

Tunbridge Wells Borough Council

# **Safeguarding Policy and Procedures**

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# 1. Foreword



Safeguarding children and vulnerable adults is everyone's responsibility. This means that every member of staff at Tunbridge Wells Borough Council or anyone working for the Council as a volunteer, contractor or elected Member or person working in any other capacity, has a duty to report any witnessed, suspected or disclosed concerns of abuse or neglect.

Our Safeguarding policy and procedures are there to ensure that staff know what to do if they are concerned about a child or vulnerable adult. We will continue to monitor our progress, make improvements and work closely with partners to ensure that Safeguarding is embedded in our services.

**William Benson, Chief Executive, Tunbridge Wells Borough Council**

## 2. Introduction

This safeguarding policy and procedure document applies to all Tunbridge Wells Borough Council's (the council) staff, elected members (members), volunteers, contracted service providers and anyone working on behalf of the council. **Safeguarding is everybody's business.**

The council is committed to ensuring children, young people and adults at risk are protected from abuse or neglect when using or receiving services provided or commissioned by the council. And that everyone (members, staff, volunteers or contracted service providers), is confident to take the relevant action when they suspect or recognise that a child, young person or adult at risk maybe a victim of significant harm or abuse.

The purpose of this policy is to set out:

- The legal framework and the council's statutory responsibilities
- Who are children, young people and adults at risk referred to in this policy
- Definitions of abuse
- Reporting and recording procedures:
  - Recognising and responding to suspected child, young person or adult at risk harm or abuse
  - Information sharing and consent
  - Referral process
  - Allegations against persons in positions of trust (PiPoT)
  - Allegations against staff
  - Self-neglect and hoarding
  - Escalation procedures
- Procurement and third party service providers
- Safer recruitment procedures
- Training requirements
- Access to this policy, details of designated officers, procedure notes and referral mechanisms
- Monitoring and review

## 3. Legal framework and our statutory responsibilities

The purpose of this policy is to set how the council protects and promotes the welfare of children, young people and adults at risk, using or receiving services and facilities provided or commissioned by Tunbridge Wells Borough Council.

The council fulfils its safeguarding responsibilities in accordance with guidance in the following key documents:

- Working Together to Safeguard Children (2023): A guide to multi-agency working
- to help, protect and promote the welfare
- of children
- Children Act 1989 and 2004
- Care Act 2014
- Counter-Terrorism and Security Act 2015
- Modern Slavery Act 2015
- Safeguarding Vulnerable Groups Act 2006
- Domestic Abuse Act 2021

Kent County Council has overall responsibility for safeguarding. It is not the responsibility of the council, members, staff, volunteers or contracted service providers, to determine whether abuse is taking place or has taken place.

The responsibility of the council, member, staff, volunteer or contracted service provider is to inform not to investigate or to judge. All members, staff, volunteers or contracted service providers working for or on behalf of the council have a duty to report allegations, disclosures or concerns of abuse or neglect. Safeguarding is everybody's business.

The council delivers a range of services and activities that directly and indirectly engage with children, young people and adults at risk. All children, young people and adults at risk, whatever their age, culture, disability, gender, language, racial origin, religious belief and /or sexual identity have the right to protection against abuse. The council will consider how best it can put place measures to prevent abuse.

The council takes seriously its duty to cooperate with the [Kent Safeguarding Children Multi-agency Partnership \(KSCMP\)](#) and the [Kent and Medway Safeguarding Adults Board \(KMSAB\)](#).

## Definitions of Abuse and Neglect

Abuse can be defined as a violation of an individual's human and civil rights by any other person or persons. Abuse can happen to anyone, regardless of age, gender and gender identity, disability, religion or belief, ethnicity, and sexual orientation.

Abuse may be a single act or repeated over a period of time and affect one person or more. It may take one form or multiple forms, or follow a pattern of abuse. The lack of appropriate action can also be a form of abuse.

Neglect is a failure to care for someone with whom you have a responsibility to care for or represent, for example, by failing to provide adequate food, clothing, medical aid or accommodation. It can be a form of abuse if it is intentional, however, not all incidents of neglect are intentional and may be because a caregiver is finding it hard to cope or is not receiving sufficient help. Self-neglect covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings.

Child abuse is defined in [Working Together to Safeguard Children \(2023\)](#) as: 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. Harm can include ill treatment that is not physical as well as the impact of witnessing ill treatment of others. This can be particularly relevant, for example, in relation to the impact on children of all forms of domestic abuse, including where they see, hear, or experience its effects. Children may be abused in a family or in an institutional or extra-familial contexts 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.

For adults at risk, [The Care Act Guidance \(2018\)](#) states that there are different types and patterns of abuse and neglect and different circumstances in which they may take place. Local authorities should not limit their view of what constitutes abuse or neglect, as they can take many forms and the circumstances of the individual case should always be considered. Exploitation, in particular, is a common theme in the types of abuse and neglect.

Types of abuse and neglect are listed in **Appendix 2**.

## Safeguarding Children and Young People

The Children Act 1989 (as amended) states that the child's welfare is paramount and that every child has a right to protection from abuse, neglect and exploitation.

Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 10,11 and 13 of the Children Act 2004 sets out what is required of Tunbridge Wells Borough Council:

- Senior management commitment to the importance of safeguarding and promoting children's welfare
- A clear statement of the Council's responsibilities to children
- Clear lines of accountability for work on safeguarding and promoting well-being
- Using the views of children and young people to help shape services
- Safe recruitment procedures for those coming into contact with children and young people  
Appropriate training, learning and development for staff
- Effective working relationships, both within the authority and with other agencies to safeguard and promote wellbeing, and to share information effectively and appropriately
- A duty to co-operate to improve children's wellbeing

Working Together to Safeguard Children (2023) defines children and young people as anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change their status or entitlements to services or protection.

The guidance sets out that safeguarding and promoting the welfare of children is defined as:

- protecting children from maltreatment
- preventing impairment of children's health or development
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care taking action to enable all children to have the best outcomes.

**The voice of the child:** means making safeguarding systems child centred by seeking the views of children. Anyone working with children should see and speak to the child; listen to what they say; take their views seriously; and work with them collaboratively when deciding how to support their needs.

## Think Family Approach

The Think Family approach is a core safeguarding principle that requires practitioners to consider the needs, strengths, and risks of the whole family when working with an individual. Children, adults, and carers do not live in isolation; their wellbeing is shaped by family relationships, interconnected needs, and the wider family context. Practitioners should consistently apply Think Family thinking to reduce harm, promote wellbeing, and secure better outcomes for all family members.

The purpose of the Think Family approach within this policy is to ensure that:

- The full range of family circumstances, relationships, roles, and responsibilities are considered when identifying and responding to safeguarding concerns.
- Safeguarding activity is coordinated across children's and adult services, recognising that risks and needs often cross age-related service boundaries.
- Early information sharing and joint working support timely, proportionate, and effective intervention, reducing the likelihood of escalation to crisis.

Practitioners should:

- **Work Holistically:** Assess the needs and potential risks of all family members, including adults with care and support needs, children, young carers, and unpaid carers. Consider the wider family and support networks.
- **Promote Joint Working:** Engage with professionals across children's and adult services, health, education, housing, voluntary, and community partners to coordinate support and safeguarding responses.
- **Understand Strengths and Risks:** Identify family strengths and protective factors, as well as areas of risk, unmet need, or harm. Use this understanding to shape support plans that build resilience and address safeguarding concerns.
- **Use Professional Curiosity and Dialogue:** Explore how individual circumstances may impact others in the family. Seek to understand each person's lived experience, wishes, and views to inform risk assessment and planning.
- **Information Sharing:** Share information appropriately and lawfully with other practitioners and agencies involved in the family's support and safeguarding, in line with the Council's Information Sharing guidance, to build a comprehensive understanding of risk and need.

All staff, partners, and commissioned providers are expected to:

- Ask at every point of contact: "Who else in this household or family might be affected by these issues, and what needs do they have?"
- Consider whether there is a need to initiate multi-agency discussions, joint assessments, or referrals that span both adult and children safeguarding systems.
- Ensure safeguarding plans or support strategies reflect the whole-family context and seek to mitigate risks while promoting positive outcomes.
- Recognise that early identification and coordinated responses can prevent escalation of harm, support recovery, and strengthen family functioning.

The KMSAB [Think Family Toolkit](#), [Family Composition Chart](#) and [Culturagram](#) are helpful tools to be used to embed the Think Family approach into practice.

## Safeguarding Adults at Risk

Adult safeguarding means protecting people's right to live in safety, free from abuse and neglect. Embedded in adult safeguarding is the Making Safeguarding Person (MSP) approach.

**Making safeguarding personal:** means safeguarding should be person-led and outcome-focused. It is about engaging 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.

The legal responsibilities for safeguarding adults at risk of abuse or neglect are set out in Part 1 of the Care Act 2014. Kent County Council is the lead agency and Tunbridge Wells Borough Council is a key partner and has a duty to co-operate to protect adults from abuse or neglect.

All sectors, including district councils are expected to apply the following six key principles in their adult safeguarding role:

- **Empowerment:** people being supported and encouraged to make their own decisions and be able to give informed consent.

- **Prevention:** it is better and more cost effective to take action before harm occurs.
- **Proportionality:** provide the least intrusive response appropriate to the risk presented.
- **Protection:** support and representation for those in greatest need
- **Partnership:** local solutions through services working with their communities. Communities have a role to play in preventing, detecting and reporting neglect and abuse.
- **Accountability:** accountability and transparency in delivering safeguarding

An adult is anyone aged 18 or over. Where someone is 18 or over but is still receiving children's services and a safeguarding issue is raised, the matter should be dealt with through adult safeguarding arrangements.

There are 2 types of adult safeguarding enquiries based on if the person fits the criteria in Section 42 of the Care Act. If they do, it's a legal requirement for the Local Authority (Kent County Council) to conduct an enquiry called a Statutory Section 42 Adult Safeguarding Enquiry.

These will be made if someone:

- Have needs for care and support (whether or not they are receiving any services); **and**
- Are experiencing, or at risk of, abuse or neglect; **and**
- As a result of those care and support needs are unable to protect themselves from either the risk of, or the experience of abuse or neglect.

Care and support needs are the mixture of practical, financial and emotional support for adults who need extra help to manage their lives and be independent – including older people, people with a disability or long-term illness, people with mental health problems, and carers.

The Local Authority will sometimes make an enquiry for someone who does not meet the criteria. This is called a Non-Statutory Enquiry.

These enquiries may be made for adults who:

- are thought to be experiencing, or are at risk of abuse or neglect,
- but **do not** have care and support needs (they may just have support needs),

This could be a carer that is experiencing abuse, either intentional or unintentional.

The purpose of a Section 42 Adult Safeguarding Enquiry is to enable the Local Authority to decide whether any action is required in the adult's case, and if so, what and by whom.

The objectives of an Enquiry are to:

- establish facts
- ascertain the adult's views and wishes
- assess the needs of the adult for protection, support and redress and how they might be met
- protect from the abuse and neglect, in accordance with the wishes of the adult
- make decisions as to what follow-up action should be taken with regard to the person or organisation responsible for the abuse or neglect, and
- enable the adult to achieve resolution and recovery.

## Trauma Informed Practice

Trauma-informed practice recognises that many people have experienced trauma or adversity, and that this can affect behaviour, communication, decision-making, and engagement with services. Trauma may arise from a wide range of experiences, including abuse, neglect, domestic abuse, homelessness, discrimination, loss, and other adverse life events.

Tunbridge Wells Borough Council is committed to using trauma-informed approaches across all areas of work with residents, customers, and service users. This means recognising the impact of trauma in everyday interactions, service delivery, decision-making, and safeguarding activity, and taking steps to avoid causing further harm.

### In practice, this means staff should:

- Be aware that past or current trauma may influence how people respond to services
- Take a sensitive, respectful and proportionate approach in all interactions
- Prioritise emotional and psychological safety as well as physical safety
- Be open and clear about what will happen and why
- Support choice, control and involvement, in line with *Making Safeguarding Personal*
- Recognise strengths and resilience, not just risk
- Respond to behaviour with empathy and professional curiosity
- Apply trauma-informed thinking alongside *Think Family*, recognising impacts across the family

Trauma-informed practice supports positive engagement, improves outcomes, and reduces the risk of distress or escalation across all areas of work.

## Counter-Terrorism, Extremism and Radicalisation

The Counter-Terrorism and Security Act 2015 places a statutory duty on Tunbridge Wells Borough Council to have “due regard to the need to prevent people from being drawn into terrorism”. This is known as the Prevent Duty. Kent County Council works closely with the Police on the Prevent strategy, which aims is to stop people becoming terrorists or supporting terrorism.

If a child or adult are identified as being at risk of radicalisation, either by themselves, the actions of others or drawn into committing acts of terrorism, then staff or members should first discuss their concerns with their line manager or a Safeguarding lead.

To make a referral to Prevent download and complete the [National Prevent Referral Form](#). You can also contact the Police on **101** or **0800 789 231**, or [complete an online report for possible terrorist activity](#).

You can also report [online material promoting terrorism or extremism](#).

If you have any urgent concerns about potential terrorism activities, have seen a person acting suspiciously or if you see a vehicle, unattended package or bag which might be an **immediate threat**, move away and call **999**.

**This notification does not replace a safeguarding referral and the existing child and adult safeguarding processes set out in this policy should be followed in tandem.**

## Modern Slavery and Human Trafficking

The Modern Slavery Act 2015 places a statutory duty to report and provide notifications to the National Crime Agency about any potential victims of modern slavery or trafficking that we encounter.

This covers slavery, servitude, forced and compulsory labour and human trafficking. Public authorities, which includes District Councils, have a duty to notify the Secretary of State of any individual identified in England and Wales as a suspected victim of modern slavery through the [National Referral Mechanism \(NRM\)](#) . If an adult does not consent to enter the NRM, a Duty to Notify referral should be completed using the same online process.

An overview of indicators and the referral process can be found on the Home Office [Modern Slavery: First Responder briefing](#).

**This notification does not replace a safeguarding referral and the existing child and adult safeguarding processes set out in this policy should be followed in tandem.**

## Domestic Abuse

The Domestic Abuse Act 2021 created for the first time a statutory definition of domestic abuse. It is defined as:

Behaviour of a person (“A”) towards another person (“B”) is “domestic abuse” if:

- a) A and B are each aged 16 or over and are personally connected to each other, and
- b) the behaviour is abusive.

For the purposes of this act A’s behaviour may be behaviour “towards” B even if it consists of conduct directed at another person (for example, B’s child).

Domestic abuse is defined behaviour that consists :

- a) physical or sexual abuse;
- b) violent or threatening behaviour;
- c) controlling or coercive behaviour;
- d) economic abuse – means any behaviour that has a substantial adverse effect on the persons ability to:
  - i. acquire, use or maintain money or other property, or
  - ii. obtain goods or services.
- e) psychological, emotional or other abuse;

For the purposes of the act “personally connected” to each other s if any of the following applies:

- a) they are, or have been, married to each other;

- b) they are, or have been, civil partners of each other;
- c) they have agreed to marry one another (whether or not the agreement has been terminated);
- d) they have entered into a civil partnership agreement (whether or not the agreement has been terminated);
- e) they are, or have been, in an intimate personal relationship with each other;
- f) they each have, or there has been a time when they each have had, a parental relationship in relation to the same child (parent of the child or has parental responsibility for the child).
- g) they are relatives.

The act placed new duties on tier one local Authorities (Kent Council Council) and tier two local authorities (Tunbridge Wells Borough Council). These include:

- To cooperate with Kent County Council's duty to convene a Domestic Abuse Local Partnership Board
- To cooperate Kent County Council's duty to assess the need for, prepare and publish strategies and commission the provision of support to victims of domestic abuse and their children within safe accommodation services.
- To find in priority need for accommodation a person who is homeless as a result of that person being a victim of domestic abuse.
- When re-housing an existing lifetime social tenant, or offering them a new sole tenancy in their own home, to grant a new lifetime tenancy in cases of domestic abuse.

Support and advice information can be found on the [Kent and Medway Domestic Abuse support service directory](#).

## 4. Designated officers, roles and responsibilities

Whilst safeguarding is everyone's responsibility, there are a number of key roles that partner agencies and employees within Tunbridge Wells Borough Council hold:

**Kent County Council** is the lead authority for safeguarding children and adults at risk. Specialist Children's Services and Adult Care and Support Service are responsible for investigating allegations of abuse and neglect and determining whether it has or has not taken place and taking action to protect the child or adult at risk. Designated officers from TWBC liaise with and report safeguarding concerns, incidents or allegations to the relevant section.

**Kent Safeguarding Children Multi-agency Partnership (KSCMP)** led by the three safeguarding partners; KCC, Police & Health who make arrangements to work together with other relevant agencies to safeguard and protect the welfare of children in the area. More information is available on the [KSCMP website](#).

**Kent and Medway Safeguarding Adults Board (KMSAB)** is a statutory multi agency partnership that brings together agencies who work to safeguard and keep adults safe from harm and or protect their rights. More information is available on the [KMSAB website](#).

**Kent Police** has a duty to investigate criminal offences and refer any suspicion, allegation or disclosure that a child or adult at risk may be suffering significant harm to Kent County Council.

### Tunbridge Wells Borough Council

Safeguarding is everyone's responsibility. All employees, members, volunteers and contractors have a number of legal duties and responsibilities under a number of pieces of legislation to undertake safeguarding functions in relation to children, young people and adults at risk. These include:

- Knowing what it means to 'safeguard' – and understand different types of abuse, neglect or exploitation
- Identify and report any safeguarding concern about actual or suspected abuse of a child, young person or adult at risk
- Have a clear reporting process and know how to access and use this
- Access and undertake regular training

**Chief Executive Officer (CEO)** has ultimate accountability for safeguarding and ensuring that this policy and related procedures are implemented.

**Designated Safeguarding Officer** and **Operational Safeguarding Lead** for Safeguarding leading on all safeguarding issues. Responsibilities include:

- Championing the importance of safeguarding and promoting the welfare of children, young people and adults at risk throughout the Council.
- Ensuring all staff coming receive the appropriate level of children, young people and adults at risk safeguarding training commensurate to their role, and to keep training requirements under review.
- Support management board and members to remain briefed and up to date with policy and procedure reviews.

- Keep under review the Council's Safeguarding Policy and monitoring compliance with legislation including that contained within section 11 of the Children Act 2004, Part 1 of the Care Act 2014 and Government Guidance
- Represent the Council at the KSCMP District Leads meeting.
- Acting as a source of advice and support for other staff to discuss safeguarding concerns.
- Chair the Safeguarding Champions Group.

**Safeguarding Champions** are responsible for assisting with safeguarding enquiries, recording and processing referrals and giving general advice. See our [list of Safeguarding Leads](#).

**Safeguarding Champions Group.** Chaired by the Designated Safeguarding Officer or Operational Safeguarding Lead the group meets quarterly and is responsible for leading on the Council's safeguarding agenda to promote the welfare of children and vulnerable adults and to ensure that all employees recognise and understand their responsibility to report any signs of abuse and neglect. Terms of Reference Appendix 4.

**HR Advisors** ensure that robust recruitment procedures are in place for ensuring safe working practices and safe recruitment for job roles that involve working with children, young people and vulnerable adults.

**Line Managers** ensuring that all staff that report to them have read and understand the Safeguarding policy and related procedures, can easily access them, comply with them and receive the safeguarding training and support they need in line with their responsibilities and level of contact with children, young people and adults at risk.

Follow the induction process for new starters including booking on to appropriate training and ensuring they are aware of this policy. Ensure that appropriate checks are made for all job roles that involve working with children, young people or adults at risk and liaise with Lead Safeguarding Officer or HR advisors as necessary.

**All employees, elected members and volunteers** are responsible for carrying out their duties, and where applicable managing council contracts, in a way that actively safeguards and promotes the welfare of children, young people and adults at risk.

Responsible for reading and understanding this policy and related procedures, attending training when required as appropriate to their role. Responsible for reporting and referring any concerns to a Designated Safeguarding Officer.

**Contractors, sub-contractors, other organisations or agents funded by or on behalf of the Council** are responsible for ensuring staff who come into contact with children, young people and adults at risk are recruited using safe recruitment practices.

Ensuring staff receive appropriate training and support in line with their responsibilities and level of contact with children, young people and adults at risk.

Ensuring staff comply with their organisational Safeguarding Policy and Procedures.

### **Making Safeguarding Personal, Think Family and Trauma-Informed Practice:**

All staff, contractors and partners must apply the principles of Making Safeguarding Personal, ensuring that safeguarding responses are person-centred, outcome-focused, and reflect the

individual's wishes, views, and desired outcomes. Staff should also adopt a Think Family approach, recognising how safeguarding concerns and interventions may affect other family members, and apply trauma-informed practice to ensure responses are proportionate, respectful, and sensitive to the impact of past and current trauma.

## 5. Recognising and responding to abuse and neglect

This applies to all members, staff, volunteers or contracted service providers working for or on behalf of the council.

The key points are set out below for the action that needs to be taken if it is suspected that a child, young person or adult at risk maybe a victim of harm or abuse and/or makes an allegation of abuse or neglect.

Remember, you may be the first person that a child, young person or adult at risk has trusted and it has probably taken them a great deal of courage to tell you that something is wrong.

**Professional Curiosity:** Staff in contact with children, young people and adults at risk should exercise professional curiosity (respectful uncertainty) to explore and understand what is happening within a family rather than making assumptions or accepting things at face value. The officer should be confident in their own judgement and always outline their observations and concerns to other professionals or the Council's safeguarding leads.

### Child Exploitation Identification

There are various types of exploitation which a child or young person can be exposed to. They are:

- criminal exploitation, gangs and county lines
- child sexual exploitation
- child trafficking and modern slavery.

For guidance and resources on child exploitation identification please visit the [KSCMP website](#).

Should you wish to report a crime please use [101 or Report a crime | Kent Police](#). If a child is at immediate risk of harm, please use 999.

For any other information or intelligence submissions please use [Contact us about something else | Kent Police](#)

**This notification does not replace a safeguarding referral and the existing safeguarding processes set out in this policy should be followed in tandem.**

The flowchart in **Appendix 1: Referrals Flowchart** outlines the referral procedure for reporting concerns about a child and/or adult at risk.

## 6. Child Abuse and Neglect

All staff, elected members (members), volunteers, contracted service providers and anyone working on behalf of the council., where they come in to contact with children and young people, or similarly, all those who work in some way with adults, who may be parents or carers, should:

Be alert to potential indicators of abuse or neglect:

- Be alert to the risks which individual abusers or potential abusers, may pose to children.
- Be alert to the impact on the child of any concerns of abuse or maltreatment.
- Be able to gather and analyse information as part of an assessment of the child's needs.

Abuse of children can take many forms, be deliberate or unintentional, but is usually divided into four main categories:

- physical,
- sexual,
- emotional,
- neglect, the most common form of abuse.

More detail on the types of abuse and neglect can be found in **Appendix 2**.

It is not the responsibility of the Council, elected members, employees, volunteers or contracted staff to determine whether abuse is or has taken place. Nor are they expected to investigate claims or incidents. **However, everyone has responsible to act if it is suspected that a child, young person or adult at risk maybe a victim of harm or abuse and/or makes an allegation of abuse or bullying.**

## What to do if you are concerned about a child

The following are key points you should follow if you are concerned about a child or young person.

- Stay calm and if possible, try to get another witness.
- If you believe the person is at risk of immediate significant harm, which you would reasonably believe requires the emergency services then you must contact the relevant emergency service and notify the Designated Safeguarding Officer, a Safeguarding Champion, or your Line Manager.
- Listen carefully to what is said and allow the person to talk at their own pace, being careful not to compromise any potential evidence. Do not interrogate the child.
- Explain that the information will need to be shared with other responsible people, do not promise to keep secrets.
- Only ask questions for clarification. Keep any questions open e.g. what, where, when and who.
- Reassure the child or young person that they have done the right thing in telling you.
- Do not make promises to the child about not passing on the information. Explain what you will do next and who you will inform. The child needs to know that you have to talk to someone who will be able to help them.
- Record the information they have given you as accurately as possible, including the timing, setting and those present at the disclosure, as well as what was said – See **Section 6 Record Keeping** for more information.

## Consent for Child referrals

Children should always be given the chance to consent to any information they have disclosed to be shared. In an instance where children cannot consent, the consent should be gained through their parents unless to do so would put the child at risk.

If consent cannot be given at all then information should still be shared if there is reason to believe that to not share information would put a child's safety at risk.

In this instance, some information should be recorded to enable others to understand why consent has not been gained:

- The steps that were taken to try and get consent.
- The child's reasons for not giving or being able to give consent (if they are known).
- Why it was necessary to share information without consent.

The question of sharing information with a child's parents can be very tricky, particularly if one or both have been identified as a possible perpetrator of abuse. In a general sense, parents should not be told about concerns if there is any indication that to do so would put a child at greater risk of harm

## Making a child safeguarding referral

Before making a referral discuss your concerns with a Safeguarding Champion, Operational Safeguarding Lead, or the Designated Safeguarding Officer (DSO), who will offer support and advice as necessary. You can submit a Safeguarding concern referral to the DSO using the [QES Case Review system](#). Details of your concern will be reviewed, and advice provided to you on the next steps for you to take regarding the Safeguarding concern.

The Kent [Children's Portal](#) should be used for all safeguarding referrals concerning children at risk of abuse or neglect, or by calling **03000 41 11 11**, or by email to [social.services@kent.gov.uk](mailto:social.services@kent.gov.uk). If any other assessment has been completed (e.g. DASH or Child Sexual Exploitation Risk Assessment Toolkit), it should be uploaded via the upload tool.

The decision making around the most suitable service to meet the needs of children who are referred will be made by the team working in the Front Door.

Urgent referrals outside of office hours that cannot wait until the next working day should be referred to the Out of Hours Team on **03000 41 91 91**.

Once a referral has been made then you **must** Complete all details of the case and referral on the [QES Case Review system](#), as the corporate safeguarding record.

**Children missing from home or care:** Children who are missing from home or care may be at greater risk of harm as a consequence of their basic need for food, safety, shelter and/or from the people with whom they may come into contact with. Risks can include physical harm, sexual exploitation, self-harm, substance abuse, radicalisation and involvement in a range of other criminal activities. In Kent, the [Children Missing from Home or Care Procedures](#) outline the roles and responsibilities of all organisations in responding to children who run away and go missing from home or care.

**Private fostering:** A private fostering arrangement is one that is made without the involvement of a local authority for the care of a child under the age of 16 (under 18 if disabled) by someone other than a parent or close relative for 28 days or more. Under the Children Act 1989, private foster carers and those with parental responsibility are required to notify Children's Social Work Services of their intention to privately foster or to have a child privately fostered, or where a child is privately fostered in an emergency. It is the duty of Children's Social Work Services to satisfy itself that the welfare of the children who are privately fostered within their area is being satisfactorily safeguarded and their welfare promoted. Children's Social Work Services should be notified of a private fostering arrangement where it is felt that the arrangement has not been or will not be notified by the private foster carer or person(s) with parental responsibility. Notification should be made to the Front Door Service on **03000 41 11 11**.

For information, training, resources and procedures are available from the [Kent Safeguarding Children Multi-Agency Partnership](#).

## 7. Adults at Risk

There is a much greater awareness that some adults can be the subject of abuse too. This can occur in a range of settings including hospitals, care homes, supported housing, or a person's own home. People may also be subject to abuse because of their age or disability. Abuse can be perpetrated by paid staff, unpaid staff, family, partners or carers, members of the community or by other vulnerable adults. Although there are similarities with policies and procedures for safeguarding children, there are also significant differences.

The main categories of abuse include:

- Physical
- Sexual
- Psychological
- Financial or material
- Slavery
- Discriminatory
- Exploitation
- Neglect and acts of omission
- Self-neglect and self-injurious behaviour

Adult safeguarding is about keeping people safe and protecting them from abuse and neglect wherever possible.

Section 42 of the Care Act 2014 states that safeguarding enquiries should be made where:

- a person is 18 years or over;
- a person has needs for care and support;
- is experiencing, or at risk of, abuse or neglect; **and**
- as a result of their care and support needs, is unable to protect him or herself against abuse or neglect, or the risk of it.

Safeguarding for adults involves empowerment, prevention, proportionality, protection, partnership, and accountability. However, this can cause dilemmas for professionals who may see adults tolerating abusive behaviour rather than lose friends, family or independence. A key issue with safeguarding adults at risk is Making Safeguarding Personal (MSP).

(MSP) is about professionals working with adults at risk to ensure that they are making a difference to their lives. Considering, with them, what matters to them so that the interventions are personal and meaningful. It should empower, engage and inform individuals so that they can prevent and resolve abuse and neglect in their own lives and build their personal resilience. It must enhance their involvement, choice and control as well as improving quality of life, wellbeing and safety.

It is not “just another process”, it underpins all your interactions and involvement with the adult at risk. Processes should fit around the person to ensure that the persons views remain central in the safeguarding journey.

## What to do if you are concerned about an adult at risk

MSP applies to the whole safeguarding process, which starts at the point where someone thinks there is potential abuse. You should:

- Speak to the adult at risk.
- Ask for their opinion, record their views as they have expressed them and work with them to help them achieve the outcomes that are best for them.
- Focus on individuals' strengths (including personal strengths and social and community networks).
- Make sure you find out who else they would like to be involved or spoken to as part of the process.
- Consider if the adult at risk requires a representative or advocate and, if so, ensure that representative/advocate is involved as well.
- Make sure the adult at risk understands any options open to them and that they understand why some options may not be available or are unachievable.
- Develop plans with the adult at risk to reduce or remove risks, including any immediate risks of harm.
- Should a person decide to remain living with the risk, make sure the person understands this and any actions they can take to maximise their safety.

Professional curiosity should be used to ensure that someone isn't pushing professionals away because they are influenced, coerced or controlled by someone else. You should use own intuition about the circumstances which has given you cause for concern over the possibility of abuse or neglect.

Someone may say they don't want support to protect themselves for a range of reasons, for example they don't trust agencies or have no confidence in them. You should persevere and establish trust with people to support them to minimise any impact of unwise decisions on their health and well-being.

Making Safeguarding Personal is **not**...

- **An excuse to close our involvement with someone if they say they don't want anything to happen.** Professional curiosity should be used to ensure that someone isn't pushing professionals away. A safeguarding referral can still be made without an adults consent.
- **A tick box exercise or a separate process** - it underpins all contact and work with adults at risk.
- **Just chatting with an Adult at Risk** – conversations should be focused on establishing the adult's wishes and reasoning behind those wishes. It is about using good communications skills to engage with people who may find the process difficult and distressing.
- **Unsuitable for those that lack Mental Capacity** – conversations should still be had with the adult at risk or their representative.
- **Your interpretation of what you think they want or just what you think is best for them.**

## Consent for Adult referrals

Every adult has the right to make their own decisions and it is assumed they have mental capacity unless it is proved otherwise. Mental capacity is the ability to understand the effect of their actions and retain the information in relation to a specific act decision or transaction, to weigh up their consequences and to communicate their decision, at the time the decision is made.

It is important to consider whether the adult at risk has the capacity to give consent. If in doubt, consult with a Designated Safeguarding Officer, Operational Safeguarding Lead or Safeguarding Champion, or via consultation with Adult Social Services.

Where an adult who is deemed to have capacity has made a decision that they do not want action taken to address the alleged abuse or neglect, this should be respected unless failure to act will leave other adults or children at risk, there is anti-social behaviour or a crime has or will be committed.

## Mental Capacity

The Mental Capacity Act (MCA) is designed to protect and empower people who may lack the mental capacity to make their own decisions about their care and treatment. It applies to people aged 16 and over.

It covers decisions about day-to-day things like what to wear or what to buy for the weekly shop, or serious life-changing decisions like whether to move into a care home or have major surgery.

Examples of people who may lack capacity include those with:

- Dementia
- a severe learning disability
- a brain injury
- a mental health condition
- a stroke
- unconsciousness caused by an anaesthetic or a sudden accident

But just because a person has one of these health conditions does not necessarily mean they lack the capacity to make a specific decision.

Someone can lack capacity to make some decisions (for example, to decide on complex financial issues) but still have the capacity to make other decisions (for example, to decide what items to buy at the local shop)

The MCA says:

“assume a person has the capacity to make a decision themselves, unless it's proved otherwise wherever possible, help people to make their own decisions do not treat a person as lacking the capacity to make a decision just because they make an unwise decision if you make a decision for someone who does not have capacity, it must be in their best interests treatment and care provided to someone who lacks capacity should be the least restrictive of their basic rights and freedoms”.

The MCA also allows people to express their preferences for care and treatment, and to appoint a trusted person to make a decision on their behalf should they lack capacity in the future.

If there is no trusted person who can support them, people should be provided with an independent advocate. The advocate will support them to make decisions in certain situations, such as serious treatment or where the person might have significant restrictions placed on their freedom and rights in their best interests.

### **How is mental capacity assessed?**

The MCA sets out a 2-stage test of capacity:

- Does the person have an impairment of their mind or brain, whether as a result of an illness, or external factors such as alcohol or drug use?
- Does the impairment mean the person is unable to make a specific decision when they need to? People can lack capacity to make some decisions, but have capacity to make others. Mental capacity can also fluctuate with time – someone may lack capacity at one point in time, but may be able to make the same decision at a later point in time.

Where appropriate, people should be allowed the time to make a decision themselves.

The MCA says a person is unable to make a decision if they cannot do 1 or more of these things:

- understand the information relevant to the decision
- retain that information for long enough to make the decision
- use or weigh up that information as part of the process of making the decision
- communicate their decision in any way.

## **Mental Capacity Advocacy**

We all assume a basic right to make decisions about where we live and how we are cared for. We make choices every day. But due to disability, illness or injury we may not be able to make the important decisions and have to trust that other people will make good decisions for us.

Some decisions are so important that the law (Mental Capacity Act 2005) says the person making the decision must instruct an advocate. An Independent Mental Capacity Advocate (IMCA) must be instructed when:

- The person is aged 16 or over;

- A decision needs to be made about either serious medical treatment or a long-term change in where the person lives;
- The person lacks capacity to make that decision, **and**
- There is no one independent of services, such as a family member or friend, who is “appropriate to consult”.

An IMCA supports the person who lacks capacity and represents their likely views to those responsible for making decisions. They will seek all possible information from the person, the people around them and relevant records.

They will ensure that, wherever possible, the person has been given sufficient support to participate in decision-making processes. They will ensure that the person’s rights are upheld.

The [Flowchart for Statutory Advocacy](#) will help determine if there is the need for an IMCA. More information is also available on the [IMCA Factsheet](#).

## Self-Neglect and Hoarding

Covers a wide range of behaviour covers a wide range of behaviour; neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding.

In extreme cases of self–neglect a referral can be made without the person’s permission. It is important to report whether the person has consented, or not, to any safeguarding actions and whether the person has the capacity to consent.

Where a person does not consent, a referral can still be made, or further action taken, where there is reasonable suspicion of a potential crime, risk to others, coercion or harassment of the person or when it is in the public interest to do so. If a person lacks capacity to consent, a capacity assessment under the Mental Capacity Act (MCA) must be completed by the most relevant person and a Best Interests Decision made regarding the referral or any planned action.

The [Kent and Medway Multi Agency Policy & Procedures to Support People who Self-Neglect or Demonstrate Hoarding Behaviours](#) should be followed where there are indicators of possible self-neglect or hoarding .

The [Clutter Image Rating Scale](#) and the KMSAB [A Quick Guide to Identifying and Responding to Self-Neglect and Hoarding](#) are helpful professional tools when assessing the risk level.

Please see **Appendix 7: Self-Neglect and Hoarding Procedure** for further information.

## Multi-Agency Risk Management (MARM) Framework

The Multi-agency Risk Management (MARM) Framework is designed to support anyone working with an adult where there is a high level of risk of harm and the circumstances sit outside the statutory adult Safeguarding framework, but where a multi-agency approach would be beneficial. It enables a proactive approach which helps to identify and respond to risks before crisis point is reached.

The agency identifying the need for a MARM should have identified and attempted all they can to reduce or minimise risk, including any other relevant multi-agency meetings and/or referrals, prior to initiating the MARM.

If risks remain, the organisation can then arrange a MARM meeting, which is designed to enable a collaborative, coordinated and multi-agency response to risks ensuring timely information sharing, a holistic assessment of risk and the development and implementation of multi-agency risk plans.

For more information on the MARM Framework and supporting documents, including the MARM Flowchart, Quick Guide to MARM and the Agenda template, please visit the [KMSAB Policy and Procedures](#) webpage.

## Making an adult safeguarding referral

Before making a referral discuss your concerns with a Safeguarding Champion, Operational Safeguarding Lead, or the Designated Safeguarding Officer, who will offer support and advice as necessary. You can submit a Safeguarding concern referral to the DSO using the [QES Case Review system](#). Details of your concern will be reviewed, and advice provided to you on the next steps for you to take regarding the Safeguarding concern.

An adult safeguarding referral can be made using the KCC online [Report Abuse](#) form, or by calling **03000 41 61 61**, or by email to [social.services@kent.gov.uk](mailto:social.services@kent.gov.uk).

If the adult at risk is already known to Kent County Council, the referral will need to be sent directly to the relevant Case Management Team. **The Central Duty Team on 03000 41 61 61** will be able to confirm if the adult is already known to adult services.

Urgent referrals outside of office hours that cannot wait until the next working day should be referred to the Out of Hours Team on **03000 41 91 91**.

Once a referral has been made then you **must** Complete all details of the case and referral on the [QES Case Review system](#), as the corporate safeguarding record.

**If you are unsure about whether you need to raise a Safeguarding Concern to Kent County Council, please see the [KCC Adult Safeguarding Referral Process Flowchart](#) or speak to a designated safeguarding lead.**

For information, training, resources and procedures are available from the [Kent and Medway Safeguarding Adults Board](#).

## Suicide Prevention Guidance

[Suicide Prevention Guidance](#) has been developed to support staff when in contact with individuals facing a mental health crisis.

Further advice, support and signposting information is also available on the [KMPT NHS website](#). **In a life-threatening emergency please dial 999.**

A person with a mental illness may also be able to receive support from social services. Further information on a social care assessment is available from [Rethink Mental Illness](#).

## 8. Allegations against staff and persons in positions of trust (PiPoT)

The Care Act statutory guidance requires Safeguarding Adults Boards to establish a framework to respond to allegations against anyone who works, either paid or unpaid, with adults who have care and support needs i.e., persons in positions of trust (PiPoT).

These procedures should be followed where it is alleged that a person, including People in Positions of Trust (PIPOT) have:

- behaved in a way that harmed a child or adult at risk, or may have harmed a child or adult at risk
- Possibly committed a criminal offence against or related to a child or adult at risk
- Behaved towards a child or adult at risk in a way that indicates he or she may pose a risk to them.

Allegations against staff and persons in positions of trust also includes concerns where person who works with children in either a paid or unpaid (volunteer) capacity where it is alleged that a person has:

- Behaved in a way that indicates they may not be suitable to work with children (includes transfer of risk, risk by association)

A person can be considered to be in a 'position of trust' where they are likely to have contact with children, young people or adults with care and support needs as part of their employment or voluntary work, and

- Where the role carries an expectation of trust, and
- The person is in a position to exercise authority, power or control over an adult(s) with care and support needs (as perceived by the adult themselves).

Should an allegation be made against a member of staff - or a volunteer, Councillor, or contractor working on behalf of the Council - the matter must be brought to the attention of the Designated Safeguarding Officer, or to the Head of HR without delay.

If the person also works with children, or conduct towards an adult may impact on their suitability to work, with or continue to work with children a referral will also be made by the Designated Safeguarding Officer or Head of HR, to the County Council [Local Authority Designated Officer \(LADO\) service](#).

The allegation will then be investigated in partnership with the LADO, who deals with allegations against staff who work with children either in education or the wider children's workforce.

There is not an Adult LADO service, but allegations about a PiPoT working with adults who have care and support needs should following the [KMSAB Managing Concerns around People in Positions of Trust \(PiPoT\)](#) guidance.

If the Designated Safeguarding Officer or Head of HR is the subject of the allegation/suspicion the report must be made directly to the Chief Executive Officer.

## 9. Record Keeping

You need to keep an accurate record of your involvement with an adult at risk, child or family, including details of any concerns you have. Accurate record keeping is crucial to the effective safeguarding of adults at risk or children.

It is the responsibility of the person who has the concern to complete the Safeguarding referral form and details of the case on the [QES Case Review system](#). You are also responsible for updating the case by completing the Outcome form within system. Where this is not possible and it is recorded by another person, it must be clear from the record which person provided the information. Preferably the person with first-hand knowledge should complete the form. There must be a clear differentiation between opinion and fact. Records of decisions must show who has made the decision, the basis for it, the date and time.

You should always record:

- how you re involved
- what your concerns are
- what the person has said to you
- actions you have taken and who you have spoken to

Good records should:

- be written as soon as possible after the event
- include times and dates
- be legible and kept in a safe place - records do not need to be typed unless your handwriting is difficult to read
- be accurate, balanced and objective
- include facts and observations, not speculation

## Data Sharing

Information sharing is vital to safeguarding and promoting the welfare of children and adults at risk. A key factor in many serious case reviews has been a failure to record information, to share it, to understand its significance and then take appropriate action.

Under the Data Protection Act 2018 and GDPR UK we need to take care of the information that has been gathered whether in hard or electronic copy and ensure that it is only shared with the appropriate people. For example: your line manager, the Designated Safeguarding Officer, and the investigating authority.

Data protection should never be used to hide behind instead of making a proper referral. Whilst there is an obligation to process personal information fairly and lawfully under the legislation and regulations, it is not a barrier to sharing information where the failure to do so would result in a child or adult at risk being placed at risk of harm.

Tunbridge Wells Borough Council is a signatory to the Kent and Medway Information Sharing Agreement and is committed to close working with partners in matters relating to safeguarding and protecting children and adults at risk.

## 10. Escalating a referral or concern

If a member of staff feels that the course of safeguarding action outlined by Kent County Council or other agency doesn't represent, in their opinion, the best course of action in relation to that case or about the action, or inaction, of another agency then there should be a professional challenge.

In cases involving children or young people staff should follow the [Kent Escalation and Professional Challenge Policy](#).

In cases involving adults at risk, staff should follow the [Kent and Medway Multi-Agency Resolving Practitioner Differences; Escalation Policy for Referrals and Adult Safeguarding](#).

## 11. Safer recruitment

All Council employees will be appointed in accordance with the [Recruitment Toolkit](#) and the guidance on Disclosure Barring Service Checks. These are designed to provide a rigorous and thorough selection process and to carry out all necessary checks, particularly on individuals seeking to work with children, young people and adults at risk.

### Disclosure & Barring Service (DBS) Checks

There are four types of Disclosure & Barring Service (DBS) checks: basic, standard, enhanced and enhanced with a barred list check. The degree of contact with a child, young person or adult at risk that the job role and responsibilities require will determine the level of vetting or disclosure checking needed.

The council requires employees to have an enhanced DBS check if they have unsupervised or regular contact with children, young people and adults at risk or if they fulfil a safeguarding role such as a Designated Safeguarding Officer.

The Designated Safeguarding Lead Officer and HR Manager are responsible for deciding which category the post falls into and this will determine which level of check is required. DBS checks should be renewed every 3 years.

### Classification of roles

The DBS list of Eligibility of Roles is available on the safeguarding page of the council's intranet.

## 12. Procurement and third-party service providers

Where the council works with, commissions or grants funds to other organisations, or lease buildings to such organisations working with these groups, that come into contact with children, young people or adults at risk, they will be required to have safeguarding arrangements in place or adhere to this policy and its procedures.

The council is obligated to ensure that any third-party service provider (whose services are commissioned, procured or grant funded by the council) or who occupy property owned by the council are responsible for safeguarding.

Any council employee responsible for procuring, commissioning or contracting any third-party service provider the member must assess the requirement safeguarding level against the [TWBC Contract Safeguarding Level Flowchart](#) which will help direct to the requirement safeguarding level clause to be included within any procurement or contract.

Safeguarding should also form part of the agenda of any contract monitoring meetings for any third-party services that come into contact with children, young people or adults at risk.

## 13. Training

All staff, elected members (members), and volunteers must be aware of the Safeguarding policy and their responsibilities to children, young people and adults at risk. All staff are required to complete the TWBC Level 1 safeguarding training and PRVENT training on the council Flick E-Learning platform. This must be refreshed every 3 years.

For staff who have contact with children and adults at risk through their roles, they will be required to complete Level 2 safeguarding training, organised by the Operational Safeguarding Lead, and any other safeguarding relevant to their role. There is also additional E-learning required as detailed in Appendix 6.

All staff who are responsible for the line management of others, or manage contracted services, which have contact with children, young people or adults at risk must also complete the Safer Recruitment E-Learning on Flick.

Further safeguarding information, guidance and resources, and a copy of this policy, are available on the Council's [intranet](#) and the Council's external [website](#).

## 14. Equal opportunities

The Equality Act 2010 places a legal obligation on public authorities to have due regard to the need to eliminate unlawful discrimination, harassment and victimisation; to advance equality of opportunity; and to foster good relations, between persons with different protected characteristics. The protected characteristics are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

Tunbridge Wells Borough Council will have full and proper regard to the Equality Act 2010 when making safeguarding referrals under this policy, to avoid any possible indirect discriminatory impact on particular groups.

Further resources, including public leaflets in alternative languages are available on the [KMSAB website](#).

## 15. Monitoring and Review

This policy will be reviewed at annually to ensure it is in line with any changes in legislation and the periodical reviews of the Kent and Medway Safeguarding Policy, Protocols and Guidance.

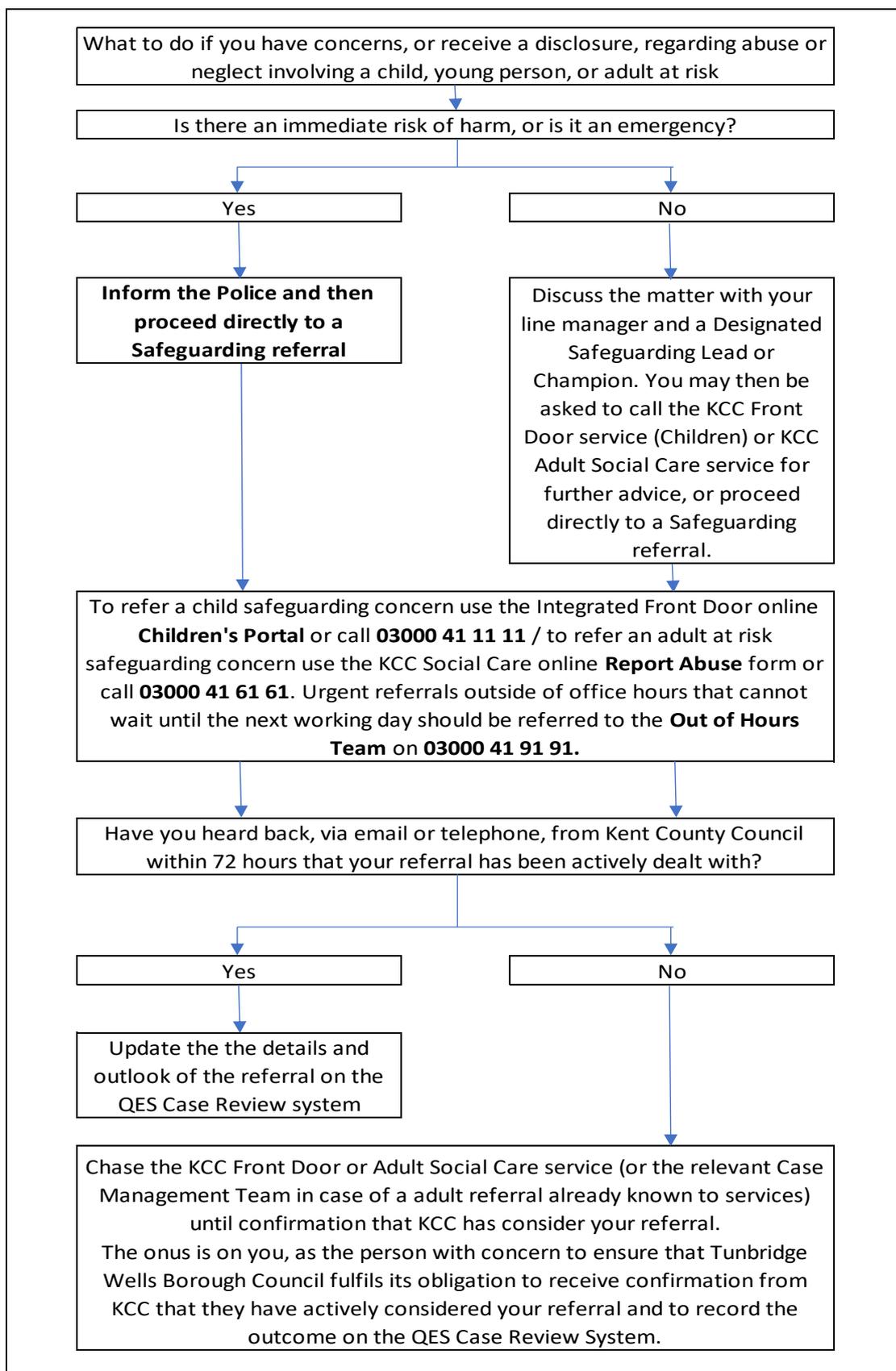
Reports will be taken to Management Board every 6 months to update on the Council's Safeguarding activities and provide details of the number record of concerns logged.

The following table provides details of when the TWBC Policy has been updated:

## Version control of TWBC Safeguarding Policy

Version history	Date of review	Notes
Version 1.0	June 2016	
Version 1.1		
Version 1.2	April 2017	
Version 1.3	August 2018	
Version 1.4	November 2020	
Version 1.5	July 2021	
Version 1.6	January 2024	Full revision of policy and procedures
Version 1.7	July 2024	Minor changes to some wording within the policy and procedures
Version 1.8	September 2024	Changes to training requirements in Appendix 6
Version 1.9	April 2025	Inclusion of the MARM framework
Version 1.10	August 2025	Updated Child Exploitation Intelligence section following closure of the Child Exploitation Portal hosted on the KSCMP website
Version 1.11	January 2026	Updated to include the Think Family Approach and Trauma Informed Practice
Version 1.12	February 2026	Trauma Informed Practice added as additional paragraph in section 3

# Appendix 1: Referrals Flowchart



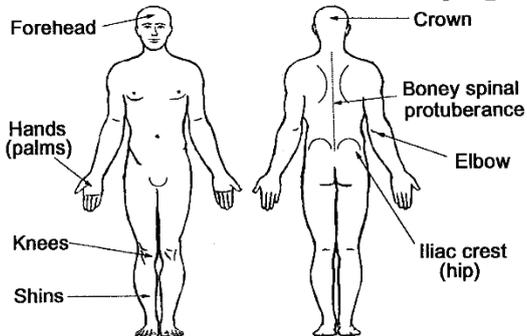
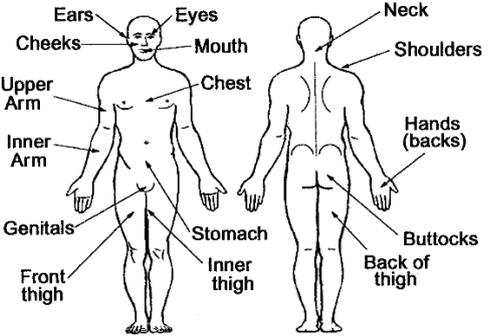
# Appendix 2: Types of Abuse and Neglect

Even for those experienced with working with child or adult abuse it is not always easy to recognise a situation where abuse may occur or already has taken place. While it is accepted that staff are not experts at such recognition all staff have a duty to act if they have any concerns.

**Safeguarding is everybody’s business.**

## Children and Young People

Abuse is defined as 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.

Type of abuse Description	Type of abuse Description
Physical abuse	<p>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.</p> <div style="text-align: center;"> <p><b>Common sites for accidental injury</b></p>  <p><b>Common sites of Non-accidental injury</b></p>  </div>

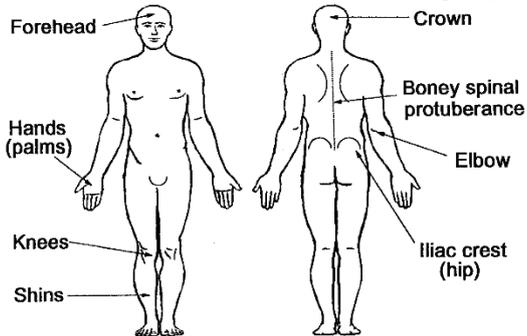
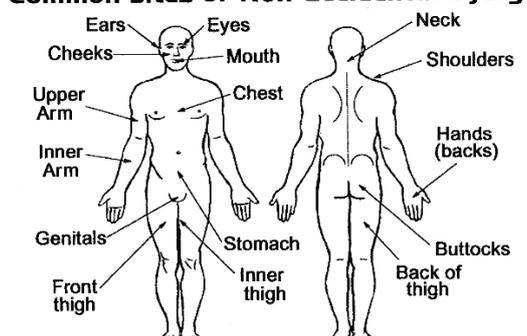
Type of abuse Description	Type of abuse Description
Emotional abuse	The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meets 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. 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. 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. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.
Sexual abuse	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. 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. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.
Child sexual exploitation (CSE)	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.
Grooming	Grooming is when someone builds an emotional connection with a child to gain their trust for the purposes of sexual abuse, sexual exploitation or trafficking. Children and young people can be groomed online or face-to-face, by a stranger or by someone they know - for example a family member, friend or professional. Groomers may be male or female. They could

Type of abuse Description	Type of abuse Description
	be any age. Many children and young people don't understand that they have been groomed or that what has happened is abuse.
Neglect	<p>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. Once a child is born, neglect may involve a parent or carer failing to:</p> <ul style="list-style-type: none"> <li>a. provide adequate food, clothing and shelter (including exclusion from home or abandonment)</li> <li>b. protect a child from physical and emotional harm or danger</li> <li>c. ensure adequate supervision (including the use of inadequate care-givers)</li> <li>d. ensure access to appropriate medical care or treatment</li> </ul> <p>It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.</p>
Domestic abuse	Domestic abuse can seriously harm children and young people. Witnessing domestic abuse is child abuse, and teenagers can suffer domestic abuse in their relationships Domestic abuse is any type of controlling, bullying, threatening or violent behaviour between people in a relationship. But it isn't just physical violence – domestic abuse includes emotional, physical, sexual, financial or psychological abuse. Abusive behaviour can occur in any relationship.
Forced marriage	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 an appalling and indefensible practice and is illegal in Great Britain. It is recognised as a form of violence against women and men, domestic/child abuse and a serious abuse of human rights.
Female genital mutilation (FGM)	<p>Female genital mutilation (FGM) is the partial or total removal of external female genitalia for non-medical reasons. It's also known as female circumcision or cutting. Religious, social or cultural reasons are sometimes given for FGM. However, FGM is child abuse. It's dangerous and a criminal offence.</p> <p>There are no medical reasons to carry out FGM. It doesn't enhance fertility and it doesn't make childbirth safer. It is used to control female sexuality and can cause severe and long-lasting damage to physical and emotional health.</p>

Type of abuse Description	Type of abuse Description
Bullying and cyberbullying	<p>Bullying is behaviour that hurts someone else – such as name calling, hitting, pushing, spreading rumours, threatening or undermining someone. It can happen anywhere – at school, at home or online. It’s usually repeated over a long period of time and can hurt a child both physically and emotionally. Bullying that happens online, using social networks, games and mobile phones, is often called cyberbullying. A child can feel like there’s no escape because it can happen wherever they are, at any time of day or night</p>
Extremism	<p>Extremism goes beyond terrorism and includes people who target the vulnerable – including the young – by seeking to sow division between communities on the basis of race, faith or denomination; justify discrimination towards women and girls; persuade others that minorities are inferior; or argue against the primacy of democracy and the rule of law in our society. Extremism is defined in the Counter Extremism Strategy 2015 as the vocal or active opposition to our fundamental values, including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. We also regard calls for the death of members of our armed forces as extremist.</p>
Child criminal exploitation	<p>As set out in the Serious Violence Strategy, published by the Home Office, where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or the threat of violence. The victim may have been criminally exploited even if the activity appears consensual. Child criminal exploitation does not always involve physical contact; it can also occur through the use of technology.</p>
Child trafficking and modern slavery	<p>Child trafficking and modern slavery are child abuse. Children are recruited, moved or transported and then exploited, forced to work or sold. Children are trafficked for:</p> <ul style="list-style-type: none"> <li>• child sexual exploitation</li> <li>• benefit fraud</li> <li>• forced marriage</li> <li>• domestic servitude such as cleaning, childcare, cooking</li> <li>• forced labour in factories or agriculture</li> <li>• criminal activity such as pickpocketing, begging, transporting drugs, working on cannabis farms, selling</li> <li>• pirated DVDs and bag theft.</li> </ul> <p>Many children are trafficked into the UK from abroad, but children can also be trafficked from one part of the UK to another.</p>

## Adults at risk

The Care and Support Statutory Guidance sets out the different types and patterns of abuse and neglect and the different circumstances in which they may take place. This is not intended to be an exhaustive list but an illustrative guide as to the sort of behaviour which could give rise to a safeguarding concern. Many of the types of abuse which may be experienced by children are also experienced by adults at risk.

Type of abuse Description	Type of abuse Description
Physical abuse	<p>Assault, hitting, slapping, pushing, misuse of medication, restraint, inappropriate physical sanctions.</p> <div style="text-align: center;"> <p><b>Common sites for accidental injury</b></p>  <p><b>Common sites of Non-accidental injury</b></p>  </div>
Domestic abuse	<p>The cross-government definition of domestic violence and abuse is: 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.</p>
Sexual abuse	<p>Rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure, sexual assault, sexual acts to which the adult has not consented or was pressured into consenting.</p>

Type of abuse Description	Type of abuse Description
Psychological abuse	Emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber, bullying, isolation, unreasonable and unjustified withdrawal of services or supportive networks.
Financial or material abuse	Theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions •the misuse or misappropriation of property, possessions or benefits.
Modern slavery	Slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters using whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.
Discriminatory abuse	Harassment, slurs or similar treatment, because of race, sex, gender and gender identity, age, disability, sexual Orientation, religion.
Organisational abuse	Including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
Neglect and acts of omission	Ignoring medical, emotional or physical care needs. Failure to provide access to appropriate health, care and support or educational services. The withholding of the necessities of life, such as medication, adequate nutrition and heating.
Self-neglect	This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. It should be noted that self-neglect may not prompt a section 42 enquiry. An assessment should be made on a case by case basis. A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour. There may come a

Type of abuse Description	Type of abuse Description
	point when they are no longer able to do this, without external support.
Female genital mutilation (FGM)	Female genital mutilation (FGM) is the partial or total removal of external female genitalia for non-medical reasons. It's also known as female circumcision or cutting.

# Appendix 3: Safeguarding within community facilitation settings

## Outreach Facilitation within the community

Safeguarding should be a key consideration when organising sessions within the community. Below are some guidelines to consider to ensure the safety and security of all involved:

- Sessions within the community with participants must be effectively planned, with the lesson plan and venue risked assessed and appropriate for the group in hand.
- The facilitator for the sessions should ensure they have sufficient support available in case of an emergency. Another member of TWBC staff or a freelance assistant must be in the building, if not the room. This is to assure both safety and continuation of service to both participants and staff.
- Facilitators must familiarise themselves with the fire evacuation procedure for the venue and ensure all participants are aware of their nearest evacuation point. In the event of a fire alarm being activated or in any other emergency situation (such as a bomb scare), everyone must leave the building by the nearest available exit and assemble at the designated assembly point.
- The facilitator must inspect the space before the group is admitted to ensure it is a safe environment. In the event that any dangers can be foreseen, the facilitator must discuss the matter with the venue representative, who will attempt to make the space safe or find an alternative space. The facilitator must be certain that the working space is safe before allowing participants to enter.
- The facilitator must ascertain the whereabouts and contact details of the nearest first aider. A first aid aider must be present for a workshop to take place.
- The facilitator must take a headcount at the beginning of the session, and know the total number of people in their care and their whereabouts at all times. On more formal sessions with a recurring attendance a register system can be used. At the end of each session, the facilitator must count out how many participants leave the workshop space or venue, and make sure everyone has left.
- Participants should not come into contact with any hazardous substances, such as print room inks, acids, lead etc; unless it is relevant to the project, with instruction from an experienced professional and whilst following the strictest health and safety procedure and equipment.
- Whilst the project is in progress only participants and staff are to be admitted into the workshop space, to ensure confidentiality, safety and comfort of all involved.

## When working with Participants under 18

- If a participant is under 18 years old, they must have a completed emergency contact form from the child's/young person's parent or guardian containing emergency contact details and any medical information. It is important that these are completed before the child/young person is involved in any activity.
- At the end of the session, the tutor must make sure that all children have been collected by their parent/carer.
- No child or young person may be allowed to leave the space without first informing the facilitator.
- Children on a course/workshop must only eat or drink things they have brought with them, apart from drinking water. No one must give them anything else to eat or drink, in case of allergies.

# Appendix 4: Safeguarding Champions Group Terms of Reference

To lead on the Council's Safeguarding Agenda to promote the welfare of children and vulnerable adults and to ensure that all employees recognise and understand their responsibility to report any signs of abuse and neglect.

## Group Responsibilities

- To oversee the development, promotion and review of the Council's Safeguarding Policy and Procedures
- To review and assist with implementing recommendation and action plans based on national guidance, local priorities and audits
- To oversee the Safeguarding Training requirements for employees, volunteers, members, contractors and other stakeholders
- To provide a platform for the discussion of all aspects of safeguarding issues
- To ensure effective liaison and where appropriate, joint working internally between Council departments/Directorates and externally with Kent County Council's Specialist Children's Services and Adult Care and Support Services
- To ensure that Management Board are kept regularly informed of progress in developing and implementing the Council's safeguarding responsibilities
- To ensure that employees, volunteers and members are kept informed of the activities of the steering group by communicating key messages/information as appropriate, through a variety of media/methods including the Council's intranet.

## Individual Responsibilities

- To feedback into their work areas and champion the Council's safeguarding agenda as part of their overall work programmes
- To report back into the Group on progress made in their work areas
- To report back to the Group on issues related to safeguarding, that arise through their work areas.
- Respond in a timely fashion to enquiries requested for Serious Adult Reviews, Practice Reviews or Domestic Homicide Reviews which may include checking records to see whether the service has had any involvement and to provide information about this involvement to the safeguarding lead and or independent report writer.

## Accountability

- The Group is accountable to Management Team

## Arrangements

- Meetings will be held quarterly
- A set of minutes will be produced after each meeting

## Membership

Designated Safeguarding Lead Officer: Gary Stevenson

Operational Safeguarding Lead: Stuart Clifton

Legal Advisor:

Departmental safeguarding champions:

## **Appendix 5: Did not attend (DNA) /was not brought (WNB) procedure**

Individuals who have experienced trauma can often struggle to engage with professionals due to mistrust, fear of judgement and an unregulated nervous system which impacts executive functioning. A trauma informed approach will be taken when working with those who frequently 'do not attend' (DNA) appointments and meetings to promote accessibility, holistic support and reduce the risk of harm.

Any adult with additional health or care needs, or a child who rely on a care giver to attend appointments, will be recorded as 'Was Not Brought' (WNB). This should inform as to whether safeguarding advice is sought regarding appropriate needs being met.

Tunbridge Wells Borough Council will work to identify any barriers and communicate with the individual concerned and/or care giver along with professionals involved and allow for flexibility to build trusting relationships where possible. Consideration should be given to the following:

- The mental capacity of the adult,
- Whether domestic abuse/honour-based violence has been reported, or there is a risk of this,
- A Family First Approach (would children be impacted by the difficulty of the adult to engage fully with services)

### **Procedure:**

Appointments will be made with the needs of the individual in mind to encourage engagement. Where possible, individuals will be given a choice of telephone/face to face meetings and a person's trauma will be considered in regard to their communication style, sex preference, or place of safety. For example, someone who is experiencing domestic abuse may have a sex preference for an appointment and may require specific timings to safeguard themselves from the perpetrator.

All DNA appointments are to be recorded fully, on the relevant service's CRM system in a timely manner and reasons for the missed appointments are to be sought along with any potential barriers that person may be facing.

If vulnerabilities have been identified and there is an excess of three missed appointments, the relevant staff member will inform their line manager and/or a DSO to determine whether further safeguarding enquiries need to be completed.

Professional curiosity and judgement is to be used if fewer than three appointments have been missed but the individual may be at risk of harm. The council will ensure multi-agency working is upheld and communication between the individual is a priority.

At no point will non- trauma aware language be used, and the offer of service provision will not be withdrawn due to DNA. If an individual reapproaches the council to access a service, the council will resume the support without judgement.

## Appendix 6: Required levels of safeguarding training for staff

Level of contact with children, young people and/or vulnerable adults	Required Training	Refresh
<p><b>Category A</b> No contact or infrequent contact</p>	<p>Mandatory</p> <ul style="list-style-type: none"> <li>• TWBC Level 1 Safeguarding Training - Flick e-Learning course</li> <li>• PREVENT e-learning course</li> </ul>	<p>Every 3 years</p>
<p><b>Category B</b> In contact on a regular basis. This would include majority of front facing services including those :</p> <ul style="list-style-type: none"> <li>• Who go into in residents homes (regardless of reason)</li> <li>• Taking calls</li> </ul> <p>Those who manage front line staff or have a strategic role where safeguarding knowledge for the Council is required</p>	<p>Mandatory</p> <ul style="list-style-type: none"> <li>• Level 2 Child Safeguarding Classroom Based/Virtual multi agency</li> <li>• Level 2 Adult Safeguarding Classroom Based/Virtual multi agency</li> <li>• PREVENT e-Learning</li> <li>• Safer Recruitment (flick e-learning)</li> </ul> <p>Recommended</p> <ul style="list-style-type: none"> <li>• Modern Slavery &amp; Exploitation (flick e-learning)</li> <li>• Domestic Abuse (flick e-learning)</li> <li>• Forced Marriage Awareness (flick e-learning)</li> <li>• Suicide Prevention (MidKent Mind)</li> </ul>	<p>Every 3 years up</p>
<p><b>Category C</b> Designated Safeguarding Officers</p>	<p>Mandatory</p> <ul style="list-style-type: none"> <li>• Level 3 Adult Safeguarding Classroom Based or virtual delivery multi agency</li> <li>• Level 3 Safeguarding for Designated Practitioners (Child) Classroom Based or virtual delivery multi agency Child Safeguarding</li> <li>• PREVENT E-Learning</li> <li>• Modern Slavery &amp; Exploitation (flick e-learning)</li> <li>• Domestic Abuse (flick e-learning)</li> <li>• Forced Marriage Awareness (flick e-learning)</li> <li>• Suicide Prevention (MidKent Mind)</li> <li>• Safer Recruitment (flick e-learning)</li> <li>• Threshold Training for Kent Support Levels</li> </ul> <p>Recommended</p> <ul style="list-style-type: none"> <li>• Safeguarding thematic learning events organised by safeguarding boards</li> </ul>	<p>Every 2 years</p>

# Appendix 7: Self-Neglect and Hoarding Procedure

This procedure should be read in conjunction with the [KMSAB Policy and Procedures to support people that self-neglect or demonstrate hoarding behaviour](#).

The self-neglect/hoarding procedure does not at any time preclude the need for additional safeguarding concerns to be raised and addressed, for example, financial abuse, neglect or exploitation of the adult by others.

## Self-Neglect

SCIE (Social Care Institute of Excellence) defines self-neglect as: “an extreme lack of selfcare, it is sometimes associated with hoarding and may be a result of other issues such as addictions”. It can include:

- Lack of selfcare to an extent that it threatens personal health and safety
- Neglecting to care for one’s personal hygiene, health, nutrition or environment
- Inability to avoid harm as a result of self-neglect
- Failure to seek help, support or access services to meet health and social care needs
- Refusal of services that would mitigate risk of harm.
- Unwillingness to manage one’s personal affairs.

It is important to remember that self-neglect is not about someone being unable to care for themselves. Many people who come to the attention of adult social services do so because they are no longer able to perform the activities of daily living, such as attending to their personal care or nutrition. In these situations, an assessment under the Care Act and the provision of services will ensure that their needs are met.

Self-neglect is when someone is unwilling, for several reasons, to care for themselves. It can be longstanding or recent.

If a person is capacitated and able to make a particular decision, they are entitled to make an unwise decision for themselves as long as it does not have an adverse effect on others.

## Hoarding

Hoarding is a recognised mental health diagnosis. It is the excessive collection and retention of any material to the point that living space is sufficiently cluttered to preclude activities for what they are designed for. Hoarding may be characterised by:

- a persistent difficulty in discarding or parting with possessions because of a perceived need to save them.
- an intense emotional attachment to objects that may not be regarded as having the same value to others.
- distress at the thought of getting rid of the items.

It is important to recognise that self-neglect and hoarding may be related to medical conditions such as:

- Diogenes syndrome
- Wernicke/Korsakoff Syndrome
- Frontal Lobe Damage
- Depression
- Obsessive Compulsive Disorder
- Schizophrenia

## Procedure

Where there may be indicators of self-neglect or hoarding, you should follow the following steps:

1. Refer to the **KMSAB: A Quick Guide to Identifying and Responding to Self-Neglect and Hoarding and the Clutter Image Rating Scale** to assess the risk level. Professional judgement should be used to determine the overall risk level.
2. In line with the principles of Making Safeguarding Personal, you should seek the views of the individual; ideally, this will be informed by the views of carers and/or relatives as well as by the views of individual themselves, wherever possible and practicable. You must also determine if the individual has the mental capacity to understand and make informed decisions about their responses to the concerns about their apparent self-neglecting or hoarding behaviour.
3. If the individual is at **immediate risk** of serious harm, then contact should be made with other agencies whilst you are still with the individual. This may include contacting SECAMB, Kent Police, Kent Fire and Rescue Service, Local Authority Social Services. If there are any child protection or child in need concerns these must be referred to children's services as a matter of urgency.
4. If there is no immediate risk the response should be based on the following assessment of risk:

**LOW RISK** - manage that risk through advice, support, and referrals to appropriate agencies. Advice can be sought from your line manager, or a Designated Safeguarding Lead or Champion.

**MEDIUM RISK** – discuss with your line manager and consideration given to the need to arrange for an initial multiagency discussion to take, ideally within 48 hours of the concern. Please include a Designated Safeguarding Lead within these discussions.

A record of the self-neglect/hoarding should be made on the [QES Case Review system](#) and record of the decision and actions taken.

**HIGH RISK** – follow the procedures within this Policy to make an adult safeguarding referral.