Safeguarding of Children & Vulnerable Adults Policy & Procedures

Introduction

All personnel are required to comply with the law, eg Children's Act 2004/13 (Working Together to Safeguard Children: 2010), and DOH 'No Secrets', and the Care Act 2014. A number of more recent and well known child abuse and vulnerable adults cases across the country instigated more legislation that require all agencies working with children/vulnerable adults to develop and implement their own Safeguarding Child & Vulnerable Adults Policies/Procedures.

Policy Statement

The Voluntary Network accepts its legal/moral duties to implement procedures to provide a duty of care for children and vulnerable adults, safeguard their well-being and help to protect them from abuse.

The purpose of this policy/procedures is to ensure the actions of any adult in context of work carried out on behalf of the Voluntary Network is transparent, safeguards and promotes the welfare of children, young people and vulnerable adults.

Principles on which The Voluntary Network Safeguarding Policy is based:

- The welfare of a child/vulnerable adult will always be paramount
- That all children/vulnerable adults have a right to be protected from abuse
- That all suspicions and allegations of abuse will be taken seriously and responded to.

History

This document is written in respect of UK legislation and recognition of local authorities across the country and their local Safeguarding of Children & Adults at Risk Protection Policies, and Local Safeguarding Boards (LSB's). The Voluntary Network recognises its duties to develop policies and procedures to protect children and vulnerable adults (adults at risk from abuse). (Ref. Children's Act 1989/2004/Working Together to Safeguard Children 2006/13 and Dept. Of Health (DOH) "No secrets" and the Care Act 2014.

Definition and Key Terms

(1) Children and Young People Safeguarding is defined by Children's Act 1989 and referred to in Joint Chief Inspector's Report on 'Arrangements to Safeguard Children's Act ' (2002) as meaning that: "*Agencies and Organisations working with Children and young People take all reasonable measures to ensure that risk of harm to individual are minimised".*

Other Key Documents: 'Every Child Matters '(2004) and 'Working Together to Safeguard Children'. The Children's Act 1989 state the legal definition of abuse is 'Person under age of 18'.

Definition of Child Abuse (Working together to Safeguard Children : March 2015)

'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 institutional or community setting by those known to them or more rarely, by others (eg via internet) They may be abused by an adult or adults or by another child or children'.

(2) Vulnerable Adults Safeguarding Definition**:** "*No Secrets*": is "*Adults in need*". This means any adult could be in need of Safeguarding support. Other key documents are:

Human Rights Act 1998 Mental Capacity Act 2005
Deprivation of Liberty Standards (DoLS) Equality Act 2010

The following is extracted from Care Act 2014 (DOH)

'Safeguarding duties apply to an adult who: Has need for care and support (whether or not the local authority is meeting any of those needs) and is experiencing, or is at risk of abuse or neglect; and as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect".

This can mean those with:

Mental Illness, Learning Disability, Visual impairment. Persons aged 70+. Also those unable to take care of themselves and/or unable to protect themselves from abuse/neglect. (More vulnerable to abuse if needing a carer, or lack Mental Capacity).

Other factors may include: Low self esteem, Individual does not recognise the abuse. Isolation, Mental Health issues, Misusing drugs/alcohol, Family stress.

Children: 4 Types of Abuse

1. Physical
2. Psychological/emotional
3. Sexual
4. Neglect

Adults: Types of Abuse

1. Physical 2. Domestic Violence 3.Emotional/Psychological
4. Sexual 5. Neglect/Acts of Omission 6.Financial Abuse 7. Discrimination
8. Organisational/ Institutional 9. Modern Slavery/Trafficking

Local Children Safeguarding Boards: Core membership is set out in legislation. Comprises individuals from local authority, health, police and other professionals

Boards: Local Children Safeguarding Board (LCSB) Local Adult Safeguarding Board LASB).

The Voluntary Network Staff are defined as:

Trustees
Managers
Admin Staff
Paid drivers
Volunteers

Disclosure & Barring Service (DBS)

The role of the DBS is to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. It replaces the Criminal Records Bureau (CRB). All personnel of the Voluntary Network who are appointed to posts which involve, regular, substantial or unaccompanied contact with vulnerable people will be subject to pre-appointment checks aimed at ensuring the suitability of the person to work within this organisation. This applies whether the appointment is made as a result of recruitment or an internal move. Managers to be mindful of these requirements as the contents of posts develop over a period of time, and responsibilities change. Individuals who are required to apply for DBS check must be accompanied until the Network Manager has inspected the relevant document. All relevant personnel will undergo a DBS check every 3 years.

Use of Terminology

Confidentiality: The service offers a high level of confidentiality to all users. This in order to respect the client's privacy and create the necessary trust for service operation. This means sensitive information regarding or obtained from a client regarding a third party cannot be shared without the express permission of that person. However there maybe situations where either by law or to ensure the safety of the client or others it may be necessary to break confidentiality. If you feel you need to breach confidentiality, then other than the most urgent of cases, you need in the first instance, to speak to you supervisor/Trust manager . (See also Confidentiality Policy)

Disclosure: Where an individual informs a Voluntary Network representative something of significant concern to the health and wellbeing of an individual complete confidentiality cannot be guaranteed,

Suspicion: Where someone observes some behaviour or exchange which causes them concern for the child/vulnerable adult.

Allegation: Where a specific action has been observed or said to happen.

Signs & Symptoms of Abuse in Children & Vulnerable adults
Indicators may include a child/adult at risk describing what appears to be an abusive act involving him/her, or someone else expressing concern about the welfare of another child/adult a risk.

The Voluntary Network responsibilities:

Recruit, train and supervise personnel to ensure they are properly equipped to:

Identify where there may be a problem
Know how to obtain speedy and professional advice
Understand the need to refer relevant concerns to Safeguarding Leads and Specialist Agencies in the relevant areas.
Protect themselves from false accusations of abuse
Ensure all relevant staff of the Voluntary Network are subject to DBS checks and that this check is repeated on a regular basis of 3 years.
Require all personnel to adopt and abide by Voluntary Network's Safeguarding of Children & Vulnerable Adults Policies & Procedures
Respond to any allegations promptly and recognise the needs to implement appropriate disciplinary and appeals procedures
Review this policy every 2 years, or whenever there is a major change in legislation or within relevant legislation

<u>The Voluntary Network will ensure every member of staff will know:</u>

Name of Designate Safeguarding Leads, their roles and office/emergency out of hours contact numbers. Also:

To avoid asking leading questions of clients when talking about details
Not to give inappropriate information concerning limits of confidentiality
To write, keep in a secure manner, written and accurate records of all conversations relating to safeguarding issues
How to record on appropriate forms* and pass on concerns about a client etc to a Designated Safeguarding Lead.
Know in an emergency what appropriate action to take in line with organisational procedures
Safeguarding Leads will have contact details for Local Safeguarding Children (LSC B) and Local Safeguarding Adults Boards (LSAB) in all areas where the service operates, namely West Suffolk and South East Cambridgeshire areas.

Procedures

Responding to Disclosures, Suspicions and Allegations
Introduction
If an individual alleges s/he is being abused, or information is obtained which raises concern of abuse, action needs to be taken. It is not the responsibility of The Voluntary Network to investigate further or decide that abuse is occurring. It is however the organisation's responsibility to act on any concerns they have by reporting any disclosures, suspicions etc in accordance with this Policy/Procedures.

Responding to Disclosures: What is helpful and unhelpful
<u>Actions to take if you receive a disclosure</u>
Reassure the person and act as calmly so as to not frighten the person
Listen carefully to the individual
Inform the individual of the procedures you are required to follow unless believed *unsafe to do so (see emergency situations0
Take what the person says seriously, recognising they may have a differences/difficulties, eg speech,

culture issues or language difficulties
Do not investigate
Keep questions to the minimum to ensure not leading the individual

Actions to avoid If you receive a disclosure
Don't panic
Do not allow any shock or distaste to show
Do not probe for more information than is offered or ask leading questions
Do not interrupt, speculate or make assumptions
Do not make negative comments about the abuser
Do not approach the alleged abuser
Do not make promises to keep the information secret. Explain you are obliged to share with people who need to know

What to do if you receive information concerning possible child abuse/risk to a vulnerable adult
Make a full, written accurate record of what has been said/heard/seen as soon as possible. Ensure the words of the person are used in your recording (**See Safeguarding Report Form). Pass the referral to The Voluntary Network's Safeguarding Lead immediately, or as soon as possible, if out of hours).

Emergency Situations
If you believe the individual is in immediate danger, the matter should be immediately reported to the Police on 999 call. (*It is unwise to inform the person raising the issue of reporting processes, if you believe it is unsafe to do so.) The Voluntary Network's Designated Safeguarding Officer must be made aware immediately.

Additionally notes should be made of date, time of call, name and collar number of the Police Officer spoken to. (Safeguarding Report Form) Within 24 hours the Designated Officer will inform the referrer of any further action that has been taken (further feedback will only be provided if considered appropriate and on a 'need to know' basis).

Reporting concerns of abuse by The Voluntary Network Staff/Trustees
Any concerns regarding abuse involving Staff & Trustees that is shared by clients to be recorded on Safeguarding Report Form. In the event of staff this information should be reported to the Designated Safeguarding Leads. In the event of concerns involving Managers/Designated Safeguarding Leads and Trustees, the matter should be reported immediately to the Chair of Trustees. In the event of an individual being in immediate danger, the police should be informed immediately on 999 call. A recording should be made on a Safeguardng Report Form of the name/title of police officer involved, collar number etc.

APPENDIX

SAFEGUARDING VULNERABLE ADULTS

DIFFERENT TYPES OF ABUSE/NEGLECT AND POSSIBLE INDICATORS OF ABUSE IN VULNERABLE ADULTS (Care Act 2014)

1.Physical abuse. Non- accidental harm to the body. Deliberate abuse that results in injury, or even death to a vulnerable adult. eg hitting, pushing, punching, shaking, biting, kicking, grabbing, hair pulling, rough handling, misuse of medication, force feeding or inappropriate use of restraint.

Possible Indicators: Inconsistent explanation for injuries. Bruising – finger tip/hand mark bruising. Different colours of bruising – sustained over time. Sprains, fractures, broken bones. Internal injuries/bleeding. Hair/tooth loss. Unwillingness to seek medical care. Changes in behaviour.

2.Domestic Violence: includes psychological, physical, sexual, financial, emotional .

Possible indicators: Bruises, cuts, broken bones. Verbal abuse, humiliation in front of others. Property damage. Isolation. Fear of outside intervention. Low self esteem. Feelings that abuse is his/her fault. Poor self esteem. Unusual limited access to money.

3.Emotional/Psychological abuse. Deliberate acts. Lack of action causing distress/emotional harm to adult. eg Name calling, threat of harm, abandonment, ignoring, deprivation of contact, humiliation, making fun of adult, blaming, radicalisation, treating someone, like a child,, verbal abuse, intimidation, coercion, etc. May begin at low level – develop or escalate more seriously.

Possible indicators: Stress, high blood pressure, bullying, verbal abuse, weight loss/gain, depression, withdrawal, sleep problems, isolation, deprivation of contact, upset, agitated or aggressive behaviour, cowering in presence of abuser.

4.Sexual abuse. Vulnerable adult involved in sexual activity – did not wish to be involved or unable to give their consent. eg Pornography or sexually active for someone else's benefit. Rape/sexual assault, forced to look at sexual images, or other sexual acts – not consenting or pressurised in consenting.

Possible indicators : Pain, irritation in intimate areas, difficulty walking or sitting. Bruises/injuries – intimate areas, inner arms/thighs. Torn, stained/bloody clothes. Sexually transmitted diseases. Pregnancy. Aggression, unusual sexual behaviour, inappropriate use of sexual language. Fear, depression, withdrawal from physical contact. Disturbed sleeping patterns.

5.Neglect/Acts of Omission. Act of failing to provide something to a vulnerable adult so they experience harm/distress. Deliberate/unintentional withholding food, drink, medication, hectic or lighting. Not providing care that is needed. Failure to access services, eg health/social/education.

Possible indicators: Dirty nails, hair, skin. Rashes, sores or ulcers. Unkempt/soiled clothing. Emotional distress. Reduced communication skills. Complaining of pain or discomfort.

Dehydration/malnutrition. Thirsty/Hungry. Worsening health. Dirty/unsafe surroundings. Lack of engagement with services.

also

*Self neglect***:** Person fails to attend to own basic needs eg hygiene, health, living conditions. Possible triggers: Mental health issues, dementia, traumatic event or substance misuse.

Possible indictors: Poor personal hygiene, dirty inappropriate clothing, lack of essential clothing, food or shelter. Malnutrition or dehydration. Failure to attend to basic household maintenance. Living in squalor/unsanitary conditions. Hoarding. Keeping large number of animals in inappropriate conditions, Not taking medication. Not seeking treatment for injuries. Resisting anyone entering property.

6.Financial Abuse. Abuser benefitting from financial situation. Carer responsible for budget, eg monetary benefits, disability allowances, etc. eg withholding money/possessions. Theft, fraud, scamming, borrowing money – no repayment. Collecting/spending person's loyalty points. Not allowing person access to money or taking control of money.

Possible indicators: No explanation of why person can't pay bills/shopping. Withdrawals of large sums of money. Irritability in accounting for spending. Worrying re money. Money/items missing.

Unexplained change in living conditions. Disparity between finances and how person living. Sudden changes in finances. Unusual interest by 3rd party in dealing with person's assets.

7.Discriminatory abuse. All forms of harassment/maltreatment – because of race, gender, faith or cultural or sexual orientation. May be a 'hate crime'. Eg slurs, harassment, bullying, threats, adult afraid, issues causing them concern. Not providing equal care. Not taking care of cfultural/religious needs.

Possible indicators: withdrawn, isolated, fearfulness or depression. Scapegoated. Denial of access to services. Being treated differently to other service users. Anger, frustration or loss of self esteem. Weight loss. Subject to discriminatory descriptions/jokes. Lack of respect for religious faith.

8. Institutional Abuse – where formal care is provided eg hospital/daycare or residential home. May include poor practice within an organisation, individual care setting, as a result of poor policies/procedures. Individual not receiving appropriate care, neglected or prevented from receiving it as a result of organisational routines – through insensitivity or not taking person's needs into account. Need of staff may be prioritised over service users.

Possible Indicators: No flexibility – bedtime/waking routines. Left on toilet/commode for long periods of time. Inappropriate care of possessions/living areas. Lack of clothing/possessions. Inappropriate use of medical procedures. Being spoken to/referred to disrespectfully.

9.Modern Slavery/Human Trafficking. Forced labour. Domestic servitude. Traffickers/slave masters use person for whatever means to coerce, deceive or force individuals into a life of abuse, servitude or inhumane treatment.

Possible indicators: Signs of physical/emotional abuse. Looking malnourished, unkempt. Seeming to be under control/influence of others. Living in dirty, cramped or overcrowded accommodation or living/working at same address. Lack of personal effects or ID documents. Frightened or hesitant to talk to strangers.

APPENDIX

THE 4 MAIN TYPES &POSSIBLE SIGNS OF ABUSE IN CHILDREN

1.Physical

Hitting, shaking, throwing, poisoning, suffocating, scalding, burning, or otherwise cause physical harm to a child. Failure to protect a child from harm. Physical harm may also be caused when a parent/carer fabricates the symptoms of deliberately induces illness a child.

Possible indicators: Unexplained injuries, bruises. Injury may be inconsistent with explanation eg Injury may be on softer parts of body where accidents are more unlikely. Eg cheeks, abdomen, buttocks, etc .Parent/carer fabricates symptoms or deliberately induces illness in a child.

2.Sexual

Involves someone forcing or enticing a child to take part in sexual activities, not necessarily involving a high level of violence,. Child may/may not be aware of what is happening. Majority of children who are sexually abused by a carer will have no visible signs at all. Men and women can both commit acts of sexual abuse, as can other children. Activities may involve physical contact including penetrative/non-penetrative acts eg masturbation, kissing, rubbing etc.

Child may be exposed to non-contact activities, eg watching sexual activities, encouraged to behave in sexually inappropriate ways, involving children looking at, or in the production of sexual images, or grooming a child in preparation for abuse (including internet)

Possible indicators: Sexualised behaviour may appear in children. Majority of children who are sexually abused by a carer may have no visible signs at all.

3.Emotional Persistent emotional maltreatment of a child such as to cause severe, adverse effects of child's health/emotional development. Child may be told they are worthless, unloved, bullied, threatened, told s/he is inadequate/only valuable when meeting needs of another person.

Also includes radicalising a child/young person who may be then drawn into terrorist-related activities. Normal interactions may be behind the child's normal developmental stage. Child maybe overprotected/limited access to learning. He/she may be prevented from interacting socially with others. May be rejected, ignored or subject to degraded language.

Possible indicators: can be difficult to measure, as there are often few outward physical signs. Self destructive behaviours may be develop.

4.Neglect: Persistent failure to meet a child's basic physical/psychological needs – likely to result in serious impart of child's health/development. (Difficult to recognise but can have long last damage to children)

Possible indicators; Constant huger, stealing food, constantly dirty/smelly, loss of weight, constantly underweight, inappropriate clothing for weather conditions. Tiredness failing to attend appointments, not requesting medical assistance, few friends, being left alone/unsupervised.

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