

Draft Safeguarding Policy

POLICY STATEMENT

The Nottingham Financial Resilience Partnership is committed to and recognises our legal responsibility to safeguard children (up to the age of 18) and adults at risk who use our organisation and those we come into contact with.

This policy and practice guidance has been written to ensure that the partners, staff, and users who have contact with children, young people and adults at risk, understand their responsibilities and legal duties, and what to do if they are concerned about the welfare of a child or adult at risk.

It has also been informed by appropriate legislation and local multi-agency safeguarding procedures as follows:

Children Acts 1989 and 2004

Nottingham & Nottinghamshire Safeguarding Children Procedures

<http://nottinghamshirescb.proceduresonline.com/index.html>

Care Act 2004

Nottingham & Nottinghamshire Adult Safeguarding Procedures

<https://www.nottinghamcity.gov.uk/health-and-social-care/adult-social-care/adult-safeguarding/adult-safeguarding-procedures/>

The Partnership undertakes to:

- Provide a safe and healthy environment where children, young people and vulnerable adults can engage in the activities provided.
- Create a culture of informed vigilance which takes children, young people and vulnerable adults seriously.
- Identify a named person(s) for safeguarding children and adults, who will ensure that any matters relating to child or adult safety and welfare are dealt

- with appropriately, and in line with this policy.
- Will ensure that all partners, staff and volunteers who work with or have contact with children, young people or vulnerable adults are appropriately screened.
 - Will ensure appropriate Health and Safety procedures are in place.
 - Will review this policy and its' implementation, in the light of experience and changes in national guidance on an annual basis.

Providing a safe and healthy environment

Health & Safety

The Partnership will ensure that all facilities and equipment that are used or accessed as part of its work meet appropriate health and safety standards, and that any risks associated with their use have been identified and action taken to minimise potential hazards. This will include an appropriate level of first aid provision, safe storage of furniture and equipment and fire precautions.

The Partnership will ensure that all activities involving children and young people are adequately supervised, appropriate records kept relating to attendance and incidents and any concerns reported to the appropriate responsible person and will ensure that all other requirements of this policy are effectively implemented, recognising that they are also an essential element to creating a safe and healthy environment.

Role of named person(s) for safeguarding children and adults

- To ensure that partners, staff and volunteers are aware of the Safeguarding Children, Young People and Adults Policy and Practice Guidelines
- To ensure all partners, staff and volunteers are appropriately screened in line with the policy and practice guidelines
- To encourage partners, staff and volunteers to attend appropriate training
- To provide support and advice to partners, staff and volunteers
- To ensure that any concern about the welfare of a child or vulnerable adult, is dealt with appropriately and reported to Social Care if required.
- To assist the Partnership in reviewing the policy and its implementation in the light of experience and any changes to national policy.

PRACTICE GUIDANCE

Screening procedure

Because the Partnership recognises it's legal and moral duty to give priority to the welfare of children and adults at risk, all those wishing to or invited to work with vulnerable people will be required to go through the following process.

- Provide evidence of their identity and current address
- Be checked through the Disclosure and Barring Service (DBS) in regard to their suitability to work with children and young people or vulnerable adults if

contact with children or adults is a regulated activity: either weekly or if participating in an overnight activity e.g. camping. Guidance on if staff / volunteers are eligible to be DBS checked is available here:

<https://www.gov.uk/government/collections/dbs-eligibility-guidance>

- o Provide two references from appropriate people in regard to their suitability for such work.

This process will be overseen by the named person(s) for safeguarding, who will also keep appropriate records in a secure location.

It is recognised that this screening process is not fool-proof and therefore all partners, staff and volunteers are asked to be vigilant, and if concerned about the behaviour of any one they are working with should raise this with the named person(s) as a matter of priority. Advice would then be sought from the Local Authority Designated Officer, and the concern would then be investigated and appropriate action taken if required.

Good practice for activities with children and young people

Partners, staff and volunteers will be expected to work to the following good practice guidelines, both in order to protect the welfare of children and young people, but also to help protect them against wrongful allegations.

Registration

Any activity organised by the Partnership will have a register of participants and a record of appropriate personal details, in order to;

- o Meet fire precaution and evacuation requirements, i.e. knowing who is on premises at any one time.
- o Be able to contact a parent or guardian when necessary.
- o Be aware of any particular special needs of a child or young person.

Any such details will be kept securely in keeping with the requirements of the Data Protection Act 1998.

Ratios

Any activity organised by the Partnership will be adequately supervised as follows:

There will be the following minimum staff / children ratios

<u>Age group</u>	<u>Staff</u>	<u>Children</u>
0-2	1 adult for every	3
2-3	1 adult for every	4

3-4	1 adult for every	6
5 yrs plus	1 adult for every	8

An adult member of staff will be aged 18+, and although volunteers may be appointed from the age of 16, they cannot be included in staff ratios.

Ideally there should be 3 adults for each group, to enable any incident such as injury to be handled effectively, **but in all situations there must be a minimum of 2 staff.** Every effort should also be made to ensure there are both male and female staff working with a mixed gender group.

In no circumstances should any member of staff be alone with a child or young person, and if comforting someone who is upset or needing support, this should be done within view of another staff member.

Appropriate staff /volunteer behaviour

Partners, staff and volunteers are expected to behave in an appropriate way when working with children and young people and guidance relating to this is included in Appendix 1.

Any concerns about the behaviour of partners/staff / volunteers should be raised with the named person(s) for safeguarding.

Specific Safeguarding Children issues

See Appendix 4 for details of some specific safeguarding children issues that need to be considered, as well as the main categories of abuse identified in Appendix 2.

When there is a concern about the welfare of a child.

Although it is the responsibility of the named person(s) to ensure that any concern about the welfare of a child is dealt with appropriately, it is the responsibility of all partners/staff / volunteers to have some understanding of child abuse and the sort of things they might see, hear or be told that might indicate a child is being abused or there are other concerns for their welfare, and what to do if they have a concern.

Appendix 2 provides information on the definitions of child abuse and some possible indicators, and partners/staff / volunteers should make themselves aware of these. (Attending training is the best way to achieve this).

If a partner/member of staff / volunteer has a concern about a child informed by this information, the key actions to be taken are:

1. If a child / young person has disclosed abuse of some form, although you should make sure you are clear about what they are saying, you should not question them any further, but make an accurate record of what they have said.
2. If the concern arises because of things you have noticed, heard or witnessed, then wherever possible, and without raising the issue of abuse, check out

your concerns by asking appropriate open questions of the child /young person and /or parent or carer.

3. Make a written record of your concern and any other relevant information.
4. Raise your concern with the named person for safeguarding who with you will consider appropriate action.

If the child / young person has disclosed to you an accusation of abuse, this must be taken seriously and must be automatically reported to Children's Social Care.

If there is reasonable evidence that the child / young person is suffering significant harm, then again, this must be reported as above.

If there are concerns, but not enough to report then a record must be kept and the situation kept under review.

If a child / young person needs medical attention, seek medical help and inform health staff of any concerns.

If there is an immediate risk of danger to a child / young person, then contact Children's Social Care or the Police immediately.

Good practice for work with adults at risk

An adult is someone aged 18 or over, even if still receiving services from children's social care or with a disability.

The term "vulnerable adult" is no longer used in the relevant legislation and statutory guidance, and has been replaced with 'Adult at Risk'. Whilst there is no specific definition of an adult at risk, Adult Social Care will respond to concerns about an adult when they

- (a) Have needs for care and support (whether or not the Community is meeting any of those needs),
- (b) Are experiencing, or are at risk of, abuse or neglect, and
- (c) As a result of those needs are unable to protect themselves against the abuse or neglect or the risk of it.

Adult survivors of abuse

It is recognised that adults may disclose abuse they suffered as a child. Any accusations of abuse against a named person should be reported to the police, preferably with the agreement of the victim, as other children could be at risk. In addition, advice would be sought from other appropriate agencies.

Specific Safeguarding Adult issues

See Appendix 4 for details of some specific safeguarding adult issues that need to

be considered, as well as the main categories of abuse identified in Appendix 3.

When there is a concern about the welfare of a vulnerable adult

In line with the Human Rights Act and Mental Capacity Act 2005, it is important when dealing with concerns about vulnerable adults, to preserve the dignity and respect for adults as much as you can. An adult with mental capacity is entitled to make decisions that may be eccentric or unwise.

It is therefore always advisable to seek the person's permission before passing on your concern, and to ascertain their wishes. This may not always be possible if the adult concerned is not able to give their consent or there is an on-going risk. In this situation, you should always pass the information on.

If a vulnerable adult needs medical attention, seek medical help and inform health staff of any concerns.

Any concern about a vulnerable adult should be raised with the named person for safeguarding who will consider any appropriate action, which may include a referral to Adult Social Care or the police.

As with concerns about children, a record of disclosures, concerns and action taken must be recorded, including signature and date.

Dealing with allegations against a partner, volunteer or staff member

Any concern about the behaviour of a partner, volunteer or staff member being abusive or inappropriate towards children or adults, should be immediately raised with the named person for safeguarding. Advice would be sought from the Local Authority Designated Officer and the appropriate next steps taken as advised.

Training

All partners/staff / volunteers are strongly encouraged to attend appropriate training to ensure they have a basic awareness of safeguarding issues, including awareness of child and adult abuse, indicators and what to do if concerned about the welfare of a child or adult.

Appendix 1: Guidance on appropriate behaviour towards children.

Appendix 2: Information on definitions and indicators of child abuse.

Appendix 3: Information on definitions and indicators of adult abuse

Appendix 4: Some specific safeguarding issues to be aware of

Appendix 5: Form for recording concerns

Appendix 1

Guidance on appropriate staff / volunteer behaviour towards children

- Treat all children / young people with warmth, respect and dignity relevant to their age.
- Be aware of your own language style, voice tone, body language and dress and how this might be perceived by a child /young person.
- Keep all physical contact, such as hugs, public.
- Touch should be related to the child's needs, not the workers.
- Touch should be age appropriate and generally initiated by the child / young person rather than the worker.
- Children have the right to decide how much physical contact they have with others, except in circumstances where they need medical attention.
- Workers are encouraged to monitor and help each other in terms of physical contact with children / young people, helping to identify actions that could be misconstrued.
- Under no circumstances should physical or 'emotional' punishment be used.
- Where a child requires the toilet, the following should apply:
A female worker will accompany any child under the age of 7.

Children over 7 should be able to use the toilet by themselves. If outside of community centre premises, and public toilets are being used, this should be as supervised groups whenever possible.

Workers should never use the toilet while supervising children in the toilet.

- Always ensure that a second adult is present when the removal of a child's clothing is essential (e.g. soiling of clothes or medical emergency) Only people with permission of a parent should change the nappies of children not their own.
- No-one under the age of 16 should be left solely in charge of any children / young people of any age.
- Children / young people attending a group should not be left alone at any time.

Staff / volunteers should **NOT** engage in any of the following behaviour:

- Participate in rough 'horseplay', physical or sexually provocative games, however innocent they may appear.
- Inappropriate or intrusive touching of any form.
- Intimidating, ridiculing, belittling or apparent rejecting of a child / young person.
- Invade the privacy of children / young people either toileting, changing, washing or showering.
- Making sexually suggestive remarks to or about children / young people.
- Allow children / young people to develop excessive attention seeking behaviour, especially of a sexual or physical nature.

Appendix 2

Definitions and Indicators of Child Abuse

Abuse can take a number of forms, which are not mutually exclusive. For the purposes of registration on the child protection register, there are **FOUR** categories of abuse:

- Physical
- Sexual
- Neglect
- Emotional

These are defined, along with some of the main indicators, as follows:

PHYSICAL

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes ill health to a child whom they are looking after. This situation is commonly described using terms such as fabricated illness or Munchausen syndrome by proxy.

Some indicators:

- Bruising on uncommon sites
- Grasp marks on limbs
- Finger marks on face
- Bite marks
- Burns and scalds
- Scars (lots of them of different ages)
- Fractures.

SEXUAL

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 (eg rape or oral sex) or non-penetration such as kissing, masturbation, 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 (including via the internet.) Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Some indicators:

- Sexually transmitted infections
- Recurrent urinary infections
- Bruising in genital region
- Inappropriately sexually explicit behaviour for age
- Lot of sexual knowledge for age
- Social withdrawal
- Sexually abusive behaviour towards other children

NEGLECT

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development.

Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing, shelter (including exclusion from home or abandonment)
- Protect a child from physical and emotional harm or danger
- Ensure adequate supervision (including the use of inadequate care-givers)
- Ensure access to appropriate medical care or treatment.

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

Some indicators:

- Children not receiving adequate food
- Exposed to injury through lack of supervision
- Exposed to inadequate/dirty/cold environment
- 'Home alone'
- Parents failing to get appropriate treatment for child.

EMOTIONAL

Is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only in so far 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 the 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 cyberbullying**), 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.

Some indicators

- Abnormally passive, lethargic or attention seeking behaviour
- Specific habit disorders eg soiling, eating inedible substances, self-mutilation
- Seriously delayed social development
- Nervous behaviour
- Weight and height disproportionate to age.

Appendix 3

Definitions and indicators of Adult Abuse:

For adults, abuse is defined as a violation of an individual's human and civil rights by any other person or persons. Abuse may be intentional, or the result of neglect and causes harm to the vulnerable person, either temporarily or over a period of time.

National guidance now identifies ten types of abuse in relation to adults at risk:

- (i) **Physical abuse** would include hitting, slapping pushing, kicking, misuse of medication, tying to a chair or bed or inappropriate sanctions.

- (ii) **Psychological abuse** would include emotional abuse, threats of harm or abandonment, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or support networks.

- (iii) **Sexual abuse** including rape, sexual assault or sexual acts to which the vulnerable adult has not consented, could not consent to or was pressured into consenting to.

- (iv) **Financial or Material** – including theft, fraud, exploitation, pressure in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

- (v) **Neglect and acts of omission** including ignoring medical or physical care needs, failure to provide access to health, social care or educational services, withholding of necessities of life, such as medication, adequate nutrition and heating.

- (vi) **Discriminatory Abuse** – Includes racist and sexist slurs, other forms of harassment, including comments relating to disability or mental health.

- (vii) **Organisational Abuse:** This occurs when service users are required to 'fit in' with the routine of the service, not a homely environment, stark living areas, lack of privacy, staff not trained.

- (viii) **Domestic Violence:** including psychological, physical, sexual, financial, emotional abuse and honour based violence

- (ix) **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

- (x) **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

Appendix 4

Specific safeguarding issues to be aware of.

Female Genital Mutilation (FGM) is illegal in England and Wales under the FGM Act 2003 (“the 2003 Act”). **It is a form of child abuse and violence against women.** FGM comprises all procedures involving partial or total removal of the external female genitalia for non-medical reasons.

Any suspicions that a girl may be at risk of FGM or has been subject to FGM should be reported to Social Care.

Domestic violence or abuse is defined in UK law as;

Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- psychological
- physical
- sexual
- financial
- emotional

As well as now a category of adult abuse, if there are children within a household where there is domestic abuse between adults, the welfare of those children should be of concern and therefore a concern raised with the named person for safeguarding.

The Prevent duty, which comes from the Counter Terrorism and Security Act 2015, identifies the radicalisation of children and adults as a safeguarding issue. This requires, that any concern about early signs that someone may be being drawn into an extremist position that could result in terrorist acts, should be raised initially with the named safeguarding person to consider what action should be taken, if any. The Prevent duty covers extreme right wing, animal rights and eco terrorism as well as religious extremism.

Important contact details:

Named person for safeguarding: James Jones

Telephone 07967567267

Email: james.jones@experian.com

Safeguarding children referrals (Nottingham City)

0115 8764800 email candf.direct@nottinghamcity.gov.uk

Safeguarding adult referrals (Nottingham City)

0300 1310300 email adult.contactteam@nottinghamcity.gov.uk

Appendix 5

Logging a Concern about a Child or Vulnerable Adult's Safety or Welfare

Name of Child/Young Person/Adult

Address (if known)

Date of birth or age (if known)

Account of what happened

(Write what happened as accurately as you can. Include who was involved, when it happened, i.e. day, month and time, where it happened, any other witnesses or behavioural signs that you observed. If your log includes an injury, describe it and say exactly where it was on the child or adult. If your log includes anything that a child or adult told you, please use their own words. Use a separate sheet if necessary.

Action taken if any referral is made or professionals spoken to please give their name and organisation, and any actions that they agreed to take.

Your name and role in the organisation _____

Your Signature _____

Date (include year) and time of the incident

Date and time of this log _____

DATE FOR REVIEW 2021

AGREED 2020

CHAIR