

# BRIGHTER FUTURES

SAFEGUARDING POLICY | CHILDREN & ADULTS



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If you have immediate concerns about the well-being/safety/safeguarding of someone who uses Brighter Futures, or for your own safety/safeguarding, please contact a Designated Safeguarding Person:

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## 1. Introduction

*Brighter Futures (BF) believes that it is always unacceptable for a child or young person or adult to experience abuse of any kind and recognises its responsibility to safeguard the welfare of all children and young people and adults who may be at risk by a commitment to practice which protects them from harm, abuse and neglect.*

The Social Services and Well-Being (Wales) Act 2014, part 7 Safeguarding defines safeguarding of people of all ages as preventing and protecting from harm, abuse and neglect, children and adults who may be at risk, and educating those around them to recognise the signs and dangers. All organisations are expected to have procedures that ensure a safeguarding report is made to the appropriate local authority where there is reasonable cause to suspect that an individual is at risk of, or experiencing, harm, abuse or neglect.

A child is defined in law (Children Act 1989 and maintained in the SSWBA) as anyone aged below his or her 18<sup>th</sup> birthday. Child protection procedures following a safeguarding report recognise the earlier legislation, but current practice requires that every effort is made to ensure that each child/young person is empowered to be fully participative in their own safeguarding.

Concerns about children may come to our attention in a variety of ways, they may not be our direct contacts or service users, but children of staff/volunteers, visiting children, children in the community near our premises. No child in need of safeguarding will be ignored.

Brighter Futures also works with those over the age of 18 and recognises that the SSWBA means that there is a statutory duty to protect adults who are at risk under the definition of the Act: – anyone over 18 years of age who is experiencing or is at risk of abuse or neglect and has needs for care and support (whether or not the authority is meeting any of those needs), and as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.(S 126 of the Social Services and Well-being Act 2014).

BF recognises that the people who make up our workforce, adult volunteers, staff and trustees/directors, could all be an adult at risk at some point in time and we must safeguard each individual where concerns are raised.

The Act confers a duty to report on the relevant partners to the local authority who are mainly statutory agencies. Sometimes this duty can be placed upon a voluntary organisation if there is a requirement within contracts or SLAs with another agency. Where this occurs, BF will inform staff and volunteers accordingly.

BF also has a duty of care to all the people with whom it works, who work or volunteer for BF, and all people who come into contact with BF, however briefly. This may, at times, include the family members of those noted.

Following the principles of the SSWBA, Brighter Futures has an approach to the safeguarding of children, young people and adults which is based on their rights, as described in the United Nations Declaration on the Rights of the Child and the Human Rights Act. We also comply with all aspects of the Equalities Act.

We recognise:

- The welfare of the individual is paramount and enact the well-being duty
- All people, regardless of age, disability, gender, racial heritage, religious belief and sexual orientation or identity have the right to protection from all types of harm and abuse.
- Working in partnership with children, young people, adults, their parents and family, carers and other agencies is key in empowering individuals within their family unit or personal circumstances, to achieve their well-being potential.

## 2. The purpose of this policy and procedures:

- To provide protection for the children, young people, and adults who may be at risk who access Brighter Futures services.
- To provide all staff and volunteers with guidance on their conduct so that they will at all times act to uphold the rights of the people they work with and alongside
- To provide all staff and volunteers with procedures they should adopt in the event that they suspect that a child or young person or adult may be experiencing, or be at risk from, some form of harm, abuse or neglect.
- To guide staff on responding appropriately to and reporting safeguarding concerns within and, when necessary, beyond, Brighter Futures.

All staff and volunteers who are placed in roles in direct contact with our clients/beneficiaries are encouraged, and staff with specific safeguarding responsibilities are expected, to access the Wales Safeguarding Procedures by app or website: [www.safeguarding.wales](http://www.safeguarding.wales) for reference and guidance, and to comply with the Procedures.

## 3. To whom the policy applies

*This policy applies to all staff, in this instance "staff" relates to all paid employees, seconded employees, volunteers, mentors, students, agency workers, contract, sessional and unpaid workers and the Board of Trustees working on behalf of Brighter Futures in any capacity and in any setting.*

### Role of the Board

The Board of Trustees are held ultimately and collectively responsible for the safeguarding within their charity/charitable organisation by the Charity Commission. The Board must ensure it has sufficient oversight of the actions and activities that constitutes safeguarding. The Board requires a safeguarding report every 6 months and to be informed immediately should a situation arise that could require a serious incident report be made to the Charity Commission. A serious incident report must be made in a timely fashion should an individual come to harm due to actions or lack of actions on the part of BF. The lead Trustee for Safeguarding will be The Chairperson.

## 4. Safeguarding Team

Brighter Futures has designated certain people with specific responsibilities with regard to Safeguarding. These staff are trained to carry out their duties, undertaking Group C training (National Training Standards) and related ongoing professional development.

Anyone who has concerns about the well-being/safety/safeguarding of people who use Brighter Futures or concerns for their own safety/safeguarding should contact the Designated Safeguarding Persons as soon as possible:

Jayne Penney [jayne@brighterfuturesrhyl.co.uk](mailto:jayne@brighterfuturesrhyl.co.uk) 01745 798350

Katherine Park [katy@brighterfuturesrhyl.co.uk](mailto:katy@brighterfuturesrhyl.co.uk) 01745 798350

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The Designated Safeguarding Person role:

- Review the policy and procedures on a regular basis.
- Provide advice and support employees.
- Respond to concerns/cases reported and ensure that Safeguarding Reports are prepared and submitted when required.
- Report to and liaise with Senior Management/Board.
- Implement the training strategy.

### 4.1 Safeguarding Adviser

A senior advisor will be appointed from the board each year, His/Her responsibilities include:

- Developing Brighter Futures' strategic approach to Safeguarding, oversight of the policy and procedures.
- Providing advice and support employees, where it is not appropriate that the DSPs should do so.
- Oversight of reporting, to the Board and from the Board (to Charity Commission etc.)
- Auditing the operation of the policy and procedures.
- Oversight and promotion of the training strategy.

## 5. Abuse

### 5.1 What is Abuse?

Abuse can be a single act or multiple acts or ongoing neglect or single or multiple forms of malpractice. It can take place anywhere; at home, in schools, swimming pools and supermarkets, all venues in the community.

There are 5 main categories of abuse which apply equally to adults and children, under the headings listed below. Further details can be found in Appendix 1 (page 11) but this may be distressing for some people to read. If you are affected, speak to a Safeguarding Person.

**Physical abuse**

**Emotional abuse**

**Sexual abuse**

**Financial abuse**

**Neglect**

## **Safeguarding and Preventing abuse**

Safeguarding is about preventing the possibility of abuse before it occurs. This means that we have a policy in place, people named and procedures outlined before abuse takes place, before we offer our activities. Policies are kept up-to-date and are reviewed regularly to ensure they work properly and are improved where necessary. One of the key ways to prevent abuse is to take every reasonable step to expect that the people we bring into BF are the right people for the roles they will undertake.

## **Safer Recruitment**

Our safe recruitment policy and procedures should be referred to prior to any offer of employment.

## **Use of Disclosure and Barring Service checks**

Brighter Futures currently engages the online services of U-check to conduct all DBS and barring checks for all employees and volunteers engaging in regulated activity to ensure we make safer recruitment decisions and prevent unsuitable people from working with vulnerable adults and children.

Enhanced checks are undertaken to ensure no schedule one offenses exist for all employees.

## **Safeguarding Training**

All new recruits to paid or volunteer roles, including trustees/directors, etc. receive an induction into the policies and procedures which make up our safeguarding policy, amongst other company policies, such as H&S etc. They are asked to sign up to a code of conduct which lays down clear expectations of the way in which they will work with our service users and with their colleagues.

All staff/volunteers/trustees/directors are required to attend safeguarding training that befits their roles as laid down by the National Safeguarding Training Learning and Development Standards; this means Group A learning for all, Group B training for those whose roles include direct work with children, young people and adults, Group C learning for the Safeguarding Team and Advisor evidenced by a portfolio of learning, and possibly Group F training for Trustees/Directors. Training determined in our policy must be viewed as mandatory. Attendance is logged and repeated non-attendance will be viewed as misconduct.

## **5.2 Recognising Abuse**

Staff are not expected to be safeguarding experts. They are expected to put their safeguarding learning into practice in all circumstances. They should be alert to signs of distress and symptoms that raise their concerns or suspicions, which should be discussed with a Designated Safeguarding Person. However, there are a number of circumstances under which staff might have concerns that a person has been or is being abused:

- A person may tell you about abuse they have experienced at any point in the past
- A third party – a parent, relative, carer, another child or young person, another adult, other professionals, neighbour – sharing concerns

Staff may also become concerned through observing:

- A bruise or injury which is unusual; for example, on a part of the body which is not normally prone to such injuries (on soft tissue such the cheeks of the face)
- Injuries or ailments which require but have not received medical attention (such as nits or a skin ulcer)
- Cigarette burns or bite marks
- Unexplained changes in behaviour either over time or suddenly, for example becoming aggressive, quiet or withdrawn
- None-attendance at our projects or activities

- Reluctance to get changed or ensuring they are covered up; for example, wearing long sleeves in hot weather
- A sudden or gradual lack of trust in certain adults; for example, parent, carer, staff member with whom you would usually expect them to have or once had a close relationship
- The person being discouraged or prevented from making friends or from socialising with others
- The person becoming unusually dirty or unkempt, wearing inappropriate clothing; for example, sandals in the snow
- Changes to eating patterns, use of alcohol and recreational drugs or misuse of prescribed medication
- Self-harming or attempts to self harm
- Age inappropriate sexual knowledge
- Sexually inappropriate behaviour

You may hear reports of

- The person developing a disturbed sleeping pattern
- Changes in their homelife or domestic arrangements; for example, becoming homeless, people moving in or out of the home
- Running away from home

The above list is not exhaustive

Many children and young people and a number of adults will exhibit some of these indicators at some time and the presence of one or more should not be taken as proof that abuse is occurring. There may be other reasons for changes in behaviour such as a death or crisis in the family. The knowledge that staff develop about our clients over a period of time may help them to understand whether there is cause for concern.

NB It is not the role of BF or anyone within it to investigate or prove that abuse is taking place.

It is your role to access emergency help if needed. You must consider; does this person need immediate police protection, emergency medical treatment, or has a crime been committed? If yes, call 999. Log all interactions, actions and outcomes.

### **5.3 What to do if someone discloses an abusive act or experience**

A person confides to someone that they are being, or have been, abused when they hold that person in a position of trust.

Staff should:

- Be clear that they cannot keep secrets and that they have to pass on information within BF if they think a person has been or is being harmed in some way.
  - React calmly. Panic may frighten or silence the person.
  - Tell the person they were right to tell.
  - Make it clear the person is not to blame.
  - Take what is said seriously, even if the way some things are described are not clear to you
  - Keep questions to an absolute minimum, ask only to ensure a clear and accurate understanding of what is being said. Repeat back exactly what the person said to them and check "is that right?"
- Consent
- Once you suspect that the conversation will lead to a safeguarding issue which may have to be reported beyond BF, you MUST have a consent conversation with an adult, and it is good practice to have a

consent conversation with anyone under the age of 18 years – the Safeguarding Lead must ensure that this conversation takes place

- Children – you must be prepared to make a safeguarding report about a child but you should judge from your knowledge of them, based on their age and understanding, whether to ask them for their consent to BF making a safeguarding report about them. In some cases, this could increase the risk to that child, and therefore it should not be discussed. Sometimes it can help the child feel that they have greater control over the process and feel part of a team. If you ask and they say “no”, you must explain that BF has a legal duty to protect a child/young person from abuse, neglect or harm, and you will have to share relevant information about them to get help to keep them safe. You must also ask about their views, wishes and feelings regarding the situation and consider how these can guide you.
- Adults – adults with mental capacity have a right to refuse their consent for a safeguarding report to be made. Start by assuming that each person has mental capacity, and if you have reason to think this is not the case, they will need a mental capacity assessment from a qualified professional. If an adult refuses their consent, you may still make a safeguarding report if; someone is at risk from the same situation; they are under the undue influence of someone pressurising them not to give consent; a practitioner/worker/volunteer is causing the abuse, neglect or harm. You must also ask about their views, wishes and feelings regarding the situation and consider how these can guide you. Aim to keep the adult informed about what will happen next even if they have withhold their consent.
- Remember, it is up to Social Services/the Police to investigate fully. (Don’t think you have to know everything, or every detail – don’t “fill in the blanks”).
- Make a full record of what is said, heard and seen as soon as possible. Note any witnesses. Sign and date your record.
- Do not delay in passing the information onto a line manager, a Designated Safeguarding Person, or in their absence, Social Services or the North Wales Police.
- Making a safeguarding report is not a matter of staff choice and may be a legal duty. Where this applies, you will be informed.
- Everyone is expected to share their concerns in line with this policy with a designated safeguarding team member or safeguarding advisor within 24 hours of an issue arising

## 6 What to do if you have a concern

If you have concerns for the safety of a person you should inform a Designated Safeguarding Person as soon as reasonably possible, and within 24 hours of the issue coming to your notice.

### 6.1 Roles & responsibilities

Both recognising and responding to abuse can be a complex matter.

*It is not the responsibility of Brighter Futures to decide whether or not abuse has taken place. It is the responsibility of staff at Brighter Futures is to act if there is cause for concern, in order that the appropriate agencies can investigate and take any action necessary to protect a child, young person or adult.*

Any suspicion, allegation or incident of abuse must be reported to the Safeguarding Adviser **in the same working day**.



If the member of staff is not happy with the response they receive, or cannot contact the Safeguarding Adviser, they should refer the matter to Social Services.

The member of staff should record the allegation/incident/suspicion. It is important that all concerns are properly recorded. Brighter Futures has a standard Safeguarding & Child Protection Report form to help people record relevant information. These forms **must** be used if you have a concern. Provide the information you have at the time; don't delay by waiting for information you don't hold.

In completing the form it is important not to write speculative comments but to stick to the facts. Staff's opinion may be crucial but it should be recorded as an opinion and any evidence stated to support these opinions. Records pertaining to issues of safeguarding or protection may be made accessible to third parties such as Social Services, Police, the Courts and Solicitors.

The Safeguarding Adviser to whom the concerns are reported has responsibility for deciding whether to make a safeguarding report to the relevant Social Services Department and/or the Police. Referrals should preferably be made within the same working day and certainly within 24 hours. It is the responsibility of the Safeguarding Adviser to follow the guidance of Social Services regarding *whether* the parents/carers of the child or young person to *should* be informed of the referral.

On occasion, a child or young person may abuse another child. Child protection procedures should be followed in those situations.

Adults who have learning disabilities or mental health issues may sometimes abuse others. Adult safeguarding procedures should be followed in these circumstances.

## **6.2 What happens to reports?**

If the Safeguarding Person decides to report the concern because it clearly demonstrates a reasonable cause to suspect that the individual is experiencing or at risk of abuse, neglect or harm, they will do so by telephone within 24 hours. They will follow up the phone call by submitting a safeguarding report in writing within 3 days of making the telephone call.

If the individual has a known Social Worker, they or their manager or, in their absence, the Duty Social Worker will be informed immediately. If it is not known, or the individual is not known to Social Services, the Duty Officer will be contacted.

The Safeguarding Person will ensure that in reporting any incident that a Social Worker or Social Work Manager is spoken to directly and will make a note of name of the Social Worker spoken to and the action proposed.

If someone other than a named Safeguarding Person makes a safeguarding report, they must provide the name and contact details of a named Safeguarding Person.

## **6.4 Responding to allegations of abuse or inappropriate or dangerous behaviour against a member of staff**

Regardless of the age of the person affected, if an allegation of abuse or inappropriate conduct is made against a member of staff, volunteer, trustee or person in a position of trust or placed in regulated activity, then this **must** be reported to a member of the Safeguarding team **immediately**.

Concerns about staff must be treated with the same rigour and confidentiality as other concerns. If there are concerns that abuse has taken place the Safeguarding Adviser will pass this information to the Social Services Department (Local Authority Designated Officer) following section 5 of the WSP and/or the Police for investigation.

The Safeguarding Adviser and senior managers will also need to refer to our Disciplinary Policy and Procedure and decide whether the member of staff should be suspended pending a full investigation. No-one will be allowed to be "let go" without action following the airing of an allegation; all allegations will be investigated to their conclusion.

BF will take every step to ensure the process is fair and consistent towards everyone involved. The subject of the allegation will be kept appropriately informed throughout the process. They are entitled to have a representative or colleague accompany them to all meetings and formal proceedings.

Staff working in regulated activity found to have caused harm to a child in their care due to their actions or lack thereof, once removed from regulated activity due to this conduct (dismissed, re-deployed, resigned) will be referred to the DBS for barring consideration, under the duty to refer.

### **6.5 After an allegation**

After an allegation or suspicion about a safeguarding concern has been investigated, there are likely to be strong feelings among staff, clients, parents and possibly among the wider community, which will need to be addressed. There are likely to be issues of:

- Communication – rumour or fact
- Guilt and blame – if suspicions have been around for some time
- Impact – on individuals, of the nature of what occurred and to whom

The line manager or committee, in conjunction with the Safeguarding Adviser, will give careful thought to the provision of appropriate support. Anyone who suffers emotional distress due to their involvement in safeguarding matters will be provided with support and access to professional help.

All incidences of allegations made against a person who is part of BF as a worker, volunteer, trustees, director, etc. will be reported to the Board, who must consider making a serious incident report to the Charity Commission/other regulator/major funders/insurers, etc.

## **7. Working with Partner Organisations**

Brighter Futures is committed to working in partnership with other agencies. When this involves an agreement for another organisation to provide services on its behalf, Brighter Futures will ensure that the partner organisation has appropriate safeguarding policies in place which will be equally as robust as our own and include adult and child safeguarding policies and procedures, sound recruitment and selection practices and complaints procedures for users.

The written agreement or protocol detailing the services to be provided should include the procedure to be followed in the event of concerns about child and adult abuse. The purpose of this is to ensure clarity as to which organisation is responsible for taking action in specific circumstances. If the delivery partner is responsible for taking action, the agreement should stipulate that Brighter Futures must be informed of all incidents.

If a member of staff becomes aware of allegations of abuse relating to a partner organisation, this should be discussed in the first instance with the Safeguarding Team.

\* The Safeguarding Adviser for Brighter Futures may change annually, should a coordinator not be in post all issues should be taken to the Company chairperson.

The nominated advisors for Brighter Futures are: Jayne Penney, Katy Park, and Jayne Penney, the safeguarding lead trustee is The Chairperson. (forming the Safeguarding team)

Date this version approved

Review date

Signature of Chair \_\_\_\_\_

Signature of the Safeguarding Advisors \_\_\_\_\_

## Appendix 1

### What is abuse?

Wales Safeguarding Procedures [www.safeguarding.wales](http://www.safeguarding.wales) definitions (subject to change, always check the app/website for updates):

Abuse - 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).

Financial abuse includes theft, fraud, pressure about money, misuse of money.

Emotional abuse is the ongoing emotional maltreatment of a child. It's sometimes called psychological abuse and can seriously damage a child's emotional health and development. Emotional abuse can involve deliberately trying to scare or humiliate a child or isolating or ignoring them. Children who are emotionally abused are often suffering another type of abuse or neglect at the same time. Emotional abuse includes: humiliating or constantly criticising a child threatening, shouting at a child or calling them names making the child the subject of jokes, or using sarcasm to hurt a child blaming, scapegoating making a child perform degrading acts not recognising a child's own individuality, trying to control their lives pushing a child too hard or not recognising their limitations exposing a child to distressing events or interactions such as domestic abuse or drug taking failing to promote a child's social development not allowing them to have friends persistently ignoring them being absent manipulating a child never saying anything kind, expressing positive feelings or congratulating a child on successes never showing any emotions in interactions with a child, also known as emotional neglect.

Neglect - 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).

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

Child neglect - a failure on the part of either the male and/or female caregiver or pregnant mother to complete the parenting tasks required to ensure the developmental needs of the child are met. This failure may be associated with parenting issues such as such a drug and alcohol misuse. Neglect should be differentiated from poverty and occurs despite reasonable resources being available to enable the carer/s to complete the parenting tasks to a good enough standard. Whilst neglect is likely to be ongoing and cause cumulative harm one-off incidents and episodic neglect can affect the health and development of the child. There are a range of parenting behaviours that can be described as neglect:

- Medical neglect: a failure to seek and provide appropriate medical, dental and optical care
- Nutritional neglect: occurs when the carer fails to pay sufficient attention to the diet for the child who may become obese or fail to thrive
- Supervisory neglect: happens when the carer fails to provide the level of guidance and supervision that ensures the child is safe and protected from harm
- Educational neglect: is more than securing school attendance it includes a failure on the part of the carer to provide an environment allowing the child to achieve their cognitive potential
- Physical neglect: happens when the child does not receive appropriate physical care necessary for their age and development and/or where the child lives in a physical environment that is not conducive to their health and development healthy and/or is unsafe
- Identity neglect occurs when a parent or carer fails to recognise and address the child or young person's needs in terms of culture, religion, gender and sexuality.

Physical abuse means deliberately hurting a child or young person. It includes: physical restraint; such as being tied to a bed, locked in a room inflicting burns cutting, slapping, punching, kicking, biting or choking stabbing or shooting withholding food or medical attention drugging denying sleep inflicting pain shaking or hitting babies fabricating or inducing illness (FII).

Towards an adult - This includes hitting, slapping, over or misuse of medication, undue restraint or inappropriate sanctions.

Harm means abuse or the impairment of (a) physical or mental health, or (b) physical, intellectual, emotional, social or behavioural development. The references to 'harm', in relation to section 47 enquiries, referred to in handling individual cases vol 5, means significant harm. Therefore, practitioners must where the question of whether harm is significant turns on the child's health or development, the child's health or development is to be compared with that which could reasonably be expected of a similar child.

#### Psychological abuse

Threats of harm or abandonment, coercive control, humiliation, verbal or racial abuse, isolation or withdrawal from services or supportive networks, witnessing abuse of others

Towards an adult - 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.

#### Sexual abuse

Child – Contact abuse involves: touching activities where an abuser makes physical contact with a child, including penetration. It includes: sexual touching of any part of the body whether the child's wearing clothes or not rape or penetration by putting an object or body part inside a child's mouth, vagina or anus forcing or encouraging a child to take part in sexual activity making a child take their clothes off, touch someone else's genitals or masturbate. Non-contact abuse involves: non-touching activities, such as grooming, exploitation, persuading children to perform sexual acts over the internet and flashing. It includes encouraging a child to watch or hear sexual acts, not taking proper measures to prevent a child being exposed to sexual activities by others meeting a child following sexual grooming with the intent of abusing them online abuse including making, viewing or distributing child abuse images allowing someone else to make, view or distribute child abuse images showing pornography to a child sexually exploiting a child for money, power or status (child exploitation)

Adult - includes rape and sexual assault or sexual acts to which the adult has not or could not consent and / or was pressured into consenting.

#### Sexual exploitation

Sexual exploitation is the coercion or manipulation of children or adults at risk into taking part in sexual activities. It is a form of sexual abuse involving an exchange of some form of payment which can include money, mobile phones and other items, drugs, alcohol, a place to stay, 'protection' or affection. The vulnerability of the individual and grooming process employed by perpetrators renders them powerless to recognise the exploitative nature of relationships and unable to give informed consent.

#### Abuse by a practitioner/worker/volunteer

Where a professional whose work, either in a paid or voluntary capacity, brings them into contact with children or adults at risk, or have caring responsibilities for children or adults, and their employment brings them into contact with children or adults at risk, who are then in a position of trust and abuse or neglect children or adults at risk in their care

#### Also:

child criminal exploitation - under the age of 18 years is involved in criminal activities including the movement of drugs or money which results in personal gain for an individual, group or organised criminal

gang. It involves an element of exchange and can still be exploitation even if the activity appears consensual. CCE involve force and/or enticement-based methods of compliance and is often accompanied by violence or threats of violence. It is typified by some form of power imbalance in favour of those perpetrating the exploitation.

Modern slavery describes forced labour practices with the perpetrator – the slave master- trapping and controlling the victim. The most common form of modern slavery is sexual exploitation. Labour exploitation is the second most common form of slavery occurring most frequently in the agricultural, food, hospitality and construction sectors. Victims may be vulnerable UK or foreigner citizens.

Child trafficking describes the recruitment, transportation, transfer, harbouring or receipt, of a child which includes an element of movement from one place to another. The child may be suffering abuse through sexual exploitation, criminal exploitation, forced labour or domestic servitude, slavery, financial exploitation, illegal adoption or removal of organs. It occurs to those up to the age of 18 years old.

Adult trafficking describes the recruitment, transportation, transfer, harbouring or receipt, of an adult at risk which includes an element of movement from one place to another. The adult at risk may be suffering abuse through sexual exploitation, criminal exploitation, forced labour or domestic servitude, slavery, financial exploitation, or removal of organs.

Domestic violence or abuse is abusive behaviour taking place in a relationship as a way for one person in that relationship to gain or maintain control over another. It includes physical sexual emotional psychological and financial abuse.

Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons The FGM mandatory reporting duty is a legal duty provided for in the FGM Act 2003 (as amended by the Serious Crime Act 2015). The legislation requires regulated health and social care professionals and teachers in England and Wales to make a report to the police if they have reason to believe a girl under the age of 18 years has been subject to FGM. The duty does not apply in relation to at risk or suspected cases or in cases where the woman is over 18. In these cases, local safeguarding procedures should be followed.