



Safeguarding Children and Adults at Risk Policy

Adopted July 2016
Last reviewed: July 2017
Due for review: July 2018

1. Introduction

- 1.1 All staff, Councillors, volunteers and contractors working on behalf of North Hertfordshire District Council have a statutory duty to safeguard the welfare of children and adults at risk in our local communities.
- 1.2 Abuse can occur in many environments including the home, school and leisure and care settings. All service providers whether paid or voluntary, have a role to play in safeguarding the welfare of children and adults at risk and preventing potential abuse.
- 1.3 This policy is recognised and adopted by the Council and partners. The principles of this policy apply equally to children under the age of 18 years old and adults at risk, aged 18 years or over, who may be unable to take care of themselves, or protect themselves from harm. This may be attributed to physical or mental health conditions, disability or sensory impairment or being old and frail.
- 1.4 Our partners and contractors must recognise their responsibility to protect children and adults at risk from all types of abuse. This can be achieved through specific contractual clauses, adherence to safer staffing guidelines, appropriate training and development and adequate monitoring visits and inspections. Partners and contractors must demonstrate they can work together with individuals, families and other organisations in making sure that the needs and welfare of children and adults at risk remains paramount.
- 1.5 The Council is a registered body with the Disclosure and Barring Service (DBS) and requires enhanced DBS disclosures for all staff, members and volunteers working in regulated and delegated activity with children and/or adults at risk. An appropriately rigorous approach to scrutinising candidates is made when recruiting staff and volunteers. Post holders with increased contact with children, adults at risk or personal and sensitive information are required to attend additional training and receive appropriate supervision from their manager or a Designated Safeguarding Officer should they need to respond to safeguarding issues. The Council adheres to the legislative requirements for employing and maintaining safer staff and the guidance specified by the Hertfordshire Safeguarding Children Board Safe Staffing handbook.
- 1.6 This policy document will be reviewed annually and revised as necessary. Revisions will reflect changes in policy, operational requirements and responsibilities in order to ensure the Council's safeguarding responsibilities are duly maintained.
- 1.7 The Council, its partners and contractors are responsible for ensuring the competence of staff and volunteers to meet statutory duties to safeguard and promote the welfare of children and adults at risk. This includes ensuring staff and volunteers know how to recognise and respond to safeguarding concerns. The Council, its partners and contractors are committed to ensuring the availability of adequate resources and support for staff training and development.

- 1.8 Where the policy refers to employees this also applies to volunteers and contractors working or supporting the Council and our partners in an official capacity.

2. Definition of children and adults at risk

2.1 Definition of Child

In accordance with the Children Act 2004, a child is defined as 'any person who has not yet reached their 18th birthday'. This policy and its associated procedures apply to all children up to the age of 18 years, including unborn babies, who live permanently in North Hertfordshire or are temporary residents.

The fact that a child has become sixteen years of age, is living independently or is in further education, is in the armed forces, in hospital, or in prison or a young offender's institution, does not change their status or their entitlement to services or their protection under the Children Act 2004.

2.2 Definition of an Adult at Risk

When a child reaches the age of 18, responsibility for their wellbeing may transfer to adult service providers if they are still considered to be in need of support. Although they cease to be subject of the safeguarding children procedures, some young adults moving into adulthood may remain vulnerable.

An adult at risk is defined as any person aged 18 years and over who is or may be in need of community care services by reason of mental health issues, learning or physical disability, sensory impairment, age or illness and who is or may be unable to take care of him/herself or unable to protect him/herself against significant harm or serious exploitation.

A change in circumstances may also deem an adult to and warrant protection at any stage in their adult life, despite not being known to statutory or support services when they were a child.

Since the publication of ADSS Best Practice Document: 'Safeguarding Adults' (2005), the range of people considered to be at risk has been widened to include people encountering domestic violence, substance misusers and asylum seekers.

3. Aim and scope of the policy

3.1 The aim of the policy is to:

- Ensure that concerns about the abuse and neglect of children and adults at risk are reported promptly to the appropriate authorities;
- Offer guidance and support to employees to assist them in recognising and responding to indicators of possible abuse or neglect of a child or adult at risk;
- Clarify the Council's role and responsibilities in protecting children and adults at risk from abuse and neglect and to ensure that its actions follow the Hertfordshire Safeguarding Children Board and Hertfordshire Safeguarding Adults Board procedures respectively. This local policy and procedures are not a substitute for those procedures but designed to

dovetail into them.

3.2 Scope of policy:

This guidance covers the functions and services of the authority and the operations of partners, contractors and voluntary organisations that deliver services for the Council, through grant or contract arrangements, who must maintain or develop their own safeguarding policy statement and procedures to reflect this guidance

The Council recognises that Hertfordshire County Council and the Police are the lead agencies in the County regarding safeguarding children and adults at risk; the role of the District Council (its officers, members, partners and contractors) is to ensure any concerns they may identify in their day to day work are reported promptly in order that relevant agencies may act appropriately.

In accordance with their statutory duty, Hertfordshire County Council have established both the Hertfordshire Safeguarding Children Board and Hertfordshire Safeguarding Adults Board.

The Boards provide an independent multi-agency partnership to oversee local issues affecting the safeguarding of children and adults at risk. The ten District/Borough Councils are represented on the boards and therefore fulfil their 'duty to cooperate' with regard to safeguarding individuals in their areas as required under relevant legislation.

However, it is also recognised that everyone has a responsibility for safeguarding, and those employees who come across children, families and adults at risk in any aspect of their work have an important role to play in ensuring that the inter agency processes are effective.

The Council has a specific statutory duty under Section 11 of the Children Act 2004 to make arrangements for ensuring that its functions, and services provided on the Councils behalf, are discharged with regard to the need to safeguard and promote the welfare of children.

The Council applies the same degree of commitment to the safeguarding of adults at risk and complies with statutory duties to cooperate as defined in the Care Act 2014. In this respect, organisations should apply the same degree of commitment to the safeguarding of adults at risk; albeit a key difference of consent remains in regard to reporting concerns. A concern regarding a child can be submitted without having first gained consent; whereas for a person aged 18 years or older, consent must be provided in order for a referral to be made. Further information on this is included in the Council's reporting processes, available from the website at www.north-herts.gov.uk/safeguarding.

The Care Act 2014 defines Safeguarding as 'protecting an adult's right to live in safety, free from abuse and neglect.' (Care and Support statutory guidance, chapter 14). Adult safeguarding is specifically about preventing and responding to concerns of abuse, harm or neglect of adults. The Act defines a 'Wellbeing principle' whereby the local authority must promote wellbeing whilst carrying out any of their care and support functions. This includes adult safeguarding.

See also the Statutory Guidance on Making Arrangements to Safeguard and Promote the Welfare of Children Under Section 11 of the Children Act 2004 (updated 2007) and statutory guidance - Working Together to Safeguard Children 2015 (A guide to inter-agency working to safeguard and promote the welfare of children).

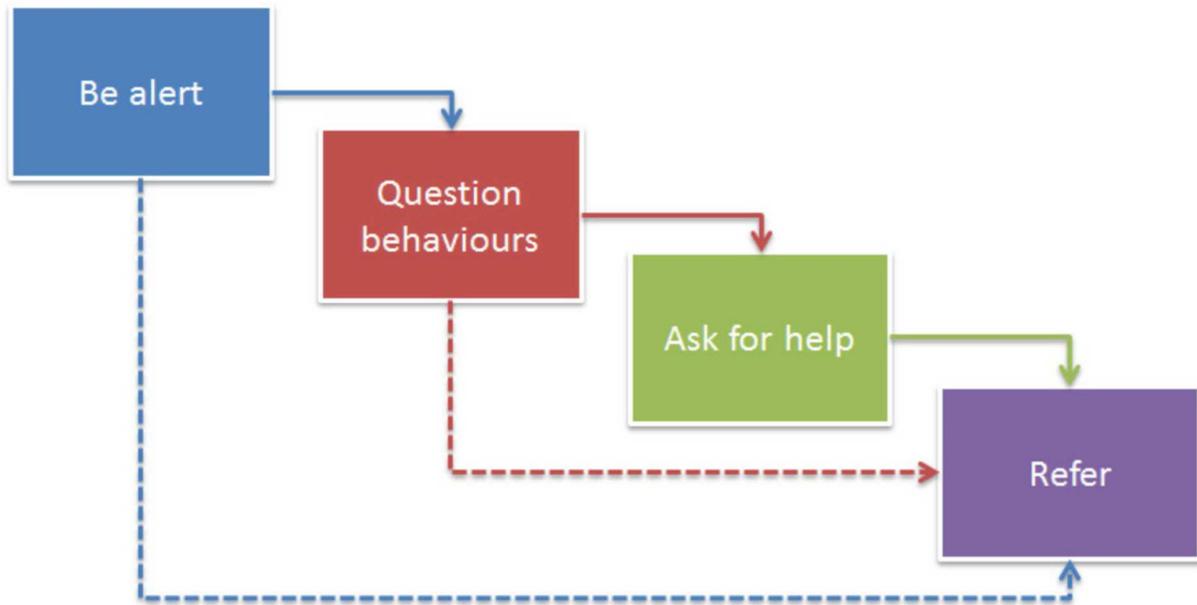
Housing, environmental health officers, those that provide sports and leisure services including through contractual arrangements, and others with a front line role can play an important role in; safeguarding and promoting the welfare of children and adults at

risk as part of their day-to-day work; recognising child and adult at risk welfare issues; sharing information, and making referrals and subsequently managing or reducing risks of harm

Any employees of organisations who may become aware of children and adults at risk during the course of their work should refer to these procedures which provide the framework within which they all should operate, especially if they have any concerns that safeguarding action may be required.

4. Taking Action

There are four key steps to follow to identify and respond appropriately to possible abuse and/or neglect.³



It may not always be appropriate to go through all four stages sequentially. If a child or adult at risk is in immediate danger the police must be contacted.

If there is not a risk of immediate danger, the basic facts of the concern should be established and where necessary, consent gained from an adult at risk. However, it will be the role of social workers and the police to investigate cases and make a judgement on whether there should be a statutory intervention and/or a criminal investigation.

You should record, in writing, all concerns and discussions about a child or adult's welfare, the decisions made in regard to the referral and the reasons for those decisions.

The first step is to be alert to the signs of abuse and neglect, to have read this document and to understand the procedures set out in your local multi-agency safeguarding arrangements. You should also consider what training would support you in your role and what is available in your area.

The signs of child or adult at risk abuse might not always be obvious and a child or adult at risk might not tell anyone what is happening to them. Staff should therefore question unusual behaviours and try to speak to the child or adult at risk alone, if appropriate, to seek further information.

If a child or adult at risk reports that they are being abused and neglected, they must be listened to and have their allegation seriously. They should receive reassurance that they have done the right thing by telling and that information will be

passed on so that action can be considered to keep them safe. Depending on the circumstances of the case, the seriousness of the allegation and the local multi-agency safeguarding arrangements in place, a direct referral to social care and/or the police can be made, or early help accessed. Staff should always discuss concerns with a Designated Safeguarding Officer. The child or adult at risk must never be promised confidentiality as information may need to be shared in order to protect them.

Concerns about a child or adult at risk's welfare can vary greatly in terms of their nature and seriousness, how they have been identified and over what duration they have arisen. Concerns about a child or adult at risk should be shared with a Designated Safeguarding Officer. The list of designated officers can be found here: <http://intranet.north-herts.gov.uk/finance-policy-and-governance/policy-and-community-services/active-communities/safeguarding-childr-9>

There are separate referral procedures and incident report forms for children, adults at risk and Prevent (terrorism/extremism). More information on each of these areas of concern can also be found at the attached intranet pages. (<http://intranet.north-herts.gov.uk/finance-policy-and-governance/policy-and-community-services/active-communities/safeguarding-childr-0>).

The accompanying appendices outline the following:

- Appendix 1- Key safeguarding duties of public bodies
- Appendix 2- Different types of abuse
- Appendix 3 - Physical abuse
- Appendix 4 - Emotional abuse
- Appendix 5 - Sexual abuse
- Appendix 6 - The abuse of Neglect
- Appendix 7 – Bullying
- Appendix 8 - Discriminatory Abuse
- Appendix 9 - Institutional Abuse
- Appendix 10 – Financial Abuse
- Appendix 11 - Child sexual exploitation
- Appendix 12 - Radicalisation and violent extremism
- Appendix 13 - Female Genital Mutilation
- Appendix 14 - Modern Day Slavery

Appendix 1 Key safeguarding duties of public bodies

Table A: Bodies and individuals covered by key duties

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Body	CA 2004 Section 10 - duty to cooperate	CA 2004 Section 11 - duty to safeguard & promote welfare	Education Legislation - duty to safeguard & promote welfare	CA 2004 Section 13 - statutory partners in LSCBs	CA 1989 Section 27 - help with children in need	CA 1989 Section 47 - help with enquiries about significant harm
Local authorities and District councils	X	X	X In relation to their education functions under section 175 of the Education Act 2002	X	X (including local housing authority)	X (including local housing authority)
Local policing body	X	X				
Chief officer of police	X	X		X		

Appendix 2 – Different types of abuse

Different categories of abuse -

Understanding and identifying abuse and neglect

A person may abuse or neglect a child or adult at risk by inflicting harm, or by failing to act to prevent harm. 'Harm' is defined as 'Physical or psychological injury or damage'. Children and adults at risk may be abused in a family or in an institutional or community setting, by those known to them or by a stranger, including, via the internet or through social media. In the case of female genital mutilation (FGM), and forced marriage and honour based abuse children may be taken out of the country to be abused; similarly, a child who is exposed to sexual abuse may be moved away or 'trafficked' from their regular, familiar surroundings, which not only enables the abuse but increases their vulnerability and for a young child, confusion what may be happening to them. An abused child or adult at risk will also often experience more than one type of abuse, as well as other difficulties in their lives, such as a disordered home life or dysfunctional family relationships. Abuse and neglect can happen over a period of time, but can also be an isolated event. Child or adult at risk abuse and neglect can have major long-term impacts on all aspects of an individual's health, development and wellbeing.

Abuse of an adult at risk is mistreatment by any other person or persons that violates a person's human and civil rights. The abuse can vary, from treating someone with disrespect in a way that significantly affects the person's quality of life, to causing actual physical or mental suffering.

Abuse can happen anywhere:

- in a person's own home
- in a residential or nursing home
- in a hospital
- in the workplace
- at a day centre or educational establishment
- in supported housing
- in the street.

Who can abuse?

The person responsible for the abuse is often well known to the person being abused, and could be:

- a paid carer in a residential establishment or from a home care service
- a social care worker, health worker, nurse, doctor or therapist
- a relative, friend, or neighbour
- another resident or person using a service in a shared care setting
- someone providing a support service
- a person employed directly by someone in their own home as a carer or a personal assistant.

Others are strangers who:

- befriend people with the intention of exploiting them
- deceive people into believing they are from legitimate businesses, services or utility providers
- intimidate people into inappropriate financial transactions

Recognising abuse is not easy and it is not the responsibility of Council staff, elected members or volunteers to decide whether or not abuse of a child or adult at risk has taken place, to make any judgment in regard to the victim or alleged abuser, or if a child or adult at risk is at significant risk. However, we do have a responsibility to act if we have a concern. Every child and adult at risk is unique and it is difficult to predict how their behaviour will change as a result of the abuse they have been subjected to.

Disabled children and adults at risk may be at greater risk of abuse. Various factors contribute to this, such as stereotyping, prejudice, discrimination, isolation and a powerlessness to protect themselves, reliance on care/support, or inadequately communicating that abuse has occurred.

Disabled children and adults at risk may:

- receive intimate personal care, possibly from a number of carers, which may increase the risk of exposure to abusive behaviour
- have an impaired capacity to recognise, resist or avoid abuse
- have communication difficulties or lack of access to an appropriate vocabulary which may make it difficult to tell others what is happening
- not have someone to turn to, may lack the privacy they need to do this, or the person they turn to may not be receptive to the issues being communicated
- be inhibited about complaining because of a fear of losing services
- be especially vulnerable to bullying and intimidation
- be more vulnerable than other children or adults at risk to abuse by their peers.

Appendix 3 Physical abuse

Abuse of children and adults at risk

Physical - 'any act which causes physical harm' - For example; hitting, pinching, kicking, biting, burning, shaking, pushing and squeezing. Also giving a child or adult at risk poisonous or unsuitable substances such as alcohol or drugs. Attempted drowning, suffocation, or subjecting a child or adult at risk to physical violence, whether within the home or other location, such as a school, community or care facility.

PHYSICAL ABUSE	
Physical signs	Behavioural Indicators
<ul style="list-style-type: none">• Unexplained bruising, marks or injuries on any part of the body• Bruises which reflect hand marks or fingertips (from slapping or pinching)• Cigarette burns• Bite marks• Broken bones• Scalds• Vomiting, diarrhoea and dehydration	<ul style="list-style-type: none">• Fear of parents being approached for an explanation• Aggressive behaviour or severe outbursts• Frozen watchfulness in babies and young children• Flinching when approached or touched• Reluctance to get changed, for example wearing long sleeves in hot weather• Depression• Withdrawn behaviour• Running away from home• Not requesting medical assistance and/or failing to attend routine appointments

Appendix 4 Emotional abuse

Emotional – ‘the persistent emotional ill-treatment of a child or adult at risk such as to cause severe and persistent adverse effects on their emotional development’.

For example: threatening, bullying, taunting or constantly shouting at a child damaging self- esteem; withholding love or affection; subjecting a child or adult at risk to witnessing domestic violence without physically abusing the child or adult at risk.

EMOTIONAL ABUSE	
Physical signs	Behavioural Indicators
<ul style="list-style-type: none">• A failure to thrive or grow• Sudden speech disorders• Developmental delay, either in terms of physical or emotional progress	<ul style="list-style-type: none">• Neurotic behaviour e.g. hair twisting, rocking• Being unable to play and interact• Fear of making mistakes• Self harm• Fear of parent, relative or carer being approached regarding their behaviour

Appendix 5 - Sexual abuse

Sexual - 'Sexual abuse involves forcing or enticing a child or adult at risk to take part in sexual activities, whether or not they are aware of what is happening'.

For example: children or adults at risk used to gratify the sexual needs of another including touching, intercourse, oral sex, masturbation or exposure to pornographic materials.

SEXUAL ABUSE	
Physical signs	Behavioural Indicators
<ul style="list-style-type: none"> • Pain or itching in the genital/anal areas • Bruising or bleeding near genital/anal areas • Sexually transmitted disease • Vaginal discharge or infection • Stomach pains • Discomfort when walking or sitting down • Pregnancy 	<ul style="list-style-type: none"> • Sudden or unexplained changes in behaviour e.g. becoming aggressive or withdrawn • Fear of being left with a specific person or group of people • Having nightmares • Running away from home • Sexual knowledge which is beyond their age or development age • Sexual drawings or language • Promiscuous behaviour • Bedwetting • Saying they have secrets they cannot tell anyone about • Self harm or mutilation, sometimes leading to suicide attempts • Eating problems such as overeating or anorexia • Having in their ownership 'gifts and 'favours' without explanation • Abuse of alcohol, often from an early age

Appendix 6 - Neglect

Neglect - 'Neglect is the persistent failure to meet basic physical and/or psychological needs, likely to result in the serious impairment of the health or development'.

For example: denying a child or adult at risk basic needs of food, suitable clothing, and warmth, medical or physical care. Also young children who are left without adult supervision for unsuitable periods of time or under the care of an adult who is under the influence of alcohol and/or drugs.

NEGLECT	
Physical signs	Behavioural Indicators
<ul style="list-style-type: none"> • Constant hunger, sometimes stealing food from others • Constantly dirty or smelly • Loss of weight or being constantly underweight • Poor growth – height and weight • Lack of stimulation and social interaction • Inappropriate dress for the conditions 	<ul style="list-style-type: none"> • Complaining of being tired all the time • Not requesting medical assistance and/or failing to attend appointments • Having few friends • Mentioning they're being left alone or unsupervised • Poor school attendance • Frequent exclusions from school due to anti-social behaviour

Adults at risk can experience abuse as outlined above but there are several other types of abuse that are particular to adults at risk. These include financial abuse (sometimes called 'material abuse'), discriminatory abuse and institutional abuse.

Appendix 7 Bullying

Bullying may be seen as deliberately hurtful behaviour, usually repeated over a period of time. Adults at risk may also experience bullying from other adults, members of their family, care assistants etc.

BULLYING	
Physical signs	Behavioural Indicators
<ul style="list-style-type: none"> • Physical: pushing, hitting, kicking and pinching etc. • Verbal: name-calling, spreading rumours, constant teasing and sarcasm • Emotional: tormenting, ridiculing, humiliating and ignoring • Racist: taunts, graffiti and gestures • Sexual: unwanted physical contact or abusive comments 	<ul style="list-style-type: none"> • Reduced concentration and/or becoming withdrawn • Clingy, depressed, tearful, emotionally up and down, reluctance to go to school • Drop off in school performance – (this is only applicable to children) • Stomach aches, headaches, difficulty in sleeping • Bed wetting, scratching, bruising, bingeing on food/cigarettes/alcohol • Shortage of money or loss of possessions

It is important to recognise that in some cases of abuse, it may not always be an adult abusing a child or adult at risk; the abuser may be a child of any age. Although anyone can be the target of bullying, victims are typically shy, sensitive and perhaps anxious or insecure. Sometimes they are singled out for physical reasons: height, weight, stature or having a disability. Belonging to a different race, faith or culture can often result in overt racism.

Bullies come from all walks of life; they bully for a variety of reasons and may have been abused themselves. Typically, bullies can have low self-esteem, can be excitable, aggressive and jealous. Crucially, they have learned how to gain power over others and there is increasing evidence to suggest that this abuse of power can lead to crime.

Appendix 8 - Discriminatory Abuse

Discriminatory Abuse

The “Care and Support Statutory guidance” document defines discriminatory abuse ‘as any form of abuse based on discrimination because of a person’s race, culture, belief, gender, age, disability, sexual orientation etc. Discrimination may be a motivating factor in other forms of abuse.’

People from black and minority groups (and their parents) as well as a number of other people may have experienced harassment, racial discrimination and institutionalised racism.

All organizations working with children and adults at risk, including those operating where black and minority ethnic communities are numerically small, should address institutional racism. This was defined in the MacPherson Report as “the collective failure by an organisation to provide appropriate and professional service to people on account of their race, culture and/or religion”.

Racism can cause significant harm and is a recognised form of hate crime.

DISCRIMINATORY	
Physical Signs	Actions of the abuser
<ul style="list-style-type: none">• The person being abused may be withdrawn, reject appropriate services or have low self-esteem.• They may sometimes agree with the abuser just to have an easier life.	<p>The person who is abusing may:</p> <ul style="list-style-type: none">• Use inappropriate “nick names”, use derogatory language or terminology.• Have a lack of understanding of a person’s needs.• Enforce rules or procedures which undermine the individual’s well being.

Appendix 9 - Institutional Abuse

Institutional Abuse

The “Care and Support Statutory guidance” document defines institutional ‘abuse as repeated incidents of poor professional practice or neglect’. Inflexible services based on needs of providers rather than the person receiving services.

INSTITUTIONAL
Examples
<ul style="list-style-type: none">• Service users required to ‘fit in’ excessively to the routine of the service.• Lack of procedures and guidelines for staff, including affording due respect to the personal needs of those being cared for, their privacy, cultural and physical needs etc.• No/little evidence of training programmes for staff.

Adults at risk may also be subject to: misuse of medication, misuse of moving and handling techniques or abuse of civil rights including the denial of, or coercive influence on, an individual’s rights to be registered and to vote, the right to be treated as an equal with dignity and respect, the rights of freedom of speech or movement, or the right to personal choice regarding their care.

Appendix 10 - Financial abuse

Financial Abuse

The Care and Support Statutory guidance defines financial abuse as including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits. Financial abuse may be opportunistic or may be planned. The victim may have been deliberately targeted because of their vulnerability, and any perpetrator may or may not be related to them, or a neighbour, volunteer or carer, either paid or unpaid.

FINANCIAL	
Examples	When it might occur
<ul style="list-style-type: none"> • Misappropriation of money and/or other assets by various means such as theft or fraud. • Transactions to which the person could not consent or which were invalidated by intimidation or deception. • Misuse of assets to meet the legitimate needs of a person at risk. • Non-use of assets to meet the legitimate needs of a person at risk. 	<ul style="list-style-type: none"> • The perpetrator befriending the victim and then using their position of trust to gain financially from the victim – moving into their house to ‘care’ for them, becoming their appointee/attorney. • Being over charged for services or tricked into receiving goods or services that they do not want or need.

Appendix 11 Child sexual exploitation

Key risk factors and warning signs⁵

CSE is not limited to any particular geography, ethnic or social background, and all councils should assume that CSE is happening in their area to some degree and take proactive action to prevent it.

The Office of the Children's Commissioner included in its interim report, a 'key warning signs and vulnerability checklist' to identify those at risk of CSE and for those who may already be victims of abuse.⁶ There is no set formula for identifying CSE and therefore the lists should not be seen as exhaustive.

The following are typical vulnerabilities in children prior to abuse:

- Living in a chaotic or dysfunctional household (including parental substance use, domestic violence, parental mental health issues, parental criminality)
- History of abuse (including familial child sexual abuse, risk of forced marriage, risk of honour-based violence, physical and emotional abuse and neglect)
- Recent bereavement or loss
- Gang-association either through relatives, peers or intimate relationships (in cases of gang-associated CSE only)
- Attending school with children and young people who are already sexually exploited
- Learning disabilities
- Unsure about their sexual orientation or unable to disclose sexual orientation to their families
- Friends with young people who are sexually exploited
- Homeless
- Lacking friends from the same age group
- Living in a gang neighbourhood
- Living in residential care
- Living in hostel, bed and breakfast accommodation or a foyer
- Low self-esteem or self-confidence

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

- Missing from home or care
- Physical injuries
- Drug or alcohol misuse
- Involvement in offending
- Repeat sexually-transmitted infections, pregnancy and terminations
- Absent from school
- Change in physical appearance
- Evidence of sexual bullying and/or vulnerability through the internet and/or

social networking sites

- Estranged from their family
- Receipt of gifts from unknown sources
- Having friends generally much older than their peer group
- Having an older boy or girlfriend – it is important to recognise that perpetrators can be of either gender – and keeping them ‘secret’ from peers/family
- Being collected by and travelling in cars, taxis etc.
- Meeting others in locations such as hotels, hostels etc.
- Recruiting others into exploitative situations
- Poor mental health.
- Self-harm
- Thoughts of or attempts at suicide

The Barnardo’s 2007 Sexual Exploitation Risk Assessment Framework⁷ identifies a range of risk factors for CSE. These should not be seen as an exhaustive list, but include:

- Disrupted family life;
- A history of abuse and disadvantage;
- Problematic parenting;
- Disengagement from education;
- Going missing;
- Exploitative relationships;
- Drug and alcohol misuse;
- Poor health and well-being

Appendix 12 – Radicalisation and violent extremism

Radicalisation

The central government Prevent strategy raises the specific need to safeguard children, young people and adults at risk from radicalisation which may lead to violent extremism. The counter – terrorism and Security Act 2015 places a duty on professionals to have due regards to prevent people from being drawn in to terrorism.

The council have specific guidance for staff, councillors and contractors to assist in tackling extremism and radicalisation (<http://intranet.north-herts.gov.uk/finance-policy-and-governance/policy-and-community-services/active-communities/safeguarding-childr-3>)

Appendix 13 Female Genital Mutilation

Female Genital Mutilation

Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non- medical reasons.

The practice is mostly carried out by traditional circumcisers, who often play other central roles in communities, such as attending childbirths; often it is older female family members who continue the practice, believing it is a trademark of their culture. In many settings, health care providers perform FGM due to the erroneous belief that the procedure is safer when medicalized . WHO strongly urges health professionals not to perform such procedures.

FGM is recognized internationally as a violation of the human rights of girls and women. It reflects deep-rooted inequality between the sexes, and constitutes an extreme form of discrimination against women. It is nearly always carried out on minors and is a violation of the rights of children. The practice also violates a person's rights to health, security and physical integrity, the right to be free from torture and cruel, inhuman or degrading treatment, and the right to life when the procedure results in death.

Key facts⁷

- Female genital mutilation (FGM) includes procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons.
- The procedure has no health benefits for girls and women.
- Procedures can cause severe bleeding and problems urinating, and later cysts, infections, as well as complications in childbirth and increased risk of new-born deaths.
- More than 200 million girls and women alive today have been cut in 30 countries in Africa, the Middle East and Asia where FGM is concentrated .
- FGM is mostly carried out on young girls between infancy and age 15.
- FGM is a violation of the human rights of girls and women.

No health benefits, only harm

FGM has no health benefits, and it harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue, and interferes with the natural functions of girls' and women's bodies. Generally speaking, risks increase with increasing severity of the procedure.

Immediate complications can include:

- severe pain
- excessive bleeding (haemorrhage)
- genital tissue swelling
- fever
- infections e.g., tetanus
- urinary problems
- wound healing problems
- injury to surrounding genital tissue
- shock
- death.

Who is at risk?

Procedures are mostly carried out on young girls sometime between infancy and adolescence, and occasionally on adult women. More than 3 million girls are estimated to be at risk for FGM annually.

More than 200 million girls and women alive today have been cut in 30 countries in Africa,

the Middle East and Asia where FGM is concentrated ¹.

The practice is most common in the western, eastern, and north-eastern regions of Africa, in some countries the Middle East and Asia, as well as among migrants from these areas. FGM is therefore a global concern.

In Hertfordshire, FGM prevalence indicates that 2.3 women and girls out of every 1000 are affected. In North Hertfordshire 0.8 women and girls out of every 1000 are affected. 0.1 out of every 1000 are aged 0-14 years old, 1.3 out of every 1000 women aged 15-49 years old and 0.5 in every 1000 women aged 50+.

Cultural and social factors for performing FGM

The reasons why female genital mutilations are performed vary from one region to another as well as over time, and include a mix of sociocultural factors within families and communities. The most commonly cited reasons are:

- Where FGM is a social convention (social norm), the social pressure to conform to what others do and have been doing, as well as the need to be accepted socially and the fear of being rejected by the community, are strong motivations to perpetuate the practice. In some communities, FGM is almost universally performed and unquestioned.
- FGM is often considered a necessary part of raising a girl, and a way to prepare her for adulthood and marriage.
- FGM is often motivated by beliefs about what is considered acceptable sexual behaviour. It aims to ensure premarital virginity and marital fidelity. FGM is in many communities believed to reduce a woman's libido and therefore believed to help her resist extramarital sexual acts. When a vaginal opening is covered or narrowed (type 3), the fear of the pain of opening it, and the fear that this will be found out, is expected to further discourage extramarital sexual intercourse among women with this type of FGM.
- Where it is believed that being cut increases marriageability, FGM is more likely to be carried out.
- FGM is associated with cultural ideals of femininity and modesty, which include the notion that girls are clean and beautiful after removal of body parts that are considered unclean, unfeminine or 'male'.
- Though no religious scripts prescribe the practice, practitioners often believe the practice has religious support.
- religious leaders take varying positions with regard to FGM: some promote it, some consider it irrelevant to religion, and others contribute to its elimination.
- Local structures of power and authority, such as community leaders, religious leaders, circumcisers, and even some medical personnel can contribute to upholding the practice.
- In most societies, where FGM is practised, it is considered a cultural tradition, which is often used as an argument for its continuation.
- In some societies, recent adoption of the practice is linked to copying the traditions of neighbouring groups. Sometimes it has started as part of a wider
- religious or traditional revival movement.

Appendix 14 Modern Day Slavery

The Universal Declaration of Human Rights 1948 states that:

“No one shall be held in slavery or servitude; slavery and the slave trade shall be prohibited in all their forms.”

Modern Slavery is an international crime, affecting an estimated 29.8 million slaves around the world. It is a global problem that transcends age, gender and ethnicities, including here in the UK and it's important that we bring this hidden⁸ crime into the open.

It can include victims that have been brought from overseas and vulnerable people in the UK, being forced to illegally work against their will in many different sectors, including brothels, cannabis farms, nail bars and agriculture

Victims found in the UK come from many different countries, including Romania, Albania, Nigeria, Vietnam and the UK itself, 90 were UK nationals in 2013.

Poverty, limited opportunities at home, lack of education, unstable social and political conditions, economic imbalances and war are some of the key drivers that contribute to trafficking of victims. What's more victims can often face more than one type of abuse and slavery, for example if they are sold to another trafficker and then forced into another form of exploitation.

Types of slavery include:

- CHILD TRAFFICKING - Young people (under 18) are moved either internationally or domestically so they can be exploited
- FORCED LABOUR/DEBT BONDAGE -Victims are forced to work to pay off debts that realistically they never will be able to. Low wages and increased debts mean not only that they cannot ever hope to pay off the loan, but the debt may be passed down to their children
- FORCED LABOUR - 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. It can happen in many sectors of our economy, from mining to tarmacking, hospitality and food packaging
- 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 affected. Adults are coerced often under the threat of force, or another penalty.
- CRIMINAL EXPLOITATION - Often controlled and maltreated, victims are forced into crimes such as cannabis cultivation or pick pocketing against their will.
- DOMESTIC SERVITUDE - Victims are forced to carry out housework and domestic chores in private households with little or no pay, restricted movement, very limited or no free time and minimal privacy often sleeping where they work.