- Signs of malnutrition
- Failure to seek medical treatment or frequent changes of GP

Sexual abuse - rape and sexual assault or sexual acts to which the vulnerable adult has not or could not consent and/or was pressured into consenting

Indicators of sexual abuse can be both physical and behavioural, including:

- New emergence of sexually transmitted diseases (STDs)
- New difficulty sitting or walking
- Pelvic injury
- Bruises on inner thighs or around the genital area
- Anal or genital pain, bleeding, or irritation
- Bloody, torn, or stained undergarments
- Extreme agitation
- Withdrawal from social interactions
- Panic attacks, or emerging post-traumatic stress disorder (PTSD) symptoms
- Inappropriate, aggressive, or unusual sexual behavior
- Suicide attempts

Psychological abuse - threats of harm or abandonment, coercive control, humiliation, verbal or racial abuse, isolation or withdrawal from services or supportive networks (coercive control is an act or pattern of acts of assault, threats, humiliation, intimidation or other abuse that is used to harm, punish or frighten the victim);

Types of psychological or emotional abuse

- Enforced social isolation – preventing someone accessing services, educational and social opportunities and seeing friends
- Removing mobility or communication aids or intentionally leaving someone unattended when they need assistance
- Preventing someone from meeting their religious and cultural needs
- Preventing the expression of choice and opinion
- Failure to respect privacy
- Preventing stimulation, meaningful occupation or activities
- Intimidation, coercion, harassment, use of threats, humiliation, bullying, swearing or verbal abuse
- Addressing a person in a patronising or infantilising way
- Threats of harm or abandonment
- Cyber bullying

Possible indicators of psychological or emotional abuse

- An air of silence when a particular person is present
- Withdrawal or change in the psychological state of the person
- Insomnia

- Low self-esteem
- Uncooperative and aggressive behaviour
- A change of appetite, weight loss/gain
- Signs of distress: tearfulness, anger
- Apparent false claims, by someone involved with the person, to attract unnecessary treatment

Neglect - *failure to access medical care or services, negligence in the face of risk-taking, failure to give prescribed medication, failure to assist in personal hygiene or the provision of food, shelter, clothing; emotional neglect.* (See also self-neglect)

Types of neglect

Failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care

- Providing care in a way that the person dislikes
- Failure to administer medication as prescribed
- Refusal of access to visitors
- Not taking account of individuals' cultural, religious or ethnic needs
- Not taking account of educational, social and recreational needs
- Ignoring or isolating the person
- Preventing the person from making their own decisions
- Preventing access to glasses, hearing aids, dentures, etc.
- Failure to ensure privacy and dignity

Possible indicators of neglect

- Poor environment – dirty or unhygienic
- Poor physical condition and/or personal hygiene
- Pressure sores or ulcers
- Malnutrition or unexplained weight loss
- Untreated injuries and medical problems
- Inconsistent or reluctant contact with medical and social care organisations
- Accumulation of untaken medication
- Uncharacteristic failure to engage in social interaction
- Inappropriate or inadequate clothing

Financial abuse *in relation to people who may have needs for care and support -.*

Possible indicators of this include:

- *unexpected change to their will.*
- *sudden sale or transfer of the home*
- *unusual activity in a bank account*
- *sudden inclusion of additional names on a bank account*
- *signature does not resemble the person's normal signature*
- *reluctance or anxiety by the person when discussing their financial affairs*
- *giving a substantial gift to a carer or other third party*

- *a sudden interest by a relative or other third party in the welfare of the person*
- *bills remaining unpaid*
- *complaints that personal property is missing*
- *a decline in personal appearance that may indicate that diet and personal requirements are being ignored*
- *deliberate isolation from friends and family giving another person total control of their decision-making.*

Self-Neglect

Capacity is a highly significant factor in both understanding and intervening in situations of self-neglect

Self-neglect can happen as a result of an individual's choice of lifestyle, or the person may

- be depressed,
- have poor health,
- have cognitive (memory or decision making) problems, or
- be physically unable to care for self.

Types of self-neglect

- Lack of self-care to an extent that it threatens personal health and safety
- Neglecting to care for one's personal hygiene, health or surroundings
- Inability to avoid self-harm
- Failure to seek help or access services to meet health and social care needs
- Inability or unwillingness to manage one's personal affairs

Indicators of self-neglect

- Very poor personal hygiene
- Unkempt appearance
- Lack of essential food, clothing or shelter
- Malnutrition and/or dehydration
- Living in squalid or unsanitary conditions
- Neglecting household maintenance
- Hoarding
- Collecting a large number of animals in inappropriate conditions
- Non-compliance with health or care services
- Inability or unwillingness to take medication or treat illness or injury

Definitions of Child Abuse and Neglect

(All Wales Child Protection Procedures 2008)

A child is abused or neglected when somebody inflicts harm, or fails to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger. A child or young person up to the age of 18 years can suffer abuse or neglect and require protection via an inter-agency child protection plan.

Physical abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or caregiver fabricates or induces illness in a child whom they are looking after.

Emotional abuse

Emotional abuse is the persistent emotional ill treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate or valued only in so far as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. It may involve causing children frequently to feel frightened or in danger, for example by witnessing domestic abuse within the home or being bullied, or, the exploitation or corruption of children. Some level of emotional abuse is involved in all types of ill treatment of a child, though it may occur alone.

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. It may involve a parent or caregiver failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs. In addition, neglect may occur during pregnancy as a result of maternal substance misuse.

Sexual abuse

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

Child sexual exploitation (CSE)

'Child sexual exploitation is a form of sexual abuse where children are sexually exploited for money, power or status. It can involve violent, humiliating and degrading sexual assaults. In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status. Consent cannot be given, even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. Child sexual exploitation doesn't always involve physical contact and can happen online. A significant number of children who are victims of sexual exploitation go missing from home, care and education at some point.

Extracted from: What to do if you're worried a child is being abused advice to practitioners published in March 2015. GOV.UK

Financial abuse (not contained with the All Wales Child Protection Procedures)

Financial abuse could be misuse of Child's direct payment, Education Maintenance Allowance (EMA). It is likely to be linked to one or more other abuse categories.

Identifying significant harm

The Children Act 1989 introduced **the concept of significant harm** as the threshold that justifies compulsory intervention in family life in order to protect children. Significant harm is defined in the legislation as ill treatment or the impairment of health and development. It describes the effects of sexual, physical, emotional abuse or neglect, or a combination of different types. Local authorities have a statutory duty under the Children Act 1989 section 47 (1) (b) to make enquiries, or cause enquiries to be made, where they have reasonable cause to suspect that a child who lives, or is found in their area is suffering, or likely to suffer, significant harm.

There are no absolute criteria on which to rely when judging what constitutes significant harm. A single, serious event of abuse, such as an incident of sexual abuse or violent assault, might be the cause of significant harm to a child. However, more frequently significant harm occurs as a result of a long-standing compilation of events, which interrupt, change or damage a child's physical and psychological development. The significant harm resulting from the corrosive effect of long-term abuse is likely to have a profound impact on the future outcomes for the child.

Female Genital Mutilation (FGM)

Female Genital Mutilation (FGM) is illegal in England and Wales under the FGM Act 2003 (amended by sections 70-75, Serious Crime Act 2015) It is a form of child abuse and violence against women. FGM comprises all procedures involving partial or total removal of the external female genitalia for non-medical reasons.

There is a mandatory reporting duty which requires regulated health and social care professionals and teachers in England and Wales to report 'known' cases of FGM in under 18s which they identify in the course of their professional work to the police.

[Mandatory Reporting of Female Genital Mutilation – procedural information](#)

Appendix C

Domestic violence and abuse

The cross-government definition of domestic violence and abuse is:

any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- psychological
- physical
- sexual
- financial
- emotional

Domestic abuse and young people

- Young people in the 16 to 17 age group can also be victims of domestic violence and abuse.

Controlling behaviour

Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour

Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

A coercive or controlling behaviour offence came into force in December 2015. It carries a maximum 5 years' imprisonment, a fine or both. Victims who experience coercive and controlling behaviour that stops short of serious physical violence, but amounts to extreme psychological and emotional abuse, can be able to bring their perpetrators to justice.

APPENDIX D

Hate Crime

A Hate Incident is any incident which the victim, or anyone else, thinks is based on someone's prejudice towards them because of their race, religion, sexual orientation, disability or because they are transgender.

Further information on Hate Crime (including how to report a hate crime) can be found on the Bridgend Community Safety Partnership website. [Hate Crime Bridgend Community Safety Partnership](#)

Modern slavery and human trafficking

Modern Slavery is the term used within the UK and is defined within the Modern Slavery Act 2015. The Act categorises offences of Slavery, Servitude and Forced or Compulsory Labour and Human Trafficking.

These crimes include holding a person in a position of slavery, servitude forced or compulsory labour, or facilitating their travel with the intention of exploiting them soon after. Although human trafficking often involves an international cross-border element, it is also possible to be a victim of modern slavery within your own country.

It is possible to be a victim even if consent has been given to be moved.

Children cannot give consent to being exploited therefore the element of coercion or deception does not need to be present to prove an offence.

APPENDIX E

Safeguarding children in education

All schools will have an identified a **Designated Child Protection Teacher** (DCPT) with responsibility for safeguarding and child protection. All schools will also have their own child protection policy. The policy will identify the key personnel. Any concerns around safeguarding should be reported to the DCPT or the deputy in their DCPT's absence. Staff should ensure they keep full and accurate records of their concerns, including details of any disclosures, and should include action taken e.g. 'referred to DCPT'.

Record keeping is vitally important when dealing with safeguarding and records should be clear, precise and distinguish fact and opinion. Records must always include the name of the child, date of incident/concern, full name of the person making the record and details of action taken and people spoken to.

Although the Designated Child Protection Teacher is the person with responsibility for child protection and safeguarding, if a member of staff has concerns that a matter has not been addressed they can make a referral themselves. Remember Child Protection is everyone's responsibility and any individual can make a referral to children's services assessment team. Professionals cannot remain anonymous when making referrals.

APPENDIX F



If you require a Welsh language copy of the Request for Help form, or would prefer for the Assessment to be carried out through the medium of Welsh, please contact the Early Help mailbox.

REQUEST FOR HELP FORM

Please return the completed form for Early Help to:

earlyhelp@bridgend.gov.uk

Date of Referral: [Click here to enter a date.](#)

Is this a Child Protection referral?

If so, please send your referral to:

AssessmentTeamDuty@bridgend.gov.uk

1. Details of person completing request

Name:	Email:
Agency:	Telephone No:

2. Family / Young Person Contact Details

Home Address	
Telephone numbers	

3. Family Details – please provide details of all relevant family members

	Name	Live in household (Y/N)	Name of Nursery / School / College	Family relationship e.g. mother, son	Date of birth	M/F
Referred child 1						
Referred child 2						
Referred child 3						
Other 1						
Other 2						
Other 3						

(Tab down to increase rows)

Is the family currently open to Children's Safeguarding?

Is this referral for a Young Carers Assessment?

Is this a Step Up / Step Down referral?

4. Why do you consider a Joint Family Assessment or intervention is needed for this child / young person / family?

What are the worries for this child / young person / family? What has happened or what have you seen that has made you worried about this child / young person (past and current worries)?

What's going well for the child / young person? e.g. positive adult relationships (family, school, community), peer friendships, engaged in learning, interests, hopes, ambitions, positive outlook and sense of self, good problem solver, etc.

What additional help do you consider this child / young person / family needs in order to change?

5. Using the Threshold of Need document please indicate the current level of your concern

1. Universal	2a. Additional / 2b. Vulnerable	3. Complex	4. Acute
			Please follow Child Protection Procedure

6. Has the parent / carer consented to this referral being made; or is this a self-referral?

Early Help services are voluntary, and as such any referral made without consent will not be accepted

7. Risk Assessment

Are there any known risks relating to any person connected with this referral?

Is the reason for referral CSE (Child Sexual Exploitation)?

If the reason for referral is not specifically for CSE, are there CSE concerns?

If yes to any of the above please provide full details e.g. threats towards staff, history of domestic violence, substance misuse

Appendix G

Adult at Risk Referral Form (April 2016) – Confidential

Date alert / concern raised:	
Date of incident(s):	
Date received by DLM:	

1. Details of Adult at Risk	Client / Patient ID No:		
Last Name:		First Name:	
Date of Birth:		Age:	
Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>		
Address:		Postcode	
Tel Number:		Ethnicity:	
Interpreter required?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Preferred Language:	
GP's Name & Address		GP Tel Number:	
Does the adult at risk have an illness / disability or specific needs?	<input type="checkbox"/> Physical Disability/Frail Elderly <input type="checkbox"/> Learning Disability <input type="checkbox"/> Functional Mental Health <input type="checkbox"/> Organic Mental Health (Dementia) <input type="checkbox"/> Visual Loss/Blind/Partially Sighted <input type="checkbox"/> Hearing Loss/Deaf <input type="checkbox"/> Substance Misuse problems		
Is the adult at risk subject to any legislative powers? E.g. DoLS, Mental Health Act, Power of Attorney			
Next of Kin:		Relationship:	
Address:			
Telephone Number:			
Are there any other persons at risk living at the property?			
Please give details of any other professionals involved in their care.			
What action has been taken to safeguard the adult at risk?			

2. Consent / Capacity of Adult of Risk	Please include details of any recent capacity assessments.
Does the adult at risk have any difficulty in communicating? (Please explain)	
Is there any evidence to suggest that the adult at risk lacks mental capacity to consent to this referral?	
Has the adult at risk consented to this referral? If no, please explain the reasons why.	
If the adult at risk has capacity, do they consent to their information being shared with other agencies?	<input type="checkbox"/> Police <input type="checkbox"/> Health <input type="checkbox"/> Probation
What are the views and wishes of the adult at risk?	
Is there an overriding public interest reason to share this concern without consent? Please explain.	

3. About the alleged abuse	
Type of alleged abuse:	<input type="checkbox"/> Physical <input type="checkbox"/> Sexual <input type="checkbox"/> Emotional/Psychological <input type="checkbox"/> Financial <input type="checkbox"/> Neglect
Location of alleged abuse	<input type="checkbox"/> Own Home <input type="checkbox"/> Care Home Residential <input type="checkbox"/> Supported Tenancy <input type="checkbox"/> Hospital <input type="checkbox"/> Public Place <input type="checkbox"/> Shared Lives Scheme <input type="checkbox"/> Other <input type="checkbox"/> Relatives Home <input type="checkbox"/> Care Home Nursing <input type="checkbox"/> Perpetrators Home <input type="checkbox"/> Day Care <input type="checkbox"/> Sheltered Accommodation <input type="checkbox"/> Educational Establishment *Specific location E.g. Ward/Care Home.....
Is the abuse	Current <input type="checkbox"/> Historical <input type="checkbox"/>
Description of alleged abuse / injuries: (Please complete body map if relevant)	

Are there any further risks? If yes, please explain.	
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4. Details of suspected perpetrator(s)	
Last Name:	First Name:
Date of Birth:	Age:
Address:	Post Code:
Telephone Number:	
Relationship to adult at risk	
Is the perpetrator an adult at risk? If yes, explain why	
If the perpetrator is an adult at risk, do they have capacity to understand their actions?	
Occupation:	Employer
Is alleged perpetrator aware of the referral?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Additional perpetrator (please open up new perpetrator box)

5. Details of Witness(es)	
Last Name:	First name:
Date of Birth:	Age:
Address:	Post Code:
Telephone Number:	
Occupation:	
Relationship to adult at risk:	
Is witness an adult at risk? If yes, explain why.	

Additional witness (please open up new witness box)

6. Who has raised the concern?	This is the <u>first</u> person to whom the disclosure was first made – it may be a family member, witness, or a professional working with the adult at risk
Name:	
Date of Birth:	Age:
Address:	Post Code:
Telephone Number:	
Occupation:	Employer:

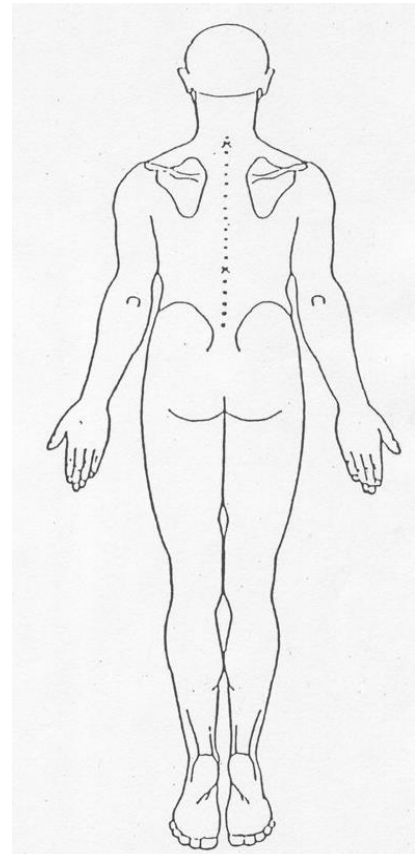
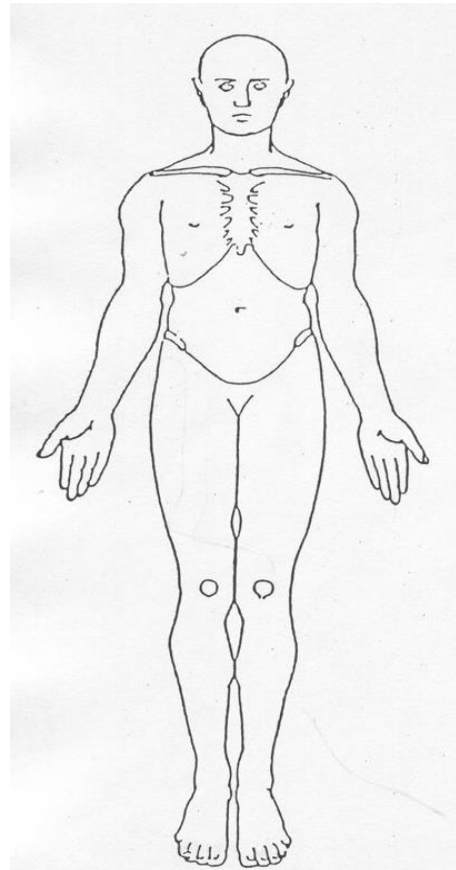
Relationship to adult at risk:	
Does the reporter wish to remain anonymous? If yes, explain why. (excludes professionals)	

7. Who is submitting the VA1?	
Name:	
Occupation / Employer details:	
Address:	Post Code:
Telephone Number:	
Date / Time submitted	

8. Additional Information	

Please provide details of any injuries, marks, bruising, wounds etc.:

Please use this section to identify the position of any marks, bruising, wounds etc.



Appendix H

South Wales Police Public Protection Unit

This unit assists local officers with some of the most sensitive criminal investigations, providing support and guidance for cases such as child and adult protection, domestic abuse, sexual offences, missing people and mental health.

The department also participates in MAPPA (Multi-Agency Public Protection Arrangements) with the probation service to effectively manage risks posed by violent and sexual offenders living in the force area.

The unit work with statutory partners and third sector agencies long after a case is closed in court to look after the wellbeing of victims and the general public.

The Police Bridgend and the Vale of Glamorgan Public Protection Unit can be contacted on 01656 305821.

Abertawe Bro Morgannwg University Health Board (ABMUHB)

The Health Board works closely with other agencies such as the police, social services and education to appropriately share information and safeguard adults and children at risk. Some of the situations children and adults at risk are affected by which require a safeguarding response include abuse & neglect, child sexual exploitation (CSE), domestic abuse, female genital mutilation (FGM), Deprivation of Liberty Safeguards (DoLS), Mental Capacity Act (MCA), human trafficking and radicalisation.

Under the Social Services and Well-Being (Wales) Act 2014 ABMU Health Board has a statutory duty to inform the local authority of any adults or children who may be at risk.

Follow the link below to access the ABMUHB Safeguarding pages for their Adults and Children Safeguarding teams contact details.

[Abertawe Bro Morgannwg University Health Board Safeguarding](#)