

Nechells POD

Child and Vulnerable Adults

Safeguarding Policy

SHINE@NECHELLSPOD

CHILD AND VULNERABLE ADULTS SAFEGUARDING POLICY AND PROCEDURES

1.0 Aim

1.1 SHINE@NechellsPOD recognises that the safety, welfare and care of children and vulnerable adults is paramount. We are therefore committed to the highest standards in protecting and safeguarding the children and vulnerable adults entrusted to our care at all times.

We will ensure that arrangements are in place for:

1.1.1 all reasonable measures to be taken to minimise the risks of harm to children and vulnerable adults welfare;

1.1.2 all appropriate actions to be taken to address concerns about the welfare of a child, or children or vulnerable adults working to agreed local policies and procedures in full partnership with other local agencies;

1.1.3 all persons working in the POD to be made aware of this policy.

1.2 In order to protect children, we aim to:

1.2.1 Create an atmosphere where all our children and vulnerable adults can feel secure, valued and listened to

1.2.2 Recognise signs and symptoms of abuse

1.2.3 Respond quickly and effectively to cases of suspected abuse

1.2.4 Monitor and support children and vulnerable adults at risk

1.2.5 Work closely with parent/carers and external agencies

1.2.6 Ensure that all adults who have access to children and vulnerable adults have been checked as to their suitability (eg rigorous recruitment procedures, enhanced DBS checks, verifying references)

1.3 SHINE@NechellsPOD will support all children and vulnerable adults by:

1.3.1 Encouraging self-esteem and appropriate self-assertiveness whilst not condoning aggression or bullying

1.3.2 Promoting a caring, safe and positive environment within the POD.

1.3.3 Liaising and working together with all other support services and those agencies involved in the safeguarding of children and vulnerable adults

1.3.4 Notifying Social Care via the approved mechanisms as soon as there is a significant concern.

1.3.5 Providing continuing support to a child or vulnerable adult about whom there have been concerns who leaves the service by ensuring that appropriate information is forwarded to all relevant parties.

2.0 Designated personnel

2.1 Designated Safeguarding Lead (DSL) for Child and Vulnerable Adult Protection : Project Manager Beth Bailey

3.0 The role of all staff and other persons within SHINE@NechellsPOD

3.1 All staff have a duty to safeguard children and vulnerable adults. This policy outlines how staff can meet this duty and their need to be:-

3.1.1 Trained and aware of potential indicators of abuse

3.1.2 Open to hearing concerns from children, vulnerable adults and others, without seeking to investigate these concerns.

3.1.3 Informed on how to report any concerns to their Designated Safeguarding Lead for Child and Vulnerable Adult Protection.

3.1.4 Informed on how to report any concerns relating to staff to the Project Manager

3.1.5 Informed on how to report any concerns relating to the Project Manager

3.2 Listening to children and vulnerable adults staff should:

3.2.1 Create the opportunity and environment for children or vulnerable adults to be able to talk about their concerns

3.2.2 Establish systems to enable cover for the member of staff listening to a child's or vulnerable adults concerns.

3.2.3 Always:

- Report as soon as you have a concern.
- Record information verbatim using the actual words of the child or vulnerable adult and noting any questions the child raises.
- Note dates, times, who was present, positions in the room, anything factual about the child's or vulnerable adults appearance.
- Pass these notes to the Designated Safeguarding Lead.
- If possible use a silent witness.

Never

- Ask leading questions.
- Ask the child or vulnerable adults to write down their account.
- Investigate with, or without, others.
- Take photographs of marks.
- Attempt any medical judgement
- Arrange a medical examination
- Tape/video record an interview
- Ask a child or vulnerable adults to remove any clothing. Staff should always be aware of their own vulnerability at this point and should take steps to minimise risk to themselves whilst supporting the child or vulnerable adults.

3.3 We recognise that all matters relating to Child Protection are confidential. The Designated Safeguarding Lead will disclose any information about a child or vulnerable adult to other members of staff on a need to know basis only.

4.0 Supporting Staff

4.1 We recognise that staff working in the service who have become involved with a child or vulnerable adult who has suffered harm, or appears to be likely to suffer harm may find the situation stressful and upsetting.

4.2 We will support such staff by providing an opportunity to talk through their anxieties with the Designated Safeguarding Lead and to seek further support as appropriate.

4.3 All staff are able to access confidential support and counselling.

5.0 The role of the DSL

5.1 The Designated Safeguarding Lead is responsible for:

5.1.1 Adhering to the Birmingham's Children's Advice and Support Service procedures with regard to referring a child or vulnerable adult if there are concerns about possible abuse

5.1.2 Keeping written records of all concerns about a child or vulnerable adult even if there appears to be no need to make an immediate referral

5.1.3 Ensuring that all such records are kept confidentially and securely and are separate from child or vulnerable adults records

5.1.4 Ensuring that an indication of further record keeping is marked on the child or vulnerable adults records

5.1.5 Liaison and joint working with Social Care Services, and other relevant agencies

6.0 Reporting Procedures

6.1 All concerns must be passed to the DSL who will seek advice/make a judgement as to whether a referral to Social Care Services or the need for any other action to be taken.

6.2 If a child or vulnerable adult is in immediate danger phone 999 and alert the Police.

6.3 If a disclosure is made or a member of staff has reason to believe abuse has occurred an incident report form (available from the DSL at the POD) should be completed as soon as possible and passed to the DSL. Any original notes should be signed, dated and securely attached to the incident report form. All staff must be aware of the high level of confidentiality of notes and individual staff members should pass all notes and records onto the DSL

6.4 Upon submitting an incident form the member of staff and the DSL should catalogue the form, sign and date the incident book in order to prove the procedure has been followed.

7.0 Staff allegations

7.1 All child or vulnerable adult protection/safeguarding allegations relating to staff must be reported directly to the DSL without informing the subject of the concern/allegation.

7.2 The full evidence will be made available to the member of staff subject to the allegation as soon as is agreed appropriately within the ongoing needs of any investigation by the Police, Social Care Services, or by any disciplinary process.

7.3 In some cases it may be necessary for the staff member to be suspended whilst an investigation is carried out. It must be recognised that any decision to suspend a member of staff is without prejudice and on full pay, and is not an indication of any proof or of any guilt. Advice should always be taken from the HR Team in this respect.

7.4 Any complaint or concern of a child protection nature received by any person and relating to the SHINE@NechellsPOD Project Manager must be passed in confidence to another appropriate DSL at Nechells POD who will give advice and support including making contact with BCC Education Lead for Safeguarding.

7.5 All staff need to be aware of their vulnerability to allegations and must address their practice accordingly. All staff must adhere to the service guidance in respect to safe conduct.

7.6 Children and vulnerable adults cannot be expected to raise concerns in an environment where staff fail to do so. All staff should be aware of their duty to raise concerns, where they exist, about the attitude or actions of colleagues.

8.0 Procedure

8.1 SHINE@NechellsPOD adheres to the Birmingham Safeguarding Children Board (BSCB) procedures and the Birmingham Education Services Child Protection

Procedures. Copies of these are kept at the POD and must be the subject of training and be available to all staff.

8.2 The SHINE@NechellsPOD Project Manager is the Designated Safeguarding Lead (DSL) for Child Protection coordination. The PM will identify clearly who will deputise in their absence and ensure that any such deputy is appropriately trained (The POD has other recognised DSL's)

8.3 The DSL will ensure the following reporting and recording procedures are maintained:

8.3.1 Incident report form (catalogued and cross references to the incident book)

8.3.2 Incident book (hard bound, containing consecutive numbers of report forms, name of child, name, signature and date of person submitting the report, name, signature and date of DSL receiving the report.)

8.4 The SHINE@NechellsPOD Trustees will receive annually a report on developments in child protection policy and procedures, training undertaken by the DSL, and other staff and the number of cases referred (without details).

9.0 Parents and carers

9.1 Parents and carers will be made aware of the service policy through published information. Parents and carers will be informed that in certain circumstances there may be a need to contact other agencies without first notifying them. This decision will be made in partnership between SHINE@NechellsPOD, and Social Care Services. It will be made clear that this is a legal obligation and not a personal decision.

9.2 A copy of this policy is available to all parents, carers, children and SHINE staff and partnership organisations upon request.

10.0 Training

10.1 All members of staff will receive training on child protection procedures and will receive updates and refreshers every year.

10.2 The DSL will be provided with Safeguarding core training in order to carry out their role and will attend refresher training updates every year.

10.3 Child Protection training will be clearly cross referenced and supplemented by other areas of staff training including appropriate touch, care & control (including safe restraint), behaviour management and risk assessment.

10.4 A record of training will be maintained by the DSL

11. Visitors and Volunteers

11.1 A summary of SHINE@NechellsPOD procedures and the name of the DSL should be displayed for the information of visitors.

11.2 Volunteers will receive safeguarding training as part of the induction process.

12 Review

This policy will be reviewed annually in March by the DSL and charity trustees. This policy was adopted by Noran Flynn CIC Director in September 2012 and by SHINE@Nechells POD Trustees in June 2015.

13. This policy should be read in conjunction with:

Appendix 1: Definitions and Indicators of Abuse

Appendix 2: Reporting Process Flowchart

Nechells POD Welcome Pack

Nechells POD Confidentiality Policy

Nechells POD Code of Conduct

Nechells POD Health and Safety Policy

Summary of Safeguarding Information for Visitors and Volunteers

SHINE@NechellsPOD is committed to the highest standards in protecting and safeguarding the children and vulnerable adults entrusted to our care.

Our service will support all children and vulnerable adults by:

- Promoting a caring, safe and positive environment
- Encouraging self-esteem and self-assertiveness
- Effectively tackling bullying and harassment

We recognise that some children and vulnerable adults may be the victims of neglect, physical, sexual or emotional abuse. Staff working with children and vulnerable adults are well placed to identify such abuse.

At The POD, in order to protect our children and vulnerable adults, we aim to:

- Create an atmosphere where all our children and vulnerable adults can feel secure, valued and listened to
- Recognise signs and symptoms of abuse
- Respond quickly, appropriately and effectively to cases of suspected abuse

If you have a concern that a child or vulnerable adult is being harmed, is at risk of harm, or you receive a disclosure (intentionally or unintentionally) you **must** contact the following staff member as quickly as possible.

**Designated Safeguarding Leads:
Beth Bailey or Cameron Archer**

Everyone working with vulnerable adults, our children and their parents and carers should be aware that:

- Their role is to listen and note carefully any observations which could indicate abuse.
- They should not attempt to investigate once the initial concern is raised
- They should involve the Designated Safeguarding Lead (DSL) immediately
- If a DSL is not available the Development Trustee can be contacted
- Disclosures of abuse or harm from children and vulnerable adults may be made at any time.

If anything worries you or concerns you, report it straight away.

If a child or vulnerable adult is in immediate danger phone 999 and alert the Police.

DEFINITIONS AND INDICATORS OF ABUSE (Appendix 1)

1. NEGLECT

Neglect is the persistent failure to meet a child's/vulnerable adult's basic physical and/or psychological needs, likely to result in the serious impairment of the child's/vulnerable adult's health or development. Neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- Protect a child/vulnerable adult from physical and emotional harm or danger;
- Ensure adequate supervision (including the use of inadequate caregivers);

or

- Ensure access to appropriate medical care or treatment.

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

The following may be indicators of neglect (this is not designed to be used as a checklist):

- Constant hunger;
- Stealing, scavenging and/or hoarding food;
- Frequent tiredness or listlessness;
- Frequently dirty or unkempt;
- Often poorly or inappropriately clad for the weather;
- Poor concentration;
- Affection or attention seeking behaviour;
- Illnesses or injuries that are left untreated;
- Failure to achieve developmental milestones, for example growth and weight;
- Failure to develop intellectually or socially;
- Responsibility for activity that is not age appropriate such as cooking, ironing, caring for siblings;

2. PHYSICAL ABUSE

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child/vulnerable adult.

Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child/vulnerable adult. The following may be indicators of physical abuse (this is not designed to be used as a checklist):

- Multiple bruises in clusters, or of uniform shape;
- Bruises that carry an imprint, such as a hand or a belt;
- Bite marks;
- Round burn marks;
- Multiple burn marks and burns on unusual areas of the body such as the back, shoulders or buttocks;
- An injury that is not consistent with the account given;
- Changing or different accounts of how an injury occurred;
- Bald patches;
- Symptoms of drug or alcohol intoxication or poisoning;
- Unaccountable covering of limbs, even in hot weather;
- Fear of going home or parents being contacted;
- Fear of medical help;
- Inexplicable fear of adults or over-compliance;
- Violence or aggression towards others including bullying; or
- Isolation from peers.

3. SEXUAL ABUSE

Sexual abuse involves forcing or enticing a child/vulnerable adult to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child/vulnerable adult 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/vulnerable adults in looking at, or in the production of, sexual images, watching sexual activities, encouraging children/vulnerable adults to behave in sexually inappropriate ways, or grooming a child/vulnerable adult in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit act of sexual abuse, as can other children or vulnerable adults.

The following may be indicators of sexual abuse (this is not designed to be used as a checklist):

- Sexually explicit play or behaviour or age-inappropriate knowledge;
- Anal or vaginal discharge, soreness or scratching;
- Reluctance to go home;
- Inability to concentrate, tiredness;
- Refusal to communicate;
- Thrush, persistent complaints of stomach disorders or pains;
- Eating disorders, for example anorexia nervosa and bulimia;
- Attention seeking behaviour, self-mutilation, substance abuse;
- Aggressive behaviour including sexual harassment or molestation;
- Unusual compliance;
- Regressive behaviour, enuresis, soiling;
- Frequent or open masturbation, touching others inappropriately;
- Depression, withdrawal, isolation from peer group;

- Bruises or scratches in the genital area.

4. SEXUAL EXPLOITATION

Child sexual exploitation occurs when a child or young person, or another person, receives “something” (for example food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of the child/young person performing sexual activities, or another person performing sexual activities on the child/young person. The presence of any significant indicator for sexual exploitation should trigger a referral to children’s social care. The significant indicators are:

- Having a relationship of concern with a controlling adult or young person (this may involve physical and/or emotional abuse and/or gang activity);
- Entering and/or leaving vehicles driven by unknown adults;
- Possessing unexplained amounts of money, expensive clothes or other items;
- Frequenting areas known for risky activities;
- Being groomed or abused via the Internet and mobile technology and
- Having unexplained contact with hotels, taxi companies or fast food outlets.

5. EMOTIONAL ABUSE

Emotional abuse is the persistent emotional maltreatment of a child/vulnerable adult such as to cause severe and persistent adverse effects on the child's/vulnerable adult’s emotional development. It may involve conveying to children/vulnerable adults 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/vulnerable adult 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/vulnerable adults. These may include interactions that are beyond the child's/vulnerable adult’s developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child/vulnerable adult participating in normal social interaction. It may also involve seeing or hearing the ill treatment of another person. It may involve serious bullying (including cyberbullying), causing children/vulnerable adults frequently to feel frightened or in danger, or the exploitation or corruption of children/vulnerable adults. Some level of emotional abuse is involved in all types of maltreatment.

The following may be indicators of emotional abuse (this is not designed to be used as a checklist):

The child/vulnerable adult consistently describes him/herself in very negative ways – as stupid, naughty, hopeless, ugly;

- Over-reaction to mistakes;
- Delayed physical, mental or emotional development;
- Sudden speech or sensory disorders;
- Inappropriate emotional responses, fantasies;
- Neurotic behaviour: rocking, banging head, regression, tics and twitches;
- Self harming, drug or solvent abuse;
- Running away;
- Compulsive stealing;
- Appetite disorders - anorexia nervosa, bulimia; or
- Soiling, smearing faeces, enuresis.

