

## **Safeguarding Policy and Procedure**

### **Introduction**

SWACA are committed to providing confidential services to women, young people and children who have or are experiencing Domestic Abuse. The Agency aims to ensure that staff and/or volunteers who have contact with vulnerable persons (children and/or adults) and, who in the course of their work, may become aware of situations where there is a risk of, or actual abuse, are able to act competently and confidently to protect that individual from further abuse or harm.

This policy is underpinned by the policies and procedures devised by Sefton's Local Safeguarding Children's Board and the combined Safeguarding Adults Board (Knowsley, Liverpool, Sefton and Wirral).

### **1. Purpose**

This policy aims to ensure that no act or omission by staff or the services they provide puts a Service User at risk; and that rigorous systems are in place to proactively safeguard and promote the welfare of vulnerable persons and to protect them from abuse. The policy recognises that safeguarding vulnerable persons is a shared responsibility with the need for effective joint working between agencies and professionals that have different roles and expertise if vulnerable persons are to be protected from harm. SWACA's Safeguarding and protecting children, young people and vulnerable adults policy and procedure must be followed alongside inter agency procedures, protocols and arrangements devised by local multi-agency safeguarding arrangement structures in England.

Everyone who works or volunteers for SWACA will be supported to make decisions as to how to proceed in a way that is within the best interests and safety of the child, young person or vulnerable adult.

This policy also set out how staff should be alert to signs of abuse and take appropriate action to safeguard vulnerable persons. For the purposes of this policy the term 'Vulnerable Persons' relates to Service Users belonging to the following groups:

- People whose health or usual function is compromised
- People with visual / hearing impairment
- People with physical disabilities
- People with learning disabilities
- People with Mental Health issues
- People with reduced independence, including those who do not speak English as their first language.
- Children or young persons

### **2. Definitions**

- 2.1 A child is defined as anyone who has not yet reached their 18<sup>th</sup> birthday (Children Act 1989 and 2004). 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, prison or a young offender's institution does not change his or her status or entitlement to services or protection under the Children Act 1989. Young people who are in this category as well as younger adolescents often fall through the net of services, not seen as an adult but no longer a child; they are often very vulnerable.

Safeguarding decisions for those aged 16 plus will take into account of the ability to give informed consent and comply with the Mental Capacity Act 2005 and the Care Act 2014. Whilst 'unborn children' are not included in the legal definition of children, intervention to ensure their future well-being is encompassed within safeguarding children practice Working Together to Safeguard Children (2018).

- 2.2 The term 'adults at risk' is used to replace the term vulnerable adult. This is because the term adult at risk focuses on the situation causing the risk rather than the characteristics of the adult concerned. The Care Act 2014 defines an adult at risk as someone who has needs for care and support, who is experiencing, or at risk of, abuse or neglect and as a result of their care needs - is unable to protect themselves.

### 3. **Abuse of Children:**

For children's safeguarding, the definitions of abuse are taken from *Working Together to Safeguard Children* (HM Government 2018).

**Abuse and neglect** Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or an institutional or community setting, by those known to them or by a stranger for example via the internet. They may be abused by an adult or adults, or another child or children.

**Physical abuse** May involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

**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 children 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 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 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.

**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 (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.

### **Child Sexual Exploitation (CSE)**

CSE is a type of child sexual abuse. It is the deliberate exploitation of a child or young person purely for the sexual gratification of adults. This abuse affects both girls and boys from any background and of any ethnicity. Some of the visible signs may include:

- physical injury
- involvement in offending
- thoughts of or attempts at suicide
- receipt of gifts from unknown sources

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

FGM is a criminal offence in the UK and the *Female Genital Mutilation Act 2003* makes it an offence for UK nationals or permanent UK residents to carry out FGM, or to aid, abet, counsel or procure the carrying out of FGM abroad, even in countries where the practice is legal.

### **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 and 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 caregivers);
- Ensure access to appropriate medical care or treatment.
- It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

## **4. Abuse of Vulnerable Adults (adults at risk)**

The Care Act 2014 defines an adult at risk as someone who has needs for care and support, who is experiencing, or at risk of, abuse or neglect and as a result of their care needs - is unable to protect themselves.

This could include people with learning disabilities, mental health problems, older people and people with physical disabilities or impairments.

This can include people who are vulnerable themselves as a consequence of their role as a carer for such a person. They may need additional support to protect themselves, for

example, in situations such as domestic violence, physical frailty or chronic illness, sensory impairment, challenging behaviour, drug or alcohol problems.

Abuse is a violation of an individual's human and civil rights by other person or persons. Abuse may consist of single or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm, or exploitation of, the person subjected to it.

<b>Physical abuse</b>	including hitting, slapping, pushing, kicking, and misuse of medication, restraint, or inappropriate sanctions.
<b>Sexual abuse</b>	including rape and sexual assault or sexual acts to which the adult has not consented, or could not consent or was pressured into consenting.
<b>Psychological abuse</b>	including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.
<b>Financial or material abuse</b>	Including theft, fraud, exploitation, pressure in connection with wills Property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
<b>Neglect and acts of omission</b>	including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or education services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.
<b>Discriminatory abuse</b>	including racist, sexist, that based on a person's disability, and other forms of harassment, slurs or similar treatment.
<b>Forced Marriage &amp; Honour Based Violence</b>	SWACA understands forced marriage and honour based violence to be a form of abuse and a breach of human rights. It is, therefore, important to safeguard any child, young person or adult subjected to a forced marriage or honour based violence.

SWACA acknowledges that any or all of these types of abuse may be perpetrated as the result of deliberate intent, negligence or ignorance.

## 5. **Prevent (Radicalisation of individuals)**

Radicalisation is defined as the process by which people (children or adults) begin to support terrorism and violent extremism and in some cases, to then participate in terrorist groups. Radicalisation is the process where someone has their vulnerabilities or susceptibilities exploited towards crime or terrorism – more often by a third party, who has their own agenda; this may take place face to face or via social media or the internet. Prevent is a vital part of the UK's counter-terrorism strategy, to stop people becoming terrorists or supporting terrorism.

The Counter Terrorism and Security Act 2015 places a duty on agencies to have due regards to the need to prevent people from being drawn into terrorism (The 'Prevent' Duty). SWACA is committed to ensuring that all appropriate staff receive support and annual training to ensure a good understanding of Prevent and to recognise vulnerability to being drawn into terrorism.

## 6 **Statement Principles**

SWACA are committed to protecting and promoting the wellbeing of children and adults at risk

## 7. **Race, Ethnicity and Culture**

In keeping with SWACA's Memorandum of Association and Articles of Association and Equality and Diversity Policy, all Service Users will be provided with services without reference to race, colour, class, nationality, ethnic or national origins, sexual orientation, religion, age, disability, marital status or any other form of discrimination which hinders the promotion of equal opportunities.

## 7. **Specific related Issues**

- 7.1 The person ultimately accountable for safeguarding and promoting the welfare of all Service Users of SWACA is the Chief Executive.
- 7.2 It is the responsibility of the Management Team to ensure staff are competent to comply with this Policy and its contents. All relevant staff will undertake safeguarding training in accordance with Sefton LSCB procedures. In addition, in-house training is provided on a regular basis. There is also a designated Safeguarding Lead role, alongside the Head of Operations and CEO, within the staff team.
- 7.3 SWACA operates a safer recruitment procedure which ensures all staff and volunteers undergo a DBS check in accordance with the Agency's *Enhanced DBS Policy*.
- 7.4 SWACA is committed to the highest possible standards of openness, probity and accountability. SWACA expects employees and / or volunteers, who have serious concerns about any aspect of SWACA's work, to come forward and voice those concerns without fear of victimisation, subsequent discrimination or disadvantage and in accordance with the agency's *Whistleblowing Policy & Procedure*.
- 7.5 SWACA ensures that all staff and Service Users of the agency understand the correct procedure if an allegation is made against a person who works for the agency in accordance with the agency's *Allegations Against Staff Policy & Procedure*.
- 7.6 SWACA recognises that dependency on alcohol and/or drugs can be successfully treated, and encourages staff, volunteers and clients with drug or alcohol dependencies to assume ownership of gaining control over their dependency in line with the Agency's *Drug and Alcohol Policy & Procedure*.
- 7.7 Risk assessments should be completed prior to all SWACA activities in accordance with H&S policy and procedure. Where there are additional concerns about a child, young person or vulnerable adult, a supplementary individual risk assessment should be completed.

If a service user states that they wish to harm themselves, end their life or makes you aware of any aspect of self-harm the staff member must contact the nominated SWACA Safeguarding Officer immediately in order to inform the relevant agencies / family members. These concerns should be referred verbally and followed up in writing and recorded on a SWACA Safeguarding Risk Assessment document. If there is risk of immediate harm emergency support should be sought immediately from 999.

## 8. **Responsibility and Referral Process**

- 8.1 In the first instance, concerns raised about a child or an adult at risk should be brought to the immediate attention of the Safeguarding lead, (or in their absence

the Head of Operations, or, if unavailable, the CEO), who will ensure immediate safety has been considered.

If the decision of the child protection service does not agree with SWACA's assessment of the level of concern this should be recorded clearly on file and discussed with safeguarding leads. Local Authority Escalation procedure can be followed if concerns remain.

8.2 For procedures for Safeguarding Children see Appendix A.

8.3 For procedures for Safeguarding Adults at Risk see Appendix B.

## 9. **Core Principles:**

SWACA recognises that safeguarding children and protecting adults at risk is a shared responsibility and there is a need for effective joint working between agencies and professionals that have differing roles and expertise if vulnerable groups are to be protected from harm. To achieve effective joint working, there must be constructive relationships at all levels which need to be promoted and supported by:

- a commitment of senior managers to seek continuous improvement with regard to safeguarding;
- clear lines of accountability within the organisation for safeguarding in line with the Agency's *Organisational Chart*;
- service developments that take account of the need to safeguard all Service Users, and is informed where appropriate, by the views of Service Users;
- staff training and continuing professional development so that staff have an understanding of their roles and responsibilities with regards to safeguarding children and adults at risk;
- safe working practices including recruitment and vetting procedures;
- effective interagency working, including effective information sharing.

## 10. **Implementation and Dissemination**

SWACA will ensure all staff / volunteers will have access to policies and procedures as part of their induction into the agency. Revised / new policies and procedures will be issued to staff / volunteers following approval by the Board of Trustees.

## 11. **Monitoring and Compliance**

SWACA will ensure that all staff are utilising the policy and are fully conversant with its contents through monthly formal supervision and bi-monthly group supervision. Informal supervision is continuous and available on a day-to-day basis.

Compliance with this Policy will be monitored by the Management Team.

The Head of Operations and Safeguarding Lead will offer support, monitoring and guidance to all staff members.

The Safeguarding Lead will monitor compliance through internal audit on a quarterly basis.

Information on all Safeguarding related referrals made, and outcomes secured must be recorded within a dedicated Safeguarding folder, alongside the Oasis CRM system.

**12. Legislation and Guidance**

*Children Act 1989, 2004*

*Working Together 2018*

*Care Act 2014 (replaces No Secrets 2002)*

*Sefton Local Safeguarding Children Board*

*Female Genital Mutilation Act 2003*

*Mental Capacity Act 2005*

*Counter Terrorism & Security Act 2015*

*Care & Support Bill due for enactment 2015*

SWACA *Memorandum & Articles of Association*

*Equality & Diversity Policy*

*Enhanced DBS Policy*

*Whistleblowing Policy & Procedure*

*Allegations Against Staff Policy & Procedure*

*Domestic Abuse Act 2021*

*Drug & Alcohol Policy & Procedure*

*Organisational Chart*

**13. Appendices:**

A. *Child Referral Procedure*

B. *Adult Referral Procedure*

C. *Sefton LSCB Level of Need Guidance*

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