

<b>POLICY TITLE:</b> Safeguarding Children and Adults	<b>Policy Number:</b> 1
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**EQUALITY AND DIVERSITY STATEMENT** Healing Health is committed to the fair treatment of all in accordance with the [Equality Act 2010](#). This Policy can be implemented consistently regardless of any protected characteristics and all will be treated with dignity and respect.

All children and adults at risk regardless of age, gender, culture, language, race, ability, sexual identity or religion have equal rights to protection, safeguarding and opportunities. We recognise that all staff and volunteers have a full and active part to play in protecting our children/adults from harm and have an equal responsibility to act on any suspicion or disclosure that may suggest a child/adult is at risk of harm.

**Policy Aim:**

- To ensure that children/adults are effectively safeguarded when receiving care with Healing Health
- To provide an environment in which children/adults feel safe, secure, valued and respected, and feel confident to, and know how to approach staff or volunteers if they need to discuss concerns and have confidence they will be effectively listened to.
- To raise the awareness of all staff and volunteers of the need to safeguard children/adults, and of their responsibilities in identifying and reporting possible cases of abuse
- To emphasise the need for good levels of communication and information sharing between all staff, volunteers and the relevant external agencies i.e. police and social care
- To develop a structured procedure within the organisation to deal with safeguarding concerns and respond to disclosures
- To ensure that all staff and volunteers working within the organisation who have access to children have been checked as to their suitability, including verification of their identity, qualifications, registrations and a satisfactory DBS check (according to guidance), and where applicable, a single central record is kept.

**Monitoring**

This policy will be reviewed annually. This policy may also be reviewed in the following circumstances:

- Changes in legislation or government guidance (including Working Together as revised within each nation, relevant legislative changes and nation specific child protection and safeguarding policies and procedures)
- Where new learning has been identified by the Local Safeguarding Partners (children) or Safeguarding Adults Board
- As required by the Charity Commission
- As a result of any other significant change or event

## **A person is considered a 'Child' until their 18<sup>th</sup> birthday**

The Children Act 1989 states that the welfare of children and young people (hereafter referred to as children) is paramount. This includes their right to be safeguarded against all forms of abuse, including sexual exploitation and female genital mutilation (FGM). Staff and volunteers should be alert to indications of possible child abuse/exploitation and understand procedures to be taken to raise their concerns.

### **Child Abuse**

Child abuse is any action by another person – adult or child – that causes significant harm to a child. It can be physical, sexual or emotional, but can just as often be about a lack of love, care and attention. We know that neglect, whatever form it takes, can be just as damaging to a child as physical abuse.

An abused child will often experience more than one type of abuse, as well as other difficulties in their lives. It often happens over a period of time, rather than being a one-off event. And it can increasingly happen online.

### **Categories of child abuse**

- Physical abuse happens when a child is deliberately hurt, causing injuries such as cuts, bruises and broken bones. It can involve hitting, shaking, throwing, poisoning, burning, slapping or suffocating. It is also physical abuse when a parent or carer fabricates, or induces, the symptoms of an illness in a child. For further information on physical abuse on [Physical Abuse](#)
- Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities. It does not necessarily involve violence and the child may or may not be aware of what is happening. Sexual abuse includes: grooming a child with the intention of sexually abusing them; all forms of penetrative and non-penetrative sex; sexually exploiting a child in return for gifts, money or affection; and making, looking at and distributing indecent images of a child. For more information on [Sexual Abuse](#)
- Neglect is persistently failing to meet a child's basic physical and/or psychological needs resulting in serious damage to their health and development. Neglect is difficult to define as it is hard to describe the absence of something such as love or attention. In practical terms, neglect may involve a parent's or carer's failure to; provide adequate food, clothing and shelter, protect the child from physical and emotional harm or danger, supervise the child properly, make sure the child receives appropriate medical care or treatment. Neglect often happens at the same time as other types of abuse. For further information on [Neglect](#)
- Emotional abuse is persistent and, over time, it severely damages a child's emotional development. Active emotional abuse involves deliberately trying to scare, humiliate or verbally abuse a child. Passive emotional abuse happens when a parent or carer denies the child the love and care they need in order to

be healthy and happy. Such adults might be emotionally unavailable; fail to offer their child praise and encouragement; interact with them in an age-inappropriate way; be over-protective, limiting their opportunities to explore, learn and make friends; or expect the child to meet the parent's own emotional needs. For more information on [Emotional Abuse](#)

### **What is child sexual exploitation (CSE)?**

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. (Working Together to Safeguard Children 2018)

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. For further information on [Child Sexual Exploitation](#)

### **What is Female Genital Mutilation?**

The World Health Organisation (WHO) defines female genital mutilation (FGM) as 'all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons (WHO, UNICEF, UNFPA, 1997).

Female Genital Mutilation (FGM) is a violation of a girl's rights as a child and her entitlement to her bodily integrity. FGM is not simply an exotic or 'cultural' ritual that girls need to undergo, but a practice which has intolerable long-term physical and emotional consequences for the survivors. FGM causes death, disability; physical and psychological harm for millions of women every year worldwide, as in many instances it is done under non-sterile conditions and with no anaesthesia. For further information on [Female Genital Mutilation](#)

### **Radicalisation**

Children or adults who are vulnerable and who may be experiencing a personal crisis, be socially isolated, feel socially rejected by others or have a low economic status or have little or no access to employment or education are particularly prone to being exploited and adopting an extremist agenda. The UK government's [Prevent Strategy](#) (2011), which is a key aspect of safeguarding, outlines the commitment necessary for organisations who come into contact with vulnerable adults and or children to recognise and report concerns.

### **Adult Abuse**

All persons have the right to live their lives free from violence and abuse. This right is underpinned by the duty on public agencies under the [Human Rights Act \(1998\)](#) to intervene proportionately to protect the rights of citizens.

Abuse of adults is the violation of an individual's civil or human rights by others who have influence over them. Such violations may be intentional or unintentional, and may be a single act or repeated over a period of time, by one person or several people.

### **Definition of 'Adult at Risk'**

Under the Care Act (England) 2014, an '*adult at risk*' is defined as: Someone over 18 who

- (a) Has needs for care and support (whether or not the authority is meeting any of those needs),
- (b) Is experiencing, or is at risk of, abuse or neglect, and
- (c) As a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

### **Categories of Adult Abuse**

The government guidance 'Care and Support Statutory Guidance (Issued under the Care Act 2014)' – Sets out ten categories of abuse which are listed below (for more information on [Adult abuse: Signs and Indicators](#))

- **Physical abuse** – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
- **Domestic violence** – including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence. For more information on [Domestic Abuse](#)
- **Sexual abuse** – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.
- **Psychological abuse** – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
- **Financial or material abuse** – including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- **Modern slavery** – encompasses slavery, human trafficking, forced labour and domestic servitude. 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.
- **Discriminatory abuse** – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.
- **Organisational abuse** – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

- **Neglect and acts of omission** – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.
- **Self-neglect** – this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

## **What is Adult Sexual Exploitation?**

Sexual exploitation is a form of sexual abuse and suspicions should be reported to the Police. The sexual exploitation of adults at risk involves exploitative situations, contexts and relationships where adults at risk (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of performing, and/or others performing on them, sexual activities. Sexual exploitation can occur through the use of technology without the person's immediate recognition. It can include, being persuaded to post sexual images on the internet/a mobile phone with no immediate payment or gain or being sent such an image by the person alleged to be causing harm. In all cases those exploiting the adult at risk have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. There is an increasing body of evidence that adults with learning disabilities are vulnerable to being targeted by perpetrators of such abuse.

## **Forced marriage and 'Honour-based' violence**

Forced marriage is a marriage in which one or both spouses do not (or, in the case of some adults with learning or physical disabilities, cannot) consent to the marriage and duress is involved. Duress can include physical, psychological, financial, sexual and emotional pressure. The terms 'honour crime', 'honour-based violence' or 'izzat' embrace a variety of crimes of violence (mainly but not exclusively against women), including assault, imprisonment and murder, where the person is being punished by their family or their community. They are being punished for actually, or allegedly, undermining what the family or community believes to be the correct code of behaviour. In transgressing this correct code of behaviour, the person shows that they have not been properly controlled to conform by their family and this is to the 'shame' or 'dishonour' of the family. For further information on [Forced Marriage](#)

## **Peer on Peer Abuse**

In most instances, the conduct of children/adults towards each other will be covered by Healing Health's Behaviour Policy. However, some allegations may be of such a serious nature that they may raise safeguarding concerns. We recognise that children/adults are capable of abusing their peers.

We aim to reduce the likelihood of peer on peer abuse using the following measures:

- Commit to separate groups for adults (18 and over) and Children (under 18)
- Ensure risk assessments are carried out on all adults and children prior to individual or group work

- The established ethos of respect, friendship, courtesy and kindness
- High expectations of behaviour
- Clear consequences for unacceptable behaviour
- Systems for any child/adults to raise concerns with staff/volunteers, knowing that they will be listened to, valued and believed
- Any concerns, disclosures or allegations of peer on peer abuse in any form should be referred to the DSL using our child protection procedures as set out in this policy. Where a concern regarding peer on peer abuse has been disclosed to the DSL(s), advice and guidance will be sought from Childrens/Adults Social Care and where it is clear a crime has been committed or there is a risk of crime being committed the Police will be contacted.
- Working with external agencies the organisation will respond to the unacceptable behaviour. If a child/adults behaviour negatively impacts on the safety and welfare of other children/adults then safeguards will be put in place to promote the well-being of the children/adults affected and the victim and perpetrator will be provided with support.

## **Responsibility**

Safeguarding is everyone's responsibility; however, the CEO of Healing Health will be the Designated Safeguarding Lead.

### **The Designated Safeguarding Lead (DSL):**

- (a) Holds ultimate responsibility for safeguarding and child/adult protection within the organisation
- (b) Acts as a source of support and expertise in carrying out safeguarding duties for the organisation and act as a focal point for staff or volunteers to discuss concerns
- (c) On receiving safeguarding concerns will liaise with both the named external safeguarding consultant and refer to the appropriate adults or children's social care.
- (d) Is appropriately trained with updates every two years and will refresh their knowledge and skills at regular intervals but at least annually
- (e) Encourages a culture of listening to children and adults and taking account of their wishes and feelings
- (f) Will keep detailed, accurate records of all concerns about a child/adult and actions taken on the Designated Safeguarding Lead Concern Form
- (g) Will ensure that all such records are kept confidential and stored securely.
- (h) Will liaise with local children/adult social care and work with other agencies and professionals in line with Working Together to Safeguard Children (2018) and the Department of Health Care and Support Statutory Guidance (2018)
- (i) Will ensure that all staff and volunteers sign to say they have read, understood and agree to work within the organisations child/adult safeguarding policies and the staff/volunteers behaviour policy (code of conduct)

(j) Will ensure the organisations policies and procedures are clearly advertised on the organisations website and accessible for all.

(k) Is responsible for following safer recruitment procedures and ensure all staff and volunteers are vetted (see Vetting Policy)

### **All Staff and Volunteers**

(a) Understand that it is everyone's responsibility to safeguard and promote the welfare of children/adults and that they have a role to play in identifying concerns, sharing information and taking prompt action

(b) Consider, at all times, what is in the best interests of the child/adult

(c) Know how to respond to a child/adult who discloses abuse through delivery of guidance; Department of Health Care and Support Statutory (2018) 'Working Together to Safeguard Children (2018) and Gov.UK [what to do if you are worried a child is being abused \(2015\)](#)

(d) Will refer any safeguarding or child/adult protection concerns to the DSL or if necessary where the child/adult is at immediate risk to the police or children's/adults social care;

(e) Will record these concerns on a **Safeguarding Concerns Form** (within this policy) and pass it to the DSL. They may also discuss their concerns in person with the DSL but the details of the concern should be recorded in writing

(f) Will sign to say they have read, understood and agree to work within the organisations safeguarding and staff/volunteer behaviour policies.

### **Disclosures**

We recognise that it takes a lot of courage for a child/adult to disclose they are being or have been abused. They may feel ashamed, guilty or scared, their abuser may have threatened that something will happen if they tell, they may have lost all trust in others or believe that what has happened is their fault. Sometimes they may not be aware that what is happening is abuse. A child/adult who makes a disclosure may have to tell their story on a number of subsequent occasions to the police and/or social workers. Therefore, it is vital that their first experience of talking to a trusted adult is a positive one.

During their conversation with the child/adults staff or volunteers will:

- ❖ Listen to what the child/adult has to say and allow them to speak freely
- ❖ Remain calm and not overact or act shocked or disgusted – the child/adult may stop talking if they feel they are upsetting the listener
- ❖ Reassure the child/adult that they have done the right thing in telling someone
- ❖ Not be afraid of silences – staff/volunteers must remember how difficult it is for the child/adult and allow them time to talk
- ❖ Take what the child/adult is disclosing seriously
- ❖ Ask open questions and avoid asking leading questions
- ❖ Avoid jumping to conclusions, speculation or make accusations

- ❖ Not automatically offer any physical touch as comfort. It may be anything but comforting to a child/adult who has suffered abused.
- ❖ Tell the child/adult what will happen next and that you will need to act to protect them and possibly others
- ❖ Consider immediate safety and wellbeing of adult/child
- ❖ Write up their conversation as soon as possible on the **Safeguarding Concern Form** in the child's/adults own words. (Staff/volunteers should do this as soon as practically possible).
- ❖ The record should be signed and dated, the staff/volunteer's name should be printed and it should also detail where the disclosure was made and who else was present. The record should be handed to the DSL.

If staff or volunteers are worried about an adult's or child's behaviour but they haven't actually disclosed any abuse or you are not sure if it is due to abuse they should still share concerns with the designated safeguarding lead. The designated safeguarding lead will support and advise on what actions to take.

### **Allegations against Staff or Volunteers**

All staff and volunteers should take care not to place themselves in a vulnerable position with a child/adult. All colleagues should be aware of the organisations own **Behaviour Policy**. Guidance about conduct and safe practice.

We understand that a child/adult may make an allegation against staff or volunteers, or that staff or volunteers may have concerns about another member of the team. If such an allegation is made, or information is received which suggests that a person may be unsuitable to work with children/adults this should immediately be passed on to the DSL

The DSL on all such occasions will discuss the content of the allegation with the Designated Officer in the Local Authority (DOLA) at the earliest opportunity and before taking any further action. If the allegation made to a staff member or volunteer concerns the DSL, the person receiving the allegation will immediately inform the DOLA as above, without notifying the subject of the allegation first.

### **Whistleblowing**

All staff and volunteers should be aware of their duty to raise concerns, where they exist, about the management of child/adult protection, which may include the attitude or actions of staff or volunteers, poor or unsafe practice and potential failures in the organisations safeguarding arrangements. If it becomes necessary to raise concerns to somebody independent of the organisation, they should report to The NSPCC whistleblowing helpline which is available to those who do not feel able to raise concerns regarding child protection failures internally. [Whistleblowing Helpline NSPCC](#)

### **CONFIDENTIALITY**

All staff and volunteers must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children/adults, and that the Data Protection Act 1998 and General Data Protection Regulations (GDPR) is not

a barrier to sharing information where the failure to do so would place a child/adult at risk of harm. All staff/volunteers must be aware that they cannot promise a child/adult they will maintain confidentiality when it might compromise the child's/adults or another child/adult's safety or wellbeing. However, we also recognise that all matters relating to child/adult protection are personal to children/adults, families and carers. Therefore, the DSL will only disclose information about a child/adult to other professionals on a need to know basis. The DSL will always undertake to share an intention to refer to child/adult social care with their knowledge and inform parents /carers unless to do so would put them or others at risk. Associated Policies and Guidance; [Privacy Policy](#), [GDPR Policy](#) and [Information Sharing Guidance](#)

**ANTI BULLYING/CYBERBULLYING** Healing Health recognises that to allow or condone bullying may lead to consideration under child/adult protection procedures. This includes all forms e.g. cyber, racist, homophobic and gender related bullying. A record of known bullying incidents will be made and any actions taken. If the bullying is particularly serious, or the measures taken to deal with the bullying are seen to be ineffective, the DSL will consider implementing child/adult protection procedures.

### **Recruitment**

All staff are recruited via the Safer Recruiting guidelines (see Safer Recruitment Policy).

### **Training**

All staff/volunteers have to attend the appropriate level of safeguarding training (see training matrix) and ensure the refresh their knowledge on a yearly basis. Training attended should be evidenced and recorded by the Designated Safeguarding Lead.

## Safeguarding Concern Form

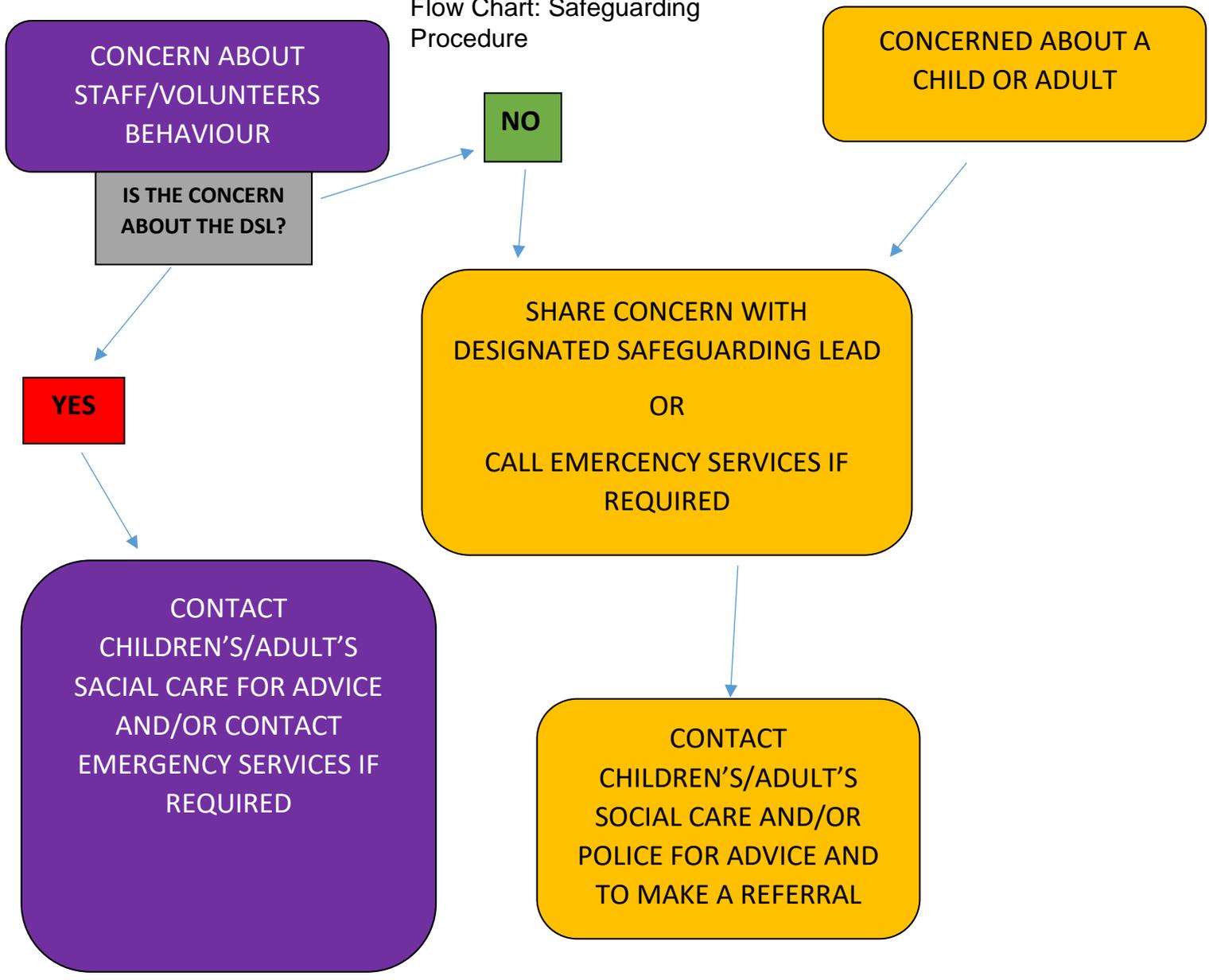
Name of Child/Adult (who is the concern in relation to?)	Safeguarding Concern (What is the concern you have?)	Date and Time Concern was Shared with DSL	Signature of both person raising concern and DSL

<b>Role/Title</b>	<b>Name</b>	<b>Contact Details</b>
Executive Director & Designated Safeguarding Lead	Anna Hopkins	Tel: 07306012698 Email: anna@healinghealth.co.uk

**DESIGNATED SAFEGUARDIN LEAD: CONCERN RECORD**

Name of Child/Adult (who is the concern in relation to?)	Details of Safeguarding Concern and action taken (record any names and details of who concerns have been shared with, when by whom etc.)	Outcome of concern i.e. what was the response/advice, are there professionals involved, has the concern been closed?

Flow Chart: Safeguarding Procedure



## TRAINING MATRIX

Level	Position		
1 Awareness	All staff/volunteers that have a role in the organisation but that do not have direct contact with the young people or adults	Mandatory E-learning Safeguarding Children and Adults at Risk	Minimum of 30 minutes within 6 weeks of appointment. 2hrs during the first year of appointment and 2 hrs over a 3-year period.
2 Essential	For all staff/volunteers that come into contact with the young people or adults that are involved with the organisation	<p>Mandatory E-learning Safeguarding Children and Adults at Risk - Required before starting role</p> <p>Mandatory face to face training safeguarding Children and Adults at Risk (equivalent to level 2 Intercollegiate document Adults (2018) Children (2019))</p>	A minimum of 3hrs within the first year of appointment and then a further 4hrs over the subsequent 3 years
3/4 Advanced	For designated safeguarding leads that seek to advice and support staff/volunteers with their safeguarding duties.	<p>Mandatory E-learning Safeguarding Children and Adults at Risk</p> <p>Mandatory face to face training; Safeguarding Children and Adults at Risk (equivalent to level 3 &amp; 4 Intercollegiate Document Adults (2018) &amp; Children (2019))</p>	<p>Minimum of 8 hrs within the first year of appointment and a further 8hrs over the subsequent 3 years</p> <p>Level 4- 24hrs over a 3-year period</p>