

## Safeguarding adults and children at risk policy

<b>Document applies to:</b>	<b>All staff</b>
<b>Version control:</b>	This document can only be considered current when viewed via the 'policies and procedures' section on the intranet. If this document is printed or saved to another location, please check that the version is current and valid, with reference to 'date reviewed'.

### Statement

St. Margaret's has a specific role and responsibility in relation to safeguarding and a duty to safeguard and promote the welfare of all adults and children at risk, with whom they have contact.

Safeguarding means protecting a person's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action (Care and Support Statutory Guidance DoH March 2016).

Although not all staff and volunteers have direct contact with adults and children within their role it is important that they have an understanding of safeguarding issues should a particular concern be brought to their attention and be able to identify a person who is at risk of abuse and know how to respond accordingly.

### Definitions

#### Categories of abuse

The DoH Care Act (2014) statutory guidance lists 10 types of abuse, but states that local authorities should not limit their view of what constitutes abuse or neglect to those types, or the different circumstances in which they can take place. These are:

- Physical abuse
- Domestic abuse
- Sexual abuse
- Psychological/emotional abuse
- Financial or material abuse
- Modern slavery
- Discriminatory abuse
- Organisational or institutional abuse
- Neglect and acts of omission
- Self-neglect

This is not an exhaustive list but a guide to the sort of behaviour which could give rise to a safeguarding concern, as set out in the Care and Support Statutory Guidance document (DoH 2016). Appendix 1 provides a definition of each type of abuse.

#### Adults

A vulnerable adult is someone who is aged 18 years or over who is or may be in need of care by reason of mental or other disability, age or illness.

The aims of adult safeguarding are to:

- Stop abuse or neglect wherever possible
- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs

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- Safeguard adults in a way that supports them in making choices and having control about how they want to live
- Promote an approach that concentrates on improving life for the adults concerned
- Raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect
- Provide information and support in accessible ways to help adults understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult
- Address what has caused the abuse.

An adult at risk may be unable to take care of themselves or protect themselves from significant harm or serious exploitation. A vulnerable adult at risk may be a person who:

- Has a physical or sensory impairment/disability
- Is physically frail or has a chronic illness
- Has a mental illness or dementia
- Has a learning disability
- Is elderly or frail
- Misuses drugs and/or alcohol
- Has social or emotional problems
- Exhibits challenging behaviour or personality disorder
- Is limited in their capacity to make decisions and is in need of care and support. A person with capacity may also be at risk

A person's vulnerability depends on their circumstances and environment and each case must be considered individually. This is not an exhaustive list.

### Children

The Children Act 2004, Section 11, places a legal duty on all health organisations to ensure that in discharging their functions, they have regard to the need to safeguard and promote the welfare of children. A child is someone who is under the age of 18 (Definition from Safeguarding Vulnerable Groups Act 2006) The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change his/her status or entitlements to services or protection (Somerset Safeguarding Children Board)

Safeguarding is defined in Working together to safeguard children (UK Gov 2015) as:

- protecting children from maltreatment
- preventing impairment of children's health and development
- ensuring children grow up in circumstances consistent with the provision of safe and effective care and
- taking action to enable all children to have the best life chances. (Definition from Working Together 2015)

There are four main categories of child abuse or exploitation to be aware of:

- **Physical abuse** – Can include direct acts of physical injury upon a child that are not the result of an accident. This can also include tasks or errands that a child clearly cannot manage safely.
- **Emotional abuse** – Persistent and emotional ill treatment of a child that severely impacts on their behaviour and development. It can include persistent criticism, humiliation or discrimination. In addition, it includes children who are frightened, exploited or corrupted.
- **Sexual abuse and exploitation** – Involves forcing or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening. This may involve physical contact and can include exposure or failure to prevent the exposure of children to all forms of pornography and sexual

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acts encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including via the internet).

- **Neglect** – is a pattern of failing to provide for a child's basic needs, whether it be adequate food, clothing, hygiene, supervision or shelter. It is likely to result in the serious impairment of a child's health or development. Neglect may occur if a parent becomes physically or mentally unable to care for a child, or impair their ability to keep a child safe. Neglect may occur during pregnancy as a result of maternal drug or alcohol abuse.

All staff should be aware that the first signs of child abuse or neglect may not be the presence of an obvious physical injury. Indicators can present in various ways; by verbal disclosures by a child or adult; by changes in the child's usual behaviour or demeanour or by indications that the family is under extreme stress; by a series of events which, whilst not of extreme concern in themselves, are significant if viewed in their entirety.

### Related hospice documents

- [Whistleblowing policy](#)
- [Complaints and concerns policy](#) and [Complaints and concerns procedure](#)
- [Consent policy](#) and [Consent procedure](#)
- [Data Protection Policy](#)
- [Safeguarding adults and children at risk procedure](#)
- [Safeguarding adults and children risk assessment form \(non-patient\)](#)
- [Social Media Policy](#)

### Responsibility/Accountability

Head of Human Resources	<ul style="list-style-type: none"> <li>• Ensure relevant post holders and volunteers new to the organisation are checked through the Disclosure and Barring Service (DBS) process in line with employment policies</li> <li>• Ensure that where staff members are implicated as alleged perpetrators of abuse that correct disciplinary procedures and reporting processes are followed</li> </ul>
Safeguarding Lead	<ul style="list-style-type: none"> <li>• Keep updated with legislative and local/national policy changes or developments in relation to safeguarding</li> <li>• Ensure all staff and volunteers undertake relevant safeguarding training</li> <li>• Keep careful confidential notes of the concern, including all that has happened, date, times and what was said by whom. This information may be needed later</li> <li>• Undertake an initial investigation to establish facts</li> <li>• Refer to Adult Social Care/Children's Social Care without delay if there are concerns regarding the safety and wellbeing of an adult or child at risk</li> </ul>
Education	<ul style="list-style-type: none"> <li>• Ensure relevant training is available and completion monitored</li> <li>• Ensure staff and volunteers undertake relevant safeguarding training as part of the induction programme and in line with the mandatory and statutory training policy</li> <li>• Ensure on-going training and access to operational guidelines are available to support staff in practice</li> </ul>

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Line Managers	<ul style="list-style-type: none"> <li>• Ensure staff attend relevant mandatory training sessions and released from duties to do so</li> <li>• Use supervision and appraisal meetings to ensure staff attend and understand the training offered in relation to safeguarding</li> <li>• Inform the education team of further development and training needs of staff with regard to safeguarding</li> <li>• Ensure staff understand issues of consent and confidentiality and recognise the principle of sharing information on a 'need to know basis' only</li> <li>• Ensure concerns raised are reported to the safeguarding lead or most senior member of staff</li> </ul>
All Staff and volunteers	<ul style="list-style-type: none"> <li>• Attend training provided</li> <li>• Read and understand the policy and discuss with the line manager or a senior manager if they do not understand what is expected of them</li> <li>• Follow the safeguarding procedure and raise <u>any</u> suspicion or concern about safeguarding with the line manager or the most senior member of staff on duty/ manager on call and the safeguarding lead</li> <li>• <u>Not to</u> undertake an investigation. All incidents of suspected or actual harm of vulnerable adults must be reported to Adult Social Care/Children's Social Care to investigate. This is with the agreement of the safeguarding lead or most senior manager on duty.</li> <li>• Keep careful confidential notes of the concern, including all that has happened, date, times and what was said by whom. This information may be needed later.</li> </ul>

### Compliance with statutory requirements

CQC KLOE:

S3: Are there reliable systems, processes and practices in place to keep people safe and to safeguard them from abuse and neglect?

E6: Is people's consent to care and treatment always sought in line with legislation and guidance?

### Scope

The policy ensures staff and volunteers are alert to indications of abuse and able to take appropriate action to prevent it from occurring. Any adult is potentially vulnerable if they need support from others to meet their basic human needs.

Risk occurs as a result of abuse, threat of violence, exploitation, or when there is some significant and avoidable lack of care and support. The aim is to create a framework of procedures for reducing risk of abuse and dealing with incidents of abuse.

The Care Act 2014 sets out the local authority's responsibility for protecting adults with care and support needs from abuse or neglect. The Care and Support Statutory Guidance (revised March 2016) Chapter 14 "Safeguarding" replaces the previous statutory guidance relating to adult safeguarding ("No Secrets" Department of Health 2000). The Care Act 2014 is vital to ensure clear accountability, roles and responsibilities for helping and protecting adults with care and support needs who are experiencing, or at risk of, abuse or neglect as a result of those needs. Local authorities are given a lead role in coordinating local safeguarding activity.

The Act sets out a clear legal framework for how local authorities and other parts of the system (including health providers) should protect adults at risk of abuse or neglect. The Local Authorities new safeguarding duties mean that they must:

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- **lead a multi-agency local adult safeguarding system** that seeks to prevent abuse and neglect and stop it quickly when it happens
- **make enquiries, or request others to make them**, when they think an adult with care and support needs may be at risk of abuse or neglect and they need to find out what action may be needed
- **establish Safeguarding Adults Boards**, including the local authority, NHS and police, which will develop, share and implement a joint safeguarding strategy
- **carry out Safeguarding Adults Reviews** when someone with care and support needs dies as a result of neglect or abuse and there is a concern that the local authority or its partners could have done more to protect them
- **arrange for an independent advocate** to represent and support a person who is the subject of a safeguarding enquiry or review, if required.

The following six key principles, as set out in many national Safeguarding Adults documents - most recently the Care and Support Statutory Guidance (2014), must underpin all adult safeguarding work:

- **Empowerment** – People being supported and encouraged to make their own decisions and informed consent.
- **Prevention** – It is better to take action before harm occurs.
- **Proportionality** – The least intrusive response appropriate to the risk presented.
- **Protection** – Support and representation for those in greatest need.
- **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- **Accountability** – Accountability and transparency in delivering safeguarding.

### Reporting Concerns

Staff and volunteers have a duty to report any allegation or suspicions of abuse, current or historical and should follow the [Safeguarding adults and children at risk procedure](http://ssab.safeguardingsomerset.org.uk/wp-content/uploads/2016/03/Amended-Prevent-and-Channel-Referral-Guide.pdf) or the PREVENT / CHANNEL procedure <http://ssab.safeguardingsomerset.org.uk/wp-content/uploads/2016/03/Amended-Prevent-and-Channel-Referral-Guide.pdf>

This may include concerns regarding care within the hospice, in the patient's home or other institutions that have become apparent during the course of assessment or during conversations with outside contacts such as family or the primary health care team. Accurate and full documentation must take place in a contemporaneous manner, avoiding the use of abbreviations. The Adults Risk Threshold Tool from the Somerset Safeguarding Adults Board should be referred to for guidance:

<http://ssab.safeguardingsomerset.org.uk/wp-content/uploads/2016/04/Adult-Safeguarding-Risk-Threshold-Tool.pdf>

Where abuse, current or historical, has been alleged or is suspected, St Margaret's safeguarding lead or most senior member of staff must be notified who will notify Adult Social Care/Children's Social Care after an initial investigation to collect the facts. Initial contact may be by telephone but must be followed up by encrypted email or in writing within two working days. Where there is doubt regarding the capacity of a vulnerable adult please refer to the [Consent policy](#) and [Consent procedure](#).

Where intervention by an agency is not required, the situation is monitored by staff with regular assessments of patient and contact with the family if appropriate and reported to the safeguarding lead.

There is a legal requirement for all allegations of abuse to be reported to the Care Quality Commission by means of a statutory notification under outcome 20 (regulation 18).

### Mental Health Act and Safeguarding

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Where a patient is subject to the Mental Health Act 1983 (as amended in 2007) all aspects of the care and treatment required for their mental disorder is coordinated by their responsible clinician. The safeguarding team and care coordinators work closely with responsible clinicians to ensure responsible clinicians are aware of any safeguarding concerns, and can take them into account when exercising their powers under The Mental Health Act (i.e. when making decisions about granting leave and imposing conditions on the leave).

### **Mental Capacity and Safeguarding**

Care and Support Statutory Guidance 2014 Section 14.47 states that mental capacity is frequently raised in relation to adult safeguarding. The requirement to apply the MCA in adult safeguarding enquiries challenges many professionals and requires utmost care, particularly where it appears an adult has capacity for making specific decisions that can place them at risk of being abused or neglected.

Staff should also be alert to the potential abuse of an adult at risk by an attorney or deputy. If staff have concerns about the actions of an attorney acting under a registered Enduring Power of Attorney (EPA) or Lasting Power of Attorney (LPA), or a Deputy appointed by the Court of Protection, they should contact the ASC Safeguarding team and follow the [Safeguarding adults and children at risk procedure](#).

### **Deprivation of Liberty Safeguards (DoLS) and Safeguarding**

Staff need to consider whether DoLS applies to patients they care for. DoLS applies when a patient has a mental disorder, is 18 years or over and does not have the capacity to make decisions. It is possible for a deprivation of liberty to occur in a domestic setting, where neither the DoLS nor The Mental Health Act may apply.

### **Domestic Abuse and Safeguarding**

Staff have a duty to ensure the safety of anyone suspected of experiencing domestic abuse. Staff must ensure they undertake specific risk assessments and make appropriate referrals. For further advice and guidance staff should contact the SCC Safeguarding Team.

### **Multi-Agency Public Protection Arrangements (MAPPA) and Safeguarding**

MAPPA is designed to ensure that there is a co-ordinated approach to the management of dangerous offenders and sexual offence offenders. For further advice and guidance staff should contact the SCC Safeguarding Team.

### **Whole Service Concerns**

This relates to care settings where there are safeguarding concerns for more than one individual. Whole Service Concerns are managed by Somerset County Council Safeguarding Team. For Whole Service Concerns please contact the SCC Safeguarding Adults Lead.

### **Contacts:**

Somerset County Council Tel: 0300 123 2224

Out of office hours safeguarding people concerns can be discussed with the Somerset County Council Emergency Duty Team (EDT) on 01458 253241.

Somerset Safeguarding Adults Board <http://ssab.safeguardingsomerset.org.uk/>

### **Principles of good practice when working with children**

In general, it is inappropriate for staff and representatives to:

- spend excessive time alone with children away from others (including in vehicles) or spend time in a child's home unless exceptional circumstances apply
- take children to residence of staff

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- inappropriately use children to solicit support – financial or otherwise
- promote any form of child labour – exploitative or otherwise.

Staff and representatives must never:

- hit or otherwise physically assault or physically abuse a child
- have sexual intercourse, or engage in any sexual activity, with anyone under the age of 18, regardless of the local age of consent – mistaken belief in the age of the child is not a defence
- act in ways that may be abusive
- place a child at risk of abuse or exploitation, or be aware of these and do nothing about it.
- exploit their own position with a child by making them run errands, do domestic work or carry out other forms of economic exploitation.

Staff and representatives must avoid actions or behaviours that could be construed as poor practice or potentially abusive. For example, they should never:

- use language, make suggestions or offer advice which is inappropriate, offensive or abusive
- behave physically in a manner that is inappropriate or sexually provocative to children
- do things for children of an intimate or personal nature that they can do for themselves
- have a child to stay overnight without others being present
- condone or participate in behaviour of children which is illegal, unsafe or abusive
- act in ways intended to shame, humiliate or degrade children, or otherwise perpetrate any form of emotional abuse.
- discriminate against, show unfair differential treatment to, or favour particular children to the exclusion of others.

### Reporting concerns

The [Safeguarding adults and children at risk procedure](#) should be followed if there are concerns that a child is at risk.

### Contact details:

Somerset Safeguarding Children Board contact details:

<http://www.proceduresonline.com/swcpp/somerset/index.html>

Somerset Safeguarding Children Board PP2 B3W, County Hall, Taunton TA1 4DY

If you are worried about a vulnerable child, **don't stay silent.**

Early Help Advice Hub on 01823 355803

Children's Social Care on 0300 123 2224

To speak to a Social worker outside office hours Emergency Duty Team (EDT) on 0300 123 23 27

Consultation line for Designated Safeguarding Leads and GPs on 0300 123 3078

[childrens@somerset.gov.uk](mailto:childrens@somerset.gov.uk)

Police: **101** or in an emergency **999**

### Training requirements

It is mandatory for all clinical staff to undertake safeguarding adult and children training on induction and three yearly via a training tracker module.

Senior clinical staff to undertake level 3 safeguarding training

In addition to their mandatory training, lymphoedema staff who are occasionally required to provide treatment for children are required to complete the Safeguarding Children Level 2 training. Social workers undertake higher level training with Adult Social Care.

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The Supportive Care Services Lead and Family Support Therapist are required to undertake and keep updated the Working Together to Safeguard Children training (Somerset Safeguarding Children Board) (Level 3)

The Bereavement Service Co-ordinator is required to undertake and maintain level 3 Adult Safeguarding training and the Introduction to Child Safeguarding (Level 2) training

### References

1. Safeguarding Vulnerable Groups Act 2006
2. Department of Health –Care Act 2014 - <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>
3. Department of Health Care and Support Statutory Guidance March 2016
4. [DoLS policy](#)
5. Prevent Duty Guidance England and Wales  
<https://www.gov.uk/government/publications/prevent-duty-guidance>
6. <https://www.proceduresonline.com/swcpp/somerset/index.html>
7. [Statement on the CQCs roles and responsibilities in safeguarding children and adults 2015](#)

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### Appendix 1: Categories of abuse

**Physical abuse** – including assault, hitting, slapping, pushing, misuse of medication restraint or inappropriate physical sanctions.

**Domestic abuse** – HM Government definition of domestic abuse (March 2013) which is: “A incident or pattern of incidents of controlling, coercive or 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

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 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.”

This definition includes so called ‘honour’ based violence, female genital mutilation (FGM) and forced marriage (see 4.14 and 4.15 for further information), and is clear that victims are not confined to one gender or ethnic group.

The Serious Crime Act 2015 creates a new offence of controlling or coercive behaviour in intimate or familial relationships (section 76). The offence carries a maximum sentence of 5 years’ imprisonment, a fine or both.

The Adoption and Children Act 2002 extended the definition of significant harm to include ‘impairment suffered from seeing or hearing the ill-treatment of another’. This recognises the fact that witnessing domestic violence can have serious implications for children’s development. Therefore, staff must consider the wider impact of domestic abuse within a family setting and refer accordingly

**Sexual abuse** – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

Sexual exploitation involves exploitative situations and relationships where people receive ‘something’ (e.g. accommodation, alcohol, affection, money) as a result of them performing, or others performing on them, sexual activities. Key features include coercion and control, disclosures and retractions.

**Psychological abuse** – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

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**Financial or material abuse** – including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

**Modern slavery** - encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

**Discriminatory abuse** – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.

**Organisational abuse** – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

**Neglect and acts of omission** – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating

**Self-neglect** – this covers a wide range of behaviour, neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

Further information regarding types of abuse and possible indicators can be found using the following link: <http://www.scie.org.uk/publications/ataglance/69-adults-safeguarding-types-and-indicators-of-abuse.asp>

### Hate Crime

A hate crime is any criminal offence that is motivated by hostility or prejudice based upon the victim's:

- disability
- race
- religion or belief
- sexual orientation
- transgender identity

Hate crime can take many forms including:

- physical attacks such as physical assault, damage to property, offensive graffiti and arson
- threat of attack including offensive letters, e-mails, abusive or obscene
- verbal abuse, insults or harassment, taunting, offensive leaflets and posters, abusive gestures, dumping of rubbish outside homes or through letterboxes, and bullying at school or in the workplace
- the use of electronic media to abuse, insult, taunt or harass

### Forced marriage

Forced marriage is a term used to describe a marriage in which one or both of the parties are married without their consent or against their will. A forced marriage differs from an *arranged* marriage, in which both parties consent to the assistance of their parents or a third party in identifying a spouse.

In a situation where there is concern that an adult at risk is being forced into a marriage they do not or cannot consent to, there will be an overlap between action taken under the forced marriage provisions and the Safeguarding Adults process. In this case action will be co-ordinated with the police and other relevant organisations.

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This scenario must always be discussed with the Safeguarding service. The police must also always be contacted in such cases as urgent action may need to be taken.

### Female Genital Mutilation (FGM)

FGM is a procedure where the female genital organs are injured or changed and there is no medical reason for this. It is frequently a very traumatic and violent act for the victim and can cause harm in many ways. The practice can cause severe pain and there may be immediate and/or long-term health consequences, including mental health problems, difficulties in childbirth, causing danger to the child and mother, and/or death.

FGM is a criminal offence – it is child abuse and a form of violence against women and girls and should be treated as such. It is illegal in England and Wales under the Female Genital Mutilation Act 2003. As amended by the Serious Crime Act 2015, the Female Genital Mutilation Act 2003 now includes:

- An offence of failing to protect a girl from the risk of FGM
- Extra-territorial jurisdiction over offences of FGM committed abroad by UK nationals and those habitually (as well as permanently) resident in the UK
- Lifelong anonymity for victims of FGM
- FGM Protection Orders which can be used to protect girls at risk, and
- A mandatory reporting duty which requires specified professionals to report known cases of FGM in under 18s to the police.

All cases of identified FGM should be reported to the Sompar Safeguarding service who will provide advice, guidance and signposting to relevant specific support agencies. This information will also need to be reported to the police.

### PREVENT – Preventing radicalisation to extremism

The Prevent strategy forms part of the UK's [Counter Terrorism and Security Act \(2015\)](#).

The Government's revised *Prevent* strategy was launched in June 2011 with its key objectives being to challenge the ideology that supports terrorism and those who promote it, *Prevent* people from being drawn into terrorism, and work with 'specified authorities' where there may be risks of radicalisation.

<https://www.gov.uk/government/publications/prevent-duty-guidance>

The scope of the *Prevent* Duty covers terrorism and terrorist related activities, including domestic extremism and non-violent extremism. The aim is to work with partner agencies, primarily the police, to divert people away from what could be considered to be linked to terrorist activity.

Prevent defines extremism as: *"vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces"*

Radicalisation is defined by the UK Government within this context as *"the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups."*

Channel is a multi-agency programme which provides support to individuals who are at risk of being drawn into terrorism. Channel provides a mechanism at an early stage, for assessing and supporting people who may be targeted / or radicalised by violent extremists.

All Prevent related issues should be discussed with the Safeguarding lead and the procedure attached followed:

<http://ssab.safeguardingsomerset.org.uk/wp-content/uploads/2016/03/Amended-Prevent-and-Channel-Referral-Guide.pdf>

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