SES KITE

RESIDENTIAL ACCOMMODATION

SAFEGUARDING
POLICY AND PROCEDURE

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CONTENTS

1	**INTRODUCTION**		4
2	**CONTEXT**		5
3	**DEFINITIONS OF ABUSE**		
	3.1	Abuse	6
	3.2	Physical Abuse	7
	3.3	Domestic Violence or Abuse	7
	3.4	Emotional or Psychological Abuse	7
	3.5	Sexual Abuse	8
	3.6	Neglect or Acts of Omission	8
	3.7	Self Neglect	8
	3.8	Financial or Material Abuse	9
	3.9	Modern Slavery	9
	3.10	Discriminatory Abuse	9
	3.11	Organisational or Institutional Abuse	9
4	**ROLES AND PROCEDURES WHEN DEALING WITH DISCLOSURES AND CONCERNS**		
	4.1	All Staff	9
	4.2	Designated Safeguarding Lead (DSL)	11
5	**SUPPORT**		12
6	**RECORDING, RECORD KEEPING AND CONFIDENTIAL FILING**		12
7	**ALLEGATIONS AGAINST STAFF**		13
8	**CONFIDENTIALITY**		
	8.1	Confidentiality: Practice Guidelines	14
9	**SUPPORTING YOUNG ADULTS AND FAMILIES**		15
10	**POSITIVE PERSONAL CONTACT BETWEEN YOUNG ADULTS AND STAFF**		
	10.1	Personal Care	16
	10.2	Care And Control	18

10.3 1:1 Working 18

11 CODE OF PROFESSIONAL PRACTICE

11.1 Introduction 19

11.2 SES Kite Expectations of Staff 19

12 CONTACT WITH UNAUTHORISED PERSONS 20

13 RISK ASSESSMENT 20

14 CREATING AND MAINTAINING A 'SAFE' ENVIRONMENT

14.1 The Portfolio Of Achievement And Need 21

14.2 Ensuring E-Safety And Security *(Online Safety)* 21

14.3 Contextual Safeguarding 22

14.4 Serious Violence 22

15 STAFF RECRUITMENT AND SELECTION 22

16 SAFEGUARDING TRAINING 23

17 PORTFOLIO OF OTHER POLICY AND PRACTICE DOCUMENTATION THAT CONTRIBUTE TO THE SAFEGUARDING PROCESS 24

APPENDIX A: Designated Safeguarding Lead (DSL) 25

APPENDIX B: Signs and Symptoms of Abuse 27

1 Presentation of an Injury 27

2 Physical Injury 28

2.1 Bruises

2.2 Fractures

2.3 Joints

2.4 Mouth

2.5 Eyes and Brain

2.6 Viscera

2.7 Poisoning

2.8 Hypernatremia

2.9 Bites

2.10 Burns and Scalds

		2.11 Scars	
		2.12 Honour Based Abuse	
	3	Neglect and Failure to Thrive	31
	4	Emotional Abuse	32
	5	Common Family Characteristics	33
		5.1 The Family	
		5.2 The Young Adult	
		5.3 Family Household/Living Circumstances	
	6	Sexual Abuse	34
		6.1 Female Genital Mutilation	
		6.2 Modern Slavery and Human Trafficking	
	7	Sexual Exploitation / Criminal Exploitation	39
		7.1 Criminal Exploitation	
		7.2 Sexual Exploitation	
	8	County Lines	41
	9	Domestic Abuse	42
APPENDIX C:	Sexual Violence and Sexual Harassment		43
	1	Sexual Violence	44
	2	Sexual Harassment	45
	3	Upskirting	45
	4	Responding to a Report of Sexual Violence and Sexual Harassment	45
	5	Making or Sharing Nudes and Semi Nudes	48
APPENDIX D:	Radicalisation and Extremism		50
APPENDIX E:	Self Harm		51
APPENDIX F:	Mental Health		54

1 INTRODUCTION

SES Kite Safeguarding policy and guidance is based upon the principle that the interests and welfare of our vulnerable adults are of paramount importance and as such the primary focus of our work.

This policy reflects our responsibilities under the Care Act 2014, which establishes the statutory framework for safeguarding adults at risk. We are committed to creating a safe, supportive and empowering environment for the young adults we support, many of whom have complex needs or lack the capacity to protect themselves.

This policy and procedure document considers current national guidance as of the date of its publication. It aligns with national legislation and statutory guidance, including the Care Act 2014, The Mental Capacity Act 2005, the Prevent Duty 2015 and the Modern Slavery Act 2015. The policy also reflects expectations set out in 'Safeguarding Adults: Roles and Responsibilities in health and Care Services 2022' and meets the Care Quality Commissions fundamental standards.

SES Kite fully support the six safeguarding principles first embedded in the Care Act:

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

These principles underpin all safeguarding decisions made within our adult residential services and ensure that each person is supported in a way that respects their autonomy, dignity and unique needs. We are committed to a 'Making Safeguarding Personal' approach, placing the views, wishes, feelings and beliefs of each young adult at the centre of all safeguarding activity.

Our core safeguarding principles are:

- It is everyone's responsibility to safeguard and promote the welfare of the young adults it cares for (commonly referred to as our Duty of Care) and respond appropriately to any signs of abuse, neglect or exploitation.
- Young adults who feel safe, respect and support are better able to maintain their independence, engage with services, and lead fulfilling lives as valued members of their community.
- All policies will be reviewed either annually or every two years depending upon their status in the review cycle and consequent to an incident or new legislation or guidance suggesting the need for an earlier date of review.

- All professionals should ensure their approach is person-centred and considers, at all times, what is in the best interests of the young adult at risk, especially where there may be concerns about mental capacity.

We recognise our moral and statutory responsibility to safeguard and promote the welfare of all young adults, including their mental and physical health or development. We endeavour to provide a safe and welcoming environment where young adults are respected and valued. We are alert to the signs of abuse and neglect and follow our procedures to ensure that young adults receive effective support, protection and justice.

- SES Kite will ensure that the welfare of young adults is given paramount consideration when developing and delivering all activities.
- All young adults, regardless of age, gender, ability, culture, race, language, religion or sexual identity, have equal rights to protection.
- All staff have an equal responsibility to act on any suspicion or disclosure that may suggest a young adult is at risk of harm in accordance with the guidance indicated in this and other documentation referenced herein.
- All young adults and staff involved in safeguarding issues will receive appropriate support from the SES Kite leadership team, who will ensure policy guidance and legal obligations are followed.

Aims

- To provide all staff with the necessary information to enable them to meet their statutory responsibilities to promote and safeguard the wellbeing of vulnerable young adults.
- To ensure consistent good practice across the company.
- To demonstrate the SES Kite's commitment regarding safeguarding vulnerable young adults.

2 CONTEXT

SES Kite provisions are located within Suffolk and operates within the safeguarding procedures and guidance issued by the Suffolk Safeguarding Partnership Adults Board. SES Kite is fully committed to working collaboratively with statutory agencies to support them in fulfilling their duties under adult safeguarding legislation.

The Care Act 2014 provides the statutory framework for adult safeguarding in England. It defines safeguarding as:

'Protecting an adult'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.'

Safeguarding applies to young adults who have care and support needs, and as a result of those needs, may be unable to protect themselves from abuse or neglect.

This includes, but is not limited to, people living with learning disabilities, mental health conditions, physical disabilities or substance misuse.

At SES Kite, we believe that effective safeguarding is rooted in multi-agency cooperation, shared understanding and good communication. We are committed to inclusive, person centred safeguarding practice that is sensitive to age, gender, culture, language, disability, religion, and sexual orientation

We work closely with Suffolk Safeguarding Partnership Adults Board, as well as with local safeguarding leads to ensure we maintain and emphasise shared responsibility, quick and open communication, agreed procedures and follow an agreed course of action.

Staff at SES Kite receive regular safeguarding training appropriate to their roles and responsibilities. All safeguarding matters within the organisation must be reported to the designated safeguarding lead DSL. In SES Kite, The DSL is *William Glover*, who is currently the Residential Service Manager (RSM). In the absence of the RSM, staff should consult with *Vicki Collings*, who is the SES Kite Operational Director and nominated individual.

In very exceptional circumstances where a situation arises and all designated staff are unavailable; concerns must be brought to the immediate attention of one or any of the SES Kite Directors.

The role of the DSL is to co-ordinate and advise upon all safeguarding issues that arise as they are most likely to have the complete safeguarding picture, whilst ensuring all staff are fully conversant with organisational policy and guidance. In addition, the DSL will ensure policies and guidance pertaining to safeguarding matters remain current and are reviewed as necessary. *(See Appendix A for a full list of the DSL responsibilities.)*

SES Kite is committed to providing staff with a level of training that will enable them to identify concerns, take preventative action and respond appropriately when faced with young adult safeguarding concerns. In addition, there are comprehensive supervision and support structures for all staff.

SES Kite is committed to safeguarding and promoting the welfare of young adults and expects all staff and volunteers to share this commitment.

3 DEFINITIONS OF ABUSE *(See also Appendix B for comprehensive detail)*

3.1 ABUSE

Abuse is a form of maltreatment of a young adult. Somebody may abuse or neglect a young adult by inflicting harm or by failing to act to prevent harm. Harm can include ill treatment that is not physical as well as the impact of witnessing ill treatment of others. This can be particularly relevant, for example, in relation to the

impact on young adults of all forms of domestic abuse. Young 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. Young adults may be abused by family, friends, neighbors, those who provide care or other professionals.

3.2 PHYSICAL ABUSE

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a young adult. Physical harm may also be caused when a family member or carer fabricates the symptoms of, or deliberately induces, illness in a young adult.

3.3 DOMESTIC VIOLENCE OR ABUSE

Domestic violence and abuse includes any 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. It also includes so called 'honour' -based violence, female genital mutilation and forced marriage.

Coercive or controlling behaviour is a core part of domestic violence. Coercive behaviour can include:

- acts of assault, threats, humiliation and intimidation;
- harming, punishing, or frightening the person;
- isolating the person from sources of support;
- exploitation of resources or money;
- preventing the person from escaping abuse;
- regulating everyday behaviour.

Domestic violence or abuse can be characterised by any of the indicators of abuse outlined in this section relating to psychological, physical, sexual, financial or emotional.

3.4 EMOTIONAL OR PSYCHOLOGICAL ABUSE

Emotional abuse is the persistent emotional maltreatment of a young adult such as, to cause severe and persistent adverse effects on their emotional well-being and development. It may involve conveying to young 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 the young adult opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age-inappropriate expectations being imposed on young adults. These may include interactions that are beyond their understanding or capacity, as well as overprotection and limitation of exploration and learning, or preventing them participating in normal social interaction. It may involve seeing or hearing the ill treatment of another. It may involve serious bullying (including cyber-bullying), causing young adults to frequently feel frightened or in danger, or the exploitation or corruption of vulnerable young adults. Some level of emotional

abuse is involved in all types of maltreatment of a young adult, though it may occur alone.

3.5 SEXUAL ABUSE

Sexual abuse involves forcing or enticing a young adult to take part in sexual activities, not necessarily involving a high level of violence, whether or not the young adult 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. For young adults, non–consensual sexual activity of any kind is sexual abuse. Activities may also include non-contact activities, such as involving young adults in looking at, or in the production of, sexual images, watching sexual activities, encouraging them to behave in sexually inappropriate ways, or grooming them in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other young adults.

3.6 NEGLECT AND ACTS OF OMISSION

Neglect refers to the failure to provide necessary care, support or guidance, which may put a young adult's health, wellbeing, safety or dignity at risk. This form of abuse affects young adults who rely on others for support due to disability, illness or mental health needs.

- Failing to provide adequate food, clothing, personal care, or a safe warm living environment.
- Failing to assist with or arrange access to medical care, treatment or essential social services.
- Withholding or mismanaging medication, aids or equipment required for independence and health.
- Ignoring a young adults basic emotional, social or cultural needs, or isolating them from services and support.
- Inadequate supervision or abandonment, particularly where this results in harm or increased vulnerability.

Neglect may be intentional or unintentional and can occur in a person's own home or in the community. It may be carried out by people in positions of trust.

3.7 SELF-NEGLECT

Self-neglect is an extreme lack of self-care, it is sometimes associated with hoarding and may be a result of other issues such as addictions. It may involve:

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

3.8 FINANCIAL OR MATERIAL ABUSE

Financial or material abuse of young adults can take the form of fraud, theft or using of the individual's property without their permission. This could involve large sums of money or just small amounts. It could involve denying assistance or access to benefits or misuse of benefits in a home.

3.9 MODERN SLAVERY

Modern slavery can take the form of human trafficking, forced labour, domestic servitude or sexual exploitation. Many of the signs would be similar to those of physical or emotional abuse.

3.10 DISCRIMINATORY ABUSE

Discriminatory abuse is when someone treats young adults unfairly because they think the young adult is different. It can happen because of age, sex, religion, race, disability, gender, sexual orientation or another reason. It can include verbal abuse, derogatory remarks, harassment and denying basic rights to healthcare and education.

3.11 ORGANISATIONAL OR INSTITUTIONAL ABUSE

In general, the above categories of abuse are likely to cover the majority of concerns that arise. Institutional abuse, for example, whilst possibly reflecting a dysfunctional and abusive organisation and culture will relate to the abuse of individuals (and therefore will be covered by the categories outlined above).

It is important to be aware that some groups of young adults may be more vulnerable to abuse for a variety of reasons. Young adults include disabled young adults; young adults living with parental adversity such as domestic violence, parental substance misuse or mental illness; unaccompanied asylum-seeking young adults; young adults affected by gang activity or sexual exploitation; looked after young adults etc. Many of these will have additional needs that require support and some may also be in need of protection.

We must be aware of the power we hold and our position of trust. This means maintaining appropriate professional boundaries so as to protect young adults from exploitation or harm, ensuring an unequal balance of power is not used for personal advantage or gratification.

4 ROLES AND PROCEDURES WHEN DEALING WITH DISCLOSURES AND CONCERNS

4.1 ALL STAFF

All staff working for SES Kite, because of their day-to-day contact with individual young adults, are particularly well placed to observe signs of abuse or other safeguarding related concerns, e.g. self-harm (see Appendix E).

Alternatively, a young adult may choose to make a disclosure to staff. In either situation, a concern or disclosure should be reported to a DSL.

A Disclosure is information given by the young adult indicating that they have been or may be at risk of significant harm, or concerns raised that others may be at risk of significant harm. When a young adult makes a disclosure they must be taken seriously, believed and allowed to talk. The member of staff should not seek further information by asking leading questions as this may jeopardise any subsequent investigation.

Having listened to a disclosure or registered a concern, the member of staff must:

- Report it directly to the DSL.
- Follow any instruction given by the DSL.
- Complete a Disclosure form and pass it directly to the DSL, ensuring that all original notes are included. All notes must be signed and dated. At this point a timeline should be started to hold all information in one central place.
- Maintain confidentiality. Information disclosed or relating to young adult protection is shared on a 'need to know' basis that may be defined as follows; *"Information limited to those people whose dealings with the young adult might be jeopardised by withholding such information".* In practice disclosed information can only be shared with the DSL and as directed by the Suffolk Safeguarding Partnership / Safeguarding Adults Board and/or Social Work Team.
- Seek personal support from the DSL.
- If at any time a staff member is in doubt as to whether a situation or circumstance falls within safeguarding they must discuss it with a DSL without delay. The DSL will be able to offer advice and assistance. If they themselves are in any doubt, they should contact SES Kite Operational Director to discuss the matter and gain advice upon what further action, if any, to take.
- All concerns made regarding abuse towards young adults must be reported directly to the DSL, and or the Operating Director.

A further option is for the concern to be directly reported to Suffolk Safeguarding Partnership initially through their website (Suffolk Adult Care Portal) or telephone to Customer First (0808 8004005). Alternatively, direct contact can be made with a MASH social worker via their Professional Consultation Line on 0345 6061499. In such circumstances the person making the referral should have the following information available:

- Their own name, status and contact point.
- The reason for their concern.
- The full name, address and date of birth of the young adult involved.
- Details of the placing authority.

Having made a direct referral staff should not make further enquiries; this could prejudice any subsequent investigation and prove to be counterproductive to the protection of the young adult. Once an external referral has been made the investigation becomes the responsibility of the Suffolk Safeguarding Partnership Team.

4.2 DESIGNATED SAFEGUADRING LEAD (DSL)

The DSL should be informed of all safeguarding related issues as soon as possible in order to offer advice and support and to ensure the policy and procedures are adhered to.

If the DSL is unsure as to whether a case should be formally referred, they may seek advice from Suffolk's MASH Professional Consultation Line. They may also consult the young adult's placing authority where appropriate.

Where the DSL decides that a safeguarding concern should be raised, they must refer it promptly to Suffolk County Council through the appropriate safeguarding route. The DSL should also inform the young adult's social worker, personal advisor or placing authority as appropriate, making clear that a safeguarding concern has been raised. Contact with the placing authority must not delay the referral to Suffolk. The DSL will cooperate with the Safeguarding Adult Team and agree any further enquiries into the allegation with them and, where relevant, the police. SES Kite will continue to take any immediate action needed to protect the young adult or others.

- Suffolk County Council is responsible for deciding whether a section 42 enquiry is required for a young adult living in Suffolk and for ensuring that any enquiry is carried out. Where another local authority arranged the placement, that authority should be informed and involved as appropriate. The two local authorities are responsible for communicating directly with each other; **SES Kite staff should not act as a go between.**

- The DSL must raise the safeguarding concern without delay. They will complete the Disclosure Form and safeguarding timeline as soon as possible, and within 24 hours of becoming aware of the concern. Relevant records will be shared securely with the Safeguarding Adult Team in accordance with its requests and local procedures.

- The details must then be entered on the internal safeguarding timeline. Any updates must be added. These are kept in the safeguarding file.

- While all staff are responsible for the safety of all young adults at all times, in the event of a safeguarding referral it is the responsibility of the DSL in particular to ensure the immediate safety of the young adult for whom the referral is being made.

- The DSL, as the CQC registered manager, must assess whether the incident requires notification to CQC and ensure any required notification is submitted without delay. This includes abuse or an allegation of abuse relating to a young adult, or an incident reported to or investigated by the police, where it occurred while the regulated service was being provided or as a consequence of it. The DSL must record the decision, the reasons for it and, where a notification is made, its date and reference number. The DSL must also assess whether the incident meets the Regulation 20 criteria for a notifiable safety incident and, if it does, ensure the duty of candour requirements are met.

As stated above once a safeguarding referral has been made the investigation becomes the sole responsibility of the Safeguarding Adult Team with which all employees will cooperate fully. **The DSL should not ring the police even if requested to do so by a social worker. It is the Safeguarding Adult Team's responsibility to take this step. This does not prevent any member of staff, including the DSL, from calling 999 without delay if someone is in immediate danger or a crime is in progress.**

When referring a case of suspected or alleged abuse to the statutory agencies the DSL (or their designate) will ask to be informed of the timing of the subsequent Strategy Meeting. The strategy meeting involves representatives from each of the statutory agencies and decides whether and how to investigate the allegation.

The DSL (or their designate) should clarify with the investigating agencies when, how and by whom other agencies and the family of the young adult should be informed that a referral has been made. This decision should consider the young adult's wishes and the nature of the safeguarding concern.

The social worker or duty team is responsible for providing a report of the outcomes of any related enquiry.

The DSL can offer advice and support to any staff required to participate in strategy meetings or a Safeguarding Adult Board Section 42 meeting.

The DSL must be aware of all updates to confidential information in safeguarding.

5 SUPPORT

There is a clear recognition that safeguarding work can be emotionally demanding and distressing. It is the responsibility of the DSL to ensure that due consideration is given to the effect on staff of any referrals, an opportunity to discuss this further should be provided as early as possible.

SES Kite is committed to ensuring debriefing and/or counselling is available to staff who are, or have been, involved in safeguarding work.

The RSM will give assistance and support to staff engaged in young adult protection work and will ensure they are available for all Safeguarding Conferences.

6 RECORDING, RECORD KEEPING AND CONFIDENTIAL FILING

Having registered a concern or received a disclosure staff must:

- Complete the disclosure form promptly (e.g. within the hour), writing down in the young adult's words, as exactly as possible, what was said or seen, putting the scene into context and giving the time and location.
- All handwritten notes must be timed, dated, signed and kept, even if subsequently typed up or subsumed within a more formal report.

- It is important that all concerns, no matter how insignificant they may seem at the time, are recorded and conveyed to the DSL.
- The DSL must be made aware of all updates to confidential information.
- All records of a safeguarding nature must go directly to the young adult's confidential file. Their case records will indicate that the separate file exists, but not its contents.
- Any timeline record kept by a DSL in relation to a safeguarding referral is filed in the young adult's confidential file.
- Access to safeguarding records will be on a 'need to know' basis and the DSL will make specific decisions about access.
- If a young adult leaves for an alternative placement the DSL must inform the new placement immediately and arrange a separate secure handover of confidential information from other records. This handover should include signed evidence of paperwork transfer.
- The young adult should know that information is being recorded.

7 ALLEGATIONS AGAINST STAFF

All staff must read **"The Management of Allegations and Concerns".** This document gives a full and detailed explanation of policy and practice issues.

Allegations of abuse by members of staff must be investigated within the correct Suffolk Safeguarding Partnership procedures, and when dealing with any allegation against staff, it is vital to keep the welfare of the young adult as the central concern. However, as with all safeguarding issues, a balance needs to be struck between supporting and protecting the young adult and keeping the effects of possibly false allegations to a minimum. Thus, urgent consideration should be given to the substance of the allegations.

On receiving an allegation, the DSL should proceed in line with recognised procedures, also contacting one of the SES Kite Executive Group (SES Kite Operational Director, SES Kite Managing Director or SES Kite Director). Investigations will be carried out by the appropriate agencies.

In certain circumstances, for example where the DSL is implicated in a allegation, staff should make immediate direct contact with the SES Kite Operational Director, who will inform a Co-Director and refer the case to the Suffolk Safeguarding Partnership Team.

In dealing with any allegation the DSL needs to liaise with external professionals to decide:

- the risk of harm to the young adult or young adults
- the seriousness of the allegation
- possible contamination of evidence
- the welfare of the staff

Suspension without prejudice of the member of staff may be considered where:

- there is cause to suspect a young adult is at risk of 'significant harm'.
- the allegation warrants investigation by the police, or is so serious that grounds for dismissal are being considered. Suspension will not be automatic. consideration will be made as to whether the result that would be achieved by suspension could be obtained by alternative arrangements.
- The power to suspend is vested in the SES Kite Operational Director and/or the SES Kite Managing Director.

The decision to suspend should be carried out in line with SES Kite guidelines and can only be taken by the SES Kite Operational/Managing Director after discussion with the DSL and/or outside agencies. Actioning this decision may be delegated to an appropriate senior manager.

8 CONFIDENTIALITY

In all safeguarding work the degree of confidentiality will be governed by the need to protect the young adult. Staff working with a young adult and their family must at all times make it clear that confidentiality may not be maintained if the withholding of information jeopardises the welfare of the young adult.

The GDPR and Data Protection Act 2018 do not prevent, or limit, the sharing of information for the purposes of keeping young adults safe.

Staff are expected to adhere to the following code of practice, or other practice guidelines provided by SES Kite. This code of practice has been extracted from 'A Code of Ethics For Social Workers', adopted by the British Association of Social Workers, 1986.

"They will recognise that information clearly entrusted for one purpose should not be used for another purpose, without sanction. They will respect the privacy of clients and others with whom they come into contact, and confidential information gained in their relationship with them. They will divulge such information only with the consent of the client, except where there is clear evidence of serious danger to the client, worker or other person's or the community, or in other circumstances judged exceptional on the basis of professional consideration and consultation".

8.1 CONFIDENTIALITY: PRACTICE GUIDELINES

The following guidelines aim to provide staff with clear advice that will enable them to respond to issues of confidentiality with confidence. All work with our young adults and their families, must reflect respect for them. All practice must aim to uphold the highest possible professional standards in this area.

- Staff are required to inform a DSL of any young adult protection disclosure or concern and act in keeping with the contents of this document.

- Other than in the particular circumstances of safeguarding procedures, young adults will be encouraged to talk to their families and/or other significant responsible persons.

- Staff will advise young adults of sources on confidential help, for example, medical professionals, qualified and independent counsellor, 'helpline' services or local advice services.

- Staff must strive to develop open, honest relationships with our young adults through which trust may develop.

- Staff must never be drawn into accepting personal confidences, since confidentiality cannot be guaranteed. This should always be made clear.

- All records are kept in locked cabinets. Within each young adult's main file, a separate wallet is kept which holds all safeguarding information. Access to this information may only be obtained with the authorisation of the DSL.

9 SUPPORTING YOUNG ADULTS AND FAMILIES

- Young adults undergoing a safeguarding referral and investigation are likely to need a greater than normal level of support. This should be the focus of careful consideration as quickly as possible once a referral is actioned.
- The minimum we can offer is a safe environment in which the young adult feels valued and protected.
- We may offer support to the family of a young adult involved in a safeguarding investigation, but staff will need to remember the limits of confidentiality placed upon them, and that the welfare of the young adult is paramount.

10 POSITIVE PERSONAL CONTACT BETWEEN YOUNG ADULTS AND STAFF

At all SES Kite establishments there is clear and unequivocal expression of normal, positive, physical contact between staff and young adults. This is not physical contact that in any way seeks to establish authority over a young adult, but that which expresses 'parental' affection, to provide comfort, ease distress and signal care as would be expected between good parents and their children. Our service is specifically designed to support 18 to 25-year-olds, including care leavers and young adults who may have experienced disrupted attachment or unmet emotional needs during childhood which still impact them as adults. We implement therapeutic practices within our setting, recognising that therapeutic, relationship-based care is essential for supporting emotional development, regulation and recovery. Positive physical contact, when appropriate and consented to, forms a part of this supportive, trauma-informed approach.

To deny this would be tantamount to emotional deprivation, and we believe that normal staff/young adult physical contact is a critical therapeutic factor in young adult's care plans to a greater or lesser degree.

Our policy on positive personal contact has been affirmed by the very latest research and knowledge of neurobiology, and as illustrated by the writings of Dr Margot Sunderland. Particularly important is the clear connection between the production of positive neurochemicals of oxytocin and opioids, and warm parental physical contact and affirmation. Many, if not all of the young adults will have

experienced the opposite of this where their brain chemistry has been swamped by repeated high levels of cortisol, adrenaline and noradrenaline created by stressful situations.

Nevertheless, every member of staff needs to appreciate the difference between appropriate and inappropriate touch, and to be aware of touch which poses as therapeutic, but which is actually being used to satisfy the practitioner's need for contact rather than that of the young adults. Naturally members of staff have to be fully cognisant of touch that is invasive or which could be confusing, re-traumatising, or experienced as stimulating in any way whatsoever. Should any such touch be used, it would be deemed as the most serious breach of professional boundaries warranting disciplinary action.

Bearing in mind the specific context, the following guiding principles should apply:

- Specific programmes involving therapeutic physical contact will be considered through the PAN (Portfolio of Achievement and Need) process.
- Given that a high proportion of young adults with social, emotional and mental health complexities may have experienced sexual and/or physical abuse, staff need to ensure that any physical contact is not misinterpreted.
- If at any time a young adult demonstrates verbally or otherwise that they are not comfortable with physical contact staff should respond immediately by ceasing that contact.
- There should be no general expectations of privacy for the physical expression of affection or comfort, although this may be appropriate in exceptional circumstances (e.g. bereavement).
- Staff need to be aware that different cultural factors may apply.
- Age and maturity are factors to be considered in deciding appropriate physical contact.
- Where a member of staff feels that it would be inappropriate to respond to a young adult seeking physical comfort, the reasons for denying this should be clearly explained to the young adult. The young adult should be comforted verbally as necessary.
- Young adults should be counselled with regard to socially appropriate/inappropriate times/places/situations to seek physical comfort.
- Appropriate physical contact should be a focus of discussions with family and placing authorities.
- If an embrace takes place, care should be taken to make it a 'sideways' cuddle wherever possible, sensitively and tactfully handled.
- The issue of personal contact in general should be raised in interviews and induction training for staff and discussed in staff development and supervision.
- Physical contact of any kind initiated by staff should be no more than is necessary to fulfil its purpose. For example, in comforting a young adult in distress, such physical comfort should be the minimum necessary to assist the young adult to regain composure and calm.

10.1 PERSONAL CARE

There may be occasions when staff are involved in the personal, and possible Intimate care of young adults because of the young adult's level of functioning and care needs. For example, it may be necessary for staff to prompt young adults to

carry out their personal care requirements. This care need for the young adult must be clearly identified as a requirement following a “needs assessment”, which we or a local authority can raise if required. The local authority must involve the young adult, any of their carer’s, and anyone else whom the young adult gives authority to be involved. Where the young adult lacks capacity to ask the authority to do that, any person who appears to the authority to be interested in the adult's welfare should be consulted.

Any personal care carried out by staff, whether this be prompting or intimate care, must be consented to by the young adult before carrying out any form of personal care (please see SES Kite Consent Policy and Procedure). Staff should never have any contact with a young adult that may compromise them and allow misinterpretation of their intentions. If a young adult requires support with their personal care, but staff have concerns of being compromised or a misinterpretation of their intentions, an additional member of staff should be present. If staff are in any doubt about the appropriateness of their actions, they should seek advice from the RSM.

The following are examples of physical contact, which are unacceptable:

- Play fighting between staff and young adult
- Over affectionate cuddles
- Kissing
- Any contact likely to be interpreted as sexual in nature

The kind of physical contacts likely to be acceptable include:

- Planned physical contact which is part of a bespoke therapeutic intervention.
- Holding a hand in situations which might present fear or anxiety.
- Putting an arm around the shoulder of a young adult in distress.
- Patting a young adult on the back to display approval.
- Reinforcing a verbal request to calm down with a physical prompt such as a hand on a shoulder.

(The list is intended to be illustrative and not exhaustive)

The following areas of activity have been identified as situations in which staff and young adults could be vulnerable:

- Being alone with a young adult *(see SES Kite Lone Working Policy).*
- Examining a young adult in case of injury or illness.
- Physical contact arising out of social interactions with a SEN young adult.
- Touching with the intent of providing comfort.
- Physical contact initiated by a young adult.

In order to minimise the risks in these sensitive areas, the following procedures should be adopted:

- Physical examinations of young adults are a sensitive area. Some young adults may understandably not want an ‘audience’ of more than one staff member and would prefer such examinations, (e.g. a rash on the upper part of the thigh), to happen in private with a member of staff they know and trust. Staff should base

their approach on their previous knowledge of the young adult and safeguard themselves by alerting other staff and the RSM to when such examinations are taking place. Intimate examinations should, under no circumstances, be carried out by staff, but should be done by medical practitioners.

- In the case of a distressed young adult seeking physical contact this should be kept to the minimum necessary to fulfil the purpose of the young adult regaining composure and calm.
- When inappropriate physical contact is initiated by a young adult, staff should seek to disengage from the situation as soon as is possible. In seeking to disengage, staff may need to signal their disapproval of the inappropriate contact. This should be done consistently, i.e. irrespective of which young adult has initiated it and on *all* occasions of inappropriateness. It is possible to disengage from such physical contact without signalling rejection of the young adult or their affectionate intentions.

There may be some young adults for whom any physical contact is particularly unwelcome. For example, some young adults may be particularly sensitive to physical contact because of their cultural background or because they have been abused, or due to sensory needs. It is important that all staff have an awareness of these young adults and staff should bear in mind that even innocent and well-intentioned physical contact could be misconstrued. If staff believe their intentions have been misconstrued, they should immediately seek to discuss this with the RSM.

10.2 CARE AND CONTROL

Detailed advice concerning positive management of behaviour, physical intervention and restrictive physical intervention is contained in other comprehensive policy and practice documentation and is a substantial component of staff induction and training.

Currently Norfolk Steps is used for staff training purposes. Norfolk Steps are accredited by the Institute of Conflict Management. Their principles and training are aligned with the Restraint Reduction Network.

SES has Step On, Up and Advanced instructors available on both sites.

(See also the "Positive Management of Behaviour Policy and Practice" document)

10.3 1:1 WORKING

Another area that has been identified as where both adults and young persons could be potentially vulnerable is that of being alone in a 1:1 situation. **For staff working at SES Kite homes, it is essential to read and understand the SES Kite Lone Working Policy and Practice document.**

11 CODE OF PROFESSIONAL PRACTICE

11.1 INTRODUCTION

It is the professional responsibility of each staff member to:

1. Value and respect each young adult as an individual in his/her own right, in his/her role as a member of his/her family, and in his/her role as a member of the community s/he lives in.

2. Respect the relationship of the young adult to his/her family and other significant persons, taking account of his/her natural ties and interdependent rights and responsibilities.

3. Facilitate the optimal growth and development of each individual young adult to achieve his or her potential in all aspects of functioning.

4. Help each young adult for whom he or she bears responsibility by preventing problems where possible, by offering protection where necessary, and by providing care and rehabilitation to counteract or resolve the problems faced.

5. Use information appropriately, respecting the privacy of young adults, maintaining confidentiality where necessary, respecting the right of young adults to be informed of matters concerning themselves, and avoiding the misuse of personal information.

6. Oppose at all times any form of discrimination, oppression or exploitation of young adults, and preserve their rights.

7. Maintain personal and professional integrity, develop skills and knowledge in order to work with competence, work co-operatively with colleagues, monitor the quality of services, and contribute to the development of the service and of policy and thinking in the field of residential young adult provisions.

All other standards expected of workers with young adult's stem from these seven clauses.

11.2 SES KITE EXPECTATIONS OF STAFF

All staff, irrespective of role, are expected to follow the following principles:

1 To role model and maintain professionally high standards of ethics and behaviour, within and outside SES Kite.
2 Treat young adults with dignity, building relationships rooted in mutual respect, and at all times observing proper boundaries appropriate to a professional position.
3 To implement at all times the safeguarding of young adults in accordance with their risk assessments and the companies policies and procedures.
4 Showing tolerance of and respect for the rights of others.
5 Not undermining fundamental values, policies and practice of the company.
6 Demonstrate mutual respect and tolerance of those with different faiths,

beliefs and orientations in accordance with equal opportunities.

7 Ensuring that personal beliefs are not expressed in ways which exploit young adult's vulnerability or might lead them to break the law.

8 Staff must have proper and professional regard for the ethos, policies and practices of SES Kite, maintaining high standards in their own attendance and punctuality.

9 Staff must have an understanding of, and always act within, the statutory frameworks which set out their professional duties and responsibilities.

As part of staff induction, SES Kite also expects all staff to understand The Code of Professional Practice and the content of this guidance is discussed in the context of SES Kite policy and practice, with any specific differences highlighted in the training.

12 CONTACT WITH UNAUTHORISED PERSONS

The very nature of the young adults, all of whom have needs often characterised by learning difficulties, poorly developed social skills, emotional vulnerability and impulsivity which can lead to poor decision making, places our young adults at particular risk. There is a delicate balance between protecting young adults and promoting their independent and self-help skills. Staff need to consider carefully the risks involved and the level of supervision and support required in activities where young adults engage with members of the public both in person and also electronically via the Internet or telephone. Staff must always be vigilant for those who may seek to take advantage of or exploit the young adults in their care.

Any contact by unauthorised persons should always be reported immediately to the RSM, who will decide what, if any, action is required. Reports should always be taken seriously and investigated.

13 RISK ASSESSMENT

- In addition to individual risk assessments on each young adult, the physical premises and site undergo a similar scrutiny in light of potential risk and supervision.
- In the case of young adult protection, risk assessment will identify areas where supervision is difficult, where unauthorised visitors may access the premises, and times when young adults may be more vulnerable.
- The assessments will also consider identifying areas where staff may become vulnerable to allegation, e.g. being alone with young adults.
- An Appropriate and Suitable Location Review is conducted each calendar year to ensure that the premises used for the purposes of the home are located so that young adults are effectively safeguarded.

14 CREATING AND MAINTAINING A 'SAFE' ENVIRONMENT

At all times staff should, through good professional practice, seek to:

- create a listening environment;
- create a ‘no secrets’ environment;
- become a ‘telling’ environment;
- create an environment where the is respect and care demonstrated to others;
- help young adults to feel confident to ask for help when they need it.

14.1 THE PORTFOLIO OF ACHIEVEMENT AND NEED

The Portfolio of Achievement and Need (PAN) refers to the process of overall planning to support a young adult’s development and learning at each establishment. In all aspects of the PAN process staff will have regard to specific learning opportunities which may help young adults to protect themselves and each other from abuse, and from becoming abusers themselves.

All staff have a collegiate responsibility to enable young adults to:

- gain an understanding of human development and relationships;
- build up self-esteem by experiencing a positive learning environment where they are encouraged and offered opportunities to succeed;
- learn to solve problems and deal with a range of challenging situations;
- develop in a supportive environment where everyone is valued and respected;
- express emotions and feelings and deal respectfully with the emotions and feelings of others.

14.2 ENSURING E-SAFETY AND SECURITY *(Online Safety)*

The use of technology has become a significant component of many safeguarding issues. Sexual exploitation; radicalisation; sexual predation: technology often provides the platform that facilitates harm. SES Kite employ a holistic approach to online safety that aims to protect and educate the whole community in their use of technology and has established mechanisms to identify, intervene in, and escalate any incident where appropriate.

Safeguarding training supports adults to understand the breadth of issues classified within online safety, categorised into three areas of risk:

- Content - being exposed to illegal, inappropriate or harmful material; for example, pornography, fake news, racist or radical and extremist views.
- Contact - being subjected to harmful online interaction with other users; for example, commercial advertising as well as adults posing as someone else.
- Conduct - personal online behaviour that increases the likelihood of, or causes, harm; for example, making, sending and receiving explicit images, or online bullying.

SES Kite homes utilise standard domestic internet filtering and monitoring systems regarding appropriate use and safety.

- When required, all technological equipment will undergo regular monitoring to ensure appropriate and safe internet use, at intervals appropriate to each young adult.

- Social Networking sites will be assessed for appropriateness on a site-by-site basis. Monitoring of social networking usage will be part of the regular monitoring process.
- Staff will check that the sites selected for young adults' use are appropriate to the maturity of a young adult.
- The RSM will monitor the overall effectiveness of Internet access strategies through in house systematic monitoring.
- Staff will be trained in systematic checking of the young adult's technological equipment that have internet capability or the provision to transfer information and/or pictures. These checks will be at the intervals set in the individual young adult's Daily Care. These checks will be recorded on the SES Kite Technology Checking Form which is stored on the SES Kite network.
- Monitoring may move to a more infrequent sample monitoring, or not be required at all, for individuals with an extended track record of responsible use.

(See also the "Acceptable Use of Technology Policy and Practice" document)

14.3 CONTEXTUAL SAFEGUARDING

Safeguarding incidents and/or behaviours can be associated with factors outside of SES Kite homes and/or can occur between young adults in the local or wider community. Due to the personalised planning and detailed risk assessments for each young adult living within SES Kite homes, all staff constantly monitor the context within which such incidents or behaviours occur. Where environmental factors present a risk or threat within the young adult's daily care, these must be assessed using the standard SES Kite risk assessment procedures. SES Kite young adults can be vulnerable to multiple harms including (but not limited to) sexual abuse (including harassment and exploitation), domestic abuse in their own intimate relationships (teenage relationship abuse), criminal exploitation, serious youth violence, county lines, and radicalisation.

14.4 SERIOUS VIOLENCE

All staff should be aware of indicators, which may signal that young adults are at risk from, or are involved with serious violent crime. These may include increased absence from college/work, a change in friendships or relationships with older individuals or groups, a significant decline in performance, signs of self-harm or a significant change in well-being, or signs of assault or unexpected injuries. Unexplained gifts or new possessions could also indicate that young adults have been approached by, or are involved with, individuals associated with criminal networks or gangs.

All staff should be aware of the associated risks and understand the measures in place to manage these within the establishment.

15 STAFF RECRUITMENT AND SELECTION

SES Kite has in place a series of systems and checks that assist in the safe recruitment and selection of staff. All staff are subject to a Disclosure and Barring Service check at the enhanced with barred list level. Candidates must provide

proof of identity through official documents and qualifications and references are checked for authenticity.

All staff must provide a full employment history with any gaps fully explained and all appointments will be subject to references having been received and checked. The RSM verifies all references that have involved previous employment with children or vulnerable adults. Referees will be reminded that references must not contain any material mis-statement or omission relevant to the suitability of the applicant.

Even the most careful selection process cannot guarantee the suitability of candidates and all new appointments will be subject to a probationary period. On commencement of duties all staff participate in the Staff Support and Development Programme, which provides regular, planned and supportive supervision, guidance and development opportunities.

Directors, SES Kite Operational Director and RSM all attend the local authority Safer Recruitment Training.

SES Kite holds a Single Central Record (SCR) for those employed or engaged with the establishment. This document forms an integral part of the recruitment and selection policy and forms part of the overall safeguarding measures.

[See also the "Recruitment and Selection Policy and Practice" document]

16 SAFEGUARDING TRAINING

SES Kite is committed to the training and updating of staff as a priority, overseen by the DSL. All staff (full-time and part-time) will have access to safeguarding training as part of their induction process and will undertake suitable refresher training annually in line with Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that states "providers must provide sufficient numbers of suitably qualified, competent, skilled and experienced staff to meet the needs of the people using the service at all times".

As part of the induction training, it is important that all risk areas are considered with regards to keeping young adults safe; this covers a comprehensive range of areas:

- What is Safeguarding? A brief look at SES Kite Safeguarding Policy and the linked portfolio of other policies (e.g. Positive Management of Behaviour)
- SES Kite expectations of adults with regard to professional conduct
- The safeguarding response to young adults who go missing from care
- Role of the Suffolk Safeguarding Partnership, Safeguarding Adult Boards and the Multi Agency Safeguarding Hub (MASH)
- Signs and Symptoms of Abuse
- Section 42 referrals
- Recognising responding to a disclosure
- The Role of the DSL
- Freedom to Speak Up (Whistleblowing) policy and procedure
- Sexual Exploitation & Teenage Pregnancy

- Honour Based Violence & Female Genital Mutilation
- Radicalisation & Prevent Duty
- County Lines and Serious Violence
- E-Safety (online safety)
- Sexual violence and sexual harassment between young adults
- Essential Government Safeguarding Documents

The primary aim of this training is to raise awareness amongst all staff in relation to safeguarding and abuse in order to equip them with relevant knowledge and skills which will enable them to recognise and respond to safeguarding concerns and enable them to implement this policy. They must also be able to recognise how this training is implemented to protect young adults on a daily basis through the care planning process.

Personal Development happens through opportunities to:

- examine the values and attitudes underlying concerns about abuse
- identify personal values and attitudes to young adult abuse, e.g. Am I aware of my personal prejudices? Will I transfer them to the young adult? Will this affect my ability to function effectively in this situation?
- explore personal feelings about cases of abuse.

Staff have a responsibility to ensure young adults are supported to understand safeguarding, including how to stay safe online, through structured learning and everyday interactions. This may include exploring relevant topics through keywork sessions, life skills programmes, personalised care and support planning, and discussion informed by individual risk assessments, progress reviews and therapeutic input. These learning opportunities should be tailored to each young adults needs, capacity and level of understanding, empowering them to recognise risks, make informed choices and keep themselves safe.

17 PORTFOLIO OF OTHER POLICY AND PRACTICE DOCUMENTATION THAT CONTRIBUTE TO THE SAFEGUARDING PROCESS

In a high quality organisation, there will be a wide range of policy documents and practice issues that underpin the holistic safeguarding process. Not one of these documents and associated practice and procedures can in themselves illustrate the complete picture. Instead, they work in conjunction to promote the safety, rights and wellbeing of young adults at risk:

- Missing from Care Policy and Procedure
- Access and Visitors Policy
- Anti-Bullying and Harassment Policy
- Freedom to Speak Up (Whistleblowing) Policy
- Complaints and Representations Policy and Practice
- Grievance, Capability and Disciplinary Procedures
- Health and Safety Policy and Practice
- Recruitment Policy and Procedure
- Critical Incident Policy and Practice

- The Management of Allegations and Concerns Policy and Practice
- Appropriate and Suitable Location Review for SES Kite
- Sexual Health and Relationships Policy (Health and Safety Policy - section 25)

The following national and local guidance should also be read in conjunction with this policy:

- The Care Act 2014
- The Safeguarding Vulnerable Groups Act 2006
- The Health and Social Care Act 2008 (Regulated Activities Regulations)
- Equality Act 2010
- Mental Capacity Act 2005
- The Deprivation of Liberty Safeguards (DOLS)
- Suffolk Safeguarding Adults Framework For Adults 18 Years And Over
- Preventing youth violence and gang involvement (Home Office)
- Criminal Exploitation of children and vulnerable adults: County Lines September 2018

Some of these policies and guidance have been signposted throughout this document. Each policy referenced in the text above or the list below are available to people who use the service, their advocates, those lawfully acting on their behalf, those close to them and our staff. This can be seen in detail on the establishment's internal network and website: https://www.specialisteducation.co.uk/post-16-provisions/residential-18/policies/

All staff have a responsibility for monitoring its effectiveness. All members of staff have a responsibility, (and the Lead Designated Person a specific responsibility), for monitoring and evaluating our use of young adult protection procedures and the degree to which each home is safe, welcoming, supporting and a listening and telling environment.

APPENDIX A

Role of the Designated Safeguard Lead for Safeguarding (DSL)

Referrals/Working with others

- Refer cases of suspected abuse or allegations to the local authority young adult's social care as required, and other relevant investigating agencies.
- Support staff once referrals are made to local authority young adult's social care.
- Liaise with SES Kite Operational Director and/or SES Kite Managing Director to inform him/her of any issues and ongoing investigations and ensure there is always cover for this role.
- Refer cases to the Channel programme where there is a radicalisation concern as required.

- Support staff who make referrals to the Channel programme.
- In consultation with an uninvolved SES Kite Director, assess whether SES Kite has a legal duty to refer a worker to the Disclosure and Barring Service (DBS). Where the legal conditions are met, ensure the referral is made, including where the worker has resigned or left before they could be removed from regulated activity.
- Following discussion with senior leadership, refer cases where a crime involving safeguarding may have been committed to the police as required.
- Liaise with the SES Kite Operational Director to inform him/her of issues especially ongoing enquiries under section 42 of The Care Act 2014 and police investigations.
- As required liaise with the local authority for safeguarding concerns in cases which concern a staff member.
- Liaise with staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant authorities.
- Act as a source of support, advice and expertise for all staff.

Training

The DSL will complete training to provide staff with the knowledge and skills required to carry out their role, updated every two years. As a minimum this will include –

- Advanced Safeguarding Adults Training
- Designated Safeguard Lead responsibilities
- Mental Capacity Act and DoLS
- Prevent and Channel Awareness
- Legal and Regulatory Context

The DSL is expected to refresh their knowledge and skills annually through e-bulletins or reading latest developments, to allow them to:

- Understand the assessment process for providing statutory intervention for social care referral arrangements.
- To recognise how to identify signs of abuse and when it is appropriate to make a referral.
- Have a working knowledge of how local authorities conduct safeguarding review conference and be able to attend and contribute to these effectively when required to do so.
- Ensure each member of staff has access to and understands the safeguarding policy, especially new or part time staff.
- Ensure all staff have induction training covering safeguarding and are able to recognise and report any concerns immediately they arise.
- Plan and implement annual safeguarding training for the establishment.
- Be able to keep detailed accurate secure written records of referrals/concerns.
- To understand the unique risks associated with online safety and be confident that they have the relevant knowledge and up to date capability required to keep young adults safe whilst they are online at the establishment.
- To recognise the additional risks that young adults with SEN and disabilities (SEND) face online, for example, from online bullying, grooming and radicalisation and are confident they have the capability to support SEND young adults to stay safe online.
- Understand and support the requirements with regards to the Prevent duty and provide advice and support to staff on protecting young adults from the risk of radicalisation.

- Facilitate a culture of listening to young adults, taking into account their wishes, and consider the feelings of staff in any measures that the establishment may put in place to protect them.

Raising Awareness

- Ensure the establishment's safeguarding policy is updated and reviewed annually and work with the SES Kite Operational Director and SES Kite Managing Director regarding this.
- Ensure the establishment's safeguarding policies are known, understood and used appropriately.
- Ensure, where appropriate, families receive and understand the safeguarding policy, which alerts them to the fact that referrals may be made and the role of the establishment in this to avoid conflict later.
- Where young adults leave the establishment ensure their safeguarding file is copied for the new establishment as soon as possible but transferred separately from the main file.

APPENDIX B

SIGNS AND SYMPTOMS OF ABUSE

The following is a list of possible signs and symptoms of abuse or neglect as it appears in the current Suffolk Safeguarding Adults Board (SSAB) procedures, with additional information from the Social Care Institute for Excellence (SCIE). Staff should familiarise themselves with these and be aware of them.

This appendix is intended to help staff that come into contact with young adult abuse. It should not be considered as a comprehensive or definitive list, nor does the presence of one or more factors give proof that young adult abuse has occurred. It may, however, indicate that careful investigation should take place.

1 PRESENTATION OF AN INJURY

There are certain parental responses which are known, by research and experience, to suggest a cause for concern. These include:

1.1 An unexplained delay in seeking treatment that is obviously needed, or it is sought at an inappropriate time.

1.2 A lack of awareness or denial of any injury.

1.3 Incompatible explanations are offered.

or

The young adult is said to have acted in a way that is not appropriate to their age and development.

or

Several different explanations are offered:
(N.B. The young adult and/or other members of the family may support the explanations, however improbable)

- A reluctance to give information, or failure to mention previous injuries known to have occurred. Conversely, some family are over-compliant in their response to questioning.
- The family has attended Accident and Emergency departments, unusually frequently, with appropriate and inappropriate requests for attention.
- A constant presentation of minor injuries, which may represent 'a cry for help', which, if ignored, may lead to more serious injury. Attention may be sought for other problems unrelated to the injury, which may not even be mentioned.
- Unrealistic expectations of the young adult, or constant complaints about them. Family may show a violent reaction to a young adult's 'naughty' behaviour.
- Consent for further medical investigation is refused.
- The family are drunk or under the influence of drugs or cannot be found.
- The family asks for the young adult to be removed from home or indicate difficulties coping with the young adult.

2 PHYSICAL INJURY

This part is of particular relevance to doctors but also offers a lay person's guide to the more common injuries found in cases of young adult abuse. Some injuries may seem insignificant by themselves, but repeated injuries, even of a very minor nature, may be symptomatic of abuse and, if no action is taken, the young adult may be injured more seriously.

2.1 BRUISES

- Petechial haemorrhage (pin-point haemorrhage of the face and neck can indicate a serious shaking injury).
- Multiple subungual haematomas (haemorrhages under fingernails).
- Black eyes, this is particularly suspicious if both eyes are black (most accidents cause only one), if the lids are swollen and tender and if there is no bruising to the forehead or nose. Black eyes can also be caused by blood seeping down from an injury above, e.g. a skull fracture - in these cases, there will be little lid swelling.
- Bruising in or around the mouth.
- Grasp marks on the arms, or chest.
- Finger marks (e.g. three or four small bruises may be seen on one side of the face and one on the other.
- Symmetrical bruising on the ears – sometimes on the back of the ear.
- A direct impression or outline bruising (e.g. belt marks, handprints).
- Linear bruising (particularly on the buttocks or back).
- Bruising on soft tissue with no obvious explanation.
- Different age bruising.

N.B. most falls, or accidents, produce one bruise on a single surface, usually on a bony protuberance. A young adult who falls downstairs generally has only one or two bruises. Bruising in accidents is usually on the front of the body, as young

adults generally fall forwards. In addition, there may be marks on their hands if they have tried to break their fall.

N.B. The following are uncommon sites for accidental bruising:

- Back, back of legs, buttocks (exception, occasionally, along the bony protuberances of the spine)
- Mouth, cheeks, behind the ear
- Stomach, chest
- Under the arm
- Genital, rectal area
- Neck

2.2 FRACTURES

- Any fracture which does not have a clear accidental history.
- A vague history of "must have hit his/her head" or maybe "falling downstairs" will be suspect.
- Additional, unsuspected fractures of the ribs, long bones and skull may be revealed on x-ray.

Fractures should be suspected if there is pain, swelling and discolouration over a bone or joint. The most common non-accidental fractures are to the long bones (i.e. arms, legs, ribs). Fractures normally cause pain and it is difficult to be unaware that a young adult has been hurt.

2.3 JOINTS

A tender, swollen joint with a normal x-ray may require a further x-ray in two weeks, to reveal fracture of bleeding under the periosteum (lining of the bone).

Radiological signs which should arouse suspicion:

- Any fracture.
- Spinal fracture.
- Multiple fractures.
- Various stages of healing.
- Epiphyseal displacement.
- Metaphyseal fracture or fragmentation (chip fractures).
- Double contour lines of periosteum.
- Massive cortical thickening – this is a late sign.
- Avulsion of provisional zone of clarification.

2.4 MOUTH

Tear to the fraenulum. There is often finger bruising on the cheeks or in and around the mouth. In addition, there may be linear grazing on the palate.

2.5 EYES AND BRAIN

- Retinal haemorrhage from chest compression.

- Bleeding into the anterior chamber of the eye.
- Subdural haemorrhage – suspect when presenting signs are vomiting; irritability; failure to thrive and/or minor weakness of arm and leg on one side – in the chronic case. Hypertonia, fits or pallor – in the acute case, these would present as very sick young adult.

2.6 VISCERA

Injuries to a solid or hollow viscous in a young adult may present as an acute abdomen with vomiting or with signs of shock, the young adult may show signs of acute abdominal tenderness, or of peritonitis.

2.7 POISONING

Ingestion of tablets, medicines, or domestic poisoning may not always be due to accidental carelessness. The young adult may present as being drowsy. Be particularly cautious of families that are known to, or appear to, abuse drugs or alcohol.

2.8 HYPERNATRAEMIC

This can result from families withholding fluid from a young adult, or by the addition of salt to the diet. Hypernatraemic dehydration can arise accidentally, however, and this should be excluded.

2.9 BITES

These can leave clear impressions of marks of individual teeth, or sometimes a more general crescent-shaped mark. Human bites are oval or crescent shaped. If the distance is more than 3 cm across, they must have been caused by an adult or older child, with permanent teeth.

2.10 BURNS AND SCALDS

It can be very difficult to distinguish between accidental and non-accidental burns, but as a general rule, burns or scalds with clear outlines are suspicious, e.g. a gloves and socks effect. So are burns of uniform depth over a large area. Also, splash marks about the main scald area (caused by hot liquid being thrown).

Remember also:

- A responsible adult checks the temperature of the bath before a young adult gets in.
- A young adult is unlikely to sit down voluntarily in too hot a bath and cannot scald their bottom accidentally without also scalding their feet.
- A young adult getting into too hot water of their own accord may struggle to get out again and there will be splash marks.
- Small round burns may be cigarette burns (but may be friction burns and accidental, if along the bony protuberances of the spine). It is sometimes felt difficult to differentiate between impetigo and cigarette burns – but generally

impetigo is multiple and increases even during early stages of treatment. Cigarette burns also tend to have a characteristically dark, thick base.

2.11 SCARS

All young adults have scars, but notice should be taken if an exceptionally large number, particularly if of different ages and if accompanied by current bruising. Unusually shaped scars (e.g. old cigarette burns), or large scars (indicating burns that did not receive treatment), should be viewed suspiciously.

2.12 HONOUR BASED ABUSE

Honour Based Abuse (HBA) encompasses incidents or crimes which have been committed to protect or defend the honour of the family and/or the community, including female genital mutilation (FGM), forced marriage, and practices such as breast ironing. Abuse committed in the context of preserving "honour" often involves a wider network of family or community pressure and can include multiple perpetrators. It is important to be aware of this dynamic and additional risk factors when deciding what form of safeguarding action to take. All forms of HBA are abuse (regardless of the motivation) and should be handled and escalated as such. Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a young adult being at risk of HBA, or already having suffered HBA.

If there is any cause for concern in relation to HBA adults need to refer to the Safeguarding Policy and procedures.

3 NEGLECT AND FAILURE TO THRIVE

Neglect occurs when a young adult's basic needs for care and support are not met, and this results in, or is likely to result in significant harm or distress. This can include failure to provide adequate nutrition, medical care, emotional support, stimulation, or safe living conditions. Some young adults may present with poor health, unkempt appearance or social withdrawal and may improve rapidly in an alternative, supportive environment. However, recovery maybe be slower for some due to long-term impact or difficulty adjusting to consistent care. Neglect may be intentional or unintentional and often requires a multidisciplinary response, including medical input. Indicators of neglect or failure to meet care needs may include the following:

- A young adult who is underweight, shows signs of malnourishment, or appears physically frail.
- A cold skin mottled with pink or purple, indicating poor circulation or environmental neglect.
- Swollen limbs with pitted sores which are slow to heal;
- Poor hygiene and skin condition.
- Diarrhoea – caused by poor or inappropriate diet, irregular meals and tension.
- Signs of extreme hunger or over-eating when food is available.
- Dry sparse hair.
- General signs of physical deterioration or untreated health conditions.

- A lack of emotional response, or an increased need for reassurance and connection.
- Social isolation or indiscriminate attachment to staff or others.
- Lack of access to appropriate food, shelter, heating, personal or medical care.
- Providing care in a way that the person dislikes or finds distressing.
- Failure to administer medication as prescribed.
- Refusal of access to visitors, including family, friends, advocates.
- Not taking account of individuals' cultural, religious or ethnic needs.
- Failure to support access to education, social or leisure opportunities.
- Ignoring or isolating the person.
- Preventing the person from making their own decisions.
- Preventing access to glasses, hearing aids, dentures, etc.
- Failure to ensure privacy and dignity.

4 EMOTIONAL ABUSE

a) Emotional abuse can exist in the absence of physical ill treatment. A young adult's need for respect, dignity, emotional support, security and encouragement, when unmet or deliberately undermined, can have a serious and sometimes irreparable effect on the young adult's mental wellbeing and autonomy. Young adults may subjected to be hostile, controlling, coercive, rejecting, indifferent, or threatening behaviours.
b) In some settings, one particular individual may be singled out for such treatment and even others (staff, peers, family) may be encouraged to scapegoat, excuse or isolate them. Some young adults may be expected to take on excessive burdens or roles that are inappropriate or exploitative, particularly where this relates to domestic or caring responsibilities.
c) Some young adults may be subjected to extreme over-protectiveness or possessiveness from family members, limiting their access to social, education, or community activities. This may extend to preventing them from leaving home or engaging with services, or lead to reluctance on the part of the individual to participate due to fear or coercion.
d) An environment in which domestic violence exists is highly abusive to all its victims and vulnerable young adults in particular can be hurt and abused without being touched.
e) Emotional abuse is generally difficult to evaluate, and where it is suspected, it is advantageous to obtain psychological and psychiatric opinion as part of the young adult abuse assessment.

For young adults, signs of emotional or psychological abuse could include:

- Enforced social isolation – preventing someone accessing services, educational and social opportunities and seeing friends.
- Removing mobility or communication aids or intentionally leaving someone unattended when they need assistance.
- Preventing someone from meeting their religious and cultural needs.
- Preventing the expression of choice and opinion.
- Failure to respect privacy.
- Preventing stimulation, meaningful occupation or activities.

- Intimidation, coercion, harassment, use of threats, humiliation, bullying, swearing or verbal abuse.
- Addressing a person in a patronising or infantilising way.
- Threats of harm or abandonment.
- Cyber bullying.

5 COMMON FAMILY CHARACTERISTICS

Certain family and social factors are frequently noted in cases of young adults that experience or are at risk of abuse. Again, the presence of one or more does not prove that an injury was non-accidental, nor does the absence of any of these characteristics mean there will be no cause for concern. The presence of a number of the following factors, however, will almost certainly indicate significant stress or safeguarding concerns that warrant further enquiry or support

The following are indicators for the need to be alert.

5.1 THE FAMILY

- Family members, or informal carers may have experienced past trauma, abuse or deprivation and may have unresolved psychological needs affecting their ability to provide care or emotional support.
- Family members may be providing care without sufficient preparation, training or support, often due to sudden crisis or lack of formal services
- Some may be socially isolated, resistant to professional input, or exhibit mistrust or hostility towards external agencies.
- Domestic conflict, coercive control or violence may be present in the family home, particularly where the young adult at risk depends on others for support or accommodation.
- Atypical household structures e.g. multiple unrelated adults, those with criminal or substance misuse histories or frequent changes in who is present in the homes, may raise safeguarding concerns.
- Mental health issues, substance misuse, or criminal behaviour among those in the household may affect the safety and wellbeing of the young adult at risk.
- The needs of others in the home may consistently take precedence over those of the young adult, resulting in neglect, poor support, or the denial of autonomy.
- There may be unrealistic expectations of the adult e.g. to manage their own care, finances or behaviour without appropriate support, or a lack of understanding of their condition or needs.
- Family or household members may avoid seeking support due to fear of judgement, losing control, or being “found out” in relation to mistreatment or neglect.

5.2 THE YOUNG ADULT

- The young adult may have complex needs stemming from early childhood trauma, developmental delay, or pre-existing conditions, which may contribute to increased vulnerability.
- They may experience stigma or rejection from family, or others due to disabilities, neurodivergence, or health conditions.

- They young adult may be perceived by others as “challenging” due to communication difficulties, emotional dysregulation, or behaviours that are misunderstood rather than supported.
- Emotional distress may be expressed through tearfulness, withdrawal, anxiety, or agitation.
- The young adult may appear fearful or apprehensive around specific individuals, particularly family members or professionals. In some cases, the young adult may overly compensate by being excessive compliant or by taking on responsibilities beyond their capacity to reduce household stress or avoid conflict.
- The young adult may present with poor hygiene, unkempt appearance, or signs of neglect.
- They may display behaviours that signal underlying distress or trauma, such as increased aggression, self-neglect, social withdrawal, or difficulties forming trusting relationships.
- Young adults may internalise feelings of blame or guilt, especially in settings where coercive control, psychological abuse, or dependency dynamics are present.

5.3 FAMILY/HOUSEHOLD OR LIVING CIRCUMSTANCES.

- Environmental stress, such as poor housing, together with financial difficulties, perhaps stemming from unemployment, can contribute to causing abuse.
- The family may lack support from extended family and neighbours.
- They may have moved several times and have no local roots.
- There may be multiple individuals living in the family home, not all of whom have a caring or supportive role, which may increase the risk of exploitation or abuse.
- The young adult’s family home may be impacted by other’s substance misuse, mental health issues, criminal activity or domestic abuse with the household.
- Unplanned or unsupported transitions, such as discharge from hospital, release from custody, or leaving care, which can increase the risk of harm if appropriate support is not in place.
- Stressful life events such as bereavement, relationship breakdown, or loss of employment may also act as safeguarding triggers, especially where resilience or coping strategies are limited.

6 SEXUAL ABUSE

a. Sexual abuse of young adults is a serious safeguarding concern and can occur regardless of gender, age, disability or mental capacity. Adults at risk may be subjected to sexual acts without consent or when they are unable to consent due to coercion, manipulation, mental capacity issues, or dependency relationships. The perpetrator is often someone known and trusted, such as a family member, partner, staff member, peer or other individuals in a position of power or trust.

   Abuse may occur over an extended period and may escalate from inappropriate touch to more serious assaults, including penetration. Young adults may disclose sexual abuse directly, or it may come to light through changes in behaviour, mood, or physical symptoms. Disclosures must

always be taken seriously and support must be offered in a sensitive and non-judgmental way.

b. Often, there are no physical signs to indicate sexual abuse, although concern should be felt and a forensic medical examination undertaken, when the following are present:

- Physical injuries in the genital/anal area e.g. bruising, tearing of the vaginal wall, rectal damage;
- Infections, or abnormal discharge, in the genital/anal/oral area e.g. venereal disease, thrush, cystitis, unexplained bleeding, presence of semen, or foreign bodies in genitalia;
- Pregnancy, especially where the child is under sixteen and/or identity of father is a secret or vague;
- Abnormal dilation of the urethra, anus or vaginal opening.

c. Young adults who are at risk of sexual exploitation may be:

- Involved in abusive relationships, intimidated and fearful of certain people or situations.
- Associate with controlling individuals or groups, often older or abusive.
- Be given gifts, drugs, alcohol, or money in exchange for sex.
- Associate with other young adults involved in sexual exploitation.
- Get involved in gangs, gang fights, gang membership.
- Have older partners.
- Spend time at places of concern, such as hotels or known brothels.
- Not know where they are, because they have been moved around the country.
- Go missing from home, care or education.
- Appear secretive, distressed, withdrawn or fearful around certain individuals.

d. The psychological indicators sometimes linked to child sexual abuse include:

- Sexually precocious behaviour e.g. inappropriate contact with staff.
- Fear, anxiety, depression or sudden emotional withdrawal.
- Difficulty forming trusting relationships or avoiding specific people.
- Changes in behaviour such as aggression, self-harm, or suicidal ideation.
- Hyper-sexualised behaviour or inappropriate comments/actions.
- Low self-esteem, shame or self-blame.
- Regressive behaviours such as wetting soiling, or increased dependency.
- Nightmares, insomnia or fear of being alone.
- Aversion to physical contact or medical examinations.

N.B. Many of these symptoms may also associated with other types of trauma or mental health conditions and not be used as standalone indicators.

e. The impact and presentation of sexual abuse may vary based on the individual's age, mental capacity, learning disability, trauma history and communication needs.

- Young adults with learning disabilities or autism may express distress through behaviours rather than words.
- Young adults may under-report due to shame, general attitudes or fear of losing independence.
- Young adults with mental health needs may present with increased episodes of distress or psychosis triggered by trauma.
- Young adults with complex needs may show distress through physical symptoms, withdrawal or aggression.

f. The following are some possible characteristics (from research and experience) of families where sexual abuse has taken place. (This is not necessarily a comprehensive list):

- Sexual abuse may be a system of wider dysfunction within the family or personal support system. Abuse can be used to maintain distorted forms of control or prevent overt conflict, at the expense of the young adult being abused.
- Young adults who are abused may be coerced into compliance through fear, manipulation, emotional dependency, or abuse of power by the perpetrator.
- The young adult may have experienced a history of abuse, trauma, or neglect in childhood, increasing their vulnerability and complicating their ability to disclose or recognise abusive dynamics.
- Some individuals may still be in contact with dysfunctional family environments where roles and boundaries are confused, and power dynamics are imbalanced.
- There may be a lack of support or meaningful relationships outside of the family, leading to isolation or dependence on unsafe individuals.
- Family members, or those in positions of trust, may show inappropriate displays of affection or blurred personal boundaries, sometimes masked as “closeness” or over-protectiveness
- In some cases, there is collusion within the family or network, where others are aware of the abuse but deny, minimise or conceal it, sometimes due to fear, dependency or dysfunctional loyalties.
- The young adult may be pressured to keep the abuse secret, for example through fear of breaking up the family, losing housing or being blamed or disbelieved.
- Abuse can cut across all socio-economic groups. Perpetrators may be perceived as respectable, well-integrated, or professionally accomplished, which can delay or discourage disclosure.
- The abuse may be triggered or intensified by recent stressful life events e.g. bereavement, separation, homelessness, particularly when the person is left vulnerable or without support.
- In rare cases, individuals may come from highly disorganised or chaotic living situation, where sexual boundaries are poorly understood, and exploitive behaviours are normalised.

6.1 FEMALE GENITAL MUTILATION

Female Genital Mutilation refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. FGM is a seriou form of gender-based abuse and a criminal offence in the UK, regardless of the age or perceived consent of the individual. It is also a form of violence against women and girls, and in adult care, it is recognised under safeguarding responsibilities outlined in the Care Act 2014.

There are a number of factors in addition to a girl's or woman's community, country of origin and family history that could indicate she is at risk of being subjected to FGM.

While FGM is more commonly associated with children and young people, young adults, including care leavers and individuals with learning difficulties or limited capacity may remain at risk.

Potential risk factors may include:

- Families that believe FGM is integral to cultural or religious identity.
- a girl/family has limited level of integration within UK community.
- a girl confides to a professional that she is to have a 'special procedure' or to attend a special occasion to 'become a woman';
- a girl talks about a long holiday to her country of origin or another country where the practice is prevalent or parents state that they or a relative will take the girl out of the country for a prolonged period.
- a parent or family member expresses concern that FGM may be carried out on the girl.
- a family is not engaging with professionals (health, education or other) or is already known to social care in relation to other safeguarding

There are a number of indications that a girl or woman has already been subjected to FGM are similar to the Risk factors, other signs and symptoms may include:

- a girl or woman has difficulty walking, sitting or standing or looks uncomfortable.
- a girl or woman finds it hard to sit still for long periods of time, and this was not a problem previously.
- a girl or woman spends longer than normal in the bathroom or toilet due to difficulties urinating.
- a girl spends long periods during the day with bladder or menstrual problems.
- a girl or woman has frequent urinary, menstrual or stomach problems.
- a girl avoids physical exercise.
- there are prolonged or repeated absences education or work.
- increased emotional and psychological needs, for example withdrawal or depression, or significant change in behaviour.
- a girl or woman is reluctant to undergo any medical examinations.
- a girl or woman asks for help, but is not be explicit about the problem.
- a girl talks about pain or discomfort between her legs.

Remember: this is not an exhaustive list of indicators.

Professional Responsibilities – all professionals working with young adults in regulated care settings have a duty to:

- Recognise indicators of potential or historic FGM;
- Take all disclosures seriously, evening if the event occurred in childhood or overseas;
- Understand that FGM is often no a one-time event, but part of broader patterns of coercion, control or abuse;
- Be aware that some young adults may be unaware that what happened to them constitutes abuse, or may find it difficult to discuss due to fear, shame or cultural pressure;
- Refer safeguarding concerns immediately in line with the local authority's multi-agency procedures

In some cases, individuals may lack the mental capacity to understand the risks involved or to make an informed decision about travel or medical procedures. In such instances, professionals must act in the individual's best interests under the Mental Capacity Act 2005, prioritizing safeguarding and human rights.

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 to make a report to the police. This must be completed as soon as possible, ideally by the end of the next working day. If unsure what action to take, professionals should discuss with their named/designated safeguarding lead.

The following resources are available for further information and detailed guidance and can be found easily via a Google search:

- GOV.UK information on FGM (gov.uk)
- Female Genital Mutilation: resource pack (gov.uk)
- NSPCC's FGM website
- FGM Teachers Resources (various on Google)
- Multi-Agency Practice Guidelines: Female Genital Mutilation (gov.uk)
- Metropolitan Police Project Azure: Guidance for Schools (on Google)

6.2 MODERN SLAVERY, AND HUMAN TRAFFICKING

Modern slavery encompasses human trafficking and slavery, servitude and forced or compulsory labour. Exploitation can take many forms, including: sexual exploitation, forced labour, slavery, servitude, forced criminality and the removal of organs. Further information on the signs that someone may be a victim of modern slavery, the support available to victims and how to refer them to the National Referral Mechanism is available in the Modern Slavery Statutory Guidance. (Modern slavery: how to identify and support victims).

Trafficking is where individuals are recruited, moved or transported and then exploited, forced to work or sold. People are trafficked for sexual exploitation, benefit fraud, forced marriage, domestic servitude, forced labour and criminal activity. Human trafficking is a hidden crime and requires a network of people who

recruit, transport and exploit people. Each group or individual has a different role or task.

Staff should report any trafficking concerns to the DSL. Contact will be made to the placing authority who will co-ordinate a multi-agency responses, focused on protecting the young adult.

Due to the success of the family work conducted at SES Kite, some young adults, where appropriate, can travel oversees unsupported with members of their immediate family.

7 SEXUAL EXPLOITATION AND CRIMINAL EXPLOITATION

Both sexual exploitation and criminal exploitation are forms of abuse that occur where an individual or group takes advantage of an imbalance in power to coerce, manipulate or deceive a person into taking part in sexual or criminal activity, in exchange for something the victim needs or wants, and/or for the financial advantage or increased status of the perpetrator or facilitator and/or through violence or the threat of violence. Sexual exploitation and criminal exploitation can affect both male and female and can include those who have been moved (commonly referred to as trafficking, see 6.2) for the purpose of exploitation.

We know that different forms of harm often overlap, and that perpetrators may subject people to multiple forms of abuse, such as criminal exploitation (including county lines) and sexual exploitation.

People can be exploited by adult males or females, as individuals or in groups. They may also be exploited by children, who themselves may be experiencing exploitation – where this is the case, it is important that the child perpetrator is also recognised as a victim.

Whilst the age of the person may be a contributing factor for an imbalance of power, there are a range of other factors that could make someone more vulnerable to exploitation, including gender, sexual identity, cognitive ability, learning difficulties, communication ability, physical strength, status, and access to economic or other resources. Some of the following can be indicators of both criminal and sexual exploitation where some may:

- Appear with unexplained gifts, money or new possessions.
- Associate with others involved in exploitation.
- Suffer from changes in emotional well-being.
- Misuse drugs and alcohol.
- Go missing for periods of time or regularly come home late.
- Regularly miss education/work.

A young adult who has been exploited will need additional support to help maintain them in education or work

Sexual exploitation can be a one-off occurrence or a series of incidents over time and range from opportunistic to complex organised abuse. It can involve force

and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence.

Some additional specific indicators that may be present in sexual exploitation are those who:

- Have older boyfriends or girlfriends.
- Suffer from sexually transmitted infections, display sexual behaviours beyond expected sexual development or become pregnant.

If there is any cause for concern in relation to sexual exploitations, staff need to refer to the Safeguarding Policy and procedures. Further guidance on sexual exploitation is available at:
https://www.gov.uk/government/publications/child-sexual-exploitation-definition-and-guide-for-practitioners
https://www.cqc.org.uk/guidance-providers/learning-safety-incidents/issue-11-promoting-sexual-safety

7.1 CRIMINAL EXPLOITATION

Some specific forms of criminal exploitation can include people being forced or manipulated into transporting drugs or money through county lines, working in cannabis factories, shoplifting or pickpocketing. They can also be forced or manipulated into committing vehicle crime or threatening/committing serious violence to others.
People can become trapped by this type of exploitation as perpetrators can threaten victims (and their families) with violence or entrap and coerce them into debt. They may be coerced into carrying weapons such as knives or begin to carry a knife for a sense of protection from harm from others. As people involved in criminal exploitation often commit crimes themselves, their vulnerability as victims is not always recognised by adults and professionals, (particularly young adults), and they are not treated as victims despite the harm they have experienced. They may still have been criminally exploited even if the activity appears to be something they have agreed or consented to.

It is important to note that the experience of females who are criminally exploited can be very different to that of males. The indicators may not be the same, however professionals should be aware that girls are at risk of criminal exploitation too. It is also important to note that both boys and girls being criminally exploited may be at higher risk of sexual exploitation.

Cuckooing is another form of criminal exploitation, where perpetrators take over the home of a vulnerable adult, often someone with learning disabilities, mental heaths needs, substance misuse issues or a history of care experience, in order to use the property for criminal purposes, such as storing or distributing drugs. Victims may be coerced, threatened, or manipulated into allowing their home to be used, and may become isolated, fearful, or at risk of further exploitation or abuse. Cuckooing often occurs alongside county lines activity, and it is essential that care providers remain vigilant and report any concerns to adult safeguarding service in line with local and CQC requirements.

7.2 SEXUAL EXPLOITATION

Sexual exploitation is a form of sexual abuse. Sexual abuse may involve physical contact, including assault by penetration (for example, rape or oral sex) or nonpenetrative acts such as masturbation, kissing, rubbing, and touching outside clothing. It may include non-contact activities, such as involving people in the production of sexual images, forcing to look at sexual images or watch sexual activities, encouraging to behave in sexually inappropriate ways or grooming in preparation for abuse including via the internet.

Sexual exploitation can occur over time or be a one-off occurrence, and may happen without a persons immediate knowledge e.g. through others sharing videos or images of them on social media. Sexual exploitation can affect anyone who has been coerced into engaging in sexual activities. Some may not realise they are being exploited, e.g. they believe they are in a genuine romantic relationship.

8 COUNTY LINES

County lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs using dedicated mobile phone lines or other form of “deal line”. While this activity is often associated with children, young adults, particularly those 18+, are also at significant risk of being targeted and exploited. This activity can happen locally as well as across the UK - no specified distance of travel is required. Young adults can be exploited to move, store and sell drugs and money. Offenders will often use coercion, intimidation, violence (including sexual violence) and weapons to ensure compliance of victims.

Young adults can be targeted and recruited into county lines in a number of locations including schools (mainstream and special), further and higher educational institutions, referral units and care homes.

Recruitment can occur in a variety of settings, including care homes, supported accommodation, further and higher education institutions, alternate provision colleges, day centres and online using social media. Young adults can easily become trapped by this type of exploitation as county lines gangs can manufacture drug debts which need to be worked off or threaten serious violence and kidnap towards victims (and their families) if they attempt to leave the county lines network. A number of the indicators for sexual exploitation and criminal exploitation as detailed above may be applicable to where young adults are involved in county lines. Some additional specific indicators that may be present where a young adult is criminally exploited through involvement in county lines are young adults who:

- go missing and are subsequently found in areas away from their home;
- have been the victim or perpetrator of serious violence (e.g. knife crime);
- are involved in receiving requests for drugs via a phone line, moving drugs, handing over and collecting money for drugs;
- are exposed to techniques such as ‘plugging’, where drugs are concealed internally to avoid detection;
- are found in accommodation that they have no connection with, often called a ‘trap house or cuckooing’ or hotel room where there is drug activity;
- owe a ‘debt bond’ to their exploiters;

- have their bank accounts used to facilitate drug dealing.

Further information on the signs of a young adult's involvement in county lines is available in guidance published by the Home Office and The Children's Society County Lines Toolkit For Professionals

If there is any cause for concern in relation to County Lines, staff adults need to refer to the Safeguarding Policy and procedures.

9 DOMESTIC ABUSE

The Domestic Abuse Act 2021 provides the first statutory definition of domestic abuse in England and Wales. It defines domestic abuse as any incident or pattern of abusive behaviour between individuals aged 16 or over who are personally connected. This includes those who are or have been in an intimate relationship, family members or individuals who share parental responsibility. This behaviour may be physical, emotional, psychological, sexual, economic, or coercively controlling in nature.

Domestic abuse can affect anyone, regardless of age, gender, sexuality, ethnicity, or background. It can take place within the home or in other settings, and it can continue even after a relationship has ended. While the legal definition begins at the age of 16, in adult care settings we have a duty to recognise and respond to the lasting impact of domestic abuse experienced both in adulthood and earlier in life.

At SES Kite we support young adults, many of whom are care leavers or individuals with experience of trauma, separation, or unstable family environments. It is not uncommon for people we support to have been exposed to domestic abuse, either as victims themselves or as children living in households where domestic abuse occurred. These early experiences can have long-term emotional and psychological consequences, influencing the way they form relationships, understand boundaries and manage conflict. Some individuals may have experienced domestic abuse in teenage relationships, which may not have been formally recognized or addressed at the time but remain relevant to their current wellbeing.

Staff must understand the complex and sometimes hidden effects of domestic abuse, including low self-worth, fear, mistrust, anxiety and difficulties with emotional regulation. Domestic abuse can continue to affect individuals long after the abuse has stopped, particularly when it forms part of a broader picture of social, emotional and mental health needs. For this reason, it is vital that new disclosures are handled with sensitivity and that staff remain open to the possibility of new information emerging over time as trusting relationships develop.

It is likely that staff will have comprehensive information regarding all young adults living at SES Kite and previous domestic abuse. However, new information may become apparent as young adults build trusting relationships, and staff must understand the implications of domestic abuse on the SEMH of young adults in the care of SES Kite.

Refuge runs the National Domestic Abuse Helpline, which can be called free of charge and in confidence, 24 hours a day on 0808 2000 247. Its website provides

guidance and support for potential victims, as well as those who are worried about friends and loved ones. It also has a form through which a safe time from the team for a call can be booked.

APPENDIX C

SEXUAL VIOLENCE AND SEXUAL HARASSMENT

Sexual violence and sexual harassment can occur between individuals of **any** age, sex or background. It can also occur through a group of people sexually assaulting or sexually harassing an individual or group.

Those who are victims of sexual violence and sexual harassment, the impact can be severe. It is likely to cause distress, anxiety and emotional trauma, and may be made worse if the alleged perpetrators lives or spends time in the same setting. For example, within the family home, same care setting or community. The impact of such experiences can influence an individual's sense of safety, trust in others and overall wellbeing.

Sexual violence and sexual harassment exist on a continuum and may overlap; they can occur online and face to face (both physically and verbally), both inside and outside of SES Kite, and are never acceptable.

Staff should be aware of the importance of:

- Challenging inappropriate behaviours.
- Making clear that sexual violence and sexual harassment is not acceptable, will never be tolerated and is not an inevitable part of growing up.
- Not tolerating or dismissing sexual violence or sexual harassment as "banter", "part of growing up", "just having a laugh" or "boys being boys".
- Challenging physical behaviours (potentially criminal in nature), such as grabbing bottoms, breasts and genitalia, pulling down trousers, flicking bras and lifting up skirts. Dismissing or tolerating such behaviours risks normalising them.

Staff at SES Kite must challenge these behaviours, speak up when something is not right and always making it clear that sexual violence or harassment is never acceptable. Anyone supporting young adults must keep in mind that these situations can happen anywhere, even in care settings where people feel safe. Taking early action, even when behaviour seems low-level, helps prevent more serious problems later. Many of the young adults at SES Kite have had difficult past experiences, including possible abuse or trauma. Sometimes, they may only feel safe enough to share those experiences after they've built trust with staff. If concerns do arise, it is important to respond sensitively and professionally. In some cases, outside help may be needed, such as input from health professionals, counsellors, or a psychiatrist with experiences in trauma and mental health.

Staff should refer to the Care Act 2014 statutory guidance and relevant local adult safeguarding procedures. While Keeping Children Safe in Education (KCSIE) applies to those under 18, it's principles may still inform good practice when

supporting care leavers and young adults who are vulnerable due to past experiences or current needs.

1 SEXUAL VIOLENCE

It is important that staff are aware of sexual violence and understand that young adults can, and sometimes do, abuse their peers in this way. Sexual violence can take place both inside and outside of care settings, including in the community and online.

When referring to sexual violence we are referring to sexual offences under the Sexual Offences Act 2003 as described below:

- **Rape:** A person (A) commits rape if they intentionally penetrate the vagina, anus or mouth of another person (B) with their penis, B does not consent to the penetration and A does not reasonably believe that B consents.

- **Assault by Penetration:** A person (A) commits an offence if they intentionally penetrate the vagina or anus of another person (B) with a part of their body or an object, the act is sexual, B does not consent and A does not reasonably believe that B consents.

- **Sexual Assault:** A person (A) commits an offence of sexual assault if they intentionally touch another person (B), the touching is sexual, B does not consent to the touching and A does not reasonably believe that B consents. This can include a wide range of behaviour such as kissing someone without consent, or touching their breasts, bottom or genitals

- **Causing someone to engage in sexual activity without consent:** A person (A) commits an offence if they intentionally cause another person (B) to engage in an activity, the activity is sexual, B does not consent to engaging in the activity, and A does not reasonably believe that B consents. (This could include forcing someone to strip, touch themselves sexually, or to engage in sexual activity with a third party.)

What is consent? Consent means having both the freedom and capacity to choose. Consent to sexual activity may be given to one sort of sexual activity but not another, e.g.to vaginal but not anal sex or penetration with conditions, such as wearing a condom. Consent can be withdrawn at any time during sexual activity and each time activity occurs. Someone consents to vaginal, anal or oral penetration only if s/he agrees by choice to that penetration and has the freedom and capacity to make that choice. Further information about consent can be found at Rape Crisis England & Wales - Sexual consent

- Although individuals under 18 are legally considered children, at SES Kite Residential we support adults, however, young adults within our care may have experienced sexual violence or exploitation prior to turning 18.
- The age of consent is 16.
- Sexual activity without consent is a criminal offence and, in the case of intercourse, is classified as rape.

2 SEXUAL HARASSMENT

When referring to sexual harassment we mean ‘unwanted behaviour of a sexual nature’ that can occur online and offline, and in any setting, including within and outside of the care environment. In adult care, such conduct may amount to abuse and should always be take seriously. Sexual harassment is likely to violate a young adult’s dignity, and/or make them feel intimidated, degraded or humiliated and/or create a hostile, offensive or sexualised environment.

While this is not a complete list, examples of sexual harassment can include:

- Sexual comments, such as: telling sexual stories, making lewd comments, making sexual remarks about clothes and appearance and calling someone sexualised names.
- Sexual “jokes” or taunting.
- Physical behaviour, such as: deliberately brushing against someone, interfering with someone’s clothes, displaying pictures, drawings or images of a sexual nature. (Staff should carefully consider whether such behvaiour may cross the threshold into sexual violence. The perspective and experience of the person affected must be central to this assessment.)
- Online sexual harassment. This may be standalone, or part of a wider pattern of sexual harassment and/or sexual violence. It may include:
    - consensual and non-consensual sharing of nudes and semi-nudes images and/or videos (see section 5 below). Taking and sharing nude photographs of U18s is a criminal offence
    - sharing of unwanted explicit content;
    - upskirting (is a criminal offence);
    - sexualised online bullying;
    - unwanted sexual comments and messages, including, on social media;
    - sexual exploitation; coercion and threats.

Staff must be aware that such behaviour can be deeply distressing for individuals, particularly for care leavers and vulnerable adults who may already have experienced trauma. Every concern must be approached seriously, with care and sensitivity, in line with SES Kite’s safeguarding policy.

3 UPSKIRTING

The Voyeurism (Offences) Act, which is commonly known as the Upskirting Act, came into force on 12 April 2019. ‘Upskirting’ is where someone takes a picture under a person’s clothing (not limited to skirts) without that persons permission and or knowledge, with the intention of viewing their genitals or buttocks (with or without underwear) to obtain sexual gratification, or cause the victim humiliation, distress or alarm. It is a criminal offence. Anyone of any gender, can be a victim.

4 RESPONDING TO A REPORT OF SEXUAL VIOLENCE AND SEXUAL HARASSMENT

Reports of sexual violence and sexual harassment are likely to be complex and will involve full consultation with the DSL. If appropriate support will be sought from

other professional agencies, for example, the individual's social worker and the police.

Extensive advice is available to all staff in the https://www.gov.uk/guidance/support-for-victims-of-sexual-violence-and-abuse and should be read alongside this policy.

In any situation where a young adult reports an incident of this nature, it is essential that all victims are reassured that they are being taken seriously and that they will be supported and kept safe. This is essential when considering the close proximity of young adults living within SES Kite homes. A victim should never be made to feel ashamed for making a report. The initial report should be completed in line with SES Kite safeguarding procedures outlined in this policy. The exception to this would be if the report includes an online element, whereby the guidance in the 'Sexting' section below must be adhered to.

Following a report of sexual violence or sexual harassment, the DSL will oversee an immediate risk and needs assessment, in consultation with other relevant external agencies where necessary, using the standard SES Kite Risk Assessment Management Plan format. This should consider the protection and support for the victim, the alleged perpetrator and all other young adults (and potentially staff) within the home.

The DSL will consider appropriate actions following a report, and act in the best interests of the child, taken into account:

- The wishes of the victim and how they want to proceed, giving them as much control as is reasonably possible over decisions regarding how any investigation will be progressed and any support they will be offered. This will need to be balanced with the home's duty and responsibilities to protect other young adults.
- The nature of the alleged incident(s), including whether a crime may have been committed and/or whether harmful sexual behaviour (HSB) has been displayed.
- The ages of the young adults involved.
- The developmental stages of the young adults involved.
- Any power imbalance between the young adults. For example, is the alleged perpetrator(s) significantly older, more mature or more confident? Does the victim have a disability or learning difficulty?
- If the alleged incident is a one-off or a sustained pattern of abuse (sexual abuse can be accompanied by other forms of abuse and a sustained pattern may not just be of a sexual nature).
- That sexual violence and sexual harassment can take place within intimate personal relationships between peers.
- Are there ongoing risks to the victim, other residents or staff?
- Other related issues and wider context, including any links to sexual exploitation and criminal exploitation.

All staff should act in the best interests of the young adult. **Immediate** consideration should be given as to how best to support and protect the victim and the alleged perpetrator(s) (and any others involved/impacted).

Ongoing management of the situation will be led by the DSL and will follow the procedures outlined in this policy. Various options are possible in managing the report and are likely to involve full partnership work with other professional agencies (e.g. social care and/or the police) due to the complex nature of the young adults living within SES Kite. When managing reports of sexual violence and/or sexual harassment, the DSL in consultation with the SES Kite Operational Director will identify an appropriate level of response to minimise the risk of the inappropriate behaviour occurring again.

Due to the close relationship with each young adult's social worker/personal advisor, any emerging concerns or incidents involving sexual violence and/or sexual harassment will be discussed at an early stage. SES Kite have a range of professionals available who can offer therapeutic support to young adults, where deemed appropriate. A decision to involve the police will generally be completed with the full knowledge of the young adult's local authority. A referral would be completed in line with the procedures outlined in section four of this policy. Any further decisions around the specific circumstance of the incident will be taken in partnership with external professionals.

In addition to the effective safeguarding practice already outlined above, staff have access to additional resources that are available to safeguard and support the victim:

- Young adults that have a health need arising from sexual assault or abuse can access specialist NHS support from a Sexual Assault Referral Centre
- Independent Sexual Violence Advisors (ISVAs) provide emotional and practical support for victims of sexual violence. They are based within the specialist sexual violence sector and will help the victim understand what their options are and how the criminal justice process works if they have reported or are considering reporting to the police. ISVAs will work in partnership to ensure the best possible outcomes for the victim.
- Police and social care agencies can signpost to ISVA services (where available) or referrals can be made directly to the ISVA service by the young adult or school or college. Contact details for ISVAs can be found at Rape Crisis and The Survivors Trust.
- The specialist sexual violence sector can provide therapeutic support for people who have experienced sexual violence. Contact Rape Crisis (England & Wales) or The Survivors Trust for details of local specialist organisations. The Male Survivors Partnership can provide details of services which specialise in supporting men and boys.
- NHS - Help after rape and sexual assault-NHS (www.nhs.uk) provides a range of advice, help and support including advice about the risk of pregnancy, sexually transmitted infections (STI), reporting to the police and forensics.
- Rape and sexual assault referral centres services can be found at: Find Rape and sexual assault referral centres. Sexual assault referral centres (SARCs) offer medical, practical and emotional support. They have specially trained doctors, nurses and support workers. If young adults or their families are unsure which service to access, they should contact their GP or call the NHS on 111.

- NHS and Citizens Advice provides free and confidential advice.

A range of resources are available to support and help the perpetrator:

- Brook Sexual Behaviours Traffic Light Tool.

5 MAKING OR SHARING NUDES AND SEMI NUDES Including AI generated

The term ‘sharing nudes and semi-nudes’ means the sending or posting of nude or semi-nude images, videos or live streams by individuals online. This could be via social media, gaming platforms, chat apps or forums. It could also involve sharing between devices via services like Apple’s AirDrop which works offline.

The term ‘nudes’ is used as it is most commonly recognised and covers a broad range of image sharing behaviours. Alternative terms used may include ‘dick pics’ or ‘pics’, which can often be used by young adults.

The motivations for taking and sharing nude and semi-nude images, videos and live streams are not always sexually or criminally motivated. Such images may be created and shared consensually by those who are in relationships, as well as between those who are not in a relationship. It is also possible for an individual to be in a consensual relationship to be coerced into sharing an image with their partner. Incidents may also occur where:

- Individuals locate nudes and semi-nudes online and share them claiming to be from a peer.
- Use of technology to manipulate an image of an individual into an existing explicit content.
- images created or shared are used to abuse peers e.g. by selling images online or obtaining images to share more widely without consent to publicly shame.

The sharing of nudes and semi-nudes can happen publicly online, in 1:1 messaging or via group chats and closed social media accounts.
Nude or semi-nude images, videos or live streams may include more than one individual.

Creating and sharing nudes and semi-nudes of under-18s (including those created and shared with consent) is illegal which makes responding to incidents involving children and young people complex. While some guidance, such as Sharing Nudes and Semi-Nudes: Advice for education settings (2020), was originally developed for young age groups, the core safeguarding principles still apply. Adults may also be vulnerable to pressure, exploitation or harm in relation to sharing sexual images. Under the Care Act 2014, this may fall under categories such as sexual abuse, exploitation or neglect, depending on the circumstances. Any concerns should be addressed in line with the service’s safeguarding procedures, using clear, respectful and age-appropriate language. Terms like ‘youth produced imagery’ or ‘sexting’ are often used by professionals but should be explained in ways that are understandable and appropriate for the young adult affected.

Incidents can broadly be divided into two categories:

- Aggravated: incidents involving additional or abusive elements beyond the creation, sending or possession of nudes and semi-nudes.
- Experimental: incidents involving the creation and sending of nudes and semi-nudes with no adult involvement, no apparent intent to harm or reckless misuse.

It is important for SES Kite to place a young adult's sexual behaviour within the context of their age and development. The DSL (or designates) must ensure that they are familiar with and follow the relevant local policies and procedures to help them do so. Staff must consider the individuals age, emotional and developmental maturity, any capacity-related concerns, and whether coercion or risk of harm is present. Frameworks such as Brooks Sexual Behaviours Traffic Light Tool can help staff recognise harmful behaviours.

All incidents involving nudes and semi-nudes should be responded to in line with SES Kite safeguarding reporting procedures. Adults should follow the following guidelines:

- The incident should be referred to the DSL.
- The DSL should hold an initial review meeting with relevant professionals.
- Where appropriate, individuals involved may be spoken to with care and support.
- Family, carers and/or advocates should be informed at an early stage and involved in the process to support, if it is the best interests of the individual and they consent, unless there are safeguarding concerns that justify withholding this contact.
- At any point of the process if there is a concern a young adult has been harmed or is at risk of harm a referral must be made to the local authority adult safeguarding team.

The initial review meeting should consider the evidence and aim to establish:

- Whether there is immediate risk of harm.
- If a referral should be made to the police or social services.
- Professionals should not view intimate or explicit images unless there is a clear and necessary safeguarding reason to do so, and only where this action is in line with safeguarding procedures and guidance under the Care Act 2014.
- What further information is required to decide the best response.
- Whether the image(s) has been shared widely and via what services and/or platforms. This may be unknown.
- Whether immediate action should be taken to delete or remove images or videos from devices or online services.
- Any relevant facts about the young adult involved which would influence risk assessment.
- Whether to contact family, carers or external advocates of the young adult involved – where appropriate and consented to.

An immediate referral to police and social services should be made at the initial stage if:

- The incident involves an adult exploiting or abusing a vulnerable adult.
- There is reason to believe that the young adult has been coerced, blackmailed or groomed, or there are concerns about their capacity to consent (for example, due to learning disability or mental capacity concerns).
- The imagery depicts acts which are harmful, degrading, violent, or clearly beyond the individual's developmental maturity.
- Any person involved in the imagery is under 18.
- You have reason to believe any young adult are at immediate risk of harm owing to the making or sharing of nudes and semi-nudes, e.g. they are presenting as suicidal or self-harming.

If none of the above apply, then SES Kite may decide to respond to the incident without involving other agencies. This decision would be made in cases where the DSL is confident that they have enough information to assess the risks to the young adults involved and the risks can be managed within the establishments support and behaviour management procedures. All incidents relating to sharing of nudes and semi-nudes must be recorded.

Educating young adults about the sharing of nudes and semi-nudes can prevent harm by providing the skills, attributes and knowledge they need to identify risk online and help when they need it. This occurs at SES Kite through a range of means, including, RSHE, Relationships and Sex Education, tutorials, personalised planning and sharing views on individual risk assessment and personal progress.

(See also the SES Kite Acceptable Use of Technology Policy and Practice document).

APPENDIX D

RADICALISATION AND EXTREMISM

Safeguarding young adults from the risks of radicalisation and extremism is part of our broader responsibility to protect individuals from abuse, neglect and exploitation, as outline in the Care Act 2014. SES Kite recognises that young adults may be vulnerable to extremist influence due to a range of personal, emotional, social or psychological factors.

To this end we have an **SES Kite Preventing Extremism and Radicalisation Policy and Practice** document which covers this issue in detail. It sets out our beliefs, strategies and procedures to protect vulnerable individuals from being radicalised or exposed to extremist views, by identifying who they are and promptly providing them with support.

It provides a framework for dealing with issues relating to vulnerability, radicalisation and exposure to extreme views. We recognise that we are well placed to be able to identify safeguarding issues and this section clearly sets out how SES Kite will deal with such incidents and identifies how our ethos underpins our actions.

The main aim of this policy is to ensure that staff are fully engaged in being vigilant about radicalisation; that they overcome professional disbelief that such issues will not happen here and ensure that we work alongside other professional bodies and agencies to ensure that our young adults are safe from harm.

We believe that it is possible to intervene to protect people who are vulnerable. Early intervention is vital and staff must be aware of the established processes to refer concerns about individuals through designated routes. We must have the confidence to challenge, the confidence to intervene and ensure that we have strong safeguarding practices based on the most up-to-date guidance and best practice.

APPENDIX E

SELF HARM

Introduction

Self-harm is when somebody intentionally damages or injures their body. It's usually a way of coping with or expressing overwhelming emotional distress.

Sometimes when people self-harm, they may feel on some level that they intend to die. Over half of people who die by suicide have a history of self-harm.

However, the intention is more often to punish themselves, express their distress or relieve unbearable tension. Sometimes the reason is a mixture of all of these.

Self-harm can also be a cry for help. It should always be taken seriously.

Types of self-harm

There are many different ways people can intentionally harm themselves, such as:

- Cutting, burning, bruising, scratching their skin.
- Hair pulling.
- Punching or hitting themselves.
- Poisoning themselves with tablets or toxic chemicals.
- Misusing alcohol or drugs.
- Deliberately starving themselves (anorexia nervosa) or binge eating (bulimia nervosa).
- Excessively exercising.

People often try to keep self-harm a secret because of shame or fear of discovery. For example, if they're cutting themselves, they may cover up their skin and avoid discussing the problem.

Signs of self-harm

The following may be signs of self-harming:

- Unexplained cuts, bruises or cigarette burns, usually on their wrists, arms, thighs and chest.
- Keeping themselves fully covered at all times, even in hot weather.
- Signs of depression such as low mood, tearfulness or a lack of motivation or interest in anything.
- Self-loathing and expressing a wish to punish themselves.
- Not wanting to go on and wishing to end it all.
- Becoming very withdrawn and not speaking to others.
- Changes in eating habits or being secretive about eating, and any unusual weight loss or weight gain.
- Signs of low self-esteem, such as blaming themselves for any problems or thinking they're not good enough for something.
- Signs they have been pulling out their hair.
- Signs of alcohol or drugs misuse.

Why people self-harm.

There are many reasons why people try to hurt themselves. And once they start, it can become a compulsion. The exact reasons aren't always easy to work out. In fact, they might not even know why they do it.

Self-harm is a behaviour that affects people across all age groups, though it is particularly prevalent among younger people. While around 13% of adults report similar behaviours during their lifetime. These figures may be underestimates, as many do not seek help or disclose their experiences.

These figures are important when supporting young adults and care leavers who are moving from children to adult services. This is often a time of big changes and increased pressure, which can make emotional struggles harder to manage. Some young people may no longer meet the thresholds for support they had before, even though their needs have not gone away. This makes it essential to remain alert to signs of self-harm as part of safeguarding. Recognising self-harm as a potential indicator of emotional distress or risk allows staff to respond early, offer support, and work with other professionals to keep the individual safe and well supported.

In most cases, people who self-harm do it to help them cope with overwhelming emotional issues, which may be caused by:

- Social problems – such as being bullied having difficulties at work, social settings or in the community, having difficult relationships with friends or family, coming to terms with their sexuality if they think they might be gay or bisexual, or coping with cultural expectations, such as an arranged marriage.
- Trauma – such as physical or sexual abuse, the death of a close family member or friend.
- Psychological causes – such as having repeated thoughts or voices telling them to self-harm, disassociating (losing touch with who they are and with their surroundings), or borderline personality disorder.

These issues can lead to a build-up of intense feelings of anger, guilt, hopelessness and self-hatred. The person may not know who to turn to for help and self-harming

may become a way to release these pent-up feelings.

Self-harm is linked to anxiety and depression. These mental health conditions can affect people of any age. Self-harm can also occur alongside antisocial behaviour, such as getting into trouble with the police.

Although some people who self-harm are at a high risk of suicide many people who self-harm don't want to end their lives. In fact, the self-harm may help them cope with emotional distress, so they don't feel the need to kill themselves.
The feelings that these issues bring up can include:

- low self-esteem and low confidence
- loneliness
- sadness
- anger
- numbness
- lack of control over their lives

The self-harm cycle

Self-harm is often used as a coping mechanism. The physical pain of self-harm might feel easier to deal with than the emotional pain that's behind it. Sometimes it can be a way for someone to punish themselves for something they've done. It can also make them feel they're in control of something in their life.
When a person self-harms, chemicals are released into the brain which can become addictive very quickly. The person may feel an instant relief of pressure and 'bad feelings'. This relief is short lived and is often replaced by feelings of guilt and immediate pressure. And this is how the cycle continues.

Responding to self-harm

Supporting young adults at risk of self-harm is planned through a personalised approach including external input from consultants working with SES Kite. The approaches vary depending on individual circumstances, potential strategies include:

- Regularly reviewing daily care plans and risk assessments, offering suggestions to enable staff to best support those involved (e.g. offering extra adult support when individuals are feeling anxiety or low mood, talking through events of the day with key individuals, removal of glass and other items used for self-harm from areas of personal space).
- Discussion with the young adult by staff through planned conversations to get the young person's views, to feed into daily care and risk assessments.
- Post incident debrief following self-harm episodes with staff involved to discuss the scenario and evaluate if anything could be done differently.
- Individual conversations between the Registered Service Manager and young adults about ways to gain adult support during difficult times and extra support that can be offered through external agencies.

- Individual PAN targets to focus on areas of need, e.g. positive body image and joining clubs that support fitness and exercise.

To support the staff team in responding and dealing with self-harm, additional strategies above the standard staff support and development structures may be required. These include:

- Professional consultation with the whole team in partnership with external psychologist/psychiatrists to explore strategies on how to support those experiencing the need to self-harm.
- 'Self-harm' training for staff to enable them to be able to understand the underlying factors leading to self-harm, and how adults can best support individuals.
- Focused key team input provided by mental health specialists.

APPENDIX F

MENTAL HEALTH

All SES Kite staff should also be aware that mental health problems can, in some cases, be an indicator that a young adult has suffered or is at risk of suffering abuse, neglect or exploitation.

Only appropriately trained professionals should attempt to make a diagnosis of a mental health problem. Staff, however, are well placed to observe young adults day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one. The holistic, therapeutic environment provided by the staff will support the promotion of positive mental health, supported by a range of SES Kite Consultants (including access to an independent psychiatrist).

Where young adults have suffered abuse and neglect, or other potentially traumatic adverse experiences, this can have a lasting impact throughout childhood, adolescence and into adulthood. It is key that staff are aware of how these experiences can impact mental health and behaviour. SES Kite employ and support further training of practitioners in Thrive.

If staff have a mental health concern about a young adult that is also a safeguarding concern, immediate action should be taken by speaking to the DSL.

Advice and guidance on Mental Health and Behaviour in Schools can be found at:

https://www.nice.org.uk/guidance/lifestyle-and-wellbeing/mental-health-and-wellbeing
https://www.england.nhs.uk/2015/02/mh-standards/,
https://www.gov.uk/government/publications/wellbeing-in-mental-health-applying-all-our-health/wellbeing-in-mental-health-applying-all-our-health,
https://www.mentalhealth.org.uk/explore-mental-health/publications,
https://www.mind.org.uk/information-support/types-of-mental-health-problems/mental-health-problems-introduction/support-services/.

(See also the SES Kite Anti Bullying Policy and Practice, The SES Kite Way Policy and Practice and SES Kite Positive Management of Behaviour Policy and Practice documents)