

## SAFEGUARDING AND PROTECTION FROM ABUSE (CYP) POLICY AND PROCEDURE

If you require assistance in order to read or understand this policy, please let your manager or HR know as translation, interpretation, Braille or a signing service can be made available.

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Approved by:	Performance Committee		
Approval Date:	09.11.2023	Review Date:	09.11.2024

### Change History

Version	Issue Date	Originator/Modifier	Reason for Change
1	09.11.2021	Angelo Fernandes	Annual Review
2	09.11.2022	Louise Packer	Revision to include clarity on roles and responsibilities, process and authority contact details
3	09.11.23	Louise Packer	Annual review – no amendments required.
4	02.04.24	Angie Gallagher	Change of Lead Officer and escalating responsibilities

### Contents

	<b>Page</b>
1. Policy Statement, Aims, Principles and Scope	2
2. Roles and Responsibilities	3
3. Definitions	3
4. Process	6
5. Staff conduct, training and support	11
6. Compliance	12
7. Other legislation and guidance	13
8. Review	14
9. Appendices	14
10.1 Definitions of abuse (in full)	14
10.2 Confidentiality: 7 golden rules	23
10.3 Reporting abuse: process flowchart & key steps	24
10.4 Information required when reporting a safeguarding concern	25
10.5 New contractor checklist	25

## **SAFEGUARDING AND PROTECTION FROM ABUSE (CYP) POLICY AND PROCEDURE**

### **1. Policy Statement, Aims, Principles and Scope**

#### **THIS POLICY APPLIES TO ANYONE WHO HAS NOT YET REACHED THEIR 18TH BIRTHDAY**

Response's mission is to enable people with mental health problems and complex needs to live their lives to the fullest extent. Response is therefore committed to safeguarding the welfare of children and young people who utilise or visit its services and to ensure seamless working in partnership to protect children at risk from abuse.

Response recognises its duty of care to safeguard children and young people as detailed under the Children Act 1989 amended 2004 and Working Together to Safeguard Children 2018 and acknowledges its duty to act appropriately with regards to any allegations towards anyone working on its behalf, or towards any disclosures or suspicion of abuse.

Response is committed to providing a service delivery environment which is free from abuse. Response will therefore:

- The welfare of all children and young people is paramount
- All children and young people, regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation as set out under the Equality Act 2010
- Some children and young people are additionally vulnerable because of wellbeing and mental health difficulties, the impact of previous experiences, their level of dependency, communication needs or other issues including complex needs.
- Working in partnership with children and young people, their parents, carers and other agencies is essential in promoting children and young people's welfare
- Provide a setting where children with care and support needs feel listened to, safe, secure, valued and respected
- Appoint a Designated Safeguarding Lead and ensure a clear line of accountability with regards to safeguarding concerns
- Ensure all those in a position of trust have been provided with up to date and relevant information, training, support and supervision to enable them to fulfil their role and responsibilities in relation to safeguarding
- Provide a clear procedure to follow when safeguarding concerns arise. All new staff will sign to confirm they have read the procedure as part of their induction.
- Ensure effective and appropriate communication between all individuals in a position of trust
- Build strong partnerships with other agencies to promote effective and appropriate multi-agency working, information sharing and good practice.
- Maintain a log, detailing investigations and outcomes and action taken, which is reviewed by trustees and senior managers quarterly
- The Board will review both the policy itself and the effectiveness of the policy on an annual basis.
- Assess the full range of risks faced and minimise those risks
- Undertake checks on all staff and volunteers as per the Recruitment Selection and Appointment Policy at the recruitment stage, including professional references and the Disclosure and Barring Service
- Ensure that staff, volunteers, Board members and residents always maintain appropriate boundaries.
- Operate confidential reporting systems so that anyone who suspects that abuse is taking place or is concerned about it can follow the procedures set out in Response's whistleblowing procedures.

As part of our commitment to an abuse-free environment, Response will:

- ensure that there are appropriate risk assessments in place
- protect, maintain and uphold the human rights of children and young people at risk

## **SAFEGUARDING AND PROTECTION FROM ABUSE (CYP) POLICY AND PROCEDURE**

- eliminate discrimination take action against staff, volunteers, management committee members or residents who use their positions, or any influence, power or authority they may have to abuse others or the organisation
- provide suitable induction, training, support and supervision to staff along with clear policies and procedures to which they must work.
- place Safeguarding on the agenda of every supervision and team meeting
- provide the necessary support to residents, their relatives and visitors to assist them to uphold an abuse-free environment. This will include providing information at sign up, encouraging disclosures in key work sessions and using posters, flyers etc. to promote both internal routes for reporting concerns and the contact details for the relevant Safeguarding team for your area.

This policy covers staff, agency workers, students, volunteers and Board Members

Response recognises its duty of care to safeguard children and young people as detailed under the Children Act 1989 amended 2004 and Working Together to Safeguard Children 2018 and aims to incorporate them into this document.

### **2. Roles and Responsibilities**

**2.1 The Board of Trustees:** Trustees should promote an open and positive culture and ensure all involved feel able to report concerns, confident that they will be heard and responded to. They carry the overall responsibility for ensuring that people are protected and that safeguarding responsibilities are met through this policy. This overall responsibility has been delegated to the Performance Committee.

**2.2 Designated committee:** Performance Committee is responsible for the sign-off of this policy and providing necessary scrutiny of management reports.

**2.3 Corporate Safeguarding Lead (Executive Director):** Director of Children, Young People and Families (YPC&F) is the identified lead for this policy and is responsible for ensuring that safeguarding issues are managed and internal reporting and monitoring is in accordance with the policies and expectations laid out in any associated procedures.

**2.4 Directors & Heads of Department:** Are responsible for ensuring they review and revise policies and procedures as needed and in support of the Director of Children, Young People and Families (YPC&F), have overarching understanding of serious issues, themes, trends and patterns, and relevant monitoring systems are in place to support best practice. **Designated Safeguarding Leads** have been identified in departments as follows:

- Director of Adult Service and Safeguarding
- Director of Children, Young People and Families
- Director of Housing and Property

**2.5 Operations Managers, Registered/Service/Area/Deputy Managers are responsible for:**

3.4.1 ensuring the policy is accessible, read, understood, and adhered to by all staff within their teams/departments

3.4.2 day to day operational decisions and escalating issues as required and in line with this policy and associated procedures

3.4.3 ensuring all safeguarding issues are managed in accordance with this policy and in line with the incident threshold matrix

3.4.4 providing relevant management reports to their Director and/or Head of Service to support continuous improvement and development

**2.6 All Staff** must comply with the requirements set out in this policy and associated procedures

**Where there are safeguarding issues that fall outside these services, or where there is any query, the final determination of who has lead responsibility for implementing this policy will be made on a case-by-case basis by the Director of Children, Young People and Families (YPC&F)**

## 3. Definitions

### 3.1 Child:

“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.” Working Together to Safeguard Children 2018

### 3.2 Safeguarding:

Safeguarding and promoting the welfare of children includes:

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best life chances

Safeguarding is everybody's responsibility and includes measures to prevent or minimise the potential for abuse occurring.

### 3.3 Child Protection:

Although part of safeguarding and promoting welfare, child protection refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

### 3.4 Children with Disabilities

Any child with a disability is by definition a 'child in need' under Section 17 of the Children Act 1989. The Disability Discrimination Act 2005 (DDA) and the Equality Act 2010 define a disabled person as someone who has "a physical or mental impairment which has a substantial and long term adverse effect on his or her ability to carry out normal day to day activities".

The Equality Act 2010 makes it unlawful to discriminate against a disabled person in relation to the provision of services. This includes making a service more difficult for a disabled person to access or providing them with a different standard of service.

Research suggests that children with a disability may be generally more vulnerable to significant harm through physical, sexual, emotional abuse and/or neglect than children who do not have a disability. Disabled children may be especially vulnerable to abuse for several reasons (e.g., they may be at increased likelihood of being socially isolated with fewer outside contacts than non-disabled children). Where there are concerns about the welfare of a disabled child, they should be acted upon in the same way as with any other child.

### 3.5 Contextual safeguarding

This is an approach to understanding and responding to young people's experiences of significant harm beyond their families. Contextual Safeguarding, therefore, expands the objectives of child protection systems in recognition that young people are vulnerable to abuse in a range of social contexts.

As well as threats to the welfare of children from within their families, children may be vulnerable to abuse or exploitation from outside their families. These extra-familial threats might arise at school and other educational establishments, from within peer groups, or more widely from within the wider community and/or online. These threats can take a variety of different forms and children can be vulnerable to multiple threats, including exploitation by criminal gangs and organised crime groups, such as county lines, trafficking, online

abuse, sexual exploitation and the influences of extremism leading to radicalisation. Extremist groups make use of the internet to radicalise and recruit and to promote extremist materials. Any potential harmful effects to individuals identified as vulnerable to extremist ideologies or being drawn into terrorism should also be considered.

## **SAFEGUARDING AND PROTECTION FROM ABUSE (CYP) POLICY AND PROCEDURE**

Practitioners working with children and their families should consider whether wider environmental factors are present in a child's life and are a threat to their safety and/or welfare. Children who may be alleged perpetrators should also be assessed to understand the impact of contextual issues on their safety and welfare.

Interventions should focus on addressing these wider environmental factors, which are likely to be a threat to the safety and welfare of a number of different children who may or may not be known to local authority children's social care. Assessments of children in such cases should consider the individual needs and vulnerabilities of each child. They should look at the parental capacity to support the child, including helping the parents and carers to understand any risks and support them to keep children safe and assess potential risk to child.

### **3.6 Abuse**

In line with the M.A.S.H. Safeguarding Children Teams, Response Children & Young People's Teams recognise four main categories of abuse. The following definitions are taken from Working Together to Safeguard Children 2018:

- Physical abuse
- Neglect
- Sexual Abuse
- Emotional Abuse

In addition to the types of abuse outlined in Safeguarding Children 2018, workers need to be aware of the following risks to children and young people:

- Child Sexual Exploitation
- Forced Marriage
- Female Genital Mutilation
- Domestic Abuse
- Bullying
- Modern Slavery and Human Trafficking
- Radicalisation
- Child criminal exploitation and County Lines
- Modern Slavery
- Self-Harm & Suicide.
- So called Honor based violence
- Financial Abuse
- Institutional/organisational abuse
- Mate crime
- Children exposed to extreme ideology
- Peer on peer abuse
- Children missing from care, home or education
- Prevent - extremism

NB detailed definitions are provided in **Appendix 1 (9.1)**

### **3.7 Mental Capacity Act 2005**

All actions taken under this Policy and the Oxfordshire Safeguarding Children Procedure must have full regard to the Mental Capacity Act 2005 and the accompanying Code of Practice in relation to work with young people aged 16 & 17 years of age. All provisions within the Mental Capacity Act 2005 (with just four exceptions) apply to 16 & 17-year old's.

Those four exceptions are:

- You must be 18 before you can grant someone Power of Attorney or be an Attorney

## **SAFEGUARDING AND PROTECTION FROM ABUSE (CYP) POLICY AND PROCEDURE**

- You must be 18 before you can make a legally binding advanced decision to refuse medical treatment
- You must be 18 before the Court of Protection can make a statutory will
- You must be 18 before a Supervisory Body can authorise a deprivation of your liberty in a care home or hospital. However, the Court of Protection can authorise deprivation of liberty in domestic settings from the age of 16 and from 1 October 2020 when Liberty Protection Safeguards are due to replace Deprivation of Liberty Safeguards the age will be 16+ in all settings.

Although the Mental Capacity Act is primarily adult legislation for those aged 16+, there are two situations where the Act can apply to younger children. These are as follows:

- If a child is subject to abuse/neglect not because of their age but vulnerability caused by other challenges such as mental health problems or complex needs the criminal offences in the Mental Capacity Act can be used.
- If a matter being dealt with by the Courts needs a decision that will extend beyond a child's 18th birthday it may be more appropriate to take this to the Court of Protection rather than the Family Court.

The Act sets out 5 key statutory principles for those aged 16+:

- The presumption of capacity – every adult has the right to make his/her own decisions and must be assumed to have the capacity to do so unless it is proved otherwise.
- The right of individuals to be supported to make their own decisions – people must be given all appropriate help before anyone concludes that they cannot make their own decisions. If a lack of capacity is established, it is still important to involve the person as far as possible in making decisions.
- Unwise decisions – a person is not to be treated as unable to make a decision merely because it is considered to be unwise.
- Best interests – anything done for or on behalf of a person without capacity must be in their best interests, and
- Least restrictive alternative – anything done for or on behalf of a person without capacity should be the least restrictive of their basic rights and freedoms including how they would have chosen to live if they could still have made this specific decision.

All decisions and actions taken directly affecting the person at risk must, where possible, take full account of their wishes. Where decisions have to be made on behalf of a person who lacks capacity full account must be taken of their best interests and the least restrictive option as outlined within the Act.

However, in some circumstances the wishes of the person may be overridden where there is agreed to be a serious risk of harm or there is a risk to other vulnerable people. This relates particularly to the sharing of information with other agencies.

Reference: Mental Capacity Act 2005 – Joint Oxfordshire Policy

### **4. Process**

#### **4.1 Confidentiality**

Children have a right to confidentiality under Article 8 of the European Convention on Human Rights. It's important to respect the wishes of a child or any person who doesn't consent to share confidential information.

If you're not given consent to share information, you may still lawfully go ahead if the child is experiencing, or is at risk of, significant harm.

Child protection concerns, disclosures from children or safeguarding allegations made against a person in a position of trust must not be discussed across the workforce. This information should be shared solely with Designated Safeguarding Leads, Children's Social Care and/or the Local Area Designated Officer (LADO) as appropriate.



## **SAFEGUARDING AND PROTECTION FROM ABUSE (CYP) POLICY AND PROCEDURE**

Personal information which is shared by the child or young person on a 1:1 level, such as sexual orientation or gender identification, should not be disclosed to the workforce.

If staff and volunteers wish to discuss situations with colleagues to gain a wider perspective, this should be done on an anonymous basis with names and other identifying information relating to the child and their family remaining strictly confidential.

NB additional guidance can be found in appendix 2 (9.2)

### **4.2 Reporting abuse**

Anyone who suspects or knows that abuse is taking place must raise their concerns immediately with your line manager or, if they are not available, your managers manager. You can also raise a concern following the procedure set out in the Whistleblowing policy and procedure.

If you are a contractor, contact a member of staff or the Project Manager as soon as possible, **If the police need to be contacted urgently use 999, do not delay.**

Where a child believed to be at risk of abuse is encountered or if they disclose or discuss potential abuse with you, it should be recognised that they may be describing abuse, albeit not explicitly.

If there is concern that a child is being abused or if they report abuse and/or neglect you should:

- Listen
- Take their allegation seriously
- Reassure them that action will be taken to keep them safe

**DO NOT attempt to prompt or encourage the individual to make a statement, however it is important to write down as soon as possible anything that is disclosed when offering safety and general support.**

The Safeguarding Lead must be informed immediately of any safeguarding concerns and further action will depend upon the circumstances of the case, the seriousness of the child's allegation and the local multi-agency safeguarding arrangements in place. If the child is in immediate danger or is at risk of harm a referral should be made to children's social care and/or the police.

The child should be kept informed of any action being taken, but, although it is important to maintain confidentiality, no promises should be made to keep the information a secret as this may need to be shared for their protection. It is then the role of social workers and/or the police to investigate cases and make a judgement on whether there should be a statutory intervention and/or a criminal investigation. If following this, there are then further signs of abuse and neglect, this should be reported and referred again. Following referral to a social worker a response should be received within one working day to confirm what further action may be needed.

Any safeguarding decisions should form a child centered approach, with the aim of keeping the child in focus and, where possible, working in partnership with them and their families. Advice and assistance can also be sought from the NSPCC helpline: 0808 800 500.

**NB: When and alleged crime has been committed, we are duty bound to make a report to the police. This information should be sensitively shared with the individual at risk. The decision to proceed**

**and press charges will remain with the individual or with the court of protection or other responsible person should issues of capacity be found.**

Be aware of the possibility of forensic evidence if the disclosure refers to a recent incident. If there is a possibility that forensic evidence exists, preserve the evidence. Do not clean it up.

## **SAFEGUARDING AND PROTECTION FROM ABUSE (CYP) POLICY AND PROCEDURE**

Staff will have been considered to have reasonably met their duty of care when:

- all reasonable steps have been taken
- reliable assessment methods have been used
- information has been collated and thoroughly evaluated
  - the risks of an intervention/action to an individual or others have been balanced with the risks of non-intervention or alternative action
  - the risk of increasing risk to the individual or others over time have been assessed
- decisions have been recorded, communicated and thoroughly evaluated
- policies and procedures have been followed
- actions are proactive and facts are confirmed.

**NB:** Process flow chart and key steps can be found in **appendix 3 (9.3)**

### **4.3 Raising a Concern with the Safeguarding Team**

Response has a procedure for Raising, Recording and Managing Concerns – see separate document entitled Procedure for Raising, Recording and Managing Concerns about Suspected Abuse within Response Services - held in the company Safeguarding folder.

This procedure **MUST** be followed, and the appropriate forms completed by the manager. This procedure has 3 stages to be completed:

- The Alert should be completed and submitted to the relevant Local Authorities Multi-Agency Safeguarding Hub (MASH) within 1 working day by completing the on-line alert form found at: <https://www.oxfordshire.gov.uk/business/information-providers/adult-social-care-providers/referring-child>
- Before you complete a MASH referral form you must have read the Threshold of need matrix (pdf format) in reference to the case.
- You will need to have:
  - decided the level of risk related to the case
  - determined it to be level 3 or 4
  - inform the parents or carers using the MASH leaflet (unless informing parents/carers may increase the risk).
  - consider if the child or young person's needs can be met by services from within your own agency, or by other professionals involved with the family already

In all cases Response staff will confirm they are raising a formal safeguarding concern which Response believes might require an enquiry, tell M.A.S.H. how to contact Response to invite them to the strategy meeting and if a crime may have been committed confirm if M.A.S.H. will contact the police or wish Response to do so. Response staff will confirm if M.A.S.H. wish Response to make the initial enquiries or plan to take the lead in responding to the concern raised.

If the police need to be contacted use **999 or 101** as appropriate.

In Registered Services the Care Quality Commission must be informed on **03000 616161**

Initial Safeguarding/Child Protection enquiries should be completed and reported to M.A.S.H. within 24 hours. If M.A.S.H. ask Response to conduct these rather than proceeding with the enquiries themselves. Any assessment & safeguarding/protection report should be completed and reported to M.A.S.H. within 20 days.

Where it is unclear whether a concern requires a safeguarding response, refer to the Response Threshold of Needs matrix. If after consulting the Threshold of Need, Response still has concerns, but they do not require an immediate safeguarding response, contact will be made with the Locality and Community Support Service (LCSS) requesting a 'no names' consultation. The LCSS will advise Response on what to do next. If a referral needs to be made LCSS will advise Response of this.

One of the other key relationships for working with children and young people may be their school. This is particularly pertinent for teams working directly in schools (such as the Mental Health Support Teams).



## **SAFEGUARDING AND PROTECTION FROM ABUSE (CYP) POLICY AND PROCEDURE**

Each school will have a Designated Safeguarding Lead alongside their specific policy for Safeguarding. In instances where Safeguarding concerns are raised with Response in schools, it is important that we include the school in the process. The schools will also hold more information on the child or young person which may inform our position. The only exception to this may be if an allegation is made about the school and school staff, where it would follow that in the first instance, we would go to the MASH team directly and inform the school leadership at the appropriate stage.

**NB** additional guidance on information required when reporting a concern is detailed in **appendix 4 (9.4)**

### **4.4 When should the safeguarding procedure be initiated?**

The responsibility for making the decision to initiate the Safeguarding Procedure lies with the Director/Head of Department or delegated Safeguarding Lead. They will make this decision in consultation with the relevant manager and in conjunction with the relevant staff at M.A.S.H. It is the responsibility of Response staff and managers to make sure that one of the delegated Safeguarding Leads (or the person deputising in their absence) is informed promptly of concerns about potential abuse so that they have the necessary facts to make this decision. However, all staff have the right to raise an alert directly with M.A.S.H. should they feel the need to do so, following the procedure set out in the Response Whistleblowing Policy.

When the safeguarding concern is prompted by an incident occurring in a Response service, the manager is responsible for ensuring that the Response Incident Form is completed, relevant people are informed, and the form is forwarded to the delegated Safeguarding Leads. The full Safeguarding Procedure should only be initiated if the delegated Safeguarding Leads confirms that this is necessary.

All safeguarding alerts and incidents are recorded centrally on Inform providing full details of the alleged events which can be monitored through the investigation to outcomes and action taken. The central system is monitored by the Corporate Governance and Compliance team.

Investigation officers, managers and senior managers are responsible for ensuring actions are followed through in accordance with this policy and associated processes/timeframes.

It is the responsibility of the Director of Corporate Governance and Compliance in liaison with the Designated Safeguarding Leads to review these on a regular basis (at least bi-monthly). The Trustee Safeguarding Lead and the Performance Committee will also review cases on the log regularly and at least annually, observing trends and the lessons learned and advising the organisation on any actions needed.

### **4.5 Authority contact details:**

#### **Oxfordshire**

Email: [Mash-children@oxfordshire.gov.uk](mailto:Mash-children@oxfordshire.gov.uk).

M.A.S.H. team can be contacted on **0345 050 7666** - office hours

Emergency Duty Team on **0800 833 408** – out of hours

LCSS Central: 0345 241 2705

LCSS North (including Banbury, Witney, Bicester, Carterton and Woodstock): 0345 241 2703

LCSS South (including Abingdon, Faringdon, Wantage, Thame, Didcot and Henley): 0345 241 2608

#### **West Berkshire**

[Report a concern about a child or young person - West Berkshire Council](#)

Email: [child@westberks.gov.uk](mailto:child@westberks.gov.uk)

CAAS: **01635 503090** – office hours

EDS: **01344 351999** – out of hours

#### **Bracknell**

[Bracknell Forest Safeguarding Board - Child Safeguarding](#)

MASH: **01344 352005** – office hours

EDS: 01344 351999 – out of hours

### **Bath and Northeast Somerset**

[Safeguarding children | BCSSP \(bathnes.gov.uk\)](#)

Children's Social Work Services: office hours **01225 396111** or **01225 477926**,  
out of hours **01454 615165**

### **Bristol City Council**

[Keeping Children Safe \(bristol.gov.uk\)](#)

Advice lines: North: 0117 352 1499

East/Central: 0117 3576460

South: 0117 9037770

### **North Somerset**

[Child protection and safeguarding | North Somerset Online Directory \(n-somerset.gov.uk\)](#)

Child protection team: 01275 888808

### **South Gloucester**

[Care and support for children and families | South Gloucestershire Council \(southglos.gov.uk\)](#)

Call: 01454 866000 – office hours

01494 615165 - out of hours

### **Swindon**

[Swindon Safeguarding Partnership](#)

Email: [Swindonmash@swindon.gov.uk](mailto:Swindonmash@swindon.gov.uk)

Call: 01793 466903 – normal office hours

EDS: 01793 436699 – out of hours

### **Wiltshire**

[Wiltshire Safeguarding Vulnerable People Partnership \(SVPP\) - About safeguarding children \(wiltshiresvpp.org.uk\)](#)

Email: [mash@wiltshire.gov.uk](mailto:mash@wiltshire.gov.uk)

Call: 0300 4560108 – office hours

0300 4560100 – out of hours

## **4.6 Taking action against abuse**

### **4.6.1 Supporting children**

If/when a child reports they are suffering or have suffered significant harm through abuse or neglect, or have caused or are causing physical or sexual harm to others, the initial response from all professionals should be to listen carefully to what the child says and to observe the child's behaviour and circumstances to:

- Clarify the concerns
- Offer re-assurance about how the child will be kept safe
- Explain what action will be taken and within what timeframe

The child must not be pressed for information, led or cross-examined or given false assurances of absolute confidentiality, as this could prejudice police investigations, especially in cases of sexual abuse.

If the child can understand the significance and consequences of making a referral to children's social care, they should be asked for their views.

It should be explained to the child that whilst their view will be taken into account, the professional has a responsibility to take whatever action is required to ensure the child's safety and the safety of other children

### **4.6.2 Advocacy**

## **SAFEGUARDING AND PROTECTION FROM ABUSE (CYP) POLICY AND PROCEDURE**

Children and young people using services offered by Response are entitled to the use of advocacy to assist them in making an allegation of abuse.

For those aged 16+, the Care Act states that where the adult involved in the safeguarding process would have "substantial difficulty" in engaging in the safeguarding process they are entitled to a Care Act advocate if there is no other suitable adult (e.g., appropriate family member) to represent them. If the adult lacks capacity, they are eligible for an Independent Mental Capacity Advocate (IMCA) whether they have suitable family/friends. In Oxfordshire, both the IMCA service and Care Act advocacy services are run by Oxfordshire Advocacy so there is a single access point for obtaining the relevant advocate Tel: 01865 741200 Website: [www.gettingheard.org](http://www.gettingheard.org)

### **4.6.3 Allegations against members of staff, volunteers or management, committee members, trustees and contractors**

- If serious allegations of abuse are made against a member of staff, they will be suspended with pay as soon as practical following discussion and agreement where possible with M.A.S.H. and/or police regarding the timing of suspension so that the allegations can be thoroughly investigated using the disciplinary action policy and procedure. Volunteers and management committee members in this position will also be suspended as soon as practical following discussion and agreement where possible with the M.A.S.H. and/or police regarding the timing of suspension and be subject to the disciplinary action policy and procedure.
- Should the investigation determine that there is a case to answer, the staff member, volunteer or management committee member will be subject to disciplinary action. The police may also be contacted to pursue legal action against them.
- Should the investigation determine that there is no case to answer, the staff member, volunteer or management committee member will be offered additional support and supervision to assist them in returning to work.

### **4.6.4 Allegations against a child or young person using a service at Response**

- If allegations of abuse are made against another child or young person using a service at Response, they may need to be withdrawn from a service where they pose a risk to other children or young people, until an investigation has been carried out. Depending on the nature of the alleged abuse and its seriousness, enquiries may be conducted by M.A.S.H. or Response staff if advised to do so. The child or young person concerned will be offered support during this time if at all possible.
- Should the investigation find that there is a case to answer, Response will liaise with M.A.S.H. on the best way forward. If the child or young person is not able to remain in receipt of the service concerned, Response will make reasonable attempts to assist them to find alternative support.

## **5. Staff Conduct, Training and Support**

### **5.1 Staff Conduct**

Response will not tolerate any staff member, worker or other person engaged to support or provide services to, or on our behalf to have:

- behaved in a way that has harmed, or may harm, an at-risk adult
- possibly committed a criminal offence against, or related to, an at-risk adult
- behaved towards an at-risk adult in a manner that may indicate they are unsuitable to work in a position of trust.

Any staff member identified to behave in such a way as to indicate one or more of the above statements, either within their work or as a consequence of actions within their personal life, may be subject to disciplinary action. Identification of such incidents can come from various different sources. Response will

## **SAFEGUARDING AND PROTECTION FROM ABUSE (CYP) POLICY AND PROCEDURE**

take prompt action to investigate any allegations made and will take any actions necessary to protect individuals and those that work with us, for us, and on our behalf.

Resulting actions can/may include a staff member being suspended and possibly dismissed. All allegations that relate to registered services will be reported to the CQC without delay, as is required. Where the allegation is made against a healthcare professional we will liaise with and report to the relevant professional body.

Additionally, Response has a duty to refer staff member(s) to the Disclosure and Barring Service (DBS) if they have:

- Satisfied the harm test, i.e., that the Company believes that the staff member(s) may:
  - harm a child or vulnerable adult
  - cause a child or vulnerable adult to be harmed
  - put a child or vulnerable adult at risk of harm
  - attempt to harm a child or vulnerable adult or incite another to harm a child or vulnerable adult.
- Received a caution or conviction for a relevant offence.

A relevant offence for the purposes of referrals to DBS is an automatic inclusion offence as set out in the Safeguarding Vulnerable Groups Act 2006 (Prescribed Criteria and Miscellaneous Provisions) Regulations 2009 and the Safeguarding Vulnerable Groups.

Broadly speaking these offences include all sexual offences, all offences involving children, most prostitution offences and murder. If you are unsure, contact the HR Department for guidance.

For contractors, partners and suppliers, Response will raise concerns with the organization at a senior level and take advice from the relevant safeguarding team. The details of the approach will be confirmed by the Corporate Safeguarding Lead in liaison with the relevant Designated Safeguarding Lead.

### **5.2 Staff Training**

All staff and volunteers working with service users receive mandatory training in relation to the role and level of responsibility and accountability from Safeguarding Level 1 and 2 for front line workers to levels 3 and 4 for managers and senior managers/directors, the Mental Capacity Act, Deprivation of Liberty/Liberty Protection Safeguards and the Prevent Agenda. All training must be completed annually.

Trustees will receive specialist training on their safeguarding governance duties and safeguarding leads will attend management level training for both adults and children's services where required.

Discussion of safeguarding issues will form part of regular support and supervision sessions as set out in the policy and procedure on Support and Supervision.

### **5.3 Appropriate Boundaries for Employees**

All staff and volunteers must follow the guidance on appropriate professional boundaries that are set out in separate guidance document entitled **Appropriate Professional Boundaries**- held in the company Safeguarding folder.

## **6. Compliance**

### **6.1 Undertaking recruitment checks**

- Response has a Policy for the safer Recruitment Selection and Appointment of Staff, under which candidates for all posts with Response will be asked suitable questions at interview to assess their understanding of safeguarding and be required to provide two professional references and undergo a check by the Disclosure and Barring service every 3 years. New employees will not be allowed to work unsupervised until such a check has been successfully completed.

## SAFEGUARDING AND PROTECTION FROM ABUSE (CYP) POLICY AND PROCEDURE

- Volunteers will be subject to the same checks and safeguards above as described in the Volunteer policy
- For contractors, Response will:
  - Undertake due diligence on all new contractors via it's New Contractor Checklist **appendix 5 (10.5)**
  - ensure assurance regarding recruitment checks is provided by the contracting organisation on at least a bi-annual basis

### 6.2 Equality, Diversity and Human Rights

Response recognises some people experience disadvantage due to their socio-economic circumstance, employment status, class, appearance, responsibility for dependents, unrelated criminal activities, being HIV positive or with AIDS, or any other matter which causes a person to be treated with injustice.

Response is committed to ensuring that no person or group of persons will be treated less favourably than another person or group of persons and will carry out our duty with positive regard for the following strands of equality; Age, Disability, Gender, Race, Gender-reassignment, sexual orientation, Religion and/or Belief, Civil Partnership and Marriage, Pregnancy and Maternity.

Response will also ensure that all services and actions are delivered within the context of Human Rights legislation. Staff and others with whom Response works with, will adhere to the central principles of the Human Rights Act (1998)

### 6.3 GDPR Statement

Response Organisation manages all of the data referred to in this policy and supporting documents in accordance with the General Data Protection Regulations 2018. For more information on how we handle information, please see our Privacy Policy on our website

## 7. Other Legislation and Guidance

### International Legislation

- United Nations Convention on the Rights of the Child 1991

### UK Legislation

- Children Acts' 1989 amended 2004
- Children and Families Act 2014
- Sexual Offences Act 2003
- The Mental Capacity Act 2005 & DoLS
- Equality Act 2010
- Public Interest Disclosure Act 1998
- Enterprise and Regulatory Reform Act 2013
- Data Protection Act and General Data Protection Regulations 2018
- 

### UK Guidelines and Best Practice

- Special educational needs and disability (SEND) code of practice: 0 to 25 years
- Working Together to Safeguard Children 2018
- What to do if you are worried a Child is being Abused 2015
- Keeping Children Safe in Education 2016 amended 2019

### Local Authority Policy, Procedures and Guidelines

- Oxfordshire Safeguarding Children Board guidelines
- Oxfordshire Safeguarding Children Board multi-agency policy and procedures

## Response Policy and Procedure

- Whistle Blowing Policy and Procedure
- Recruitment and Selection Policy and Procedure
- Disciplinary Policy and Procedure
- Volunteers Policy and Procedure
- Complaints Policy and Procedure
- Incident Reporting Procedure

Risk Assessment addressing the Potential for Personal Benefit through Abuse

## 8. Review

The effectiveness of this Policy is regularly monitored by the Director of Corporate Governance and Compliance and/or Head of Corporate Governance and Compliance to determine whether any improvements are needed and is reviewed annually.

## 9. Appendices

### 9.1 Appendix 1 Definitions of Abuse

#### **Physical Abuse:**

"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." This could include:

- Hitting
- Slapping
- Pushing
- Rough Handling
- Exposure to heat or cold temperatures
- Forced feeding
- Denial of treatment
- Restraint
- Misuse of medication
- Not being assisted to the toilet when needing to go
- 

Possible indicators of physical abuse include:

- History of unexplained falls or minor injuries.
- Unexplained bruising in well protected areas, on the soft parts of the body or clustered as from repeated striking.
- Unexplained burns in an unusual location or of an unusual type.
- Unexplained fractures to any part of the body that may be at various stages in the healing process.
- Unexplained lacerations or abrasions.
- Slap, kick, pinch or finger marks.
- Injuries/bruises found at different stages of healing or such that it is difficult to suggest an accidental cause.
- Injury shape similar to an object.
- Untreated medical problems.
- Weight loss due to malnutrition or dehydration; complaints of hunger.
- Appearing to be over medicated.



## SAFEGUARDING AND PROTECTION FROM ABUSE (CYP) POLICY AND PROCEDURE

### Neglect

“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:

- a. provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- b. protect a child from physical and emotional harm or danger
- c. ensure adequate supervision (including the use of inadequate caregivers)
- d. ensure access to appropriate medical care or treatment

It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs.”

Warning signs or indicators of neglect may include:

- Poor condition of accommodation.
- Inadequate heating and/or lighting.
- Poor physical condition of a person (e.g., ulcers, pressure sores etc.).
- Individual’s clothing in poor condition (e.g., unclean, wet, etc.).
- Malnutrition.
- Failure to give prescribed medication or appropriate medical care.
- Failure to ensure appropriate privacy and dignity.
- Inconsistent or reluctant contact with health and social agencies.
- Refusal of access to callers/visitors.

### 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.” Sexual abuse can take many forms and may include:

- Non-contact sexual activity
- Pornographic photography
- Indecent exposure
- Stalking
- Grooming
- Harassment
- Unwanted teasing or innuendo
  
- Unwanted touching
- Penetration of the human body with fingers, penis or objects
- Possible indicators of sexual abuse could include:
  - A change in usual behaviour for no apparent or obvious reason.
  - Sudden onset of confusion, wetting or soiling.
  - Withdrawal, choosing to spend the majority of time alone.
  - Overt sexual behaviour/language by the vulnerable person.
  - Self-inflicted injury.
  - Disturbed sleep pattern and poor concentration.
  - Difficulty in walking or sitting.
  - Torn, stained and/or bloody underclothes.
  - Love bites.
  - Pain or itching, bruising or bleeding in the genital area.
  - Sexually transmitted urinary tract/vaginal infections.
  - Bruising to the thighs and upper arms.
  - Frequent infections.

## SAFEGUARDING AND PROTECTION FROM ABUSE (CYP) POLICY AND PROCEDURE

- Severe upset or agitation when being bathed/dressed/undressed medically.

### 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 meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or ‘making fun’ of what they say or how they communicate. 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.” Warning signs of emotional abuse could include:

- Threats
- Bribes
- Coercion
- Ridicule
- Humiliation
- Provoking fear
- Intimidation
- Negating choices, wishes or self-esteem
- Causing isolation or overdependence
- 

Possible indicators of psychological or emotional abuse include:

- Ambivalence about carer.
- Fearfulness expressed in the eyes; avoids looking at the carer, flinching on approach.
- Deference.
- Overtly affectionate behaviour to alleged perpetrator.
- Insomnia/sleep deprivation or need for excessive sleep.
- Change in appetite.
- Unusual weight gain/loss.
- Tearfulness.
- Unexplained paranoia.
- Low self-esteem.
- Excessive fears.
- Confusion.
- Agitation.

**In addition to the types of abuse outlined in Safeguarding Children 2018, workers need to be aware of the following risks to children and young people:**

- Child Sexual Exploitation
- Forced Marriage
- Female Genital Mutilation
- Domestic Abuse
- Bullying
- Modern Slavery and Human Trafficking
- Radicalisation
- Child criminal exploitation and County Lines
- Modern Slavery
- Self-Harm & Suicide.
- So called Honour based violence

## **SAFEGUARDING AND PROTECTION FROM ABUSE (CYP) POLICY AND PROCEDURE**

- Financial Abuse
- Institutional/organisational abuse
- Mate crime

### **Child sexual exploitation**

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. Child sexual exploitation takes different forms from a seemingly 'consensual' relationship where sex is exchanged for attention, affection, accommodation or gifts, to serious organised crime and child trafficking. Child sexual exploitation involves differing degrees of abusive activities, including coercion, intimidation or enticement, unwanted pressure from peers to have sex, sexual bullying (including cyber bullying) and grooming for sexual activity.

### **Forced marriage**

A forced marriage is one where either or both parties do not (or in cases of people with learning disabilities, cannot) consent to the marriage and pressure or abuse is used against them.

Forced marriage, as distinct from a consensual 'arranged' one, is a marriage conducted without the full consent of both parties and where duress is a factor. Duress cannot be justified on religious or cultural grounds.

It is recognised in the UK as a form of violence against women and men, domestic/child abuse and a serious abuse of human rights. In 2004, the UK Government's definition of domestic abuse was extended to include acts perpetrated by extended family members, as well as intimate partners. The pressure that is put on people to marry against their will may be physical (including threats, actual physical violence and sexual violence) or emotional and psychological (e.g., when someone is made to feel that they are bringing shame on their family). Financial abuse (taking away a person's wages or not giving them any money) may also be a factor. If an individual does not consent or lacks capacity to consent to marriage, that marriage must be viewed as a forced marriage whatever the reason for it taking place. Capacity to consent can be assessed and tested but is time-and-decision specific. Professionals should respond in a similar way to forced marriage as with domestic violence and honour based violence (i.e., in facilitating disclosure, developing individual safety plans, ensuring the child's safety by according them confidentiality in relation to the rest of the family, completing individual risk assessments, etc.).

### **Female Genital-Mutilation**

Female Genital Mutilation (FGM) is sometimes referred to as female circumcision. It refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. This practice is illegal in the UK. Possible indicators of Female Genital-Mutilation include:

- Genital scarring.
- Frequent Urinary Tract or Pelvic Infection.
- Difficulty in passing urine.
- Impaired sexual function.
- Complications in pregnancy and/or childbirth.
- Post-Traumatic Stress Disorder, flash backs or anxiety.

### **Domestic Abuse**

Domestic abuse is the abuse of one person within an intimate or family relationship. It can be the repeated, random or habitual use of intimidation to control, coerce or threaten a person. The abuse can encompass, but is not limited to physical, emotional, psychological, financial, sexual, honour-based violence, female genital mutilation or forced marriage.

## **SAFEGUARDING AND PROTECTION FROM ABUSE (CYP) POLICY AND PROCEDURE**

Domestic abuse can also involve the abuse of a person at risk. Safeguarding procedures only apply in this instance where the person:

- has needs for care and support and
- is experiencing, or at risk of, abuse or neglect and
- as a result of those care and support needs is unable to protect themselves from abuse or neglect or the risk of abuse or neglect.

Possible indicators of domestic abuse include:

- Intense or irrational jealousy or possessiveness expressed by the partner or reported by the person at risk.
- Reluctance to speak or disagree in the presence of their partner.
- Often accompanied by an “over protective” partner, preventing professionals obtaining the accurate picture of what is happening.
- History of depression, anxiety, self-harm or suicide attempts.
- History of alcohol or drug abuse.
- Appearance of low self-esteem.

### **Bullying**

Bullying is not always easy to recognise as it can take a number of forms. A child may encounter bullying attacks that are:

- physical: pushing, kicking, hitting, pinching and other forms of violence or threats
- verbal: name-calling, sarcasm, spreading rumours, persistent teasing
- emotional: excluding (sending to Coventry), tormenting, ridiculing, humiliating.

Persistent bullying can result in depression, low self-esteem, shyness, poor academic achievement, isolation, threatened or attempted suicide

Indicators a child is being bullied can be:

- coming home with cuts and bruises
- torn clothes
- asking for stolen possessions to be replaced
- losing dinner money
- falling out with previously good friends
- being moody and bad tempered
- wanting to avoid leaving their home
  
- aggression with younger brothers and sisters
- doing less well at school
- sleep problems
- anxiety
- becoming quiet and withdrawn

### **Self-Harm**

Deliberate self-harm is intentional self-poisoning or injury, irrespective of the apparent purpose of the act, ([www.nice.org.uk](http://www.nice.org.uk)). Self-harm is an expression of personal distress, not an illness. Self-harm can involve:

- Cutting, burning, biting
- Head banging and hitting
- Picking and scratching
- Pulling our hair
- Overdosing and self-poisoning
- Substance misuse
- Taking personal risk
- Self-neglect
- Disordered eating

Indicators of self-harm may include:

## **SAFEGUARDING AND PROTECTION FROM ABUSE (CYP) POLICY AND PROCEDURE**

- Changing in eating/sleeping habits
- Changes in activity and mood
- Increased isolation from friends and family
- Lowering of academic grades
- Abusing drugs or alcohol
- Becoming socially withdrawn
- Talking about self-harming or suicide
- Expressing feelings of failure, uselessness or loss of hope
- Giving away possessions

### **Radicalisation**

Radicalisation is the process by which a person comes to support terrorism and forms of extremism leading to terrorism. Radicalisation is not officially classed as a type of abuse; however, it is important to include it to raise awareness.

- Key vulnerabilities such as Learning Disabilities, Mental Health problems or autism can increase an individual's susceptibility towards radicalisation and to be influenced by extremism (Home Office, 2011). Possible indicators of radicalisation include:
- Changing style of dress or personal appearance to fit in with a group.
- Day to day behaviour increasingly centred around an extremist ideology, group or cause.
- Attempts to recruit others to the group/cause/ideology.
- Condoning or supporting violence towards others.
- Plotting or conspiring with others.
- Using insulting or derogatory names or labels for another group.
- Expressing attitudes that justify offending on behalf of the group, cause or ideology.

### **Child criminal exploitation and county lines**

As set out in the Serious Violence Strategy (2018) 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. County Lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of 'deal line'.

They are likely to exploit children and vulnerable adults to move and store the drugs and money, and they will often use coercion, intimidation, violence (including sexual violence) and weapons. Potentially a child involved with a gang or with serious violence could be both a victim and a perpetrator.

This requires professionals to assess and support his/her welfare and well-being needs at the same time as assessing and responding in a criminal justice capacity. Professionals should always take what the child tells them seriously. If a professional is concerned that a child is at risk of harm as a victim or a perpetrator of serious youth violence, gang-related or not, the professional should wherever possible, consult with their line manager or the Safeguarding Children Team and make an immediate referral to Children's Social Care.

### **Modern Slavery**

Modern Slavery encompasses human trafficking, domestic servitude and forced labour. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment. Possible indicators of Modern Slavery include:

- Marked isolation from the community.

## SAFEGUARDING AND PROTECTION FROM ABUSE (CYP) POLICY AND PROCEDURE

- Seeming under the control and influence of others and relying on others to communicate on their behalf.
- Restricted freedom of movement.
- Unusual travel times.
- Unfamiliarity with the local neighbourhood.
- Signs of other forms of abuse, such as looking malnourished, unkempt or withdrawn.
- Few or no personal effects.
- No identification documents.
- Fear of law enforcement.

### **So-called honour-based abuse**

Honor based abuse is the term used to describe incidents of violence, including murder (“honor killings”) that have been committed in the belief that those actions will protect or defend the honor of the family and/or community. Such violence/abuse can occur when perpetrators perceive that a relative has shamed the family and/or community by breaking their honor code. The victims of such incidents are predominantly women, perceived to have behaved immorally and deemed to have breached the honor code of a family and/or community, causing shame. For young victims it is a form of child abuse and a serious abuse of human rights.

It can be distinguished from other forms of violence/abuse, as it is often committed with some degree of approval and/or collusion from family and/or community members. Women, men and younger members of the family can all be involved in the abuse. The Metropolitan Police definition of so-called honor-based violence is 'a crime or incident, which has or may been committed to protect or defend the honor of the family and/or community. This type of violence and abuse includes physical, emotional, financial and sexual abuse of the victims. Professionals should respond in a similar way to cases of honor violence as with domestic abuse and forced marriage (i.e., in facilitating disclosure, developing individual safety plans, ensuring the child's safety by according them confidentiality in relation to the rest of the family).

### **Financial abuse**

Actual or attempted theft fraud or burglary. Misappropriation or misuse of money, property, benefits, material goods or other asset transactions which the person did not or could not consent to or which were invalidated by intimidation coercion or deception – this could include:

- Withdrawal of benefits
- Wills
- Property inheritance
- Withholding of money due to the person
- Exploitation
- Embezzlement
- Possible indicators of financial abuse include:
- Unexplained or sudden inability to pay bills.
- Unexplained or sudden withdrawal of money from accounts.
- Individual lacks belongings or services, which they can clearly afford.
- Lack of receptiveness to any necessary assistance requiring expenditure when finances are not a problem (although the natural thriftiness of some people should be borne in mind).
- Extraordinary interest by family members and other people in the vulnerable person's assets.
- Power of Attorney obtained when the vulnerable adults are not able to understand the purpose of the document they are signing.
- Recent change of deeds or title of property.
- Carer only asks questions of the worker about the individual's financial affairs and does not appear to be concerned about the physical or emotional care of the person.
- The person who manages the financial affairs is evasive or uncooperative.
- A reluctance or refusal to take up care assessed as being needed.
- A high level of expenditure without evidence of the individual benefiting.
- The purchase of items which the individual does not require.
- Personal items going missing from the home.
- Unreasonable and/or inappropriate gifts.



## **SAFEGUARDING AND PROTECTION FROM ABUSE (CYP) POLICY AND PROCEDURE**

### **Institutional/organisational abuse**

Organisational or institutionalised abuse can occur in any organisation when the routines in use force individuals to sacrifice their own needs, wishes or preferred lifestyle to the needs of the institution or service provider. Abuse may be a source or risk from an individual or by a group of staff embroiled in the accepted custom, subculture and practice of the institution or service. It involves the collective failure of an organisation to provide safe appropriate services and includes failure to ensure necessary preventative or protective measures are in place. Possible indicators of institutional or organisational abuse include:

- May be reflected in an enforced schedule of activities.
- Limiting personal freedom.
- Control of personal finances.
- A lack of adequate clothing.
- Poor personal hygiene.
- A lack of stimulating activities.
- A low quality diet.
- Anything which treats the individual as not being entitled to a 'NORMAL' life.

Institutions may include residential and nursing homes, hospitals, day centres, sheltered housing schemes and group or supported housing projects. It should be noted that all organisations and services, whatever their setting, can have institutional practices which can cause harm to vulnerable adults.

The distinction between abuse in institutions and poor care standards is not easily made and judgements about whether an event or situation is abusive should be made with advice from appropriate professionals and regulatory bodies.

### **Mate Crime**

Mate Crime is the premeditated exploitation, abuse or theft from people with a Learning Disability, by those they consider as their friends. However, it also applies to older adults, for example, those with a mental health problem or sensory impairment.

It can encompass other types of abuse, such as physical, psychological, sexual or financial. Examples can include being physically harmed for the amusement of others, having benefits or food stolen or being coerced into crime or prostitution. Possible indicators of mate crime include:

As with indicators for other types of abuse (e.g., physical, sexual, psychological or financial).

Subservient behaviour and constant seeking approval of so called "friends".

### **Children Exposed to Extreme Ideology**

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.

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.

Children and young people can be radicalised in different ways:

- They can be groomed either online or in person by people seeking to draw them into extremist activity. Older children or young people might be radicalised over the internet or through the influence of their peer network – in this instance their parents might not know about this or feel powerless to stop their child's radicalisation.

## **SAFEGUARDING AND PROTECTION FROM ABUSE (CYP) POLICY AND PROCEDURE**

- They can be groomed by family members who hold harmful, extreme beliefs, including parents/carers and siblings who live with the child and/or person(s) who live outside the family home but have an influence over the child's life.
- They can be exposed to violent, anti-social, extremist imagery, rhetoric and writings which can lead to the development of a distorted world view in which extremist ideology seems reasonable. In this way they are not being individually targeted but are the victims of propaganda which seeks to radicalise.

A common feature of radicalisation is that the child or young person does not recognise the exploitative nature of what is happening and does not see themselves as a victim of grooming or exploitation. The harm children and young people can experience ranges from a child adopting or complying with extreme views which limits their social interaction and full engagement with their education, to young children being taken to war zones and older children being groomed for involvement in violence.

### **Children missing from care, home or education**

Children running away and going missing from care, home and education is a key safeguarding issue. Current research findings estimate that approximately 25% of children and young people that go missing are at risk of serious harm.

There are particular concerns about the links between children running away and the risks of sexual exploitation. Looked After Children missing from their placements are vulnerable to sexual and other exploitation, especially children in residential care.

Children who go missing or run away from home or care may be in serious danger and are vulnerable to crime, sexual exploitation or abduction, as well as radicalisation. Healthcare professionals have a key role in identifying and reporting children who may be missing from care, home and school.

Missing children access a number of services provided by a range of health providers, including Urgent Care Units, Emergency Departments, Genito-Urinary Medicine Clinics (GUM) and Community Sexual Health Services.

Health professionals should have an understanding of the vulnerabilities and risks associated with children that go missing. Staff members should be aware of their professional responsibilities and the responses undertaken by the multi-agency partnership.

### **Peer on Peer Abuse**

Peer-on-peer abuse is any form of physical, sexual, emotional and financial abuse, and coercive control, exercised between children and within children's relationships (both intimate and non-intimate).

Peer-on-peer abuse can take various forms, including: serious bullying (including cyber-bullying), relationship abuse, domestic violence, child sexual exploitation, youth and serious youth violence, harmful sexual behaviour, and/or gender-based violence.

### **Prevent - Extremism**

Extremism is defined in Working Together to Safeguard Children 2018 as "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."

The Counterterrorism and Security Act 2015 places a safeguarding duty on settings to have "due regard to the need to prevent people from being drawn into terrorism".

Settings subject to the Prevent Duty will be expected to demonstrate activity in the following areas:

- Assessing the risk of children being drawn into terrorism
- Demonstrate that they are protecting children and young people from being drawn into terrorism by having robust safeguarding policies.

## **SAFEGUARDING AND PROTECTION FROM ABUSE (CYP) POLICY AND PROCEDURE**

- Ensure that their safeguarding arrangements take into account the policies and procedures of the Local Safeguarding Children Board.
- Make sure that staff have training that gives them the knowledge and confidence to identify children at risk of being drawn into terrorism, and to challenge extremist ideas which can be used to legitimise terrorism
- Ensure children are safe from terrorist and extremist material when accessing the internet in the setting

Preventing children and young people from being drawn into extremism is a safeguarding concern. It is essential that frontline staff are able to spot the signs and make a safeguarding referral.

Indicators may include:

- Withdrawing from usual activities
- Accessing extremist literature/websites
- Expressing 'us and them' thinking
- Expressing feelings of anger, grievance or injustice

### **9.2 Appendix 2 Seven golden rules for information sharing**

1. Remember that the Data Protection Act 1998 and human rights law are not barriers to justified information sharing but provide a framework to ensure that personal information about living individuals is shared appropriately.

2. Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.

3. Seek advice from other practitioners if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.

4. Share with informed consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, there is good reason to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be certain of the basis upon which you are doing so. Where you have consent, be mindful that an individual might not expect information to be shared.

5. Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.

6. Necessary, proportionate, relevant, adequate, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.

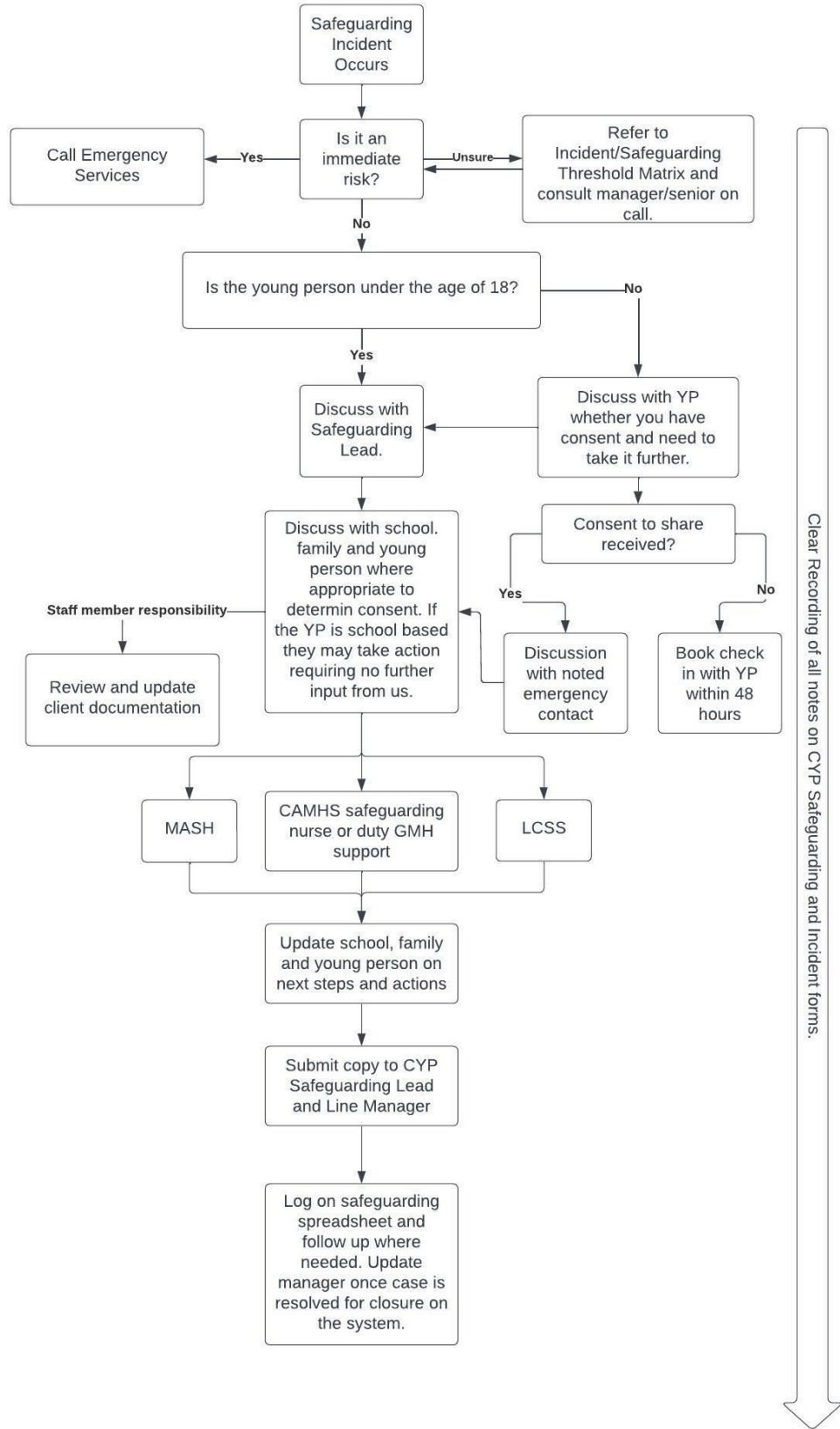
7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

### **9.3 Appendix 3 Process Flowchart & Key Steps**

# SAFEGUARDING AND PROTECTION FROM ABUSE (CYP) POLICY AND PROCEDURE



CYP Safeguarding Flow Chart



## SAFEGUARDING AND PROTECTION FROM ABUSE (CYP) POLICY AND PROCEDURE

### 9.4 Appendix 4 Information required when reporting a concern

The referrer should provide information about their concerns and any information they may have gathered prior to referral. They will be asked for the following:

- Full names, dates of birth and gender of all child/ren in the household
- Family address and (where relevant) school / nursery attended
- Identity of those with parental responsibility and any other significant adults who may be involved in caring for the child such as grandparents
- Names and date of birth of all household members, if available
- Ethnicity, first language and religion of children and parents
- Any special needs of children or parents
- Any significant/important recent or historical events/incidents
- Cause for concern including details of any allegations, their sources, timing and location
- Child's current location and emotional and physical condition
- Whether the child needs immediate protection
- Details of alleged perpetrator, if relevant
- Referrer's relationship and knowledge of child and parents
- Known involvement of other agencies / professionals (e.g., GP)
- Information regarding parental knowledge of, and agreement to, the referral
- The child's views and wishes, if known

Other information may be relevant, and some information may not be available at the time of making the referral. However, the report should not be delayed, to collect information, if the delay may place the child at risk of significant harm.

Parents/carers must be informed about any referral unless to do so would place the child at an increased risk of harm.

### 9.5 Appendix 5 New Contractor Checklist

#### APPLICATION TO JOIN RESPONSE'S APPROVED LIST OF CONTRACTORS

<b>1. YOUR DETAILS:</b>		
Contractor's / Company Name:		
Address: .....		Post Code
Contact Name (Title, First Name, Surname)		
Telephone Mobile		
Emergency Contact Number		
Email		
<input type="checkbox"/> Sole Trader	N/A	<input type="checkbox"/> Limited Company
<b>2. TYPES OF WORK UNDERTAKEN (please tick as many as apply):</b>		
<input type="checkbox"/> Plumbing/Drainage	<input type="checkbox"/> Roofing	<input type="checkbox"/> Carpentry/Joinery
<input type="checkbox"/> Gas Maint/Serviceing <sup>1</sup>	<input type="checkbox"/> TV Aerials	<input type="checkbox"/> Plastering





## SAFEGUARDING AND PROTECTION FROM ABUSE (CYP) POLICY AND PROCEDURE

- Which other organisations do you work for?
- Have you employed any Response staff or their close relatives over the last 12 months?
- Have you carried out work or provided a service for Response staff or their close relatives over the last 12 months?
- Are you a member of a Trade Body? Yes If yes, please state which one:
- Are you registered with a Quality Assurance scheme (eg ISO 9001)? If yes, please state which one: .....

Your Name:

Job Title/Position:

Signature: ..... Date: