Safeguarding, Child Protection and Adults at Risk Policy

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Safeguarding Statement of Policy

The Brunswick Centre is committed to safeguarding and promoting the welfare of children and adults at risk engaged in the breadth of its services and activities. Therefore, the charity has taken the view that in the interests of good practice there should be a clear policy and associated procedures to guide work with under-18s and adults at risk.

The charity recognises that it has a duty to help all those involved in delivering services, including staff, sessional workers, volunteers and students on placement, to recognise their responsibilities, minimise risk and avoid situations (where possible) where abuse, harm and/or exploitation might be alleged.

The Brunswick Centre supports its staff, sessional workers, volunteers and students on placement through:

- Safer recruitment processes;
- DBS disclosures before working with children and adults at risk, renewed every three years;
- Induction processes;
- Mandatory safeguarding training;
- Supervision;
- Safeguarding supervision;
- Policies and procedures:
  - Adults at Risk policy;
  - Child Protection policy;
  - Code of Conduct;
  - Complaints and Compliments procedure;
  - Confidentiality policy;
  - Employment and Human Resource support;
  - Health and Safety policy;
  - Information Governance policy;
  - Mandatory training (including safeguarding);
  - Overall risk management, including assessment and review of risk;
  - Performance Standards;
  - Recruitment Selection policy, including safer recruitment principles;
  - Risk Management policy;
  - Serious and untoward incident recording and reporting; and
  - Whistle blowing policy; and
- Openness to discuss safeguarding within the team and through team, management and trustee meetings.

Who Are We Safeguarding?

The Children Act 1989 states that the legal definition of a child is ‘a person under the age of 18’. ‘Young person’ is not a legal term so, for the purposes of the policy and procedures, a

young person is someone who might not perceive themselves as a child, but who is still in the age range of the legal definition and therefore falls within the term 'child'.

Key aspects of legislation have been extended to include protection for vulnerable adults. The Safeguarding Vulnerable Groups Act (VGA. 2006) begins by saying very succinctly that it is an Act '*to make provision in connection with the protection of* ***children and vulnerable adults'*** (VGA. 2006).

An adult at risk is a person aged 18 or over who is, or may be, in need of community care services by reason of mental or other disability, age or illness and who is or may be unable to take care of him or herself, or unable to protect his or herself against significant harm or exploitation. An adult at risk is also someone in lawful custody.

Safeguarding Structure, Control Measures/Procedures and Responsibilities

The Brunswick Centre has in place an organisational structure for safeguarding children and adults at risk. This includes:

- the c**hief officer with the designated safeguarding officer role and staff with designated safeguarding responsibilities**;
- A Child Protection policy with procedural guidance and an Adults at Risk policy with procedural guidance, which are detailed below (see pages 4-12).

Safeguarding is everyone's responsibility including staff, sessional workers, volunteers, students on placement and service users. Everyone must take a shared responsibility for the protection and safety of any children and adults at risk accessing the charity's services and activities.

The Brunswick Centre will strive to provide a safe environment for any child and adult at risk accessing services or activities. Activities and services are risk managed and the charity will make reasonable and proportionate adaptations in line with its risk assessment and planning processes.

Where adaptations are reasonable and proportionate, the Brunswick Centre will put into place various control measures in order to safeguard the wellbeing of children and adults at risk. These will be kept under review and added to as necessary. If an adaptation necessary to safeguard an individual's wellbeing goes beyond what is reasonable and proportionate the charity may have to refuse access to the service or activity.

All Brunswick Centre staff including sessional workers, volunteers and students on placement are advised to minimise physical contact with all service users, including children.

The Brunswick Centre reserves the right to deny employment to individuals where permitted criminal disclosures and barring disclosures suggest they might pose a danger to children and/or an adult at risk.

The Brunswick Centre also reserves the right to suspend and/or dismiss staff members from appointment, including sessional workers, volunteers and students on placement, in accordance with its employment and volunteer recruitment procedures or from undertaking a specific role with respect to that appointment. This may apply if information was withheld about their criminal record at the point of appointment or if they acquire a criminal record during their appointment.

Procedures to be Used When Harm/Abuse/Exploitation is Suspected

All members of staff, including sessional workers, volunteers and students on placement, working with children and/or adults at risk must be alert to possibilities of abuse. Concerns should be reported to the designated reporting officer (see below).

It is the duty of staff, including sessional workers, volunteers and students on placement, to inform ONLY and NOT to investigate – this is the role of the police and children's social care services.

If anyone, in the course of their work at the Brunswick Centre, has a safeguarding issue brought to their notice, this must be treated as a priority over all other work.

Guidance regarding a specific incident may be obtained from the designated safeguarding officer.

Designated Safeguarding Officer

John Mckernaghan, chief officer and designated safeguarding officer.
01422 341 764 / 01422 469 691 / 07703 187 968
john@thebrunswickcentre.org.uk

Adults at Risk Safeguarding Policy

The aim of this policy is to outline the practices and procedures for staff, students on placement, sessional workers and volunteers at the Brunswick Centre to contribute to the prevention of abuse, harm and/or exploitation of adults at risk through raising awareness and providing a clear framework for action when abuse, harm and/or exploitation is suspected.

The Brunswick Centre has a duty to safeguard and promote the welfare of adults at risk it comes into contact with, in accordance with the Safeguarding Vulnerable Groups Act (VGA) 2006.

We are committed to protecting adults at risk from harm. An adult at risk is a person aged 18 or over who is, or may be, in need of community care services by reason of mental or other disability, age or illness and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation. An adult at risk is also someone in lawful custody.

This policy explains the Brunswick Centre's protection procedure for adults at risk. The procedure outlines good practice with adults at risk regardless of race, gender, sexual orientation, disability, age, religion, cultural identity, nationality and/or immigration status.

As an organisation, and as individuals within it, we have a duty to act where there is suspicion or concern that an adult at risk is being abused, harmed and/or exploited within the home or elsewhere. Abuse, harm and/or exploitation of adults at risk can manifest itself in different forms. Below are some of the main types of abuse (this list is not exhaustive):

- **Physical -** Causing someone physical harm, for example by hitting, pushing or kicking them, misusing medication, causing someone to be burnt or scalded, controlling what someone eats, restraining someone inappropriately or depriving them of liberty.

- **Sexual -** Sexual acts to which a person has not or cannot give their consent or which they have been pressurised into. For example, rape, inappropriate touching or use of sexualised language.

- **Financial or Material –** Taking money (including credit, debit and the use of personal reward cards to gain reward for one's own benefit), goods or property without permission. This can include theft, fraud, exploitation or putting pressure on someone to make a will, transfer the ownership of property or carry out other financial transactions.

- **Psychological -** Causing someone mental and/or emotional distress by using threats, humiliation, shouting, bullying, ridiculing, control, intimidation, harassment, verbal abuse or depriving them of contact with other people.

- **Neglect and Acts of Omission -** Failure to provide access to services to meet a person's health, social care or educational needs or withholding the necessities of life such as medication, food and heating.

- **Discriminatory -** Treating someone in a less favourable way and causing them harm because of their age, gender, sexual orientation, disability, ethnic origin, religion or immigration status.

- **Domestic Violence and Abuse –** any or all of the above when it occurs between partners or by a family member.

- **Self-neglect – C**overs a wide range of behaviours including neglecting to care for one's personal hygiene, health or surroundings and includes behaviours such as hoarding. A safeguarding response to self-neglect may be appropriate where a person is declining assistance in relation to their care and support needs and the impact of their decision has or is likely to have a substantial impact on their overall wellbeing.

- **Institutional Abuse and Poor Professional Practice -** Services that fail to recognise the rights of service users and/or offer a poor quality of care or which condone ways of working which cause harm to vulnerable people.

- **Organisational Abuse – T**his includes abuse, neglect and poor 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.

- **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. 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. We also regard calls for the death of members of our armed forces as extremist.

- **Modern Slavery** - This includes human trafficking or can be a result of people smuggling. Slavery or trafficking does not necessarily mean having to cross international borders; it can occur on a national or local level. The main types of exploitation are: sexual exploitation, domestic servitude labour exploitation, organ harvesting, enforced criminality and benefit fraud. Other types of exploitation do exist.

Multiple forms of abuse may occur in an ongoing relationship or abusive service setting to one person or to more than one person at a time. This makes it important to look beyond single incidents or breaches in standards, to underlying dynamics and patterns of harm. Any or all of these types of abuse may be committed as the result of deliberate intent and targeting of vulnerable people, negligence or ignorance.

Abuse, harm and/or exploitation can take many forms and can be something that happens once or repeatedly. It can be deliberate or something that was unintentional or a crime.

It often involves the actions of one person but could involve more than one person towards another. However, self-neglect involves situations where a person is placing themselves at risk of harm. This could be due to their reluctance or inability to accept the assistance they need with their care and support needs.

Linked Issues

There are several other issues which may impact on adults at risk, including:

- **Forced Marriage** - Where one or both people do not consent to the marriage and pressure or abuse is used;
- **Honour-Based Abuse** - A crime or incident, which has or may have been committed to protect or defend the honour of the family and/or community, commonly including physical abuse, rape, false imprisonment and murder;
- **Hate Crime** - When someone commits a crime against an individual because of their disability, gender identity, race, sexual orientation, religion or any other perceived difference. This may be physical or verbal;
- **Anti-Social Behaviour** - This can include, but is not limited to, nuisance, rowdy or inconsiderate neighbours, vandalism, graffiti and flyposting, street drinking, environmental damage including littering, dumping of rubbish and abandonment of cars and inconsiderate or inappropriate use of vehicles;
- **Exploitation by Radicalisers** - Who promote terrorism/violence.

No abuse is acceptable, and some abuse is a criminal offence and must be reported to the police as soon as possible.

Suspected Abuse, Harm and/or Exploitation

Where this is suspected, or allegations are made, the safety of the adult at risk MUST be of paramount concern. It is the duty of all staff members, students on placement, sessional workers and volunteers to:

- As a matter of priority discuss your concerns with your service manager and ensure the designated safeguarding officer (DSO) is informed;
- Consider if immediate action needs to be taken to ensure the safety of the adult at risk and alert appropriate agencies, i.e. the police and adult social services. Where referrals are made to other agencies about abuse, harm and/or exploitation, these should be followed up within 48 hours to ensure action has been taken;
- It is good practice to seek agreement from the adult at risk in making a referral to adult social services unless you consider such a discussion would place them at further risk. If a referral is required, this should be made even if the adult at risk does not give their agreement. You must document actions and decisions as a serious and untoward incident (SUI) on CIVI CRM;
- If a crime is thought to have been committed, the police should be involved at the earliest opportunity. Remember that an allegation of abuse, harm and/or exploitation may lead to a criminal investigation. **It is NOT your responsibility to investigate but only to report what you know;**
- If there are concerns that an adult at risk may be a potential victim of modern slavery or human trafficking, then a referral should be made to the National Referral Mechanism (NRM) as soon as possible with the consent of the potential victim and the process explained to them. Further information can be accessed via NRM guidance: https://www.gov.uk/government/publications/human-trafficking-victims-referral-and-assessment-forms/guidance-on-the-national-referral-mechanism-for-potential-adult-victims-of-modern-slavery-england-and-wales
- Where a DSO, service manager, member of staff, student on placement, sessional worker or volunteer is unsure if a formal referral should be made, it is their responsibility to seek advice and support from the local authority duty and assessment team.

Record your concerns, actions and updates in a factual and detailed way with due regard for confidentiality and possible future requirements for disclosure.

No one should be deterred from sharing information as and when necessary as they should be aware that the Data Protection Act 2018 allows them to do so in the case of a safeguarding concern.

Responding to Disclosures

If an adult at risk discloses to you directly that he/she or another adult at risk is concerned about someone's behaviour towards them, the person receiving information should:

- React calmly so as not to frighten or deter the adult at risk;
- Tell the adult at risk he/she is not to blame and that he/she was right to tell someone;
- Take what the adult at risk says seriously;
- Communicate with the adult at risk in a way that is appropriate to their age and understanding;
- Recognise the difficulties inherent in interpreting what is said by an adult at risk who has a speech disability and/or differences in language;
- Do not ask leading questions and keep questions to the absolute minimum to ensure a clear and accurate understanding of what has been said;
- Do not make promises to keep a secret, letting the adult at risk know you may need to tell someone else in line with the Brunswick Centre's Confidentiality Policy;
- Make a full record of what has been said, heard and/or seen as soon as possible; and

- Speak immediately with your service manager and the DSO and refer information obtained to the appropriate agencies.

It must be remembered that an adult experiencing abuse, harm and/or exploitation can raise concerns themselves, as can their friends, family members, unpaid carers etc.

Do not:

- Allow shock, panic or distaste to show;
- Ask questions or probe for more information than is offered other than to clarify that you have understood what has been said;
- Speculate or make assumptions;
- Make negative comments about the alleged abuser(s);
- Make unnecessary contact with the alleged abuser(s); and
- Make promises or agree to keep secrets.

In an Emergency or Out of Hours

When dealing with an incident that involves the abuse, harm and/or exploitation of an adult at risk, it may be necessary to call the police and/or ambulance (dial 999), if for example:

- Someone is alleging that they have been sexually assaulted;
- Someone has been injured as a result of a physical assault;
- An allegation is made regarding a recent incident of theft;
- The person alleged to have caused harm needs to be removed;
- The person alleged to have caused harm is still believed to be near the premises;
- There is reason to believe that a crime is in progress;
- There is likely to be evidence that needs to be preserved; in the case of physical or sexual assault the police will be able to arrange for medical evidence to be collected.

This list is not exhaustive.

Deciding Whether to Report an Incident to the Police

If a crime has been, or may have been, committed, seek the person's consent to report the matter immediately to the police. If the person has mental capacity (see Appendix 1) in relation to the decision and does not want a report made, this should be respected unless there are justifiable reasons to act contrary to their wishes, such as:

- The person is subject to coercion or undue influence, to the extent that they are unable to give consent;
- There is an overriding public interest, such as where there is a risk to other people; or
- It is in the person's vital interests (to prevent serious harm or distress or in life-threatening situations).

There should be clear reasons for overriding the wishes of a person with the mental capacity to decide for themselves. A judgement will be needed that takes into account the particular circumstances.

If the person does not have mental capacity in relation to this decision, a 'best interests' decision will need to be made in line with the Mental Capacity Act 2005.

The police may also be contacted later if more information becomes available and it becomes apparent that a crime has been committed.

If the matter is to be reported to the police, discuss with the police any risk management issues and any potential forensic considerations.

Preserving Evidence

Whilst the first concern must be to ensure the safety and wellbeing of the adult at risk, in situations where there may have been a crime and the police have been called, it is important that forensic and other evidence is preserved. The police may need to attend the scene, and agencies and individuals can play an essential part in ensuring that evidence is not contaminated or lost. As far as possible:

- Try not to disturb the scene, clothing or victim if at all possible;
- Secure the scene; for example, lock the door, if possible;
- Preserve all containers, documents, locations, etc.;
- Evidence may be present even if you cannot actually see anything;
- If in doubt, contact the police and ask for advice; and
- The police should be contacted for advice wherever required.

Working with Those Who Pose a Risk to Others

The nature of our services mean we may have to work with and offer services to individuals who pose a risk to others. Staff, sessional workers, volunteers and students on placement must undertake a risk assessment (see Risk Management Policy).

Identified risk and how this is to be managed MUST be shared with the team. This will be an ongoing process involving updating and reminding others of the risk. This is of particular importance where someone who poses a risk needs to attend appointments.

Safeguarding Concerns Flow Chart

Use the safeguarding concerns flowchart (see Appendix 2) for quick support and guidance.

Child Protection Policy

We are committed to protecting children from abuse, harm and/or exploitation. A child is any person under the age of 18 (see page 1). It is the responsibility of the designated safeguarding officer (DSO) to ensure all staff, sessional workers, volunteers and students on placement are legally prepared to enable them to respond appropriately to any situation where a child is suspected to be suffering or likely to suffer abuse, harm and/or exploitation, or where allegations past or present are made. We have a duty to pass on any concerns about the welfare and safety of children to children's social care services and, where appropriate, the police.

The Brunswick Centre has a duty to safeguard and promote the welfare of children it comes into contact with, in accordance with the Children Act 1989 and 2004, supported by guidance in Working Together to Safeguard Children 2018.

Working Together 2018 points out that *'All practioners should follow the principles of the Children Act 1989 and 2004 – that state that the welfare of children is paramount and that they are best looked after within their families, with their parents playing a full part in their lives, unless compulsory intervention in family life is necessary'.*

Working Together 2018 provides us with clear information and guidance on policy development and how we need to work to safeguard children (see Appendix 3).

This policy explains the child protection procedure at the Brunswick Centre. The procedure outlines good practice with children and their families regardless of race, gender, sexual orientation, disability, age, religion, cultural identity, nationality and/or immigration status.

It is the basic right of every child to pass safely from childhood to adulthood. In childhood, children are vulnerable as they rely on their families and those close to them for nourishment, comfort, safety, love and protection. As an organisation, and as individuals within it, we have a duty to act where there is suspicion or concern that a child or children are being abused, harmed and/or exploited within the home, in school or elsewhere. Abuse, harm and/or exploitation can manifest itself in different forms. Below are some main types of abuse (the list is not exhaustive):

- **Physical -** This includes a child being hit, shaken, thrown, poisoned, burnt, drowned, suffocated or restrained inappropriately.

- **Sexual -** This includes penetrative and non-penetrative acts (fondling), involving a child in looking at, or in the production of, pornographic material or in watching sexual activities, encouraging or forcing a child to behave in sexually inappropriate ways.

- **Female Genital Mutilation (FGM) -** This is a procedure where the female genital organs are deliberately cut or injured, but where there is no medical reason for this to be done. This can be done in relation to religion, culture, tradition or during forceful sexual activities resulting in life threatening and health complications physically, repeated infections which can lead to infertility, labour/childbirth problems which can lead to death, problems passing urine or incontinence, constant pain, bleeding, cysts and abscesses or mental health problems; depression, flashbacks, self-harm, post-traumatic stress, emotional distress etc. The health complications are both short-term and long-term. **FGM is a crime and therefore must be reported to the police.**

- **Child Sexual Exploitation (CSE)** - This is a type of sexual abuse in which children are sexually exploited for money, power or status. Children may be tricked into believing they're in a loving, consensual relationship. They might be invited to parties and given drugs and alcohol. They may also be groomed online. Some children are trafficked into or within the UK for the purpose of sexual exploitation. Sexual exploitation can also happen to children in gangs.

- **Neglect -** This involves not meeting a child's basic physical, intellectual and/or emotional needs and may include not providing sufficient food, shelter and clothing; failing to protect a child from physical harm or danger; not accessing appropriate medical care or treatments; neglecting or being unresponsive to a child's basic emotional needs.

- **Emotional Abuse -** This involves persistent ill treatment of a child so as to cause severe and long term adverse effects on the child's emotional development, for example, conveying to a child they are worthless, inadequate, unlovable; inappropriate expectations on a child; causing a child to frequently feel **frightened or in danger (this includes witnessing domestic abuse/violence), and the exploitation or corruption of a child.**

- **Domestic Violence and Abuse -** Children can be victims of domestic violence and abuse by family members or partners.

- **Online Abuse -** This type of abuse takes place on the internet on computers, mobile phones, tablets and other internet enabled devices and can happen through social networking, chats, voice/video calls, email and private messaging and live streaming apps. Children may be contacted by strangers asking or coercing them into sending explicit images and/or attempting to humiliate them. Other forms may include stalking and malicious impersonation.

- **Radicalisation -** This may happen when a child may be influenced to support extremist views of social groups including those who hold strong and potentially dangerous views and plan acts of terrorism towards other groups of society; the most common radical views are held against certain religious and political ideologies**.**

- **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. 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. We also regard calls for the death of members of our armed forces as extremist.

- **Modern Slavery** - This includes human trafficking or can be a result of people smuggling. Slavery or trafficking does not necessarily mean having to cross international borders; it can occur on a national or local level. The main types of exploitation are: sexual exploitation, domestic servitude, labour exploitation, organ harvesting, enforced criminality and benefit fraud. Other types of exploitation do exist.

Suspected Abuse

Where abuse, harm and/or exploitation of a child is suspected, or allegations are made, the child's safety MUST be of paramount concern. Where abuse, harm and/or exploitation is suspected or allegations are made, it is the duty of all staff, sessional workers, volunteers and students on placement to:

- As a matter of priority discuss your concerns with your service manager and ensure the designated safeguarding officer (DSO), is informed;
- Consider if immediate action needs to be taken to ensure the safety of the child and alert appropriate agencies, i.e. the police and children's social services. Where referrals are made to other agencies about abuse, harm and/or exploitation, these should be followed up within 48 hours to ensure action has been taken;
- If it is deemed that a children's social services referral is needed, best practice is to obtain consent from the child (assuming Gillick competency), and the person/s with parental responsibility. Under circumstances where consent is not given, the child and

the person(s) with parental responsibility should be informed of the referral. Where obtaining consent may cause the child to be at great risk (e.g. from a parent or guardian), consent should not be sought. **If risk to the child is imminent, the police must be contacted**;

- Be aware of the referral information required by children's social services (copies are available at workstations or available on safeguarding children board websites). When reporting CSE to children's social services you MUST also report to the police 101 helpline.
- If a crime is thought to have been committed, the police should be involved at the earliest opportunity. Remember that an allegation of abuse, harm or exploitation may lead to a criminal investigation. **It is NOT your responsibility to investigate but only to report what you know**;
- If there are concerns that a child may be a potential victim of modern slavery or human trafficking, then a referral should be made to the National Referral Mechanism (NRM) as soon as possible with consent of the potential victim and the process explained to them. Further information can be accessed via NRM guidance: https://www.gov.uk/government/publications/human-trafficking-victims-referral-and-assessment-forms/guidance-on-the-national-referral-mechanism-for-potential-adult-victims-of-modern-slavery-england-and-wales
- Where a DSO, service manager, member of staff, student on placement, sessional worker or volunteer is unsure if a formal referral should be made, it is their responsibility to seek advice and support from the local authority duty and assessment team.

Record your concerns, actions and updates in a factual and detailed way with due regard for confidentiality and possible future requirements for disclosure.

An important part of safeguarding is intelligence gathering and sharing with particular reference, but not limited to, CSE. This does not replace any reporting duty if a child is at risk.

Such intelligence can be shared with West Yorkshire Police Intelligence Submission Partnership Portal, which the Brunswick Centre is signed up to. Your service manager or the DSO will provide log-on details.

In addition, this information should be recorded on our internal intelligence recording activity on CIVI CRM.

No one should be deterred from sharing information as and when necessary, as they should be aware that the Data Protection Act 2018 allows them to do so in the case of a safeguarding concern.

Responding to a Direct Disclosure from a Child

If a child discloses to you directly that he/she or another child is concerned about someone's behaviour towards them, the person receiving information should:

- React calmly so as not to frighten or deter the child;
- Tell the child he/she is not to blame and that he/she was right to tell someone;
- Take what the young person says seriously;
- Communicate with the child in a way that is appropriate to their age and understanding;
- Recognise the difficulties inherent in interpreting what is said by a child who has a speech disability and/or differences in language;
- Not ask leading questions and keep questions to the absolute minimum to ensure a clear and accurate understanding of what has been said;
- Not make promises to keep a secret, letting the child know you may need to tell someone else in line with the Brunswick Centre's Confidentiality Policy;
- Make a full record of what has been said, heard and/or seen as soon as possible; and
- Speak immediately with your service manager and inform the designated safeguarding officer and refer information obtained to the appropriate agencies.

Do not:

- Allow shock, panic or distaste to show;
- Ask questions or probe for more information than is offered other than to clarify that you have understood what has been said;
- Speculate or make assumptions;
- Make negative comments about the alleged abuser(s);
- Make unnecessary contact with the alleged abuser(s); or
- Make promises or agree to keep secrets.

Allegations Against Professionals/Volunteers

All allegations about people who work with children, in statutory or voluntary organisations, must be referred to the local authority designated officer (LADO). The LADO is a local authority role responsible for managing and overseeing concerns, allegations or offences relating to staff and volunteers in any organisation across a local authority area.

A referral to LADO must be made within 24 hours if there is information about a person indicating they have:

- Behaved in a way that has harmed a child, or may have harmed a child;
- Possibly committed a criminal offence against or related to a child; or
- Behaved towards a child or children in a way that indicates they may pose a risk of harm to children.

If there is an allegation with regard to someone who works with children about children they care for in another capacity then this potentially has implications for their professional role and must also be referred to LADO. See *Safeguarding Boards and Useful Contacts* below (Appendix 4). This guidance is also explained in the People in Positions of Trust chapter of the Working Together to Safeguard Children 2018 Guidance.

Working with Those Who Pose a Risk to Others

The nature of our services means we may have to work with and offer services to individuals who pose a risk to others. Staff, sessional workers, volunteers and students on placement must undertake a risk assessment (see Risk Management Policy).

Identified risk and how this is to be managed MUST be shared with the team. This will be an ongoing process involving updating and reminding others of the risk. This is of particular importance where someone who poses a risk needs to attend appointments.

Safeguarding Concerns Flow Chart

Use the safeguarding concerns flowchart (Appendix 2) for quick support and guidance.

Appendix 1

The Mental Capacity Act 2005

The Mental Capacity Act 2005 provides a statutory framework to empower and protect vulnerable people who are not able to make their own decisions. It makes it clear who can take decisions, in which situations, and how they should go about this.

The Act enshrines in statute current best practice and common law principles concerning people who lack mental capacity and those who take decisions on their behalf. It replaces current statutory schemes for enduring powers of attorney and Court of Protection receivers with reformed and updated schemes.

The Act deals with the assessment of a person's capacity and acts by carers of those who lack capacity.

Assessing Lack of Capacity – The Act sets out a single clear test for assessing whether a person lacks capacity; it is a decision-specific test. No one can be labelled 'incapable' as a result of a particular medical condition or diagnosis. Section 2 of the Act makes it clear that a lack of capacity cannot be established merely by reference to a person's age, appearance or any condition or aspect of a person's behaviour which might lead others to make unjustified assumptions about capacity.

Best Interests – Everything that is done for or on behalf of a person who lacks capacity must be in that person's best interests. The Act provides a checklist of factors that decision-makers must work through in deciding what is in a person's best interests. A person can put his/her wishes and feelings into a written statement if they so wish, which the person making the determination must consider. Also, carers and family members gain a right to be consulted.

Acts in Connection with Care or Treatment – Section 5 clarifies that, where a person is providing care or treatment for someone who lacks capacity, then the person can provide the care without incurring legal liability. The key will be proper assessment of capacity and best interests. This will cover actions that would otherwise result in a civil wrong or crime if someone has to interfere with the person's body or property in the ordinary course of caring. For example, by giving an injection or by using the person's money to buy items for them.

Restraint/Deprivation of Liberty - Section 6 of the Act defines restraint as the use or threat of force where an incapacitated person resists, and any restriction of liberty or movement whether or not the person resists. Restraint is only permitted if the person using it reasonably believes it is necessary to prevent harm to the incapacitated person and if the restraint used is proportionate to the likelihood and seriousness of the harm.

Section 6(5) makes it clear that an act depriving a person of his or her liberty within the meaning of Article 5(1) of the European Convention on Human Rights cannot be an act to which Section 5 provides any protection.

The Department of Health and National Assembly for Wales have each issued interim advice to the NHS and local authorities on the implications of the European Court of Human Rights judgment in HL v United Kingdom (the "Bournewood" case), pending the development of proposals for new procedural safeguards for the protection of those people falling within the "Bournewood Gap".

The Act deals with two situations where a designated decision-maker can act on behalf of someone who lacks capacity:

Lasting Powers of Attorney (LPAs) – The Act allows a person to appoint an attorney to act on their behalf if they should lose capacity in the future. This is like the current Enduring Power of

Attorney (EPA), but the Act also allows people to let an attorney make health and welfare decisions.

Court-Appointed Deputies - The Act provides for a system of court-appointed deputies to replace the current system of receivership in the Court of Protection. Deputies will be able to take decisions on welfare, healthcare and financial matters as authorised by the Court but will not be able to refuse consent to life sustaining treatment. They will only be appointed if the Court cannot make a one-off decision to resolve the issues.

The Act creates two new public bodies to support the statutory framework, both of which will be designed around the needs of those who lack capacity.

A new Court of Protection – The new Court will have jurisdiction relating to the whole Act and will be the final arbiter for capacity matters. It will have its own procedures and nominated judges.

A new Public Guardian – The Public Guardian and his/her staff will be the registering authority for LPAs and deputies. They will supervise deputies appointed by the Court and provide information to help the Court make decisions.

They will also work together with other agencies, such as the police and social services, to respond to any concerns raised about the way in which an attorney or deputy is operating. A Public Guardian Board will be appointed to scrutinise and review the way in which the Public Guardian discharges his/her functions.

The Public Guardian will be required to produce an annual report about the discharge of his/her functions.

The Act also includes three further key provisions to protect vulnerable people.

Independent Mental Capacity Advocate (IMCA) - An IMCA is someone appointed to support a person who lacks capacity but has no one to speak for them. The IMCA makes representations about the person's wishes, feelings, beliefs and values at the same time as bringing to the attention of the decision maker all factors that are relevant to the decision. The IMCA can challenge the decision-maker on behalf of the person lacking capacity if necessary.

Advance Decisions to Refuse Treatment – Statutory rules with clear safeguards confirm that people may make a decision in advance to refuse treatment if they should lose capacity in the future. It is made clear in the Act that an advance decision will have no application to any treatment which a doctor considers necessary to sustain life unless strict formalities have been complied with. These formalities are that the decision must be in writing, signed and witnessed. In addition, there must be an express statement that the decision stands "even if life is at risk".

A Criminal Offence - The Act introduces a new criminal offence of ill treatment or neglect of a person who lacks capacity. A person found guilty of such an offence may be liable to imprisonment for a term of up to five years.

The Act also sets out clear parameters for research.

Research involving, or in relation to, a person lacking capacity may be lawfully carried out if an "appropriate body" (normally a research ethics committee) agrees that the research is safe, relates to the person's condition and cannot be done as effectively using people who have mental capacity. The research must produce a benefit to the person that outweighs any risk or burden. Alternatively, if it is to derive new scientific knowledge it must be of minimal risk to the person and be carried out with minimal intrusion or interference with their rights.

Carers or nominated third parties must be consulted and agree that the person would want to join an approved research project. If the person shows any signs of resistance or indicates in any way that he or she does not wish to take part, the person must be withdrawn from the

project immediately. Transitional regulations will cover research started before the Act where the person originally had capacity to consent but later lost capacity before the end of the project.

Appendix 2

Safeguarding Concerns Flow Chart

Safeguarding
Concern Flow Chart

Appendix 3

Working Together 2018 – Key Extracts

We must foster and maintain a culture of listening to children and taking account of their wishes and feelings, both in individual decisions and when developing and reviewing services.

Working Together points out that children have said they need:

- **Vigilance**: to have adults notice when things are troubling them;
- **Understanding and Action**: to understand what is happening, to be heard and understood and to have that understanding acted upon;
- **Stability**: to be able to develop an ongoing stable relationship of trust with those helping them;
- **Respect**: to be treated with the expectation that they are competent rather than not;
- **Information and Engagement**: to be informed about and involved in procedures, decisions, concerns and plans;
- **Explanation**: to be informed of the outcome of assessments and decisions and reasons when their views have not met with a positive response;
- **Support**: to be provided with support in their own right as well as a member of their family;
- **Advocacy**: to be provided with advocacy to assist them in putting forward their views; and
- **Protection**: to be protected against all forms of abuse and discrimination and the right to special protection and help if a refugee.

Staff who are working with and providing services to adults should ask whether there are children in the family and consider whether the children need help or protection from harm.

Early Help

1. Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years. Early help can also prevent further problems arising; for example, if it is provided as part of a support plan where a child has returned home to their family from care, or in families where there are emerging parental mental health issues or drug and alcohol misuse.
2. Effective early help relies upon local organisations and agencies working together to:
    - identify children and families who would benefit from early help;
    - undertake an assessment of the need for early help; and
    - provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to improve the outcomes for the child.
3. Local authorities, under Section 10 of the Children Act 2004, have a responsibility to promote inter-agency cooperation to improve the welfare of all children.

Practitioners should be alert to the potential need for early help for a child who:

- is disabled and has specific additional needs;
- has special educational needs (whether or not they have a statutory education, health and care plan);
- is a young carer;

- is showing signs of being drawn into anti-social or criminal behaviour, including gang involvement and association with organised crime groups;
- is frequently missing/goes missing from care or from home;
- is at risk of modern slavery, trafficking or exploitation;
- is at risk of being radicalised or exploited;
- is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse;
- is misusing drugs or alcohol themselves;
- has returned home to their family from care; and
- is a privately fostered child.

Children and families may need support from a wide range of local organisations and agencies. Where a child and family would benefit from coordinated support from more than one organisation or agency (e.g. education, health, housing, police) there should be an inter-agency assessment. These early help assessments should be evidence-based, be clear about the action to be taken and services to be provided and identify what help the child and family require to prevent needs escalating to a point where intervention would be needed through a statutory assessment under the Children Act 1989.

For an early help assessment to be effective it should be undertaken with the agreement of the child and their parents or carers, involving the child and family as well as all the practitioners who are working with them. It should take account of the child's wishes and feelings wherever possible. In cases where consent is not given for an early help assessment, practitioners should consider how the needs of the child might be met. If at any time it is considered that the child may be a child in need, as defined in the Children Act 1989, or that the child has suffered significant harm or is likely to do so, a referral should be made immediately to local authority children's social care. This referral can be made by any practitioner.

Concerns

Anyone who has concerns about a child's welfare should make a referral to local authority children's social care and should do so immediately if there is a concern that the child is suffering significant harm or is likely to do so. **Practitioners who make a referral should always follow up their concerns if they are not satisfied with the response**.

When practitioners refer a child, they should include any information they have on the child's developmental needs, the capacity of the child's parents or carers to meet those needs and any external factors that may be undermining their capacity to parent. This information may be included in any assessment, including an early help assessment.

Feedback should be given by local authority children's social care to the referrer.

Practitioners should be proactive in sharing information as early as possible to help identify, assess and respond to risks or concerns about the safety and welfare of children.

Practitioners should be alert to sharing important information about any adults with whom that child has contact, which may impact the child's safety or welfare.

Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare, and protect the safety, of children, which must always be the paramount concern.

All practitioners should be particularly alert to the importance of sharing information when a child moves from one local authority into another, due to the risk that knowledge pertinent to keeping a child safe could be lost.

All practitioners should aim to gain consent to share information but should be mindful of situations where to do so would place a child at increased risk of harm. Information may be shared without consent if a practitioner has reason to believe that there is good reason to do so, and that the sharing of information will enhance the safeguarding of a child in a timely manner. When decisions are made to share or withhold information, practitioners should record who has been given the information and why.

Safeguarding of children and individuals at risk as a processing condition allows practitioners to share information. This includes allowing practitioners to share information without consent, if it is not possible to gain consent, it cannot be reasonably expected that a practitioner gains consent, or if to gain consent would place a child at risk.

Contextual Safeguarding

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.

Children who may be alleged perpetrators should also be assessed to understand the impact of contextual issues on their safety and welfare. 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 the child.

Developing a Clear Analysis

A desire to think the best of adults and to hope they can overcome their difficulties should not subvert the need to protect children from chaotic, abusive and neglectful homes.

Timeliness of Referrals

When you make a referral for an assessment to be undertaken, Working Together points out that:

Within **one working day** of a referral being received, a local authority social worker should acknowledge receipt to the referrer and make a decision about next steps and the type of response required. This will include determining whether:

- the child requires immediate protection and urgent action is required;
- the child is in need and should be assessed under section 17 of the Children Act 1989;
- there is reasonable cause to suspect that the child is suffering or likely to suffer significant harm, and whether enquires must be made and the child assessed under Section 47 of the Children Act 1989;
- any services are required by the child and family and what type of services;
- further specialist assessments are required to help the local authority to decide what further action to take; and
- to see the child as soon as possible if the decision is taken that the referral requires further assessment.

For children who are in need of immediate protection, action must be taken by the social worker, or the police or the NSPCC if removal is required, as soon as possible after the referral has been made to local authority children's social care (sections 44 and 46 of the Children Act 1989).

Child Protection Conference

If local authority children's social care decides not to proceed with a child protection conference, then other practitioners involved with the child and family have the right to request that local authority's children's social care convene a conference if they have serious concerns that a child's welfare may not be adequately safeguarded. As a last resort, the safeguarding partners should have in place a quick and straightforward means of resolving differences of opinion.

To view the full Working Together 2018 document go to:
https://www.gov.uk/government/publications/working-together-to-safeguard-children--2

Appendix 4

Safeguarding Boards and Useful Contacts

CALDERDALE

http://www.calderdale-scb.org.uk/

To raise a concern:

- Multi Agency Screening Team (MAST) **01422 393 336** (office hours)

www.calderdale.gov.uk/socialcare/family/childprotection/index.html

- Emergency Duty Team **01422 288 000** (out of hours) EDT@calderdale.gov.uk

For information and advice:

- Calderdale Safeguarding Children's Board **01422 394 074**

Early Intervention Support

- **01422 393 661 / 01422 392 883**

LADO

- **01422 394 086**

KIRKLEES

http://www.kirkleessafeguardingchildren.co.uk/

To raise a concern:

- Referral and Response **01484 456 848**
- Emergency Duty Team **01484 414 933** (out of office hours)

For information and advice:

- General Enquiries **01484 255 161**
- Kirklees Safeguarding Board **01484 255 218**

www.kirkleessafeguardingchildren.co.uk/mash-multi-agency-safeguardinging-hub.html

Early Intervention Support

- Early Help Access **01484 456 823**

LADO

http://www.kirkleessafeguardingchildren.co.uk/allegations.html *(for enquiries, support and referral form)*

Emergency

- ***The LADO can also be contacted in emergencies at the Child Protection and Review Unit 01484 221 000***