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1. Scope

1.1 Safeguarding Residents & Participants, their children, the wider community and all staff and volunteers is fundamental to every aspect of SIG service delivery. To ensure our continued commitment to safeguarding, SIG is committed to ensure a pro-active approach through implementing Psychologically Informed Environments and trauma informed support and care.

1.2. Staff: for the avoidance of doubt, where staff are referred to, this is acknowledged to include both permanent employees and bank workers, agency workers, volunteers, consultants, self-employed/contractors where applicable, work experience individuals, internships, and other placements. This is not meant to indicate employment rights where none exist.

1.3. For the purpose of this policy a resident and participant is someone for whom we are providing support or a service and includes:

- Any tenant or client in accommodation owned or managed by the SIG the Group and its subsidiaries
- Any person receiving outreach and or floating support
- Someone enquiring about or applying for our services
- This policy is also relevant to those who have previously received our services

1.4 Any person who uses, works in or visits a service, site or office in SIG has the potential to be an 'adult at risk'. This will include but not be limited to residents & participants, staff, family and friends of residents, etc. The Care Act Section 42 defines this as:

“An adult at risk of abuse or neglect is defined as someone who has needs for care and support, who is experiencing, or at risk of, abuse or neglect and as a result of their care needs - is unable to protect themselves.”

this shouldn't be restricted to someone who “uses the service” as the policy is not just to cover service users. It should say something like “”

1.5 Any adult at risk will always have their privacy, dignity, independence and choice respected at all times and they should be able to freely determine their own lives, make their own choices and take risks except when they are mentally incapable of doing so.

1.6 Legally there is a presumption of capacity unless the adult demonstrates otherwise. If someone has a mental health issue or difficulty this does not mean they don't have the capacity to understand. If the vulnerable adult has the capacity to understand abuse/exploitation and does not want to report it, SIG must respect their wishes whilst also complying with our duty to report the matter through the relevant channels (see Appendix 2: Mental Capacity Act 2005).

1.7 It is possible that information may come to light around safeguarding concerns for vulnerable adults and children who do not access SIG services. SIG staff are expected to follow safeguarding procedures for anyone they encounter, or incidents/allegations reported to them as per this policy.

1.8 Psychologically Informed Environments (PIE) is a framework which considers:

- The physical and social environment

- The training and support given to staff
- The psychological framework – or understanding
- The relationships within the service
- How outcomes are measured and evaluated
- Reflective practice

1.9 Because of this, SIG is committed to ensuring the service creates an environment that responds to disclosures of abuse in the following ways:

Physical & Social Environment

Ensuring that we utilise our environments to the best of our ability to ensure private and confidential places exist to allow Residents & Participants to open up about potential abuse/neglect

The training and support given to staff

All staff are given opportunities to attend mandatory safeguarding training from both SIG and the Kent Safeguarding Board

The psychological framework – or understanding

Understanding that abuse/allegations of abuse are part of the person and are not seen in isolation. SIG understands that working with Adults at Risk people should be focused on strengths and solution focused approaches

The relationships within the service

The service has a positive environment that allows all staff, managers, Residents & Participants and the wider community to feel safe, secure and validated through transparency, honesty and continued learning

How outcomes are measured and evaluated

Ensuring that safeguarding is first and foremost in our minds and that outcomes never take precedent over the wellbeing and safety of Residents & Participants, staff and the wider public.

Reflective practice

The service ensures that a culture exists of reflective practice through effective supervisions, meetings and protected time to ensure continued development and learning

1.10 To support effective safeguarding of people experiencing homelessness in partnership with Local Authorities (LA) and Safeguarding Adult Boards (SABs), SIG staff and services will consider NICE guideline 214 - "Integrated health and social care for people experiencing homelessness" [Appendix 4] in their work. Aside from following the guideline themselves to best support residents and participants, SIG staff and services have a role in supporting Local Authorities and their Safeguarding Adults Boards to adhere to the guideline. This means SIG staff and services:

- are aware of and pay due regard to NICE guideline 214
- make safeguarding referrals for people experiencing homelessness with due regard to their needs
- collecting data and providing analysis on homelessness as requested
- offering access to people with lived experience (with their consent)
- seeking recommendations and learning on homelessness from LAs strategic plans and safeguarding adults reviews

- promoting awareness to signs of abuse and neglect with people experiencing homelessness and statutory requirements relating to safeguarding this population

2. Definitions

Legislation is available to protect our Residents & Participants, ourselves and the wider community. Do not be afraid to use in line with Evidence Based Practice:

2.1 Care Act 2014: The act helps to improve people's independence and wellbeing through limiting the impact and exposure to abuse and neglect. It makes clear that local authorities must provide or arrange services that help prevent people developing needs for care and support or delay people deteriorating such that they would need ongoing care and support. It replaced 'No Secrets' 2000. See appendix one for more details.

2.2 Mental Capacity Act 2005: The Mental Capacity Act (MCA) is designed to protect and empower people who may lack the mental capacity to make their own decisions about their care and treatment. It applies to people aged 16 and over. See appendix two for more details

2.3 Equality Act 2010: The Act legally protects people from discrimination in the workplace and in wider society. It replaced previous anti-discrimination laws with a single act.

2.4 Children and Families Act 2014: This aims to ensure that children, young people and their families are able to access the right support and provision to meet their needs.

2.5 Children's Act 1989/2004: The act allocates duties to local authorities, courts, parents, and other agencies, to ensure children are safeguarded and their welfare is promoted. The Act is to promote (co-ordination) between multiple official entities to improve the overall well-being of children. The 2004 Act also specifically provided for further vulnerabilities, such as disabled children.

2.6 Sexual Offences Act 2003: This act aimed to include more offenses described as sexual offenses and a greater focus on consent.

2.7 Forced Marriage Act 2007: is an act that seeks to assist victims of forced marriage, or those threatened with forced marriage, by providing civil remedies. Those at risk can apply for a Forced Marriage Protection Order (FMPO) to stop the marriage taking place.

2.8 Prevent Strategy 2011: The purpose of *Prevent* is to stop people from becoming terrorists or supporting terrorism. This includes countering terrorist ideology and challenging those who promote it, supporting individuals who are especially vulnerable to becoming radicalized, and working with sectors and institutions where the risk of radicalization is assessed to be high

2.9 GDPR/Data Protection Act 2018: The General Data Protection Regulation ("GDPR") came into force on the 25 May 2018. It is a European law which governs what we can and cannot do with people's personal data. The UK has supplemented this further with the Data Protection Act 2018 to safeguard people's data/information.

3. Types of Abuse

Abuse can occur in different ways and it is important that staff are aware of all of these, so they can recognise when they might be occurring.

Physical Abuse

Pain, injury, physical harm

Domestic Abuse

Use of power and control over romantic partners/ family members (not just physical)

Neglect/Self-Neglect

Someone (or yourself) denying you your basic human rights

Financial/Material Abuse

Theft, fraud, extortion (including legal documents such as wills)

Psychological/Emotional Abuse

Insults, bullying, threats, humiliation, ridicule

Discriminatory Abuse

Treating someone differently based on 9 Protected Characteristics. See appendix 4

Organisational Abuse

When professionals abuse their power when supporting vulnerable people e.g., breaches of confidentiality without just cause, treating people differently, culture of abuse

Sexual Abuse

Any sexual activity carried out without continued consent from the individual. See appendix 4

Modern Slavery

People working in forced conditions or not in line with basic rights, i.e. not earning minimum wage (See appendix 3 for more info)

Historic Abuse

Not all abuse that is disclosed to you will be occurring or have just occurred. Someone may open up to you about incidents that may have happened weeks, months or even years ago. If that is the case, then consider the following:



Evidence: Take what the person says seriously but do not explore past the key details



Can someone still be at risk? Is there a name of a person who could be harming further people? (i.e., a person who is being accused of child abuse who works with children). If so, act immediately by calling 999



What does the service user want? With it being historic, is the person ready to get support for this? If not, is there other services that can support the person?



Build support: If the person wants to disclose, support the person to be clear what they want and to go to the police for disclose

If a historic abuse allegation is made, speak to the Service Manager, Head of Service, or another manager immediately after the disclosure is made to ensure appropriate action is taken.

It may also be appropriate to review the Missing Persons Policy and Whistleblowing Policy dependent on the nature of the allegation.

4. Roles and Responsibilities

Safeguarding is everyone's responsibility within the organisation, however there are structures and governance in place to ensure that we appropriately report, understand and mitigate risks of abuse across the organisation.

Board

The Board of Trustees has a designated safeguarding lead whose responsibility it is to oversee the charities compliance with its policy and legal duties regarding safeguarding.

EMT provide quarterly reports to the Board of Trustees outlining any safeguarding concerns and referrals made by Senior Management.

Executive Management Team (EMT)

The Director of Compliance, Risk and Audit is the Responsible Safeguarding Lead for SIG and the subsidiaries.

SIG Management have a responsibility to monitor all allegations of abuse and complaints to assess and highlight potential problems and abuse to Residents & Participants. Senior Management will notify the CEO where necessary of any concerns relating to the safety of staff and Residents & Participants.

The Safeguarding Review Group meets monthly to review the organisations safeguarding register in order to ascertain the ongoing risks within the organisation, but also, and more importantly, the action taken by SIG or other stakeholders. Where appropriate and necessary this Group can further escalate matters of concern to external stakeholders where they feel risk continues to be present, and appropriate mitigations are not in place.

All Other Staff

Staff, contractors and volunteers will be held accountable to comply with and follow this policy and procedure but are also Safeguarded through its intentions and process. Any member of this group who is considered a child or adult at risk will be risk assessed as part of their induction and additional reasonable adjustments put in place to support them. Lone workers/partners will also fall into this category, both to protect them and reduce the risk of undue allegations against them.

Members of this group should notify their line manager or the People & Culture team if they have any concerns of a Safeguarding nature. They may also utilise the Whistleblowing procedure if considered necessary.

Where staff have concerns they should speak to their line manager or Head of Service to discuss their concerns. If though the concern is immediate and neither is about they should contact the safe guarding lead in the local authority.

If a safeguarding alert is to be raised, then staff should complete an AINM form and submit to the Director of Compliance, Risk and Audit. If they are not available, staff should contact a member of the Senior Management Team. If though the concern is immediate and neither is about they should contact the safe guarding lead in the local authority.

Each service has a monthly forum where AINMs are reviewed which includes the safeguarding alerts or concerns. The Head of Service has a monthly AINMS meeting reviewing the risks, patterns, trends, learning and training needs across their services, which is then shared with the safeguarding review group.

SIGs commitment to becoming a Psychologically Informed Environment means that any learning, reflections and issues from safeguarding cases in those reports will be fed back to staff and Residents & Participants in a timely manner to ensure a culture of transparency, safety and continued learning.

5. Safer Recruitment

Please refer to our Safer Recruitment policy and procedure for full details.

6. Safeguarding Children and Young People

SIG works with many Residents & Participants who have children or may be in contact with children. We also work with Residents & Participants who are under statutory licence not to be in contact with children due to previous offences committed against children, or offences where children may have been at risk.

It is important that staff are aware of child safeguarding responsibilities so that they can always remain vigilant.

SIG' properties do not allow children under the age of 18 into them without a risk assessment taking place and permission from staff. Any breach of this code should be considered a serious breach due to the potential increased risk presented to children within our properties.

6.1 Types of Abuse – Children

Physical Abuse	Psychological/Emotional Abuse	Neglect
Pain, injury, physical harm	Feeling worthless, unloved, witnessing domestic abuse	A parent/care giver or another adult denying basic human rights

Sexual Abuse*

Any sexual activity carried out on children or young people by an adult. Include contact abuse (physical contact) and non-contact abuse (non-touching activities)

Female Genital Mutilation

A girl's vulva being cut for religious/cultural reasons

Child Sexual Exploitation

Receiving something such as gifts, money or affection as a result of performing sexual activities or others performing sexual activities on them

Gangs/County Lines

Gang culture can lead to confrontations and criminal activities. 'County lines' specifically is when gangs and organised crime networks exploit children to sell drugs across the country

Radicalisation

Being manipulated to believe in extreme political/social views. Usually through online methods. See Radicalisation section above

Modern Slavery/ Child trafficking

Being forced to work or working in unsafe conditions. This also includes the illegal movement of children for the purposes of work or sex. This also covers people avoiding child labour laws

The above list should not be seen as the exhaustive list of all forms of abuse, rather examples of the type of abuse staff may become aware of. For more information, it is advisable to contact your Safeguarding Board:

*Sexual abuse – if you are unsure of how to proceed, you can contact the NSPCC for further support and information:

NSPCC Helpline on [0800 800 5000](tel:08008005000)

Email: help@nspcc.org.uk.

Trained professionals will talk through your concerns with you and give you expert advice.

6.2 Missing Children

If you become aware that a child has gone missing, it is important that you contact the police on **101** immediately or **999** if it is an emergency and discuss with the Head of Services or another manager as soon as possible.

6.3 Safeguarding Children Proactively

When safeguarding children, we can also look at it in terms of Every Child Matters (2003) to ensure we are not just focused on crisis points, but instead taking a proactive and preventative approach. This required that every child should have support to be able to:



Stay safe Be healthy Enjoy and
achieve Make a positive Achieve
contribution economic
wellbeing





If you believe a child may not be achieving these, speak to your manager or head of services. Safeguarding referrals may not be needed, but it may be an opportunity to offer further support.

7. Managing a Safeguarding Concern





7.1 Raise a Safeguarding Alert/Request for Support

Please check the website for your local borough safeguarding team to the most up to date information. All services should ensure that this information is readily available within the service/office so that any staff member knows who to contact.

For adults:

			 Emergencies
Call	Email	Out of hours	
Your local borough safeguarding team	Your local safeguarding team	Check the number with the local safeguarding team	999

For children:





			 Emergencies
Call	Email	Out of hours	
Your local borough safeguarding team	Your local safeguarding team	Check the number with your local safeguarding team	999

Prior to raising any safeguarding alert, speak to the Service Manager, Head of Service, or another manager to discuss your concerns and get support.

If though the concern is immediate and neither is about they should contact the safe guarding lead in the local authority.

Please see appendix 5 for more information

7.2 How to respond when a Safeguarding allegation is made

			
Remain calm	Take what the person says seriously	Clarify understanding but do not ask	Reassure the person that they were right to tell you

detailed/ leading
questions



Do not make promises
of confidentiality



Be open and honest:
explain you may have
to share concerns with
others



Immediately record in
writing using their
words. Never
summarised



Get help, support and
reflection from your
colleagues and/or
your manager

7.3 Limited Re-traumatisation

When someone discloses to you neglect or abuse, it is important that in line with creating a Psychologically Informed Environment we limit the chance or re-traumatizing an individual. Some of the key areas to avoid include:

**Lack of privacy
when disclosing**

**Being asked
overly personal
questions**

**Feeling
powerless or
controlled**

**Feeling people
are in authority
over them**

**Personal space
being violated
(hugging)**

**A professional
not being
comfortable
discussing the
disclosure**

**Betrayed by
professionals**

**Knowledge being
held back by
professionals**

**Residents &
Participants
voice and wants
not being
listened to**

**Not being
believed**

Ensure that after the person has opened up to you about the disclosure, we limit the chance of re-traumatization through:



Check in on how
safe that person
is feeling



What support do
they have?



If there is no
support, can we
find them some?



Agree when we
will check in/
follow up to



If they feel any
re-traumatize
feelings
happening,
encourage self-

ensure ongoing
wellbeing

soothing and
grounding
techniques

7.4 The Impact on You: Vicarious Trauma

The term vicarious trauma (Perlman & Saakvitne, 1995), sometimes also called compassion fatigue, is the term that describes the phenomenon generally associated with the “cost of caring” for others (Figley, 1982). Other terms used for compassion fatigue are:

- Secondary traumatic stress (Stemm, 1997)
- Secondary victimization (Figley, 1982)

Vicarious trauma is the emotional residue of exposure from working with people. This happens when you hear people’s trauma stories and become witnesses to the pain, fear, and terror that trauma survivors have endured. Vicarious trauma is not ‘burn out’ which can happen over time, instead it is a state of tension and preoccupation of the experience described by Residents & Participants. Signs and Symptoms can include:

**Having
difficulty
talking
about
feelings**

**Anger/
irritation**

**Startle
effect/
being
jumpy**

**Addictions:
alcohol,
food,
gambling,
etc**

**Sleep
difficulties**

**Worried
you are not
doing
enough**

**Diminished
joy**

**Feeling
trapped in
your job**

**Not getting
satisfaction
from your
job**

**Intrusive
thoughts of
trauma**

**Feeling of
hopelessness**

**Blaming
others**

**Black &
white
thinking**

**Dissociative
thinking**

7.5 Limit the Effects of Vicarious Trauma

Unfortunately, you cannot always stop the above effects, but you can limit the damage by identifying the effects of Vicarious Trauma and taking active steps to limit the impact of it and learn from the experience. SIG commitment to maintaining a Psychologically Informed Environment means that the following are available to staff:

**SIG
commitment to
staff:**



PIE

Creating a safe space for all

Allowing an environment where reflective practice happens

Providing an Employee Assistance Programme (24hr telephone support)

Providing supervision to all staff

Utilising any opportunity to continue to build PIE into day-to-day activities



Your individual commitment:

Ensure you take your breaks and being honest on what you can achieve



Ensure you utilise supervision and reflective practice for continued development



Use your manager and colleagues for support and continued wellbeing



Remember that you are human, and this can happen to anyone!

8. Information Sharing/Data Protection and GDPR

GDPR/Data Protection Act (DPA) 2018 have tightened up the information gathering/sharing that organisations can do to protect individuals. However, if you have concerns about sharing information about a safeguarding matter – whether within the service or externally, you are always authorised to do this to safeguard individuals.

DPA 2018 asks the following key questions:

- *What safeguarding data do you hold which is personal data?*
- *Where and when did you get it?*
- *Where is it held?*
- *How do you keep it secure?*
- *Who do you share it with?*
- *Who has access to it?*
- *Why do you need it?*
- *How long do you need it for?*
- *What did you tell people you were going to do with it?*
- *Why do you think you're allowed to process it?*

As long as all the above questions can be answered and justified, SIG can hold the information and share the information with relevant parties (Social Care, Police, Partnership Agencies and any other relevant stakeholder).

It is always advisable to gain people's consent if you are to make safeguarding alerts or inform other services to ensure transparency and improve safe and positive relationships. However, **you are always able to pass information without this consent if you feel there is the need to do so based on Safeguarding concerns.** Always



Speak to a manager before a decision is made and make sure all decisions are recorded and there is an update confidentiality/information sharing document for the service user.

Appendix 1 – Using the Care Act 2014

The Care Act is the key piece of legislation when safeguarding adults. However, sometimes we can make a referral that does not result in the outcome we feel is acceptable for the abuse/neglect the person has suffered/suffering from. To help us make the best possible referrals and to challenge any decision we do not feel is appropriate, please use the below guidance.

Care Act Assessment

The local authority must carry out an assessment if a person appears to have care and support needs, regardless of their nature or level (section 9). They must then decide whether the person's needs are eligible to be met (section 13) when judged against the national eligibility criteria and whether there is a duty (section 18/20) to meet them.

- Local authorities must assess anyone who appears to have **any level of needs for care and support**.
- Assessment is not a **gateway to services but an intervention in its own right. It is a crucial way to help a person understand their needs and how they can be met.**
- For the assessor they must establish the full extent of the needs, including those currently met by a carer. **This so called 'carer blind' aspect** of assessment is new. It aims to ensure that the entirety of a person's needs are identified.

An assessment should **identify**:

- Clearly define and evidence care and support **needs**
- What outcomes the individual is looking to achieve to maintain or improve their **wellbeing**
- How care and support might help in achieving those **outcomes**
- Draw on personal, community and family **assets** to promote independence

Safeguarding Boards should also ensure that they are:

- Person centred, involving the individual and **any person** they might want involved.
- Establish the **total extent** of the needs, **going beyond the presenting need** and assessing the **impact on wellbeing** and the individual's desired outcome.
- If necessary, the LA must use supported decision making.
- Eligibility can only be decided **after** an assessment.

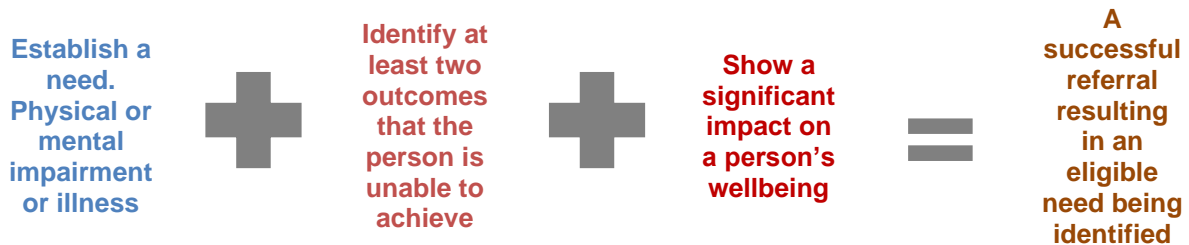
Eligibility Criteria

The adult's needs arising from or related to a physical or mental impairment or illness. Importantly with respect to the housing sector, the LA should base their judgement on the assessment of the adult and a formal diagnosis should not be required

(Care Act Statutory Guidance 6.105)

As a consequence of being unable to achieve these outcomes there is, or there is likely to be a **significant impact** on the adult's **wellbeing**.

The key is to establish a need that arises from a physical or mental impairment or illness. A mental impairment could cover a mental health condition (whether that condition is diagnosed or not), brain damage such as Wernicke–Korsakoff syndrome, or autism and related conditions.



Eligibility questions

- Is unable to achieve the outcome without assistance.
 - Is able to achieve the outcome without help but to do so causes significant pain, distress or anxiety.
 - Is able to achieve the outcome without assistance but doing so endangers others.
 - Is able to achieve the outcome without assistance but takes significantly longer than would be normal.
- (Care Act Statutory Guidance 6.106)**

The Care Act clearly defines nine outcomes that everyone in our society has the right to:

1. Managing and maintaining nutrition
2. Maintaining personal hygiene
3. Managing toilet needs
4. Being appropriately clothed
5. Being able to make use of the home safely
6. Maintaining a habitable home environment
7. Developing and maintaining family or other personal relationships
8. Accessing and engaging in work, training, education or volunteering
9. Making use of necessary facilities or services in the local community including public transport and recreational facilities or services
10. Carrying out any caring responsibilities the adult has for a child

The Care Act also discusses the impact of not receiving desired outcomes on their wellbeing. They define wellbeing as:

- personal dignity
- physical and mental health and emotional wellbeing
- protection from abuse and neglect
- control by the individual over their day-to-day life
- participation in work, education, training or recreation
- social and economic wellbeing
- domestic, family and personal domains
- suitability of the individual's living accommodation
- the individual's contribution to society.





**Social
Interest
Group**

(via personal, family
and community
resources)

To support you further, you can find a useful toolkit here for helping to gather evidence based on the Care Act: <http://www.voicesofstoke.org.uk/care-act-toolkit/>

Appendix 2: Mental Capacity Act 2005

Two stage assessment:

1. Is the person unable to make the decision in question at the time it needs to be made?
2. Is this inability as a result of an impairment of, or disturbance in the functioning of the mind or brain?

Four stage capacity test:

1. Does the person have an **understanding** of the key points of the decision that needs to be made, and why they need to make it? Do they understand the likely consequences of making the decision, or not making it?
2. Is the person able to **use and weigh** the information relevant to the decision?
3. Is the person able to **retain** the information relevant to the decision for long enough to make the decision?
4. Is the person able to **communicate** the decision by any means?

If a person is unable to do any one or more of these things, they are considered unable to make the decision. Do not feel the pressure to make any final decision unless you are worried about immediate risks (i.e. a heavily intoxicated service user). Utilise your evidence to work with your colleagues, your manager and mental health services so that the person receives the best outcome possible.

“An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests”

Mental Capacity Assessment Section 1

For further information, the British Medical Association have produced a toolkit:

<https://www.bma.org.uk/advice/employment/ethics/mental-capacity/mental-capacity-toolkit>

Appendix 3: Modern Slavery

Slavery is an umbrella term for activities involved when one person obtains or holds another person in compelled service.

Someone is in slavery if they are:

- forced to work through mental or physical threat
- owned or controlled by an 'employer', usually through mental or physical abuse or the threat of abuse
- dehumanised, treated as a commodity or bought and sold as 'property'
- physically constrained or have restrictions placed on his/her freedom

The following definitions are encompassed within the term 'modern slavery' for the purposes of the Modern Slavery Act 2015.

These are:

- 'slavery' is where ownership is exercised over a person
- 'servitude' involves the obligation to provide services imposed by coercion
- 'forced or compulsory labour' involves work or service extracted from any person under the menace of a penalty and for which the person has not offered himself voluntarily
- 'human trafficking' concerns arranging or facilitating the travel of another with a view to exploiting them.

Signs can include:

- No identification on the individual as it has been taken off them by the perpetrators
- Threats of being returned to country of origin, told that no one will believe them or that they are in the wrong and will face punishment
- Having no access to money
- Being paid money but given less than the minimum wage
- Not realising they are slaves
- Living in cramped conditions or others being forced to live with them

Source: <https://www.unseenuk.org/modern-slavery/modern-slavery>

Please note: A Modern Slavery statement is mandatory for all organisations with a turnover of £36m or more.

Appendix 4 – Further Details on Types of Abuse

Consent – Sexual Abuse

Any kind of sexual activity that happens without consent is illegal. This includes suggestive comments, showing people sexual images, touching and groping as well as sexual activity. Consent can be given and then retracted. And just because someone didn't say 'no', that doesn't mean they've consented. People we work with may not be clear on this and may not be aware they have been a victim of a sexual assault. Some areas to consider when supporting people:

- Did both parties participate freely and readily?
- What was your body language? Did you feel too scared to say no but your body language was closed off?
- Being too intoxicated on drugs/alcohol means you cannot consent
- Someone who is asleep, or unconscious cannot consent
- Capacity matters: mental health issues, learning disabilities, head injuries. If someone cannot communicate the decision, understand the consequences or understand choice then they cannot consent
- People have the right to withdraw consent at any time. Once consent is withdrawn for anything, the behaviour must stop

Protected Characteristics: Discriminatory Behaviour

In line with the Equality Act 2010, no one should be treated any differently based on the following:



Age



Disability



Gender reassignment



**Marriage/Civil
Partnership**



**Pregnancy &
Maternity**



Race



Religion/ belief



Sex



Sexual Orientation

Treated differently based on these protected characteristics are counted as Discriminatory Abuse.

The above list should not be seen as the exhaustive list of all forms of abuse, rather examples of the type of abuse staff may become aware of. The following are some further examples that services such as SIG could encounter:

Cuckooing

This is when an adult at risk has their property taken over by individuals, usually organised crime gangs for the purpose of the distribution/supply of drugs. This is often linked to 'County Lines' where organised crime gangs

utilise national networks to distribute drugs, crossing local authority boundaries and therefore making targeted responses challenging. If you suspect this, speak to your manager and inform the police.

Forced Marriage

Forced marriage is when someone is forced to marry someone they do not consent to. This can be family members perpetrating the act or through modern slavery. This is different to Arranged Marriage where people consent to the process. The government offers a specific national unit that supports people with this and can issue Forced Marriage Protection Orders which were introduced in 2008. For further support, please contact:

Forced Marriage Unit

fm@fco.gov.uk

Telephone: 020 7008 0151

From overseas: +44 (0)20 7008 0151

Monday to Friday, 9am to 5pm

Out of hours: 020 7008 1500 (ask for the Global Response Centre)

Female Genital Mutilation

FGM is the practice of mutilation to a female's vulva. It is often practiced due to cultural reasons, but it is illegal (Female Genital Mutilation Act 2003) and can cause considerable physical and emotional pain both in the short-term and the long-term. This usually occurs in childhood, but adults may disclose this has happened to them. If this occurs, it is important you support the person in getting support and help them understand what happened to them was illegal and that support is available. For further advice, see Historic Abuse disclosures below.

Radicalisation

This is when a person adopts radicalised political or social views due to input by third parties. Classically it is children/young people who are radicalised, yet this can occur in adults too. A person who has been radicalised can both be defined as a victim and as a potential perpetrator. People who 'recruit' often focus on people with low esteem, who are maybe victims of bullying, and maybe victims of discrimination. Their aim is to make the person feel like they are about to belong to something and to reject friends and family. The signs that a person may have been radicalised includes:

- Isolating themselves from others
- Talking as if from a script
- Unwilling or inability to discuss their views
- A sudden disrespectful attitude towards others
- Increased levels of anger
- Increased secretiveness, especially around internet use

Prevent Strategy 2011

If you feel there is an immediate threat to the individual or others, call 999 immediately. If **there is no immediate threat**, you can:

Call the local Prevent team

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Email: enquiries@socialinterestgroup.org.uk

Registered number 9122052 and with the Charity Commission number 1158402

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**Call the Police on 101 or Anti-Terrorist Hotline on 0800 789 321
Complete an [online report form](#).**

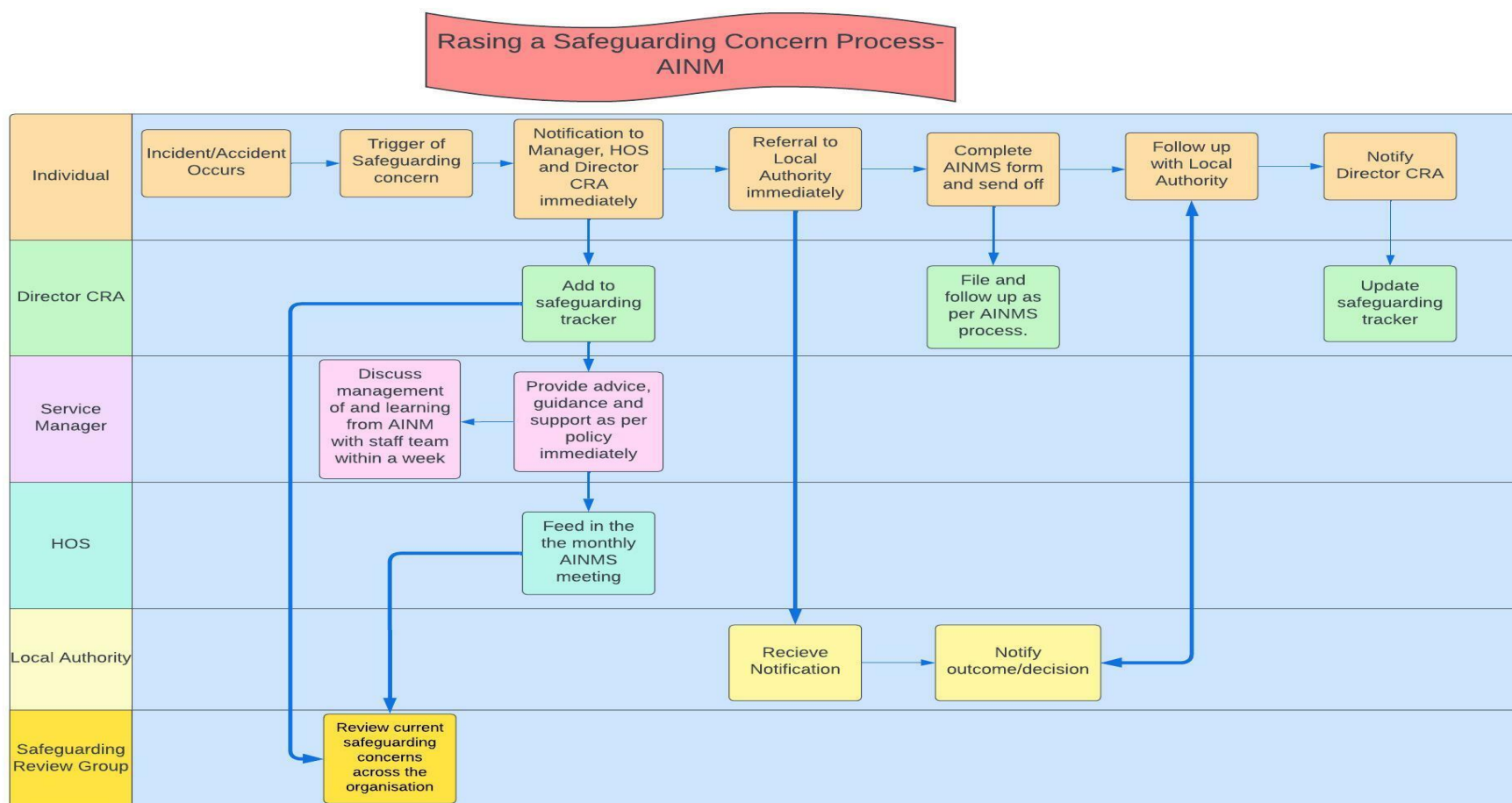
Appendix 4: References

- NSPCC – a full overview of child protection and child safeguarding: www.NSPCC.org.uk
- Every Child Matters 2003 - <https://www.gov.uk/government/publications/every-child-matters>
- Radicalisation/possible terrorist threat: <https://www.met.police.uk/tua/tell-us-about/ath/possible-terrorist-activity/>

Pearlman, Laurie A., & Saakvitne, Karen W. (1995). Trauma and the Therapist: Countertransference and Vicarious Traumatization in Psychotherapy with Incest Survivors. New York: W.W. Norton, xix, pp.451

- Stamm, B.H. (1997). Work-related Secondary Traumatic Stress. PTSD Research Quarterly, (8) 2, Spring.
- Figley, C. (1982). Traumatization and comfort: Close relationships may be hazardous to your health. Keynote presentation at the Conference, Families and close relationships: Individuals in social interaction, Texas Tech University, Lubbock, Texas, February.
- Modern Slavery Act 2015: <https://www.gov.uk/government/collections/modern-slavery-bill>
- <https://www.nice.org.uk/guidance/ng214/resources/integrated-health-and-social-care-for-people-experiencing-homelessness-pdf-66143775200965>

Appendix 5 – Managing Allegations Flow Chart





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