

## **SAFFRON WALDEN MENCAP SOCIETY**

### **SAFEGUARDING POLICY MARCH 2020**

#### **CHILD & ADULT AT RISK PROTECTION POLICY AND PROCEDURE**

##### **1. INTRODUCTION**

Safeguarding is at the heart of all our work with children, young people and Adults at Risk.

##### **2. SCOPE OF THE POLICY**

The policy is to be used by any member of staff or volunteer working directly with children and young people, and Adults at Risk, and to any other support staff or Trustee of the organisation who become involved in a child protection concern in the course of their work for the SW MENCAP Society. Children, young people, Adults at Risk and parents/carers are informed of the policy as appropriate.

The policy applies to anyone with whom we are in contact in the course of our work, who is a child, a young person, or Adult at Risk. Where the policy or procedure refers to a 'child' or 'young person' we mean anyone who has not yet reached the age of 18 years. Where the policy refers to an 'Adult at Risk', we mean anyone 18 years or older and who is vulnerable according to the definition in the SET Safeguarding Adults guidelines.

This policy is reviewed, endorsed and approved by the board of trustees annually, or when legislation changes.

##### **3. PURPOSE OF THIS POLICY AND PROCEDURE**

This policy and procedure sets out how SW MENCAP implements safeguarding for children, young people, and Adults at Risk with whom they come into contact in the course of their work.

SW MENCAP is committed to devising and implementing policies so that everyone within the organisation accepts their responsibilities for safeguarding children, young people and

Adults at Risk from abuse and neglect. This means following procedures to protect them and reporting any concerns about their welfare to the appropriate authorities.

This policy and procedure helps us to achieve this by:

- Supporting us to safeguard children, young people and Adults at Risk in practice, by defining abuse and informing us what to do
- Ensuring we all work to the same policy and procedures
- Making sure we are accountable for what we do
- Being clear what roles and responsibilities we all have in safeguarding
- Letting staff know what they can expect from the organisation to help them work effectively

This policy is informed by and supports our organisational purpose, and is how we comply with the Essex Safeguarding Children Board and Essex Safeguarding Adults Board.

## **4. WHO IS A CHILD, YOUNG PERSON, ADULT AT RISK?**

### **Child/Young Person**

A child or young person means someone who is under 18 years of age, that is, has not reached their 18th birthday.

For SW MENCAP, this could refer to the child/young person we are working with directly, or the child of one of these young persons, or of another person, with whom we are in contact in the course of our work.

When concerns are raised about the child of a service user (child or vulnerable adult), the needs of the youngest takes precedence.

### **Adult at Risk**

This policy applies to any 'Adult at Risk', defined by the following:

Any person aged eighteen or over who –

- Is or may be in need of community care services by reason of mental or other disability, age or illness or circumstance; and
- Is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.

SW MENCAP will sometimes be working with an Adult at Risk where a child/young person has reached 18 years and support is continuing, usually short term. Also SW MENCAP will come across adults at risk in the course of their parent support work. There may be occasions when we come across adults at risk within the household of or associating with a child/young person or parent we are working with.

In all instances, our approach to safeguarding Adults at Risk we are in contact with follows the same principles, and safeguarding processes as we do for safeguarding children.

## 5. OBJECTIVES OF POLICY

We will achieve the outcome by having these things in place:

- Safe organisational ethos
- Safe environment
- Safe processes for working with service users
- Safe collection and use of information, and ways of communicating
- Safe staff

### Principles

In support of these objectives, we are committed to the following principles.

To achieve a safe ethos, we will:

- work to support the organisational purpose which is to reach out to, and seek to protect, children and young people who are at risk of or are being sexually exploited
- promote the safety of children, young people and adults at risk in all our work, both directly and indirectly through our partnership and campaigning work
- support the spirit and practice of SW MENCAP's safeguarding ethos in all that we personally do
- have in place quality assurance processes that help us to ensure we are all safeguarding in practice
- treat all children, young people and adults fairly in being able to access services which meet their needs, regardless of gender, ethnicity, disability, sexuality or beliefs

To achieve a safe environment, we will:

- ensure the welfare and safety of children, young people and Adults at Risk is paramount in all our activities
- listen to service users and take account of what they tell us in making decisions about them
- take all reasonable steps to protect service users from harm, discrimination, and degrading treatment
- practice with respect for children's rights, wishes and feelings
- regularly assess and review safety risks which arise from premises, activities, equipment and travel arrangements, as outlined in the organisation's Health and Safety Policy

To achieve safe processes, we will:

- take all suspicions and allegations of abuse, from inside or outside the organisation, seriously, and respond to them promptly and appropriately

- be clear about everyone's roles and responsibilities
- implement safeguarding procedures that are compliant with the expectations of the Southend, Essex and Thurrock (SET) safeguarding arrangements
- have in place clear arrangements for how we would respond to concerns about how we implement safeguarding in practice within the organisation

To achieve safe information, we will:

- be clear with service users how the things they tell us will be used
- communicate promptly and clearly within SW MENCAP and with external agencies, and follow the requirements of information sharing protocols in Southend, Essex and Thurrock.
- keep good records of our work with service users and also of our management of staff's work
- hold service users information with care, and use it for agreed purposes only

To achieve safe staff, we will:

- recruit trustees, staff and volunteers with regard to their suitability for work with children, including use of enhanced Disclosure and Barring Service checks
- provide trustees, staff and volunteers with guidance and training in their safeguarding role, and ensure they have access to our policies and procedures
- make sure everyone has access to advice on safeguarding at all times in the course of their work
- be clear with everyone what their individual role and responsibility is in safeguarding
- support staff and volunteers to carry out their job with appropriate supervision

## **6. WHAT IS CHILD ABUSE OR NEGLECT?**

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Abuse means a child's rights and needs are not being met as defined in The Children's Act 2004 and the United Nations Convention on the Rights of the Child (1989). Children may be abused in a family or in an institutional or community setting; by those known to them or, more rarely, by a stranger. Abuse may occur through the actions of an adult or adults, or another child or children.

Where a child is disabled, injuries or behavioural symptoms may mistakenly be attributed to his/her disability rather than the abuse. Similarly, where a child is black or from a minority ethnic group, aggressive behaviour, emotional and behavioural problems and educational difficulties may be wrongly attributed to racial stereotypes, rather than abuse. Cultural and religious beliefs should not be used to justify hurting a child. Safeguards for all children and young people are the same regardless of disability or ethnicity.

### **Physical Abuse**

Physical abuse 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 or causes ill health to a child whom they are looking after. This situation is called Induced Fabrication Illness by a Carer (formerly known as Munchausen's by proxy).

### **Emotional Abuse**

Emotional abuse is 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 children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. It may involve causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Witnessing the harm of another person, such as in the case of domestic violence, is a form of emotional abuse. Some level of emotional abuse is involved in all types of ill treatment of a child, though it may occur alone.

### **Sexual Abuse & Sexual Exploitation**

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including sexual exploitation, whether or not the child is aware of what is happening, and whether it is for money or reward or not. The activities may involve physical contact, including penetrative contact (e.g. rape and buggery) or non-penetrative acts. They may include non-contact activities, such as involving children in seeing or receiving or sending sexually suggestive emails or text-messages, or inappropriate behaviour in Internet chat rooms, involving children looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

### **Neglect**

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur as a result of maternal substance abuse during pregnancy. Once a child is born, neglect may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, failure to ensure adequate supervision including the use of inadequate care-givers, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

### **Abuse of Disabled Children**

Disabled children are at increased risk of abuse and those with multiple disabilities are at even more significant risk both of abuse and neglect. Parents of disabled children may experience multiple stresses. This group of children may be particularly vulnerable to abuse for a number of reasons including:

- Having fewer social contacts than other children;
- Receiving intimate personal care from a larger number of carers;

- Having an impaired capacity to understand what they are experiencing is abuse or to challenge the abuser;
- Having communication difficulties resulting in difficulties in telling people what is happening;
- Being reluctant to complain for fear of losing services;
- Being particularly vulnerable to bullying or intimidation;
- Being more vulnerable to abuse by peers than other children.

### **Disability is defined as:**

A major physical impairment, severe illness and/or a moderate to severe learning difficulty; An ongoing high level of dependency on others for personal care and the meeting of other basic needs.

### **Bullying**

Bullying may be defined as deliberately hurtful behaviour, usually repeated over a period of time, where it is difficult for those bullied to defend themselves. It can take many forms, but the three main types are physical (eg hitting, kicking, theft), verbal (e.g. racist or homophobic remarks, threats, name calling) and emotional (eg isolating an individual from the activities and social acceptance of their peer group). There is increasing use of new technologies as a tool for bullying and such incidents should be taken seriously.

### **Self-Harming Behaviour**

Children and young people who harm or attempt to harm themselves should be taken seriously. The self-harming behaviour in itself may cause impairment of the child's health or development and in some circumstances present significant harm or the risk of significant harm.

Self-harming behaviour may also arise alongside eating disorders and/or drug misuse.

### **Female Genital Mutilation (FGM)**

Female genital mutilation is a collective term for procedures that include the removal of part or all of the external female genitalia for cultural or other non-therapeutic reasons. The practice is medically unnecessary, extremely painful and has serious physical and mental health consequences both at the time and in later life. The procedure is typically performed on girls of 4 -13 years but may be performed on new born babies or on young women. FGM can result in death.

FGM is a criminal offence (Prohibition of Female Circumcision Act 2003). Under the act it is an offence to arrange, procure, aid or abet female genital mutilation. Parents/carers may be liable under this act.

It is also an offence to allow the procedure to be undertaken in another country.

Where agencies become aware that a girl is at risk of FGM a referral should be made to Children's Social Care.

### **Domestic Violence as Abuse**

Domestic Violence is defined by the Home Office as: 'Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality. This includes issues of concern to black and minority ethnic (BME) communities such as so called 'honour killings'.'

The term domestic violence is used to include any form of physical, sexual or emotional abuse between people in a close relationship. It can take a number of forms such as physical assault, sexual abuse, rape, threats and intimidation. It may be accompanied by other kinds of intimidation such as degradation, mental and verbal abuse, humiliation, deprivation, systematic criticism and belittling.

The term domestic violence includes the term domestic abuse.

### **Forced Marriage**

A forced marriage is one that is conducted without the full consent of both parties and where duress is a factor. Forced marriage can amount to sexual and emotional abuse and put children or adults at risk of physical abuse. In circumstances where there are concerns that someone is at imminent risk of a forced marriage urgent referrals should be made to Children's Adults' Social Care.

In the case of a young person at risk of forced marriage it is likely that an initial discussion with the parent, carer or other community member may significantly increase the level of risk to the young person.

### **Internet Harm**

Sexual exploitation (see above) also includes non-contact activities, such as involving children in seeing or receiving or sending sexually suggestive emails or text-messages, or inappropriate behaviour in Internet chat rooms, involving children looking at, or in the production of, pornographic material of watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

### **Trafficking**

Children can be trafficked into, within and out of UK for many reasons and all different types of exploitation. Trafficking is a form of child abuse and needs an appropriate safeguarding response. Any child who is recruited, transported, transferred, harboured or received for exploitative reasons is considered to be a victim of trafficking, whether or not they have been forced or deceived. This is because it is not considered possible for children in this situation to give informed consent. Even when a child understands what has happened, they may still appear to submit willingly to what they believe to be the will of their parents or accompanying adult. It is important these children are protected too.

Children are trafficked for many reasons, including sexual exploitation, domestic servitude, labour, benefit fraud, forced marriage, begging and involvement in criminal activity such as pick pocketing, theft and working on cannabis farms. They are likely to be subjected to other forms of abuse, as a means of coercing and controlling them.

Trafficking is carried out by individual adults and organised crime groups.

Sexual activity with child/young person under the age of 18, or living away from home

Consensual sexual activity involving a young person under 18 years is not abusive, but it may be, and the Derby and Derbyshire Safeguarding Procedure offers guidance where this might be so. A child's or young person's ability to consent can be impaired due to lack of freedom, capacity or choice; for example because of an age/power imbalance; because it is leading into sexual exploitation; because one person is in a position of trust with the other (e.g. a teacher); where one person is vulnerable because of disability or capacity; where the child/young person is in the care of another away from home. No child under the age of 13 or under is able to consent to any sexual activity according to the Sexual Offences Act (2003).

## **7. WHAT IS ABUSE OF AN ADULT AT RISK?**

Abuse is a violation of a person's rights or dignity by someone else. It can be done by anyone including relatives and family members, professional staff, paid care workers, volunteers, other users of services, neighbours, friends and associates or strangers. There are many kinds of abuse including:

### **Physical**

This could be hitting, slapping, pushing and kicking.

### **Sexual**

This includes rape and sexual assault or sexual acts to which the adult at risk:

- has not consented
- could not consent
- was pressured into consenting

### **Emotional/Psychological**

This could be:

- emotional abuse
- threats of harm or abandonment
- depriving the person of contact
- humiliating
- blaming
- controlling
- intimidating



- coercing
- harassing
- verbally abusing
- isolating
- withdrawing a person from services or support networks

### **Financial or material**

This includes:

- theft
- fraud
- exploitation
- pressure in connection with wills, property, inheritance or financial transactions misusing or misappropriating property, possessions or benefits

### **Neglect or acts of omission**

This includes:

- ignoring medical or physical care needs
- failing to provide access to appropriate health care, social care or education services
- misusing medication
- inadequate nutrition or heating

### **Discriminatory**

This includes:

- racist behaviour
- sexist behaviour
- harassment based on a person's ethnicity, race, culture, sexual orientation, age or disability
- other forms of harassment, slurs or similar treatment

## **8. PROCEDURE IN THE EVENT OF A DISCLOSURE**

This procedure must be followed whenever an allegation of abuse is made or when there is a suspicion that a child or at risk adult has been abused.

A full record shall be made as soon as possible of the nature of the allegation and any other relevant information. This should include information in relation to the date, the time, the place where the alleged abuse happened, your name and the names of others present, the name of the complainant, and where different, the name of the person who has allegedly

been abused, the nature of the alleged abuse, a description of any injuries observed, the account which has been given of the allegation.

The designated Safeguarding lead is Clive Emmett, the Chief Officer. He will be responsible for reporting the matter to the appropriate authority. A written record of the date and time of the report will be made and the report must include the name and position of the person to whom the matter is reported. The telephone report must be confirmed in writing to the relevant local authority department within 24 hours.

**Concerned about a child? Call 0345 603 7627**

**Concerned about an adult? Call Social Care Direct 0345 603 7630**

**To be reviewed March 2021**

## If a young or at risk person chooses to speak to you directly

### Do

- React calmly so as not to frighten the young person.
- Take what the person says seriously, recognising the difficulties inherent in interpreting what is being said by a person who has for example a speech impairment and/or differences in language.
- Avoid asking leading or direct questions other than those seeking to clarify your understanding of what the person has said. They may be subsequently formally interviewed by the Police and/or Social Care Services and they should not have to repeat their account on several occasions. The first person told may become at witness at court if they have asked/gained direct relevant information.
- Try to reduce any questions you may choose to ask to an **absolute minimum** and concentrate on listening to the person. Questions should never be leading and should only consist of Who ..? Where ..? When ..? What ..?
- Reassure the young person that they are right to tell and are not to blame.
- Explain to them that concerns will have to be shared with someone who is in a position to act. Do not make promises of confidentiality.
- Make a written record of what has been disclosed at the earliest opportunity.
- Make a full written record of what has been said, heard and/or seen as soon as possible (preferably on the day that the concern/disclosure was first identified/made) using the incident report template.
- Discuss the incident report with the DS Safeguarding lead officer or if not available, the Director.

### Don't

- Dismiss the concern
- Panic or try to resolve the issue yourself.
- Allow your shock or distaste to show.
- Probe for more information than is freely offered to open questions.
- Speculate or make assumptions about what may have happened.
- Make any comments about the alleged abuser.
- Make promises or agree to keep secrets.
- Ask the young person or any witnesses to sign your written information as this may be significantly detrimental to any subsequent police investigation.
- Take photographs of any alleged injuries. Any such recording must only be done by an approved medical or other practitioner, following referral.
- Discuss the issue with anyone other than the Safeguarding lead.