



Safeguarding procedures

Role of the designated Safeguarding Lead

1.0 Purpose of the role

To take the lead in ensuring that appropriate arrangements for keeping children, young people and adults safe are in place at Let's Enable. To promote the safety and welfare of children, young people and adults involved in Let's Enable's activities at all times.

1.1 Duties and responsibilities:

1. Take a lead role in developing and reviewing Let's Enable's safeguarding policies and procedures ensuring all safeguarding issues concerning children, young people and adults who take part in Let's Enable's activities are responded to appropriately.
2. Make sure that everyone working at Let's Enable, including the board members, understands the child protection safeguarding policy and procedures and the adult safeguarding policies and procedures and knows what to do if they have concerns about a child, young person or adults' welfare.
3. Make sure children and young people who are involved in activities at Let's Enable and their parents know who they can talk to if they have a welfare concern and understand what action the organisation will take in response.
4. Make sure adults, carers, and family members know who they can talk to if they have an adult welfare concern and understand what action the organisation will take in response.
5. Receive and record information from anyone who has concerns about a child or adult who takes part in Let's Enable's activities.
6. Take the lead on responding to information that may constitute a child protection concern, including a concern that an adult involved with Let's Enable may present a risk to children, young people or adult at risk. This includes:
 - A. assessing and clarifying the information
 - B. making referrals to statutory organisations as appropriate
 - C. consulting with and informing the relevant members of the organisation's management
 - D. following the organisation's safeguarding policy and procedures
 - E. liaise with, pass on information to and receive information from statutory organisations such as the local authority. This includes making formal referrals to agencies when necessary.
7. Ensure safeguarding training and share this with everyone who works or volunteers for Let's Enable.



Safeguarding procedures

2.0 Reporting

2.1 Managing allegations against staff and volunteers

Any allegation or concern that an employee or volunteer has behaved in a way that has harmed or may have harmed a child or adult at risk must be taken seriously and dealt with sensitively and promptly, regardless of where the alleged incident took place. Any individual that feels they have been subject to any abuse should contact the Designated Safeguarding Lead. Two N.E.D.s, Jayne Towson and Julie Summerfield serve as Lead Safeguarding Trustees on the Board of Let's Enable. Their contact details are:

Nina Linzell (DSL) 07874008593

Jayne Towson 07753149950

Julie Summerfield 07941494729.

The purpose of having three Board Members looking after this ensures that any Safeguarding Concern can be managed and discussed outside of the Main Board and if one of the three is involved in the Safeguarding Concern then that individual will be recused from the matter. For any matter that is considered sensitive please request a link to our confidential reporting form.

If staff or volunteers are suspected this will be investigated by the board and the necessary action taken - disciplinary or dismissal. This depends on the severity of the accusation. It may be necessary to report the allegation to the police, local authorities, other relevant bodies and organisations the person may have come into contact with. Let's Enable shares information about anyone found to be a risk to children and adults with the appropriate bodies. For example: Police, Local Authority/Social Services/child protection services.

Depending on the situation, an appropriate response may involve:

- Sharing information about anyone found to be a risk to children or adults with the appropriate bodies. For example: Police, Local Authority/Social Services.
- The police investigating a possible criminal offence.



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- Your local child protection services making enquiries and/or assessing whether a child is in need of support.
- The Adult safeguarding team at Birmingham City Council and social services being notified and appropriate action taken and support for the adult provided.
- Let's Enable following the relevant disciplinary or dismissal procedures with individuals concerned.

Children and adults involved should be provided with appropriate support.



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2.2 Dealing with disclosures and concerns about an adult

Adults with mental capacity can make their own decisions and may not always want to act on a safeguarding concern for instance, self-neglect. An adult should always be involved and at the centre of the safeguarding process. Their consent should be obtained and they should be kept informed of the progress of the investigation. Appendices section 1 highlights some of the different types of abuse vulnerable adults may experience and the indicators of abuse. Staff and volunteers need to understand the types and indicators of abuse, so they can recognise the signs of abuse and report any concerns to the DSL.

2.3 Consent

Wherever possible, always seek consent from the person involved in the concern. Be open and honest with the person about why, what, how and with whom, their information will be shared. For example, are you making a referral because you think they are at risk of harm or are you letting people know for information only.

If you decide to share information after the person refuses permission, you must explain to them why you have made the decision to share without their permission.

Five safeguarding reasons you may share information without consent:

1. If you think a person is at serious risk of harm or abuse, including harming themselves.
2. If you receive information which indicates that a serious crime has been or is going to be committed.
3. If you are required to by law, for example, for some professions, any suspicion of forced marriage or female genital mutilation.
4. If you think the person lacks the mental capacity to decide and have agreed with another senior manager it would be in the individual's best interest.
5. If an individual gives information which indicates a possible terrorist threat.



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2.4 Respond, record, report and refer

1. Seek consent from the person concerned. If you feel that they do not have capacity to consent, you can act without consent but you must log your decision. Write down exactly what they told you and use their exact words.
2. Collect all available relevant facts and appropriate information.
3. Make a written record of the concern.
4. Tell the person involved what you are going to do about the concern and note any views that they may have regarding how they wish the matter to be dealt with.
5. Tell only the people who need to know – such as your safeguarding officer.
6. Consider the balance between listening to someone's wishes and needing to refer information where others may be at risk.
7. Inform the person involved about the outcome of any process.
8. If someone is injured or at immediate risk, take immediate action. Seek help by dialing 999 for police or ambulance.

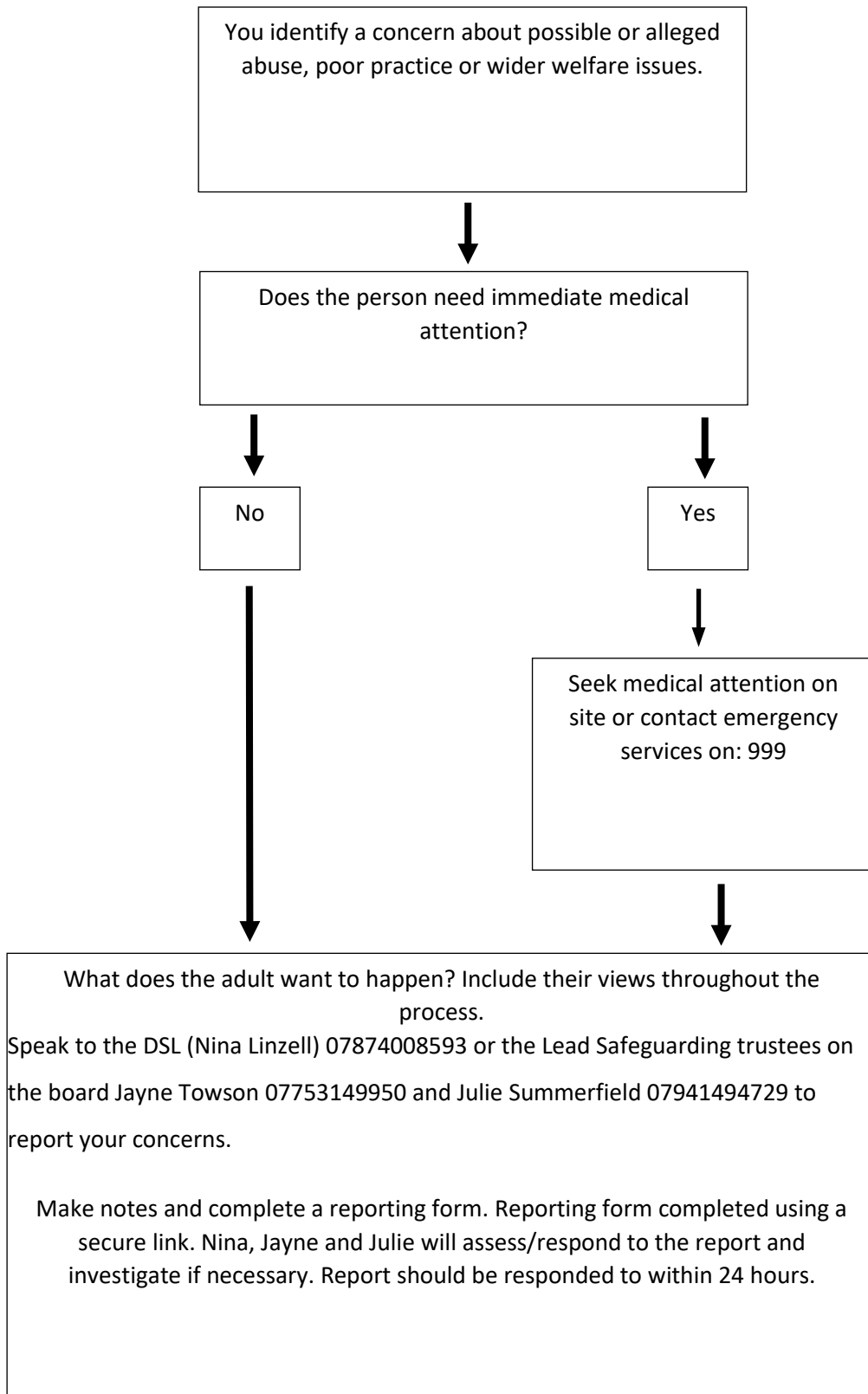


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Safeguarding procedures

Process of reporting abuse of an adult to Let's Enable





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2.5 Report possible abuse or neglect of an adult with care and support needs

All safeguarding concerns should be reported to the organisations designated safeguarding lead or the Adult Social Care Contact Centre staff who will look at referrals made online from Monday to Friday, 9am to 5pm.

If you believe that the referral you are making is urgent and needs to be responded to when Adult Social Care staff are not routinely available, please contact our Out of Hours team on 0121 464 9001 or email AMHPoutofhours@birmingham.gov.uk.

If you believe your concern is an emergency, or if someone is in immediate danger, you should contact the Emergency Services by calling 999.

You can report a concern using our online form:

https://www.birmingham.gov.uk/info/20018/adult_social_care/111/report_possible_abuse_or_neglect_of_an_adult_with_care_and_support_needs

You can also report a concern in the following ways:

- **Email:** CSAdultSocialCare@birmingham.gov.uk
- **Telephone:** 0121 303 1234
- **Text Relay:** Dial 18001, followed by the full national phone number



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3.0 Reporting abuse of a child

3.1 Respond, record, report and refer

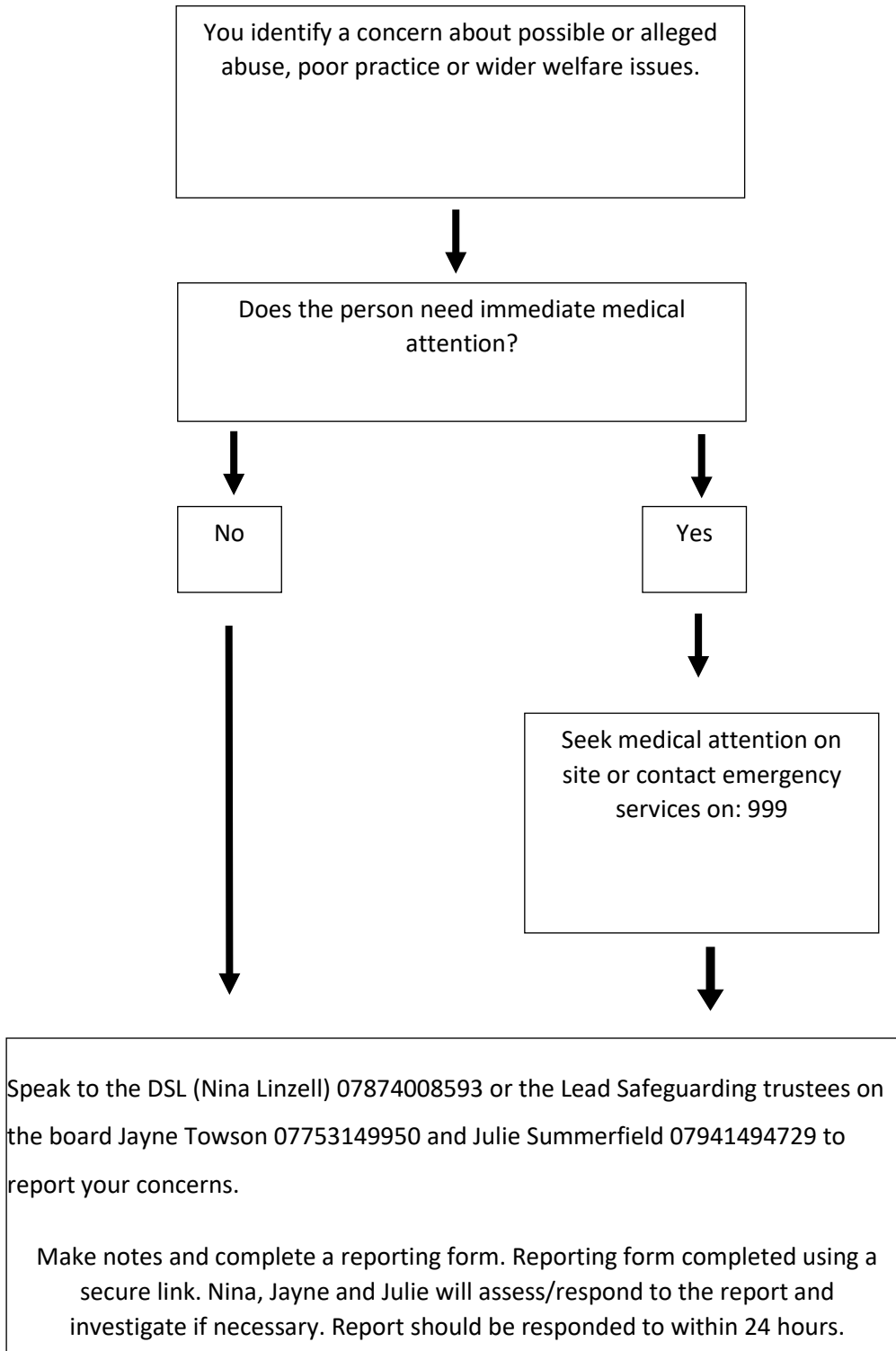
1. Write down exactly what they told you and use their exact words.
2. Collect all available relevant facts and appropriate information.
3. Make a written record of the concern.
4. Tell the person involved what you are going to do about the concern and note any views that they may have regarding how they wish the matter to be dealt with.
5. Tell only the people who need to know – such as your safeguarding officer.
6. Consider the balance between listening to someone's wishes and needing to refer information where others may be at risk.
7. Inform the person involved about the outcome of any process.
8. If someone is injured or at immediate risk, take immediate action. Seek help by dialling 999 for police or ambulance.

Appendices section 1 highlights some of the different types of abuse children and young people may experience and the indicators of abuse. Staff and volunteers need to understand the types and indicators of abuse, so they can recognise the signs of abuse and report any concerns to the DSL.



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3.2 Process of reporting abuse of a child to Let's Enable





Safeguarding procedures

3.3 Reporting abuse of a child

Any safeguarding concerns should be reported to the designated safeguarding lead or The Children's Advice and Support Service (CASS). CASS provides a single point of contact for professionals and members of the public who want to seek support or raise concerns about a child in Birmingham. They will listen, assess your concerns, and can take action if a child is at risk.

If you're not sure whether a child is at risk you can discuss the circumstances with CASS, a lead safeguarding officer, health visitor or the NSPCC. All professionals who work with children have a responsibility to safeguard them and will know how to help.

If you believe your concern is an emergency, or if someone is in immediate danger, you should contact the Emergency Services by calling 999.

Contact details

Monday to Thursday: 8:45am to 5:15pm

Friday: 8:45am to 4:15pm

Telephone: 0121 303 1888

Emergency out-of-hours

Telephone: 0121 675 4806

NSPCC Helpline 0808 800 5000



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4.0 Keeping and storing records

All records will be stored in line with the Data Protection Act 1998. Files will be stored in a locked cabinet and if an electronic copy, they will be password protected and the use of an authenticator app required to access. Safeguarding records should be started as soon as you become aware of any concern.

Keep an accurate record of:

- the date and time of the incident/disclosure
- the date and time of the report
- the name of the DSL
- the name and role of the person to whom the concern was reported and their contact details
- the name and role of the person making the report (if this is different to the above) and their contact details
- the names of all parties who were involved in the incident, including any witnesses
- the name, age and any other relevant information about the child or adult who is the subject of the concern (including information about their parents or carers and any siblings) what was said or done and by whom (who, when and why)
- any action taken to look into the matter
- any further action taken (such as a referral being made)
- the reasons why the organisation decided not to refer those concerns to a statutory agency (if relevant). Make sure the report is factual. Any interpretation or inference drawn from what was observed, said or alleged should be clearly reported as such. The record should always be signed and dated by the person making the report.

Keep records for as long as necessary, for children this is 25 years from the child's date of birth.



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4.1 Safeguarding and information sharing

To keep children and adults safe, information needs to be shared so that decisions can be made about how to protect them.

The law recognises that sharing information is a part of day-to-day safeguarding practice.

It's covered in a range of laws including:

- The common law duty of confidentiality
- Data Protection Act 2018
- Human Rights Act 1998
- Crime and Disorder Act 1998
- Care Act 2014.

Sharing information is an important part of safeguarding. If the information is confidential, but there is a safeguarding concern, sharing information is allowed both within and between organisations.

4.2 Types of records

- Reporting form - use the reporting form for Let's Enable, if referring to another organisation or social services they may have a form to use.
- Case file -DSL's record of any decision making, actions or information related to the concern.
- Concerns log – gives the DSL a guide to outstanding cases and actions. The concerns log also helps you to report both internally and externally on the number and types of safeguarding concerns you're receiving.



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5.0 Whistleblowing policy

A whistleblower is a person, usually an employee (could be a volunteer), who reveals information about activity within a private or public organisation that is deemed illegal, immoral, illicit, unsafe or fraudulent. This will usually be something you've seen at work - though not always. The wrongdoing you disclose must be in the public interest. This means it must affect others, for example the general public. As a whistleblower you're protected by law and should not be treated unfairly or lose your job because you 'blow the whistle'.

If an employee or volunteer wants to make a complaint the first point of contact will be a non executive director (NED). An email disclosing the information of the complaint should be sent to:

info@letsenable.co.uk

If you are not happy with the response, or the actions taken then appeal to the chair of the board. The chair of the board has the final decision. If you believe your concern was not taken seriously or the wrongdoing is still going on, then you can contact the Advisory, Conciliation and Arbitration Service (Acas), the whistleblowing charity Protect or your trade union for more guidance. You must raise any claim of unfair dismissal within 3 months of your employment ending.

For independent advice speak to Protect who are specialists in whistleblowing related to charities via their advice line: 020 3117 2520

For whistleblowing relating to children, use the NSPCC's dedicated whistleblowing line: 0800 028 0285 or find out more about it on the dedicated whistleblowing page. The Charity Commission also has whistleblowing guidance.



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6.0 Volunteers and Staff

Volunteers and Staff will:

- Understand their role in relation to safeguarding
- Be alert to signs and indicators of possible abuse
- Understand recognise, respond and report.

Volunteers and staff will undergo training and the necessary checks to ensure they are suitable for the role and are able to work with children and vulnerable adults. Let's Enable will:

- Verify identity and academic or vocational qualifications where appropriate
- obtain an enhanced DBS
- obtain one professional and one character reference
- any further checks as appropriate to gain all the relevant information to enable checks on suitability to work with children and vulnerable adults.

This helps to reduce the risk of abuse to service users, volunteers, staff, board members and members of the public. If the potential volunteer or staff does not have a professional reference, a character reference can be used.

The Induction process for volunteers and staff will cover:

- The Safeguarding of Children and Adults policies and procedures
- Anti-Bullying and Online Safety Policy
- Equal Opportunities policy
- Data Protection policy.



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We are committed to reviewing our policy and good practice annually

This policy was last reviewed on: 18/03/2023 (date)

Signed:  (DSL)

Date: 18/03/2023

This policy was last reviewed on: 12/02/2024 (date)

Signed: Nina Linzell (DSL)

Date: 12/02/2024

Review date: 12/02/2025



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Appendices

Section 1

1.0 What is abuse?

Abuse and neglect are forms of maltreatment. Somebody may abuse or neglect an individual by inflicting harm, or by failing to act to prevent harm. Children and vulnerable adults may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse.

1.1 Indicators of Abuse

Caution should be used when referring to lists of signs and symptoms of abuse. Although the signs and symptoms listed below may be indicative of abuse there may be alternative explanations. In assessing the circumstances of any individual any of these indicators should be viewed within the overall context of the person's individual situation including any disability.

2.0 Types of abuse

The main categories of abuse are physical, neglect, emotional and sexual. Some level of emotional abuse is involved in all types of maltreatment, although it may also occur alone.

There are many different forms of harm inflicted on children, young people and vulnerable adults such as:

- **Modern Slavery** – Encompasses slavery (including domestic slavery), human trafficking, forced labour and domestic servitude. Traffickers and Slave masters use whatever means they have at their disposal to coerce/pressurise, deceive and force individuals into a life of abuse, servitude



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and inhumane treatment.

- **People Trafficking** - Trafficking is where children, young people and adults are tricked, forced or persuaded to leave their homes and are moved or transported and then exploited, forced to work or sold. People can be trafficked for: sexual exploitation, benefit fraud and forced marriages.
- **Radicalisation** - Radicalisation is the process through which a person comes to support or be involved in extremist ideologies. It can result in a person becoming drawn into terrorism (or forced) and is in itself a form of harm.
- **Bullying** – Bullying is behaviour by an individual or group, repeated over time, that intentionally hurts another individual or group either physically or emotionally.
- **Domestic Abuse** – Including psychological, physical, sexual, financial (adult), emotional, or in so called ‘honour’ based violence.
- **Online Abuse** – Also know as cyberbullying. Cyberbullying includes sending, posting, or sharing negative, harmful, false, or mean content about someone else. It can include sharing personal or private information about someone else causing embarrassment or humiliation. Some cyberbullying crosses the line into unlawful or criminal behaviour.
- **Female Genital Mutilation** – Female genital mutilation (FGM) is the partial or total removal of the external female genitalia for non-medical reasons. It's also known as female circumcision or cutting.

The age at which FGM is carried out varies. It may take place:

- when a female baby is newborn
- during childhood or adolescence
- just before marriage
- during pregnancy.
- **Financial or Material Abuse** – This applies to vulnerable adults. This includes theft, fraud, internet scamming, coercion in relation to an adults financial affairs or arrangements, including in connection with wills, property, inheritance or financial sanctions, or the misuse or the misappropriation of property, possessions or benefits.



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2.1 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 are all types of psychological abuse. Emotional Abuse is the persistent emotional maltreatment of an individual such as to cause severe and persistent adverse effects on their emotional development. It may involve conveying to children and vulnerable adults that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving them opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature developmentally inappropriate expectations being imposed on children or vulnerable adults. These may include interactions that are beyond the individual's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing them from participating in normal social interaction. It may also involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber-bullying), causing an individual frequently to feel frightened or in danger, or the exploitation or corruption of children and vulnerable adults.

Emotional abuse is difficult to:

- define
- identify/recognise
- prove.

Emotional abuse is chronic and cumulative and has a long-term impact.

Indicators may include:

- Physical, mental and emotional development lags
- Sudden speech disorders
- Continual self-deprecation ('I'm stupid, ugly, worthless, etc.')
- Overreaction to mistakes
- Extreme fear of any new situation
- Inappropriate response to pain ('I deserve this')
- Unusual physical behaviour (rocking, hair twisting, self-mutilation) - consider within the context of any form of disability such as autism



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- Extremes of passivity or aggression
- Children and vulnerable adults suffering from emotional abuse may be withdrawn and emotionally flat. One reaction is for them to seek attention constantly or to be over-familiar. Lack of self-esteem and developmental delay are again likely to be present.

2.2 Neglect

Neglect is the persistent failure to meet an individual's basic physical and/or psychological needs, likely to result in the serious impairment of their health or development. Neglect may involve a parent/carer failing to provide adequate food, clothing and shelter (including exclusion from home or abandonment), failing to protect an individual from physical and emotional harm or danger, failure to ensure adequate supervision (including the use of inadequate care-givers) or failure to ensure access to appropriate medical care or treatment.

Neglect can often fit into various forms which are:

- Medical – the withholding of medical care including health and dental.
- Emotional – lack of emotional warmth, touch and nurture
- Nutritional – either through lack of access to a proper diet which can affect their development.
- Physical – failure to meet the individual's physical needs
- Lack of supervision and guidance – meaning the child or vulnerable adult is in dangerous situations without the ability to assess the danger. Staff need to consider both acts of commission (where a carer deliberately neglects the child or vulnerable adult) and acts of omission (where a carer's failure to act is causing the neglect).
- Self Neglect (applies to vulnerable adults) – this covers a wide range of behaviour such as neglecting to care for your personal hygiene, health or surroundings and includes behaviours such as hoarding.

Many of the signs of neglect are visible. However, staff may not instinctively know how to recognise signs of neglect or know how to respond effectively when they suspect a service user is being neglected



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or neglecting themselves. All concerns should be recorded and reflected upon, not simply placed in a file.

Here are some signs of possible neglect:

Physical signs:

- Constant hunger
- Poor personal hygiene
- Constant tiredness
- Emaciation
- Untreated medical problems
- Poorly clothed, with inadequate protection from the weather
- Signs of malnutrition include wasted muscles and poor condition of skin and hair.
- Being too hot or too cold – red, swollen and cold hands and feet or they may be dressed in inappropriate clothing
- Consequences arising from situations of danger – accidents, assaults, poisoning
- Unusually severe but preventable physical conditions owing to lack of awareness of preventative health care or failure to treat minor conditions
- Health problems associated with lack of basic facilities such as heating
- Neglect can also include failure to care for the individual needs including any additional support the young person may need as a result of any disability
- Self Neglect – hoarding, as well as all the above signs.

Behavioural signs:

- No social relationships
- Compulsive scavenging
- Destructive tendencies
- Absence for no apparent reason
- Difficult or challenging behaviour.



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2.3 Physical abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to an individual. Physical harm may also be caused when a carer fabricates the symptoms of or deliberately induces illness. It may also include giving the wrong, or no medication, restraint or inappropriate physical sanctions, or only letting them do certain things at certain times. When dealing with concerns regarding physical abuse, refer any suspected non-accidental injury to the Designated Safeguarding Lead without delay so that they are able to seek appropriate guidance from the police and/or social care in order to safeguard the child, young person or vulnerable adult.

Staff must be alert to:

- Unexplained recurrent injuries or burns; improbable excuses or refusal to explain injuries;
- Injuries that are not consistent with the story: too many, too severe, wrong place or pattern.

Physical signs:

- Bald patches
- Bruises, black eyes and broken
- Untreated or inadequately treated injuries
- Injuries to parts of the body where accidents are unlikely, such as thighs, back, abdomen
- Scalds and burns
- Bruising
- Bite marks may be evident from an impression of teeth
- Small circular burns on the skin suggest cigarette burns
- Scalding inflicted by immersion in hot water often affects buttocks or feet and legs symmetrically
- Red lines occur with ligature injuries.

Behavioural signs:

- Wearing clothes to cover injuries, even in hot weather
- Refusal to undress
- Chronic running away
- Fear of medical help or examination



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- Self-destructive tendencies
- Fear of physical contact - shrinking back if touched
- Admitting that they are punished, but the punishment is excessive
- Fear of suspected abuser being contacted
- Injuries that the individual cannot explain or explains unconvincingly
- Become sad, withdrawn or depressed
- Having trouble sleeping
- Behaving aggressively or be disruptive
- Showing fear of certain adults
- Having a lack of confidence and low self-esteem
- Using drugs or alcohol
- Repetitive pattern of attendance: recurrent visits, repeated injuries
- Excessive compliance
- Hyper-vigilance.

2.4 Sexual Abuse

Including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, taking 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. In each UK nation, the age at which people can legally consent to sexual activity (also known as the age of consent) is 16-years-old. Sexual Abuse involves forcing or enticing an individual to take part in sexual activities, not necessarily involving a high level of violence, whether or not he/she is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may include non-contact activities, such as involving children and vulnerable adults in looking at or in the production of, sexual images, watching sexual activities, encouraging children and vulnerable adults to behave in sexually inappropriate ways, or grooming a in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse.

Characteristics of sexual abuse:



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- It is usually planned and systematic – people do not sexually abuse children and vulnerable adults by accident, though sexual abuse can be opportunistic;
- Grooming the individual – people who abuse children and vulnerable adults take care to choose a particular individual and often spend time making them dependent. This can be done in person or via the internet through chat-rooms and social networking sites;
- Grooming the individual's environment – abusers try to ensure that potential child and adult protectors (parents or carers) are not suspicious of their motives. Again, this can be done in person or via the internet through chat-rooms and social networking sites.

Behavioural changes may include:

- Being overly affectionate - desiring high levels of physical contact and signs of affection such as hugs and kisses
- Lack of trust or fear of someone they know well
- They may start using sexually explicit behaviour or language
- Extreme reactions, such as depression, self-mutilation, suicide attempts, running away, overdoses, anorexia
- Personality changes such as becoming insecure or clinging
- Sudden loss of appetite or compulsive eating
- Being isolated or withdrawn
- Inability to concentrate
- Become worried about clothing being removed
- Suddenly drawing sexually explicit pictures
- Trying to be 'ultra-good' or perfect; overreacting to criticism
- Genital discharge or urinary tract infections
- Marked changes in the young person's or vulnerable adults general behaviour. For example, they may become unusually quiet and withdrawn, or unusually aggressive. Or they may start suffering from what may seem to be physical ailments, but which can't be explained medically
- They may show unexpected fear or distrust of a particular adult or refuse to continue with their usual social activities



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- The young person or vulnerable adult may describe receiving special attention from a particular adult, or refer to a new, "secret" friendship with an adult or young person
- Vulnerable adults who have been sexually abused may demonstrate inappropriate sexualised knowledge and behaviour
- Low self-esteem, depression and self-harm are all associated with sexual abuse.

Physical signs and symptoms for any age young person or vulnerable adult could be:

- Medical problems such as chronic itching, pain in the genitals, venereal diseases
- Stomach pains or discomfort walking or sitting
- Sexually transmitted infections
- Any features that suggest interference with the genitalia. These may include bruising, swelling, abrasions or tears
- Soreness, itching or unexplained bleeding from penis, vagina or anus
- Sexual abuse may lead to secondary enuresis or faecal soiling and retention
- Symptoms of a sexually transmitted disease such as vaginal discharge or genital warts, or pregnancy.

2.5 Sexual Exploitation

Sexual exploitation is a form of abuse which involves individuals (male and female, of different ethnic origins and of different ages) receiving something in exchange for sexual activity. 'Sexual exploitation is a form of sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive another individual into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

The evidence available points to several factors that can increase an individual's vulnerability to being sexually exploited:



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- Living in a chaotic or dysfunctional household
- History of abuse
- Recent bereavement or loss
- Gang association either through relatives, peers or intimate relationships
- Attending settings with individuals who are sexually exploited
- Learning disabilities
- Unsure about their sexual orientation or unable to disclose sexual orientation to their families
- Friends with other individuals who are sexually exploited
- Homeless
- Lacking friends from the same age group
- Living in a gang neighbourhood
- Living in residential care
- Living in hostel, bed and breakfast accommodation
- Low self-esteem or self-confidence.

The following signs and behaviour are generally seen in vulnerable adults who are already being sexually exploited:

- Missing from home
- Physical injuries
- Drug or alcohol misuse
- Involvement in offending
- Repeat sexually-transmitted infections, pregnancy and terminations
- Absent from college
- Evidence of sexual bullying and/or vulnerability through the internet and/or social networking sites
- Estranged from their family
- Receipt of gifts from unknown sources
- Recruiting others into exploitative situations



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- Poor mental health
- Self-harm
- Thoughts of or attempts at suicide.

Evidence shows that any individual displaying several vulnerabilities from the above lists should be considered to be at high risk of sexual exploitation.



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Reference list

Information available from:

Ann Craft Trust – Adult Safeguarding

https://www.anncrafttrust.org/resources/six-principles-adult-safeguarding/?gclid=Cj0KCQjwkt6aBhDKARIsAAyeLJ39kd8aV18ipX6ioQ-aCgWdtAJY8t7l6ROo68q4mimxQlcthzYWxxUaAq8QEALw_wcB

NSPCC Child Safeguarding

<https://learning.nspcc.org.uk/safeguarding-child-protection/writing-a-safeguarding-policy-statement>

Reporting adult safeguarding

https://www.birmingham.gov.uk/info/20018/adult_social_care/111/report_possible_abuse_or_neglect_of_an_adult_with_care_and_support_needs

NVCO writing safeguarding policies

<https://www.ncvo.org.uk/help-and-guidance/safeguarding/steps-safer-organisation/policies-and-procedures/#/safeguarding-policy>

CASS reporting child safeguarding Birmingham

<https://www.lscpbirmingham.org.uk/safeguarding-concerns/cass>

Protect – Whistle Blowing Charity

<https://protect-advice.org.uk/>

Notes from Safeguarding Course- Level 1, 2,3 (December 2022). The Mandatory Training Group.

SCIE – Safeguarding adults – Types and Indicators of abuse (reviewed December 2020)

<https://www.scie.org.uk/safeguarding/adults/introduction/types-and-indicators-of-abuse>

Whistle blowing

<https://www.gov.uk/whistleblowing>



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This policy was reviewed on:

12/02/2024

Nina Linzell (DSL)

Review date:

24/04/2025