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SCARBOROUGH BOROUGH COUNCIL

Adults, Children and Young People Safeguarding Policy

1st October 2019

DOCUMENT CONTROL

Author	Sandra Rees
Owner	Customers, Communities and Partnerships
Protective Marking	NOT PROTECTIVELY MARKED
Cabinet Approval Date	15 October 2019
Council Approval Date	November 2019
Policy Date/Period	3 years (from 1 October 2019)
Policy Review Frequency	Annually

REVIEW HISTORY

Date	Reviewed By	Version	Any Revisions?
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REVISION HISTORY (only required where changes made)

Date	Revised By	Version	Description of Revision
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DOCUMENT REVISION APPROVALS

Version	Approval	Date
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PART ONE – POLICY STATEMENT

1.1 Introduction

District Councils contribute to improving outcomes for children and adults at risk, and the Council provides services for, and works with children, adults at risk, their families and carers in a variety of settings.

Whilst it is parents and carers who have primary care for their children, local authorities, working with partner organisations and agencies, have specific duties to safeguard and promote the welfare of all children in their area.

Children and adults at risk may be vulnerable to neglect and abuse or exploitation from within their family and from individuals they come across in their day-to-day lives. These threats can take a variety of different forms, including: sexual, physical and emotional abuse; neglect; exploitation by criminal gangs and organised crime groups; trafficking; online abuse; sexual exploitation and the influences of extremism leading to radicalisation. Whatever the form of abuse or neglect, practitioners should put the needs of children and adults at risk first when determining what action to take.

Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years. Early help can also prevent further problems arising; for example, if it is provided as part of a support plan where a child has returned home to their family from care, or in families where there are emerging parental mental health issues or drug and alcohol misuse.

Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare, and protect the safety, of children and adults at risk - which must always be the paramount concern.

1.2 Policy Commitments

At a policy level district councils are expected to demonstrate:

- Senior management commitment to the importance of safeguarding and promoting the welfare of children, young people and adults at risk.
- A clear statement of the council's responsibilities towards children, young people and adults at risk, available for staff, members, volunteers, elected members, contracted services and the public.
- Clear accountability within the organisation for reporting safeguarding concerns
- Service development that takes account of the need to safeguard and promote welfare – and is informed by the views of children, young people, families and adults at risk
- Safer recruitment procedures
- Training on safeguarding and promoting the welfare of children, young people and adults at risk available for all members, staff and volunteers commensurate

with the level of their contact with children, young people and vulnerable adults..

- Clear protocols on safe working practice known to members, staff and volunteers
- All contracted services and grant funded organisations have appropriate safeguarding policies and procedures in place, commensurate with their level of contact with children, young people and adults at risk.
- Safeguarding policies and procedures of contracted services and grant funded organisations are regularly monitored.
- Effective inter-agency working to safeguard and promote the welfare of children, young people and adults at risk.
- Effective information sharing
- The voice of children, young people and adults at risk is heard in service planning, decision-making and service delivery.
- That service users, their relatives or informal carers have access to information about how to report concerns or allegations of abuse.
- There is a named lead person to promote safeguarding awareness and practice within the organisation.
- The Mental Capacity Act is used to make decisions on behalf of those adults at risk who are unable to make particular decisions for themselves.
- Commitment to the adult at risk six safeguarding principles; empowerment, prevention, proportionality, protection, partnership working and accountability;
- A commitment to the principle of “Making Safeguarding Personal” for adults

Through this policy the Council:

- (a) Recognises that all children and adults, irrespective of their age, class, religion, culture, disability, gender, ethnicity, sexual orientation, nationality, family, dependency, marital or economic status have a right to protection from abuse, and acknowledges its shared responsibility for safeguarding and promoting the welfare of children and adults at risk. The Council will therefore adopt a zero tolerance approach to abuse and will work to ensure that its policies and practices are consistent with agreed local multi-agency procedures and meet the organisations’ legal obligations.
- (b) Commits to promoting good practice and enhancing safeguarding of children and adults at risk, and will contribute positively to improving outcomes for these groups through the development and delivery of its services.
- (c) Recognises its duty, under Section 11 of the Children Act 2004, to ensure that its functions, and services provided on its behalf, are discharged with regard to the need to safeguard and promote the welfare of children.
- (d) Recognises the new duties and responsibilities contained within the Care Act 2014

The Council relies on a range of policies and procedures which contribute to safeguard and promote the welfare of children and adults at risk. These reflect legislative requirements, professional and governing body standards and requirements, and good practice. A list of relevant policies is shown in Appendix C.

To meet its commitments to safeguarding the Council will:

- a. Contribute to partnership arrangements including representation on the following;
- **Multi-Agency Public Protection Arrangements (MAPPA)** provides a framework for the assessment and management of risk posed by sexual and violent offenders. The designated safeguarding officer and Housing Manager will be the Council Representative at MAPPA. Information from MAPPA will be kept on secure system.
 - **Multi Agency Child Exploitation (MACE)** and Contextual Safeguarding meeting discusses information relating to the links between children at risk or subject of exploitation, perpetrators, or individuals who may pose a risk by exploitation, locations that may pose a risk of harm and community intelligence. The designated safeguarding officer will be the Council representative at these meetings.
 - **Multi-Agency Tasking and Coordination (MATAC)** is a proactive multi agency approach in assisting those who struggle to manage their behaviour in intimate or family relationships. The designated safeguarding officer and Housing Manager will be the Council Representative at MATAC.
 - **Multi- agency Risk Assessment Conferencing (MARAC)** A MARAC is a meeting for agencies to share information about the risk of serious harm or homicide for people experiencing domestic abuse in their area. Multi-agency safety plans are developed to support those most at risk. All SBC Officers may be asked to attend where appropriate.
- b. Ensure that all allegations, disclosures or suspicions of abuse are dealt with appropriately, and that where possible the person being abused is supported.
- c. Apply safer recruitment and selection practices that comply with the Protection of Children and Vulnerable Adults (NI) Order 2003, Safeguarding Vulnerable Groups Act 2006, and guidelines issued by the Department of Health, Social Services and Public Safety.
- d. Ensure that all people acting, or providing services on behalf of the Council understand and accept their responsibility with regard to safeguarding and promoting the welfare of children and adults at risk.
- e. Ensure that all employees, Elected Members and others associated with the delivery of Council services are aware of the Safeguarding Policy and Procedure and receive appropriate training and supervision standards.
- f. Co-operate with Child Death, Serious Case Reviews and Homicide Reviews where these are linked to any area of the Council's responsibility, in accordance with locally agreed arrangements.

- g. Monitor and review the Safeguarding Policy and Procedure every three years or where there is a legislation change to ensure they are effective and remain consistent with locally agreed inter-agency procedures.
- h. This policy and procedure has been developed to be consistent with the Joint Multi-Agency Safeguarding Adults Policy and Procedures (West Yorkshire, North Yorkshire and City of York), which can be referred to for additional guidance at www.nypartnerships.org.uk/sab
- i. This policy and procedure has been developed to be consistent with the “Working Together to Safeguard Children Framework” (2018).

1.3 Roles and Responsibilities

Roles and responsibilities are set out in Appendix D and summarised as follows:

- a. The Chief Executive will take responsibility to ensure the Council fulfils its statutory duties, in accordance with NYCC policy and procedures.
- b. The Directors Team will take corporate responsibility to ensure the Council’s Safeguarding Arrangements are implemented. The director with lead responsibility is Lisa Dixon.
- c. The Human Resources Manager will ensure that recruitment procedures are in line with this policy and that appropriate training is provided.
- d. The Council will nominate a Designated Officer responsible for safeguarding and promoting the welfare of children and vulnerable adults throughout the council. This is the Community Safety and Safeguarding Manager.
- e. Service Managers will monitor action to safeguard and promote the welfare of children and vulnerable adults within their service.
- f. All members of staff, elected members and volunteers will carry out their duties in a way that safeguards and promotes the welfare of children and adults at risk in line with this policy. They must also act in a way that protects them from wrongful allegations of abuse and bring matters of concern to the attention of the Designated Safeguarding Officer.
- g. Ensure that appropriate records are maintained regarding safeguarding decisions, including details of the wishes and desired outcomes of the adult at risk or child where appropriate.

SAFEGUARDING PROCEDURES PART TWO - CHILDREN AND YOUNG PEOPLE

2.1 Definitions

As in the Children Acts 1989 and 2004, a **child** is anyone who has not yet reached their 18th birthday.

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults, or another child or children

Research and anecdotal evidence indicates that children who may be perceived as 'different', e.g. disabled children, children from minority ethnic groups or cultures and children with differing sexual orientations, are more vulnerable to abuse. It is therefore vital that all agencies promote equality of opportunity and anti-discriminatory practice. Failure to do so may expose particular children to significant harm.

2.2 Significant Harm

Some children are in need because they are suffering, or likely to suffer, significant harm. The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children, and gives Local Authorities a duty under Section 47 of the Children Act 1989,

The following definition is based on those set out in *“Working Together to Safeguard Children”* (HM Government 2018)

A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children 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. Children may be abused by an adult or adults, or another child or children.

2.3 Categories of Abuse

Physical Abuse	Physical abuse is a form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.
Emotional Abuse	This is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It

	<p>may involve conveying to a child 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 child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.</p> <p>It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction</p> <p>It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.</p> <p>Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.”</p>
<p>Sexual Abuse</p>	<p>Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.</p> <p>The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).</p> <p>Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.”</p> <p>Sexual abuse includes abuse of children through sexual exploitation. Penetrative sex where one of the partners is under the age of 16 is illegal, although prosecution of similar age, consenting partners is not usual. A child is under the age of 13 is not legally able to consent to any sexual activity and therefore this would constitute rape under Section 5 of the Sexual Offences Act 2003.</p>
<p>Neglect</p>	<p>Neglect is the persistent failure to meet a child's basic physical and / or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse.</p> <p>Once a child is born, neglect may involve a parent or carer failing to:</p> <ul style="list-style-type: none"> • Provide adequate food, clothing and shelter (including exclusion from home or abandonment); • Protect a child from physical and emotional harm or danger; • Ensure adequate supervision (including the use of inadequate care-

	<p>givers);</p> <ul style="list-style-type: none"> • Ensure access to appropriate medical care or treatment. <p>It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.</p>
<p>Child Sexual Exploitation (CSE)</p>	<p>Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities.</p> <p>Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources.</p> <p>The definition of child sexual exploitation is as follows:</p> <p>Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.</p> <p>The signs and indicators of all forms of abuse can be difficult to detect and child sexual exploitation is no exception. A variety of factors can make it difficult to accurately assess how prevalent child sexual exploitation is. Many children who are sexually exploited may have been victims of other forms of abuse; the grooming methods that may be used can mean that children who are sexually exploited do not always recognise they are being abused, which can also affect detection rates. What is clear is that child sexual exploitation can occur in all communities and amongst all social groups and can affect girls and boys. All practitioners should work on the basis that it is happening in their area.</p> <p>However, young people can also be sexually exploited by informal and unorganised groups of people. Children and young people, who are themselves the victims of exploitation, may introduce other young people to their abusers. This may not be a deliberate attempt to groom others into CSE, but rather a way of ensuring that their abuser's attention is deflected away from themselves.</p> <p>Further understanding about the risks, including vulnerability checklists and detailed practice guidance can be accessed using the links below.. NYSCB Vulnerability Check list: http://safeguardingchildren.co.uk/admin/uploads/practice-guidance/vcl-v3-1.pdf</p> <p>Practice Guidance</p>

	http://www.safeguardingchildren.co.uk/admin/uploads/practice-guidance/cse-practice-guidance-v2-1.pdf
Child Criminal Exploitation (CCE)	<p>Child criminal exploitation involves exploitative situations, contexts and relationships where children (under 18) receive or are promised 'something' tangible e.g. food, accommodation, drugs, alcohol, cigarettes, gifts or money or 'something' intangible e.g. affection, respect, status or protection in return for committing a criminal act for the benefit of another individual or group of individuals or be threatened, coerced or intimidated into committing that criminal act.</p> <p>In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. The child may be being exploited, even if the activity appears consensual and does not always involve physical contact; it can also occur through the use of technology. A defining feature of CCE is the lack of choice available to the child either as a result of the child's social/economic/emotional vulnerability and or the violence, coercion, intimidation exerted upon them.</p> <p>The UK Government defines county lines as:</p> <p>County lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of "deal line". They are likely to exploit children and vulnerable adults to move and store the drugs and money and they will often use coercion, intimidation, violence (including sexual violence) and weapons.</p> <p>County lines activity typically involves gangs or organised crime groups (OCGs) from a large urban area travelling to small locations (often rural towns/village/coastal areas) to sell class A drugs. The groups tend to communicate with drugs users via mobile phones which are referred to as the 'line'. The most common drugs involved are usually heroin and cocaine (crack and powder), but also MDMA, cannabis, amphetamines and spice.</p> <p>Further understanding about the risks and detailed practice guidance can be accessed using the links below</p> <p>http://safeguardingchildren.co.uk/admin/uploads/resources/north-yorkshire-criminal-exploitation-county-lines-practice-guidance.pdf</p>

2.4 Examples of Concerns

If staff have concerns that a child or young person is experiencing or at risk of any kind of abuse they must report their concerns (see section 2.7 – 2.10 below for details of how to do this). Concerns may include the following (although this is not an exhaustive list)

- any suspicion that a child is injured, marked, or bruised in a way which is not readily attributable to the normal knocks or scrapes received in play
- any explanation given which appears inconsistent or suspicious

- any behaviours which give rise to suspicions that a child may have suffered harm (e.g. significant changes in behaviour, worrying drawings or play)
- any concerns that a child may be suffering from inadequate care, ill treatment, or emotional maltreatment
- any concerns that a child is presenting signs or symptoms of abuse or neglect
- any significant changes in a child's presentation, including non-attendance at school.
- any hint or disclosure of abuse or neglect received from the child, or from any other person, including disclosures of abuse or neglect perpetrated by adults outside of the family or by other children or young people
- any concerns regarding person(s) who may pose a risk to children they are working with or person living in a household with children present) including inappropriate behaviour e.g. inappropriate sexual comments; excessive one-to-one attention beyond the requirements of their usual role and responsibilities; or inappropriate sharing of images
- any concerns relating to peer abuse
- any concerns relating to youth produced sexual imagery (sexting)
- any concerns relating to a child's engagement with extremist groups or ideologies

2.5 Talking to Parents/Carers

In most cases it is good practice to be open and honest at the outset with parents/carers about concerns and any action that the Council intends to take. Where a referral is to be made the officer should make all reasonable efforts to ensure parents/carers are informed. However, an inability to inform parents/carers should not prevent a referral being made.

Concerns should **not** generally be discussed with parents/carers before referral where:

- a. discussion would put a child at risk of significant harm
- b. discussion would impede a police investigation or social work enquiry
- c. sexual abuse is suspected
- d. organised or multiple abuse is suspected
- e. the fabrication of an illness is suspected
- f. to contact parents/carers would place you or others at risk
- g. it is not possible to contact parents/carers without causing undue delay in making the referral
- h. the child expresses a wish that their parents are not informed.

Staff should seek support and guidance from their service manager and/or the designated safeguarding officer. Where further guidance is needed, contact should be made with or Children's Social Care.

2.6 Disclosures

If a child/young person tells you they have been abused you must:

- Listen and do not promise confidentiality
- Keep calm, reassure and do not ask leading questions
- Allow the child to finish and tell them what you will do next
- Make an immediate record of what the child has said, using their own words, record dates and times and sign
- Reassure them that they have done nothing wrong in telling you.
- Inform your service manager
- Make a referral to Children's Social Care as set out in section 2.8 and 2.9 below..

DO NOT:

- Dismiss the concern
- Panic.
- Allow your shock or distaste to show.
- Probe for more information than is offered.
- Make promises you cannot keep, such as agreeing not to tell anyone else.
- Speculate or make assumptions.
- Approach the alleged abuser.
- Make negative comments about the accused person.
- Attempt to investigate the concern.
- Discuss with anyone other than your line/service manager, designated safeguarding officer or appropriate officers from NYCC Social Care or the Police.

2.7 What to Do If You Are Worried About a Child

If you have a concern about a child you should discuss your concerns with your line manager or service manager. The Community Safety and Safeguarding Manager will also be happy to give advice and support.

Staffs have a responsibility to refer a child to NYCC Children's Social Care when it is believed or suspected that a child:

- Has suffered significant harm and /or;
- Is likely to suffer significant harm and/or;
- Has developmental and welfare needs which are likely only to be met through provision of family support services (with agreement of the child's parent).

If it is unclear as to whether abuse or neglect is taking place you should discuss your concerns with your manager or designated safeguarding manager in the first instance. However, if unavailable you should discuss your concerns with NYCC Children's Social Care.

2.8 Reporting Concerns to Children's Social Care

In the first instance a telephone referral should be made using the numbers listed below.

Referrers should have the opportunity to discuss their concerns with a qualified social worker. Referrers will be asked about their concerns, including any family concerns

they hold as well as those directly involving the child. Such concerns may be due to domestic abuse, mental illness, substance misuse and/or learning disability.

If as a result of the consultation Children's Social Care conclude that a referral is required, this should be done without delay.

In making a referral you should:

- a. clearly identify yourself (acting on behalf of Scarborough Borough Council) and provide contact details
- b. provide as much basic family information as possible, clearly stating the name of the child, the parents/carers and any other children known to be in the household, the dates of birth and addresses and any previous addresses known
- c. give details of any special needs or communication needs of either the child, or any family member
- d. state why you feel the child is suffering, or is likely to suffer, significant harm
- e. share your knowledge about the child(ren) and family
- f. share your knowledge of any other agency involved
- g. indicate the child/parents knowledge of the referral and their expectations (if appropriate)
- h. ensure a written record is made of your concerns and actions by ensuring the completion of a **Universal Referral Form** and providing a copy of this to the designated safeguarding officer.
- i. follow up your referral in writing to Children's Social Care within 24 hours.

2.9 Contact Details to Make a Referral

- Referrals to Customer Service Centre contact in office hours 01609 780780
- Referrals to Children's Social Care out of hours must be made to Emergency Duty Team on 01609 780780
- Referrals to police if emergency contact 999
- Written documentation by completing the **Universal Referral Form** to support the telephone referrals (within 24 hours) the form can be downloaded at <http://www.safeguardingchildren.co.uk/referral-process>.

2.10 Abuse Requiring an Immediate Response

- If medical attention is required then contact the emergency services on 999
- Inform your service unit manager or designated safeguarding officer without delay
- Telephone children's social care direct and /or police using the contacts in section 2.9 above.

Consider if it is safe for the alleged victim to return home to a potentially abusive situation, (seeking advice from your managers or NYCC Social Care or Police where required).

Where there is any doubt about the safety of the child if they were to return home to a potentially abusive situation, the referring officer must inform NYCC Social Care

and/or the Police of their concerns. Managers in the Police or CSC agencies will then advise about how to proceed to ensure the immediate wellbeing of the child.

2.11 What happens after a Referral?

Following a referral Council staff may be involved in the assessment and management process led by North Yorkshire County Council Social Care. This could include being invited to take part in a Strategy Meeting or to attend an Initial Child Protection Conference.

Where there are criminal investigations staff may be required to co-operate with the Police. In all cases sufficient time will be given to prepare and attend these meetings and individuals will be provided with the necessary support and guidance from their line manager and the designated safeguarding officer during the process.

Feedback on the outcome of referrals

The referrer is entitled to:

- a. receive an understanding from North Yorkshire County Council Social Care representative of what will happen next
- b. be given the name of a contact person within North Yorkshire County Council Social Care who will be dealing with the referral
- c. receive information on the outcome of the referral within 7 days.

PART THREE – SAFEGUARDING ADULTS

3.1 Making “Safeguarding Personal”

Making safeguarding personal means it should be person-led and outcome-focused. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety.

Due regard must be given to individual differences, including age, disability, religion or belief, sex, sexual orientation, race or racial group, caring responsibilities, class, culture, language, pregnancy and marital or civil partnership status.

3.2 Who is a ‘person at risk’?

For the purposes of this policy, a person at risk is an adult who:

- is aged 18 years or more, and
- has needs for care and support (whether or not these are currently being met),
- is experiencing, or is at risk of, abuse or neglect, and
- as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

Such a definition includes adults with physical, sensory and mental impairments and learning disabilities, howsoever those impairments have arisen e.g. whether present from birth or due to advancing age, chronic illness or injury. Also included are people with a mental illness, dementia or other memory impairments, people who misuse substances or alcohol.

The definition includes unpaid carers (family and friends who provide personal assistance and care to adults on an unpaid basis).

The local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult’s case. This is referred to as a **Statutory Section 42 Enquiry**.

Local authorities are not required by law to carry out safeguarding enquiries on behalf of adults who do not fit the criteria outlined in Section 42 of the Care Act 2014; they do so at their own discretion. These enquiries would relate to an adult who:

- Is believed to be experiencing, or is at risk of, abuse or neglect; and
- Does not have care and support needs (but might have just support needs).

3.3 What is Abuse?

Abuse can take many forms and the circumstances of the individual should always be considered. It may:

- Consist of a single act or repeated acts e.g. an adult at risk may be neglected and also being financially abused.
- Be carried out deliberately or unknowingly.

Abuse can take place in any context. It may occur when an adult at risk lives alone or with a relative; it may also occur within nursing, residential or day care settings, within hospitals or other places previously assumed safe, or in public places. Patterns of abuse may reflect very different dynamics, such as:

- Serial abuse in which someone seeks out and ‘grooms’ individuals. Sexual abuse sometimes falls into this pattern as do some forms of financial abuse;
- Long term abuse – may occur in the context of an ongoing relationship such as domestic violence between partners or generations or persistent psychological abuse;
- Opportunistic abuse - such as theft occurring because money or jewellery has been left lying around;
- Self-neglect – where a person declines support and assistance with their care and support needs, impacting on their individual wellbeing.

People who behave abusively come from all backgrounds and walks of life. They may be doctors, nurses, social workers, advocates, staff members, volunteers or others in a position of trust. They may also be relatives, friends, neighbours or people who use the same services as the person experiencing abuse.

The following are examples of issues that would be considered a safeguarding concern:

Physical abuse	includes hitting, slapping, pushing, kicking, misuse of medication, unlawful or inappropriate restraint, or inappropriate physical sanctions
Domestic Abuse	is “an incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse... by someone who is or has been an intimate partner or family member regardless of gender or sexuality” (Home Office, 2013). Domestic violence and abuse may include psychological, physical, sexual, financial, emotional abuse; as well as so called ‘honour’ based violence, forced marriage and female genital mutilation. (see section 6 for more information).
Sexual abuse	includes rape and sexual assault or sexual acts to which the adult at risk has not consented, or could not consent or was pressured into consenting.
Psychological abuse	includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal from services or supportive networks.
Financial and material abuse	includes theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
Modern	includes human trafficking, forced labour and domestic servitude. Traffickers

slavery	and slave masters use the means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhuman treatment. (see section 5 for more information).
Neglect and acts of omission	includes ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.
Discriminatory abuse	includes abuse based on a person's race, sex, disability, faith, sexual orientation, or age; other forms of harassment, slurs or similar treatment or hate crime/hate incident.
Organisational abuse	includes neglect and poor practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation
Self neglect	covers a wide range of behaviours, such as neglecting to care for one's personal hygiene, health or surroundings and includes behaviours such as hoarding. A safeguarding response in relation to self-neglect may be appropriate where a person is declining assistance in relation to their care and support needs, and the impact of their decision, has or is likely to have a substantial impact on their overall individual wellbeing

3.4 Mental Capacity Assessment

The Mental Capacity Act 2005 provides a statutory framework to empower and protect people who lack capacity to make decisions for themselves; and establishes a framework for making decisions on their behalf. This applies whether the decisions are life-changing events or everyday matters. All decisions taken in the adult safeguarding process must comply with the Act. Further information is available on the following link [Mental Capacity Act 2005 - Legislation.gov.uk](https://www.legislation.gov.uk/ukpga/2005/9)

The Mental Capacity Act outlines five statutory principles that underpin the work with adults who lack mental capacity:

- A person must be assumed to have capacity unless it is established that he/she lacks capacity;
- A person is not to be treated as unable to make a decision unless all practicable steps to help him/her to do so have been taken without success;
- A person is not to be treated as unable to make a decision merely because he/she makes an unwise decision;
- An act done or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his/her best interests;
- Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

In the application of this policy all staff should consider the mental capacity of service users on a case by case basis. Support and further advice on issues around mental capacity can be obtained from the designated safeguarding officer or NYCC.

3.5 Deprivation of Liberty Safeguards

This concept was introduced into the Mental Capacity Act 2005 and came into force in April 2009. Designed to provide appropriate safeguards for vulnerable people who have a mental disorder and lack the capacity to consent to the arrangements made or their care or treatment, and who may be deprived of their liberty in their best interests in order to protect them from harm.

3.6 What to Do If You Are Worried About an Adult at Risk

Every member of staff or elected member has a responsibility to act on concerns of possible abuse. If you have a concern about an adult you should discuss your concerns with your line manager or service manager. The Community Safety and Safeguarding Manager will also be happy to give advice and support.

Staff have a responsibility to make a Safeguarding Referral to NYCC when it is believed or suspected that an adult is at risk.

The principles of “Making Safeguarding Personal” mean that adults are encouraged to make their own decisions, and should be provided with support and information to empower them to do so.

Therefore, in general if you have a concern about an adult you should discuss this with them and what action you are proposing to take. If the adult refuses intervention to support them with a safeguarding concern, or requests that information about them is not shared with other safeguarding partners, in general, their wishes should be respected.

However, there are a number of circumstances where staff can reasonably override such a decision, including:

- The adult lacks the mental capacity to make that decision – this must be properly explored and recorded in line with the Mental Capacity Act;
- Emergency or life-threatening situations may warrant the sharing of relevant information with the emergency services without consent;
- Other people are, or may be, at risk, including children;
- Sharing the information could prevent a serious crime;
- A serious crime has been committed;
- The risk is unreasonably high and duty of care has to be considered;
- Staff are implicated;
- There is a court order or other legal authority for taking action without consent

If it is unclear as to whether abuse or neglect is taking place you should discuss your concerns with your manager or designated safeguarding manager in the first instance.

However, if unavailable you should discuss your concerns with NYCC Children's Social Care.

3.7 Reporting Concerns to Adult Social Care

In the first instance a telephone referral should be made using the numbers listed below.

Referrers should have the opportunity to discuss their concerns with a qualified social worker.

If as a result of the consultation Children's Social Care conclude that a referral is required, then the referrer should comply by making the referral without delay.

In making a referral you should:

- a. clearly identify yourself (acting on behalf of Scarborough Borough Council) and provide contact details
- b. provide as much basic family information as possible, clearly stating the name of the adult, any other children known to be in the household, the dates of birth and addresses and any previous addresses known
- c. give details of any special needs or communication needs
- d. share your knowledge of any other agency involved
- e. indicate the adults knowledge of the referral and their expectations
- f. ensure a written record is made of your concerns and actions by ensuring the completion of the **adult safeguarding referral form** and providing a copy of this to the designated safeguarding officer.
- i. follow up your referral in writing within 24 hours.

3.8 Contact Details to Make a Referral

- Referrals to Customer Service Centre contact in office hours 01609 780780
- Referrals out of hours must be made to Emergency Duty Team on 01609 780780
- Referrals to police if emergency contact 999
- Written documentation by completing the **Adult Safeguarding Referral Form** to support the telephone referrals (within 24 hours) the form can be downloaded at <https://safeguardingadults.co.uk/working-with-adults/raising-a-concern>.

3.9 Abuse Requiring an Immediate Response

- If medical attention is required then contact the emergency services on 999
- Inform your service unit manager or designated safeguarding officer without delay
- Telephone NYCC direct and /or police using the contacts in section 3.8 above.

Consider if it is safe for the alleged victim to return home to a potentially abusive situation, (seeking advice from your managers or NYCC Social Care or Police where required).

Where there is any doubt about the safety of the adult at risk if they were to return home to a potentially abusive situation, the referring officer must inform NYCC Social Care and/or the Police of their concerns. Managers in the Police or NYCC will then advise about how to proceed to ensure the immediate wellbeing of the adult at risk.

3.10 What happens after a Referral?

Following a referral, council staff may be involved in the assessment and management process led by North Yorkshire County Council Social Care. This may include being invited to take part in meetings. Where there are criminal investigations staff may be required to co-operate with the Police. Where required sufficient time will be given to prepare and attend any meetings and individuals will be provided with the necessary support and guidance from their line manager and the designated safeguarding officer during the process.

Feedback on the outcome of referrals

The referrer is entitled to:

- a. receive an understanding from North Yorkshire County Council Social Care representative of what will happen next
- b. be given the name of a contact person within North Yorkshire County Council Social Care who will be dealing with the referral
- c. receive information on the outcome of the referral within 7 days.

3.11 Preserving evidence

If a crime has occurred, try to preserve evidence in case there is a criminal investigation.

- Try not to disturb the scene, clothing or victim if at all possible
- Secure the scene, for example, lock the door, if possible,
- Preserve all containers, documents, locations, etc
- Evidence may be present even if you cannot actually see anything
- If in doubt, contact the police and ask for advice

PART FOUR – PREVENT (Violent Extremism)

4.1 Definitions

Prevent is one of the four main strands of the government's counter terrorist strategy, CONTEST. Prevent has five main objectives, objective 3 of which is *“Supporting vulnerable individuals who are being targeted and recruited to the cause of violent extremism.”*

The Prevent strategy promotes a multi-agency approach which emphasises the need to recognise the vulnerability of children, young people and vulnerable adults to radicalisation, work to safeguard those at risk, and work together to provide the skills, understanding and support to children and young people to make critical choices and develop strategies to resist the narratives of extremists and exploitative relationships.

Radicalisation is defined as the process by which people come to support terrorism and violent extremism and, in some cases, to then participate in terrorist groups.

4.2 Indicators of Radicalisation/Extremism

There is no obvious profile of a person likely to become involved in extremism or a single indicator of when a person might move to adopt violence in support of extremist ideas.

The process of radicalisation is different for every individual and can take place over an extended period or within a very short time frame.

No research has identified a definitive list of indicators which would show that someone is vulnerable to radicalisation to violent extremism. People can be drawn into violence or they can be exposed to the messages of extremist groups by many means. These can include family members or friends, direct contact with members groups and organisations or, increasingly, through the internet.

This can put a person at risk of being drawn into criminal activity and has the potential to cause significant harm. Potential diagnostic indicators identified in the Channel Guidance include:

- use of inappropriate language,
- possession of violent extremist literature,
- behavioural changes,
- the expression of extremist views,
- advocating violent actions and means,
- association with known extremists,
- seeking to recruit others to an extremist ideology.

Further information including vulnerability checklists and detailed practice guidance are available using the link below.

<http://www.safeguardingchildren.co.uk/admin/uploads/practice-guidance/prevent-practice-guidance.pdf>

4.3 What to do if you are concerned about radicalisation/extremism

Discuss your concerns with your Service manager or the designated safeguarding officer for advice and support.

Any concerns about a child or young person who may be vulnerable to being drawn into terrorism or at risk of this, should be reported as a safeguarding concern as set out in section 2 above (para. 2.8 and 2.9)

If an adult is at risk this should also be reported as safeguarding concern as set out in section 3 above (para. 3.6 -3.9). You do not need consent from the individual to make a Prevent Referral.

Concerns involving an immediate threat or risk of harm should be reported immediately to the Police on 999.

PART FIVE – MODERN SLAVERY AND HUMAN TRAFFICKING

5.1 Definitions

The Modern Slavery Act 2015 establishes that a person commits an offence if the person arranges or facilitates the travel of another with a view to being **exploited**, this involves cases where:

- the person intends to exploit the person being trafficked (in any part of the world) during or after the travel, or
- the person knows or ought to know that another person is likely to exploit the person being trafficked (in any part of the world) during or after the travel

Modern Slavery is the condition of a person over whom any or all of the powers attaching to the rights of ownership are exercised. People are treated as commodities and exploited for criminal gain. It is a global crime which transcends age, gender, ethnicities, and borders. Victims of modern slavery may have being brought legally or illegally from overseas, or they may be British citizens living in the United Kingdom (U.K). The true extent of modern slavery in the U.K and globally is unknown, but the best estimates suggest that there are between 10-13,000 victims currently in the U.K. and up to 45,000,000 worldwide (Global Slavery Index 2016).

Human trafficking: Individuals are moved either internationally or domestically so they can be exploited. If the trafficked individual is under 18 years old, then they are considered to be a child. **Forced or Compulsory labour / Servitude:** Victims are forced to work against their will, often working very long hours for little or no pay in dire conditions, under verbal or physical threats of violence to them or their families. Servitude is an aggravated form of “forced or compulsory labour”.

Criminal exploitation: Victims are coerced into committing crimes such as cannabis cultivation; pick pocketing, shoplifting and begging.

Sexual exploitation: Victims are forced to perform non-consensual or abusive sexual acts against their will, such as prostitution, escort work and pornography. Whilst women and children make up the majority of victims, men can also be sexually exploited.

Debt bondage: Victims are forced to work to pay off debts that realistically they will never be able to pay off. Low wages and arbitrary deductions from wages mean not only that they cannot ever hope to pay off the loan, but the debt may be passed down to their children.

Coercion can be physical or psychological. Physical coercion can refer to the use of violence, or be more subtle e.g. the withholding of travel documents. Psychological coercion can refer to the threat or perceived threat to the victim's relationship with other people. This can include blackmail, grooming, witchcraft and social stigma.

Further information about modern slavery including vulnerability checklists and detailed practice guidance is available using the links below. .

<http://www.safeguardingchildren.co.uk/admin/uploads/resources/nyp-modern-slavery-toolkit.pdf>

5.2 What to do if you have a concern about modern slavery

Discuss your concerns with your Service manager or the designated safeguarding officer for advice and support.

Any concerns about a child or young person who may be a victim or at risk of modern slavery or exploitation, should be reported as a safeguarding concern as set out in section 2 above (para. 2.8 and 2.9)

If an adult is at risk this should also be reported as safeguarding concern as set out in section 3 above (para. 3.6 -3.9).

Concerns involving an immediate threat or risk of harm should be reported immediately to the Police on 999.

In addition to the above, where you have concerns about modern slavery a **National Referral Mechanism (NRM) referral** should be made. The National Referral Mechanism is the process by which people who may be victims of modern slavery are identified, referred, assessed, and supported in the U.K. A copy of the form and more information can be found using the links below.

<https://www.gov.uk/government/publications/human-trafficking-victims-referral-and-assessment-forms>

<https://www.gov.uk/government/publications/human-trafficking-victims-referral-and-assessment-forms/guidance-on-the-national-referral-mechanism-for-potential-adult-victims-of-modern-slavery-england-and-wales>

Further advice and support about this should be sought from the designated safeguarding officer or officers within the Community Impact Team.

PART SIX – DOMESTIC ABUSE

6.1 Definitions

Domestic Abuse

Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- psychological
- physical
- sexual
- financial
- emotional

Controlling behaviour

Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour

Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

Domestic abuse occurs within all age ranges, ethnic backgrounds, sexualities, and economic and educational levels.

Domestic abuse:

- will affect 1 in 4 women, and 1 in 6 men, during their lifetime;
- leads to, on average, two women being murdered each week, and 30 men per year;
- accounts for 16% of all violent crime, however it is still the violent crime least likely to be reported to the police;
- has more repeat victims than any other crime (average on there will have been 35 domestic abuse assaults before a victim calls the police) and women will approach 9 different agencies for help before effective help is offered; and
- is the single most quoted reason for becoming homeless.

Stalking and Harassment

Stalking is a pattern of repeated (two or more occasions) and unwanted behaviour that may cause an individual to feel distressed, scared or intimidated. Both males and

females can commit this offence. Stalking can happen with or without a fear of physical violence e.g. if an individual is receiving unwanted contact (in person, by letter, email or phone), but the person has never threatened the individual, this is still stalking.

Honour Based Violence (HBV)

HBV is a crime or incident, which has or may have been committed, to 'protect or defend the honour of the family and/or community'. HBV has the potential to be both a domestic abuse incident and a child abuse incident or concern. HBV is sometimes referred to as "Izzat" which means dignity, honour, reputation, or social rank.

Forced Marriage

A forced marriage is where one, or both people do not (or in cases of people with learning disabilities, cannot), consent to the marriage and pressure or abuse is used. It is recognised in the UK as a form of abuse against women and men, domestic/child abuse and a serious abuse of human rights. A marriage must be entered into with free will and consent. The pressure put on people to marry against their will can be physical or sexual, including threats, emotional, psychological or financial.

NB: Forced Marriage is NOT the same as arranged marriage, where parents or elders may identify a 'suitable' marriage partner, but where the prospective spouses may choose whether or not they wish to accept the partnership and no pressure is brought on this decision.

6.2 Impact on Children

Children who witness domestic abuse suffer emotional and psychological abuse. They tend to have low self-esteem and experience increased levels of anxiety, depression, anger and fear, aggressive and violent behaviours, including bullying, lack of conflict resolution skills, lack of empathy for others, poor peer relationships, poor school performance, anti-social behaviour, pregnancy, alcohol and substance misuse, self-blame, hopelessness, shame and apathy, post-traumatic stress disorder – symptoms such as hyper-vigilance, nightmares and intrusive thoughts – images of violence & abuse, insomnia, enuresis (bed wetting) and over protectiveness of the victim and/or siblings.

6.3 Multi- agency Risk Assessment Conferencing (MARAC)

A MARAC is a meeting for agencies to share information about the risk of serious harm or homicide for people experiencing domestic abuse in their area. Multi-agency safety plans are developed to support those most at risk. The aim is to increase the safety and well-being of the adults and children involved, and reduce the likelihood of repeat victimisation. However, only cases identified as 'high risk' are discussed at a MARAC. Any agency can refer a case into a MARAC. Where possible the referring agency should undertake an initial assessment and complete the SafeLives DASH Risk Assessment Form (see Appendix E).

MARAC referral forms are attached as Appendix F for reference and can be downloaded using the link below.

<https://northyorkshire.police.uk/hidden-pages/marac-forms/>

6.4 What to do if you are worried about Domestic Abuse

Discuss the case with your line manager/service manager or the designated safeguarding officer for further advice and support.

If you think a child is at risk of harm you should make a safeguarding referral to NYCC for the child as set out in section 2 of these procedures (para.2.7- 2.10). In most cases this should be discussed with the parent to explain the reasons for the referral unless there are factors to over-ride this. (see para. 2.5 above)

When making a decision about an adult victim of domestic abuse, you should generally discuss and seek the consent of the adult prior to making any referral unless there are factors to over-ride this such as serious risks/crimes, other people at risk or concerns about mental capacity. (see section 3, para. 3.6 above).

Complete a SafeLives DASH Risk Assessment Form with the victim if possible (see Appendix E), alternatively the form can be completed with the information that is known. There may also be occasions where you have serious concerns about domestic abuse even if the victim has been unable to disclose the information that might highlight their risk more clearly for example due to extreme levels of fear, cultural barriers to disclosure, or fears about immigration issues.

SafeLives DASH Risk Assessment Form can be downloaded using the link below http://www.safelives.org.uk/marac/RIC_for_MARAC.html.

In all cases where you have reason to think that there is a high degree of risk you should refer to MARAC. MARAC referral forms are attached as Appendix F for reference and can be downloaded using the link below.

<https://northyorkshire.police.uk/hidden-pages/marac-forms/>

If you think an adult meets the criteria of an adult at risk (and requires care and support needs) you should make a safeguarding referral to NYCC as set out in section 3 of these procedures (para.3.6 – 3.9).

If you are unsure seek advice from the designated safeguarding officer or officers within the Community Impact Team.

6.5 Sources of additional advice and support

The following organisations can provide further advice and support for victims (and professionals)

Independent Domestic Abuse Services (IDAS): 03000 110 110 (a charity supporting anyone experiencing or affected by domestic abuse or sexual violence)

Young Minds Parent Helpline 0808 802 5544 (Free confidential line for parents worried about their child).

Family Lives Helpline: 0808 800 2222 (offers a confidential and free* **helpline** service for **families**).

Further information including vulnerability checklists and detailed practice guidance can be found using the link below.

<http://www.safeguardingchildren.co.uk/admin/uploads/practice-guidance/domestic-abuse-practice-guidance.pdf>

6.6 Domestic Violence Disclosure Scheme (DVDS)

This is also referred to as “Clare’s Law”, commenced across England and Wales from 8 March 2014.

The scheme has two functions:

- **Right to Ask** – this gives members of the public a formal mechanism to make enquiries about an individual who they are in a relationship with, or who is in a relationship with someone they know, and there is a concern that the person may be violent towards their partner. They have the right to ask the police about that partner’s previous history of domestic violence or violent acts. A precedent for such a scheme exists with the Child Sex Offender Disclosure Scheme.
- **Right to Know** - If police checks show that the person has a record of violent offences, or there is other information to indicate a person is at risk, the police will consider sharing this information with the person(s) best placed to protect the potential victim i.e. the police can proactively disclose information in certain circumstances - without the victim asking.

6.7 Domestic Violence Protection Notice / Orders (DVPN/DVPO):

A Domestic Violence Protection Notice and Order is aimed at perpetrators who present an on-going risk of violence to the victim with the objective of securing a co-ordinated approach across agencies for the protection of victims and the management of perpetrators. These are applied for by the Police, who can provide further advice about potential remedies.

PART SEVEN - RECRUITMENT AND EMPLOYMENT

7.1 Safer Recruitment Practice

Safer recruitment practice should be applied at all stages of the recruitment process and throughout the time a person is employed by an organisation.

All recruitment and human resource issues will be managed in line with Scarborough Borough Council's policies and procedures to ensure safe practice and develop an environment where the risk of abuse is managed. This will include code of conduct, robust arrangements for Data Barring Services and whistle-blowing.

The Council will provide appropriate awareness and training opportunities for staff, volunteers and members to equip them to carry out their responsibilities effectively. This will include general awareness, service-specific and specialist training as appropriate, and will link into the training framework developed through the North Yorkshire Safeguarding Boards. (Refer also to the Safeguarding Training Plan)

All staff will be made aware of the Council's arrangements for safeguarding and promoting the welfare of children and vulnerable adults and their responsibilities at the induction stage

7.2 Allegations against Staff, Volunteers, Elected Members

All allegations of abuse made against members of staff, volunteers and members who work with children or vulnerable adults will be managed in line with the Council's employment policies and procedures.

These procedures apply to a wide range of allegations, including those that indicate a person may be unsuitable to work with children or adults at risk in their present position, or in any capacity. They are, therefore, to be followed in respect of allegations that a person who works with children and/or adults at risk.

- Behaved in a way that has harmed, or may have harmed a child or vulnerable adult
- Possibly committed a criminal offence against, or related to, a child or vulnerable adult
- Behaved towards a child, children or vulnerable adult in a way that indicates they are unsuitable to work with children.

Where you have concerns about a colleague, you should report these concerns to Human Resources Manager or their named deputy, who will manage the allegations in line with the agreed policy.

The Human Resources Manager will discuss allegations against staff, volunteers or elected members with the NYCC Local Authority Designated Officer (LADO). The purpose of this discussion is to consider the nature, content and context of the allegation and to agree what further action, if any, is necessary.

Action may include:

- Child / adult at risk safeguarding investigation- this will assess whether the child/adult is in need of protection or in need of services – led by NYCC Social Care.
- Criminal investigation – led by North Yorkshire Police
- A disciplinary investigation in line with SBC disciplinary procedures.
- No further action.

In the first two instances Social Care and/or Police will lead on any investigations.

The Director who has the lead responsibility for safeguarding (Lisa Dixon) will provide high-level support to the Human Resources Manager in handling any allegations of abuse made against staff.

7.3 Disclosure and Barring Service (DBS)

Human Resources will notify the Disclosure and Barring Services where -

- The Council have permanently removed a member of staff, volunteer or elected member from regulated activity
- The Council thinks that the person has either:
 - Engaged in relevant conduct or
 - Satisfied the harm test or
 - Received a caution for, or been convicted of, a relevant offence
- For most cases, the Disclosure and Barring Service only has the power to bar a person who **is, has been or might in future** engage in regulated activity

PART EIGHT - PHOTOGRAPHY, FILM AND MEDIA

8.1 Council Responsibilities

The Council will take appropriate action to protect children, young people and adults at risk from the inappropriate use of photographic images.

The majority of the photographs taken by or on behalf of the Council will be anonymous group shots in public places. However, photographs can be used as a means of identifying children, young people and adults especially when they are accompanied with personal information. This information can make children vulnerable e.g. to an individual who may wish to groom that child for abuse. The content of an image can be adapted for inappropriate use and there is evidence of adapted material finding its way on to child pornography sites.

Staff, members and volunteers should be vigilant at all times regarding the use of cameras, camera phones or videos at events, which involve children and young people. Council officers will act on all concerns of any child, young person or carers regarding inappropriate use of photographic equipment/images.

8.2 Events

For any event an officer should be identified who has responsibility for:

- Communicating that photographers may be in attendance at an event
- Ensuring that so far as it is practicable to do so, where photographs are to be taken, there is a registration process for the event which includes provision permitting consent for the use of images taken at the event. Such process must allow individuals to opt out of consent whilst still registering for the event.
- Ensuring that consent/registration forms and images are stored safely and any future use of images seeks further permissions from child, parents/carers for their use at a later date.
- Where parents/carers have agreed to photography, providing a mechanism to identify those children who may be photographed, such as a badge or marker. A simple form is available to copy in Appendix J.
- Where publicity in relation to an event includes photographs of a child all efforts are taken to minimise the use of information that may lead to the identification of the child unless it is necessary to do so.

PART NINE - CONSIDERATIONS FOR SPECIFIC COUNCIL FUNCTIONS/SERVICES

9.1 Licensing

Where the Licensing Authority receives a complaint regarding the moral, physical, sexual harm or neglect of a child or vulnerable person as a consequence of the actions or inactions of a licence holder, the Licensing Section will ALWAYS liaise with North Yorkshire County Council and or North Yorkshire Police who will help manage the complaint and assess the level of risk of the complaint received and any immediate actions to be undertake.

If a child or adult protection strategy meeting is convened the Licensing Authority will have regard to the recommendations of the meeting upon the management of any risk arising from the action or inaction of the Licence holder

On some occasions it may be necessary to take no immediate action upon receipt of an allegation, particularly if it may compromise an investigation.

Where following consultation the view taken is that action is required, the licence holder will be interviewed. The Licensing Authority shall consider whether the suspension or revocation of the licence is required and whether such suspension or revocation should take immediate effect in the interests of public safety. When the Licensing Authority considers suspension or revocation of the licence the reasons for that decision will need to be provided to the licence holder.

The relevant Council Director must be informed of any concerns and/or allegations about licence holders in relation to children and/or vulnerable adults.

9.2 Leisure Services

Any leisure facility which young people and adults attend provides an environment in which staff needs to be vigilant to protect children and vulnerable adults from abuse. Such risks can arise from unsupervised access to children and vulnerable adults, however, there is also an opportunity to protect where indicators of abuse are noted (i.e. bruises on a child coupled with observed inappropriate parental chastisement on a caravan park, bullying of an adult with learning disabilities by a carer etc).

Service Managers must take responsibility for ensuring all relevant staff, including casual and temporary members of staff are briefed on the need to be aware of child and adult at risk protection issues and the policies and procedures and receive relevant training.

9.3. Housing, Homelessness and Residential Regulation Services

Professionals working in these services may become aware of conditions that could have an adverse impact on children or adults who may be at risk. Under Part 1 of the Housing Act 2004, authorities must take account of the impact of health and safety hazards in housing on vulnerable occupants, including children, when deciding on the action to be taken by landlords to improve conditions.

Housing authorities also have an important role to play in safeguarding vulnerable young people, including young people who are pregnant or leaving care.

9.4. Commissioned Services (working with Contractors and Partner Organisations)

Any contractor or sub-contractor, engaged by the Council in areas where workers are likely to come into contact with children, young people or adults at risk should have their own Safeguarding Policy for Children and Adults, or comply with the terms of the Council policy. Any policy must include requirements which ensure that workers with the potential to come into contact with children, young people or vulnerable adults are subject to the necessary Disclosure and Barring Checks.

In any contract let by the Council, the Council must make provision allowing for the investigation, report and/or inspection of any agency/organisation acting on or behalf of them where there is a cause for concern in relation to safeguarding.

This requirement must form part of any service level agreement, contract or license.

9.5 Hiring of Facilities

Where facilities are let to external groups or events organised, which involve children, young people or adults at risk when parents/carers are not present, the Council will include provision within its conditions of hire requiring:

- Inclusion within their risk register for the event consideration of the management of risks related to safeguarding children
- public liability insurance (£5 million minimum)
- agreement to work within the expectations of this policy unless the event organiser has in place an alternate suitable safeguarding policy
- retain a register for the recording of medical information or special needs
- ensure staff who will have significant unsupervised involvement with children and young people over the course of the event have DBS checks where appropriate for the role they are undertaking.

PART TEN – CONFIDENTIALITY AND STORAGE OF INFORMATION

10.1 Confidentiality

The identity, information and/or suspicions about the welfare of a child or vulnerable adult should be treated in strictest confidence and discussed only with your manager, designated safeguarding officer, appropriate NYCC Social Care Officers or the Police.

10.2 Sharing Information

In sharing information with NYCC Social Care or the Police the welfare of the child, young person or vulnerable adult is paramount and overrides all other considerations regarding the sharing of information.

10.3 Record Keeping

Services should retain records of their safeguarding decisions, using the appropriate case file or other system. Records should be retained in line with GDPR requirements and for the specified retention period.

Copies of all safeguarding referrals, should be forwarded by email as soon as possible to the designated safeguarding officer who will log all referrals on the Council's Safeguarding Data Base. Service Managers have access to view the data base.

The Human Resources Manager is responsible for keeping secure records of all allegations of abuse against staff and volunteers, and management action taken.

DEFINITIONS/GLOSSARY

TERM	MEANING
Adult & Children's Social Care	North Yorkshire County Council. Further details and multi agency procedures can be obtained at www.safeguardingchildren.co.uk and www.northyorks.gov.uk/safeguarding
Child/Children/Young Person	Anyone under the age of 18
Data Barring Service	The DBS is a national organisation conducting checks to enable an assessment to be made on the suitability of a person to care for or work with children or vulnerable adults.
Designated Safeguarding Officer	The council employee with overall responsible for overseeing the Safeguarding Policy and Procedures. In the absence of the Designated Safeguarding Officer, a Director will take on this role.
Employees/Member of staff	Those employed by the Council, whether permanent or temporary. This includes paid and voluntary staff, and also elected councillors.
North Yorkshire safeguarding Boards	North Yorkshire Safeguarding Adults Board (NYSAB) and North Yorkshire Safeguarding Children Board (NYSCB) are statutory bodies that bring together a number of agencies across North Yorkshire to ensure joined up approaches to safeguarding. We coordinate and ensure effective safeguarding and promote the wellbeing and welfare of adults, children, young people and families, and protect them from harm.
Parent	Generic term to include birth parents, stepparents and carers. The term will specify parental responsibility where necessary.
Safeguarding Children and young people	Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults, or another child or children
Adult at Risk	For the purposes of this policy, a person at risk is an adult who: <ul style="list-style-type: none"> • is aged 18 years or more, and • has needs for care and support (whether or not these are currently being met), • is experiencing, or is at risk of, abuse or neglect, and • as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

LEGISLATIVE FRAMEWORKS

Working Together to Safeguard Children Statutory framework: legislation relevant to safeguarding and promoting the welfare of children July 2018.

The legislation relevant to safeguarding and promoting the welfare of children is set out below. It is valuable information in its own right and should also be read alongside the statutory guidance, Working Together to Safeguard Children 2018.

Children Act 2004

Section 10 requires each local authority to make arrangements to promote co-operation between the authority, each of the authority's relevant partners, and such other persons or bodies who exercise functions or are engaged in activities in relation to children in the local authority's area, as the authority considers appropriate. The arrangements are to be made with a view to improving the wellbeing of children in the authority's area – which includes protection from harm and neglect alongside other outcomes.

Section 11 places duties on a range of organisations and individuals to make arrangements for ensuring that their functions, and any services that they contract out to others, are discharged with regard to the need to safeguard and promote the welfare of children¹.

Section 16E defines 'safeguarding partners' as the local authority, a clinical commissioning group and the chief officer of police within the local authority area; and a 'relevant agency' as a person who is specified in regulations (the Child Safeguarding Practice Review and Relevant Agency (England) Regulations 2018) and exercises functions in relation to children within the area. It also requires safeguarding partners to make arrangements for themselves (and relevant agencies they consider appropriate) to work together to safeguard and promote the welfare of children in their area. This must include arrangements to identify and respond to the needs of children in the area.

Children Act 1989

The Children Act 1989 places a duty on local authorities to promote and safeguard the welfare of children in need in their area.

Section 27 imposes a duty on other local authorities, local authority housing services and health bodies to co-operate with a local authority in the exercise of that authority's duties.

Housing Act 1996

Section 213A requires housing authorities to refer to adult social care services persons with whom children normally reside or might reasonably be expected to reside, who they have reason to believe may be ineligible for assistance, or who may be homeless and may have become so intentionally or who may be threatened with homelessness intentionally, as long as the person consents.

Mental Capacity Act 2005

Its general principle is that everybody has capacity unless it is proved otherwise, that they should be supported to make their own decisions, that anything done for or on behalf of people without capacity must be in their best interests and should be the least restrictive intervention.

Safeguarding Vulnerable Groups Act 2006

Introduced the new Vetting and Barring Scheme and the role of the Independent Safeguarding Authority. The Act places a statutory duty on all those working with vulnerable groups to register and undergo an advanced vetting process with criminal sanctions for non-compliance.

Deprivation of Liberty Safeguards

Article 5 of the Human Rights Act states that 'everyone has the right to liberty and security of person. No one shall be deprived of his or her liberty [unless] in accordance with a procedure prescribed in law'. The Deprivation of Liberty Safeguards is the procedure prescribed in law when it is necessary to deprive of their liberty a resident or patient who lacks capacity to consent to their care and treatment in order to keep them safe from harm.

Introduced into the Mental Capacity Act 2005 and came into force in April 2009. This safeguard is designed to provide appropriate safeguards for vulnerable people who have a mental disorder and lack the capacity to consent to the arrangements made or their care or treatment, and who may be deprived of their liberty in their best interests in order to protect them from harm.

Disclosure & Barring Service 2013

Criminal record checks: guidance for employers – How employers or organisations can request criminal records checks on potential employees from the Disclosure and Barring Service (DBS).

The 2014 Care Act provides the legal framework for adult social care and places a duty on councils to promote people's wellbeing. Under the Act, councils support, and promote the wellbeing and independence of working age disabled adults and older people, and their carers.

POLICIES AND PROCEDURES SUPPORTING SAFEGUARDING

Human Resources Policies, Procedures and Regulations including:

- Code of Conduct
- Disciplinary Procedure and Rules
- Disclosure Policy and Procedure
- Employment of Ex-Offenders
- Equality Statement and Equality Scheme
- Grievance Policy and Procedure
- Harassment and Bullying Policy
- Recruitment and Selection – Code of Practice (including CRB procedure)
- References – Guidance on providing and obtaining References

Health & Safety Policies, Procedures and Regulations including:

- Risk Assessments:
- New and Expectant Mothers
- Young People at Work
- Accident Reporting
- Corporate Policy Statement
- Personal Safety
- Guidance on Young People at Work

Whistleblowing Policy

Complaints Procedure

Corporate Customer Care Policy and Procedure

Data Protection Policy, Procedure and Guidance

ICT User Policy

Licensing Policy

Service-specific policies and procedures

ROLES AND RESPONSIBILITIES

Chief Executive	<ul style="list-style-type: none"> • Ensures the Council fulfils its statutory duties
Director (LD)	<ul style="list-style-type: none"> • Safeguarding overall Lead for the Council • Endorses Safeguarding Arrangements • Agrees Corporate Safeguarding priorities and actions • Supports Designated Safeguarding Officer
Directors	<ul style="list-style-type: none"> • Ensures Safeguarding Arrangements are implemented
Community Safety and Safeguarding Manager	<ul style="list-style-type: none"> • Acts as Designated Safeguarding Officer. • Leads and co-ordinates safeguarding work throughout the Borough Council. • Maintains and updates the Council's Safeguarding Policy providing quality assurance checks. • Represents the Council on Locality Safeguarding Forums and ensures appropriate links to NY Children and Adults Safeguarding Boards. • Acts as point of contact for raising safeguarding concerns within the Council in the absence of the relevant Service Manager. • Ensures that appropriate action is taken in response to concerns raised, and that lines of responsibility are clear. • Provides advice and support to Service Unit Managers, staff and elected members where necessary. • Provides a central secure record system of all reported safeguarding concerns, allegations or suspicions.
Human Resources Manager	<ul style="list-style-type: none"> • Acts as Named Senior Manager in relation to allegations of abuse against staff and volunteers
Service Managers	<ul style="list-style-type: none"> • Ensures the Council's Safeguarding Policy is followed in managing all safeguarding concerns, allegations or suspicions. • Collects details of allegations, suspicions or concerns from staff within their service area. • Acts as a point of contact for staff within their service area for raising safeguarding concerns. • Ensures that appropriate action is taken in response to concerns raised, and that lines of responsibility are clear. • Seeks advice from, and liaises with, safeguarding agencies where required. • Makes appropriate referral to safeguarding agencies and ensure referrals are followed up. • Refers any allegations of abuse against staff and volunteers to the Named Senior Officer (Human Resources Manager, or deputy). • Ensures accurate and secure records of all safeguarding concerns, allegations or suspicions reported to them and ensure completion of the appropriate referral forms. • Ensures secure records of all safeguarding concerns, allegations or suspicions are sent to the Designated Safeguarding Officer. • Monitor action to safeguard and promote welfare of children and vulnerable adults within their areas of responsibility • Ensure delivery of safe services and safe working practices
All those involved in developing and delivering services	<ul style="list-style-type: none"> • Deliver services with regard to safeguarding and promoting the welfare of children and vulnerable adults • Raise any safeguarding issues, concerns or allegations as set out in the . •

1. SafeLives DASH Risk Identification Checklist

Aim of the form

- To help front line practitioners identify high risk cases of domestic abuse, stalking and 'honour'-based violence.
- To decide which cases should be referred to MARAC and what other support might be required. A completed form becomes an active record that can be referred to in future for case management.
- To offer a common tool to agencies that are part of the MARAC¹ process and provide a shared understanding of risk in relation to domestic abuse, stalking and 'honour'-based violence.
- To enable agencies to make defensible decisions based on the evidence from extensive research of cases, including domestic homicides and 'near misses', which underpins most recognised models of risk assessment.

How to use the form

Before completing the form for the first time we recommend that you read the full practice guidance and FAQs. These can be downloaded from: http://www.safelives.org.uk/marac/RIC_for_MARAC.html. Risk is dynamic and can change very quickly. It is good practice to review the checklist after a new incident.

Recommended referral criteria to MARAC

1. **Professional judgement:** if a professional has serious concerns about a victim's situation, they should refer the case to MARAC. There will be occasions where the particular context of a case gives rise to serious concerns even if the victim has been unable to disclose the information that might highlight their risk more clearly. *This could reflect extreme levels of fear, cultural barriers to disclosure, immigration issues or language barriers particularly in cases of 'honour'-based violence.* This judgement would be based on the professional's experience and/or the victim's perception of their risk even if they do not meet criteria 2 and/or 3 below.
2. **'Visible High Risk':** the number of 'ticks' on this checklist. If you have ticked 14 or more 'yes' boxes the case would normally meet the MARAC referral criteria.
3. **Potential Escalation:** the number of police callouts to the victim as a result of domestic violence in the past 12 months. This criterion can be used to identify

Please pay particular attention to a practitioner's professional judgement in all cases. The results from a checklist are not a definitive assessment of risk. They should provide you with a structure to inform your judgement and act as prompts to further questioning, analysis and risk management whether via a MARAC or in another way. **The responsibility for identifying your local referral threshold rests with your local MARAC.**

What this form is not

This form will provide valuable information about the risks that children are living with but it is not a full risk assessment for children. The presence of children increases the wider risks of domestic violence and step children are particularly at risk. If risk towards children is highlighted you should consider what referral you need to make to obtain a full assessment of the children's situation.

¹ For further information about MARAC please refer to the 10 Principles of an Effective MARAC: http://www.caada.org.uk/marac/10_Principles_Oct_2011_full.doc

SafeLives DASH Risk Identification Checklist for use by IDVAs and other non-police agencies² for identification of risks when domestic abuse, 'honour'-based violence and/or stalking are disclosed

<p>Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned.</p> <p>Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer.</p> <p>It is assumed that your main source of information is the victim. If this is <u>not</u> the case, please indicate in the right hand column</p>	YES	NO	DON'T KNOW	State source of info if not the victim (eg police officer)
<p>1. Has the current incident resulted in injury? Please state what and whether this is the first injury.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>2. Are you very frightened? Comment:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>3. What are you afraid of? Is it further injury or violence? Please give an indication of what you think [name of abuser(s)] might do and to whom, including children. Comment:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>4. Do you feel isolated from family/friends? I.e, does [name of abuser(s)] try to stop you from seeing friends/family/doctor or others? Comment:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>5. Are you feeling depressed or having suicidal thoughts?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>6. Have you separated or tried to separate from [name of abuser(s)] within the past year?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>7. Is there conflict over child contact?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>8. Does [name of abuser(s)] constantly text, call, contact, follow, stalk or harass you? Please expand to identify what and whether you believe that this is done deliberately to intimidate you? Consider the context and behaviour of what is being done.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>9. Are you pregnant or have you recently had a baby (within the last 18 months)?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>10. Is the abuse happening more often?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>11. Is the abuse getting worse?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>12. Does [name of abuser(s)] try to control everything you do and/or are they excessively jealous? For example: in terms of relationships; who you see; being 'policed' at home; telling you what to wear. Consider 'honour'-based violence (HBV) and specify behaviour.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>13. Has [name of abuser(s)] ever used weapons or objects to hurt you?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

² Note: This checklist is consistent with the ACPO endorsed risk assessment model DASH 2009 for the police service.

Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer.	YES	NO	DON'T KNOW	State source of info
<p>14. Has [name of abuser(s)] ever threatened to kill you or someone else and you believed them? If yes, tick who:</p> <p>You <input type="checkbox"/></p> <p>Children <input type="checkbox"/></p> <p>Other (please specify) <input type="checkbox"/></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>15. Has [name of abuser(s)] ever attempted to strangle / choke / suffocate / drown you?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>16. Does [name of abuser(s)] do or say things of a sexual nature that make you feel bad or that physically hurt you or someone else? If someone else, specify who.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>17. Is there any other person who has threatened you or who you are afraid of? If yes, please specify whom and why. Consider extended family if HBV.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>18. Do you know if [name of abuser(s)] has hurt anyone else? Consider HBV. Please specify whom, including the children, siblings or elderly relatives:</p> <p>Children <input type="checkbox"/></p> <p>Another family member <input type="checkbox"/></p> <p>Someone from a previous relationship <input type="checkbox"/></p> <p>Other (please specify) <input type="checkbox"/></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>19. Has [name of abuser(s)] ever mistreated an animal or the family pet?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>20. Are there any financial issues? For example, are you dependent on [name of abuser(s)] for money/have they recently lost their job/other financial issues?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>21. Has [name of abuser(s)] had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life? If yes, please specify which and give relevant details if known.</p> <p>Drugs <input type="checkbox"/></p> <p>Alcohol <input type="checkbox"/></p> <p>Mental health <input type="checkbox"/></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>22. Has [name of abuser(s)] ever threatened or attempted suicide?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>23. Has [name of abuser(s)] ever broken bail/an injunction and/or formal agreement for when they can see you and/or the children? You may wish to consider this in relation to an ex-partner of the perpetrator if relevant.</p> <p>Bail conditions <input type="checkbox"/></p> <p>Non Molestation/Occupation Order <input type="checkbox"/></p> <p>Child contact arrangements <input type="checkbox"/></p> <p>Forced Marriage Protection Order <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer.	YES	NO	DON'T KNOW	State source of info
24. Do you know if [name of abuser(s)] has ever been in trouble with the police or has a criminal history? If yes, please specify:				
Domestic abuse <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sexual violence <input type="checkbox"/>				
Other violence <input type="checkbox"/>				
Other <input type="checkbox"/>				
Total 'yes' responses				

For consideration by professional

Is there any other relevant information (from victim or professional) which may increase risk levels? Consider victim's situation in relation to disability, substance misuse, mental health issues, cultural / language barriers, 'honour'- based systems, geographic isolation and minimisation. Are they willing to engage with your service? Describe.	
Consider abuser's occupation / interests. Could this give them unique access to weapons? Describe.	
What are the victim's greatest priorities to address their safety?	

Do you believe that there are reasonable grounds for referring this case to MARAC?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, have you made a referral?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Signed	Date
Do you believe that there are risks facing the children in the family?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please confirm if you have made a referral to safeguard the children?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Signed	Date referral made
Name	Date

Practitioner's notes

This document reflects work undertaken by SafeLives in partnership with Laura Richards, Consultant Violence Adviser to ACPO. We would like to thank Advance, Blackburn with Darwen Women's Aid and Berkshire East Family Safety Unit and all the partners of the Blackpool MARAC for their contribution in piloting the revised checklist without which we could not have amended the original SafeLives risk identification checklist. We are very grateful to Elizabeth Hall of CAFCASS and Neil Blacklock of Respect for their advice and encouragement and for the expert input we received from Jan Pickles, Dr Amanda Robinson and Jasvinder Sangh



MARAC referral form

MARAC referrals should be sent by **secure email or other secure method** to:

- maracyork@northyorkshire.pnn.police.uk
- maracharrogetcraven@northyorkshire.pnn.police.uk
- marachambrich@northyorkshire.pnn.police.uk
- maracselby@northyorkshire.pnn.police.uk
- maracscarborough@northyorkshire.pnn.police.uk

Please ensure that you complete ALL sections of this Referral Form

Referring agency			
Contact name(s)			
Telephone / Email			
Date			
Victim name		Victim DOB	
Address			
Telephone number		Is this number safe to call?	Y / N
Please insert any relevant contact information, eg times to call			
GP Details			
Diversity data (if known)	B&ME <input type="checkbox"/>	Disabled <input type="checkbox"/>	
	LGBT <input type="checkbox"/>	Gender	M / F
Perpetrator(s) name		Perpetrator(s) DOB	
Perpetrator(s) address		Relationship to victim	

Children (please add extra rows if necessary)	DOB	Relationship to victim	Relationship to perpetrator	Address	School (If known)

Reason for Referral / Additional Information			
Professional judgement	Y / N	Visible high risk (14 ticks or more on SafeLives - DASH RIC)	Score:
Potential escalation (3 or more incidents reported to the Police in the past 12 months)	Y / N	MARAC repeat (further incident identified within twelve months from the date of the last referral)	Y / N
If yes, please provide the date listed / case number (if known)			
Who is the victim afraid of? (to include all potential threats, and not just primary perpetrator)			
Who does the victim believe it safe to talk to?			
Who does the victim believe it not safe to talk to?			

Consent			
Police have a duty to record a crime where a crime is disclosed. Does the victim wish to make a complaint about the crime they have disclosed:			
Is the victim aware of the MARAC	Y / N	Has the victim consented to MARAC? If no, please complete the section below	Y / N

A MARAC is a meeting where information is shared on the highest risk domestic abuse cases. Do you believe that the victim is at risk of significant harm / homicide? Please circle:	<p>Y (Please clearly indicate why in the section below)</p> <p>N (This is not appropriate for MARAC. Please consider other options for safeguarding).</p>
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Full Details of incident that prompted the referral and relevant background information. (To share more information, please complete Research Forms)

Information for victims referred to MARAC

The victim's safety should be at the centre of the MARAC. Keeping a clear focus on safety is easier when the victim is engaged in the process and their views are represented at the meeting. Normally the IDVA is best placed to do this by both contacting the victim before and updating the victim after the meeting (where it is safe to do so), in addition to liaising with partner agencies. The referring agency should usually inform the victim of MARAC referral where it is safe to do so. This may be done by letter if there has been an incident of public record (e.g. reported to the police). If the perpetrator is unaware that the victim has sought help in relation to domestic abuse then it may be safer to discuss the referral by phone or in person (e.g. disclosures to a midwife).

To supplement these contacts, local areas often produce information for victims referred to the MARAC. In some cases a 'Leaflet Informing the Victim of the MARAC' is provided to the victim on referral where it is safe to do so.

Leaflet informing victims of the MARAC

This might contain:

Definition of a MARAC, including:

- What is the purpose of the MARAC
- Who is referred to the MARAC
- Which agencies would normally attend the MARAC
- How the victim is represented at the MARAC
- The role of the IDVA and how victims can contact them

Confidentiality at the MARAC:

- Define what is meant by confidentiality
- Identify exceptions to confidentiality, including links to Safeguarding Children and Adults

What happens after the MARAC:

- What kind of actions might come from the MARAC
- How will the MARAC help the client

Contact details for IDVA service and local police

Useful contact numbers for your local area and websites

Name of victim
Address of victim

Date

Dear Ms/Mr ABC

You have been referred to the [insert area name] MARAC, because we believe that you are at high risk of current or future harm because of domestic abuse. Domestic abuse is defined¹ as 'any incident of threatening behavior, violence or abuse (psychological, physical, sexual, financial or emotional) between adults, aged 18 and over, who are or have been intimate partners or family members, regardless of gender and sexuality.' It can include honour based violence, female genital mutilation, and forced marriage.

The Multi-Agency Risk Assessment Conference (MARAC) is a meeting that brings together representatives from a number of agencies in the area (both statutory and voluntary) to talk about the safety, health and well-being of people experiencing domestic abuse (and their children) and draw up an action plan to make them safer.

Your case has been referred to the MARAC by [insert name of agency] because you have been identified as being at risk of current or future harm from domestic abuse. Normally this is because of the things that an abuser is doing or the things they are saying they will do. By referring you to the MARAC, we are trying to make you safer by working with other agencies to get help and support. We hope that you will support this process as with your involvement we can be best placed to address your safety concerns.

Anyone referred to the MARAC is offered support by an IDVA (Independent Domestic Violence Advisor) from [insert area name]. The IDVA's role at the MARAC is to represent your views, act as link between agencies and to ensure that any actions agencies take will make you safer. Ahead of a meeting, they will contact you to talk about your situation, what would make you feel safer and identify any issues that you think should be addressed at the meeting. Usually, they (or sometimes another professional who you know) will contact you to provide feedback about the meeting. You do not attend the meeting yourself, but are represented. Practitioners from a range of statutory or voluntary agencies attend. There is also a protocol between agencies participating in the MARAC which makes it clear what is expected of individual agencies, including how to store, manage and share any information they gain from the MARAC.

We work with many local organisations that may also be able to provide you with help and advice. I am enclosing a list of useful telephone numbers with details of some of these groups.

Yours sincerely,

MARAC Chair

CODE OF CONDUCT FOR SAFEGUARDING

DO

- Treat all children and vulnerable adults fairly and with respect.
- Be aware of the procedures for reporting concerns and how to contact the Designated Safeguarding Officer.
- Be aware that physical contact with a child or vulnerable adult may be misinterpreted. There may be occasions when this is unavoidable, such as comfort at times of distress, or physical touch in sport (see *NGB Guidelines*). In all such cases contact should only take place with the consent of the child or vulnerable adult.
- Respect the right of a child or vulnerable adult to personal privacy.
- Make others (for example your line manager) aware if you find yourself the subject of inappropriate affection or attention from a child or vulnerable adult.
- Report to the Designated Safeguarding Officer any safeguarding concerns including allegations or suspicions of abuse.

DO NOT

- Spend time alone with children or vulnerable adults, away from others. Meetings with individuals should be avoided or take place within sight of others. If privacy is needed, the door should remain open and other staff or volunteers should be aware of the meeting.
- Take children or vulnerable adults alone in a car, however short the journey. Where this is unavoidable it should be with full knowledge and consent of the parents/carer and the manager responsible for the service/activity.
- Meet children or vulnerable adults outside of organised activities, unless it is with the knowledge and written consent of the parents/carer and the manager responsible for the service/activity.
- Start an investigation or question anyone after an allegation or concern regarding abuse has been raised. You should just record the facts and report these to the Service Manager and/or Designated Safeguarding Officer.
- Allow any allegations made to go without being reported and addressed, or either trivialise or exaggerate abuse issues.
- Make promises to keep any disclosure confidential from relevant authorities.
- Show favouritism to any one, or threaten/carry out any form of physical punishment.
- Never:
 - Initiate or engage in sexually provocative conversations or activity
 - Allow the use of inappropriate language to go unchallenged
 - Do things of a personal and intimate nature that individuals can do for themselves.

USEFUL CONTACTS and DOCUMENTS

SCARBOROUGH BOROUGH COUNCIL

Any Safeguarding concerns, allegations and suspicions

Designated Safeguarding Officer: and E Safety Ambassador
Sandra Rees 01723 383627
Email: Sandra.rees@scarborough.gov.uk

Allegations of abuse against staff and volunteers

Named Senior Officer
Elaine Blades, Human Resources
Email: Elaine.Blades@scarborough.gov.uk

NORTH YORKSHIRE COUNTY COUNCIL

Customer Service Centre: for children and adults 01609 780780
Email: social.care@northyorks.gov.uk

Local Authority Designated Officer (LADO) for North Yorkshire 01609 780780

You can find all the policies and procedures contained in this document on the below websites

North Yorkshire Children Safeguarding Board <http://www.safeguardingchildren.co.uk/>

North Yorkshire Adult Safeguarding Board <http://www.safeguardingadults.co.uk>

Joint Multi-Agency Safeguarding Adults Policy and Procedures (West Yorkshire, North Yorkshire
www.nypartnerships.org.uk/sab

Working together 2018 [Working together to safeguard children - GOV.UK](#)