



# Policy and Procedures regarding the Safeguarding of Children, Young People and Vulnerable Adults

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## **Organisation Details**

Swindon Down's Syndrome Group

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Swindon

Wiltshire

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[www.swindondownsgroup.org.uk](http://www.swindondownsgroup.org.uk)

Affiliated to the National Down's Syndrome Association

## **Mission Statement**

The Swindon Down's Syndrome Group is a charity based in Swindon serving the SN postcode. It is a parent-led support group. We aim to support people with Down's syndrome, their families and carers and all those with an interest in Down's syndrome. We are an independent charity but are affiliated to the National Down's Syndrome Association. We provide sports sessions including football and swimming, Speech and Language Therapy, play sessions and a number of whole family outings such as day trips and theatre trips. We also provide training and support for teachers and teaching assistants and help with areas such as behaviour management, mainstream integration and relationships.

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## 1. Preface Statement of Intent

A child is anyone who has yet to reach their 18th birthday. 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 or in custody in the secure estate for children and young people, does not change his or her status or entitlement to service or protection under the Children's Act 1989.

A vulnerable adult is a person aged 18 years or over who is or maybe in need of community care services by reason of mental or other disability, age or illness; and who is or maybe unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.

Processes and procedures are never ends in themselves, but should always be used as a means of bringing about better outcomes for children, young people and vulnerable adults. No guidance can, or should attempt to offer a detailed prescription for contact with each child, young people and vulnerable adult. Work with individuals, where there are concerns about their welfare, is sensitive and difficult. Good practice calls for effective cooperation between different agencies and professionals: sensitive work with parents and carers in the best interest of the child; and the careful exercise of professional judgement and critical analysis of the available information.

It is the responsibility of each person to protect children, young people and vulnerable adults from abuse or neglect and to affirm, encourage and support those working with them.

The Swindon Down's Syndrome Group seeks to safeguard people of all ages involved in the Group's events and activities.

## 2. National and Local Guidance

This Children, Young People and Vulnerable Adults Protection Policy and Procedures should be read in conjunction with the Local Safeguarding Children Board (LSCB) <http://www.swindonlscb.org.uk>. Guidelines and Procedures (see HSCB 2010). In accordance with the Children's Act 2004 it is a statutory responsibility for key agencies coming into contact with children and young people, to make arrangements to ensure that in discharging their functions, they have regard to the need to safeguard and promote the welfare of children (Section 11, Children's Act 2004). Where private or voluntary organisations come into contact with or offer services to children they should, as a matter of good practice, take account of this guidance and follow it as far as possible.

Reference should also be made to the Swindon Vulnerable Adults' Alliance and the Wiltshire Local Safeguarding Adults' Board Guidelines and Procedures.

The following guidance should also be referred to:

- The Children's Act (1989)
- The Children's Act (2004)

- Every Child Matters
- Working Together to Safeguard Children: A Guide to Inter-Agency working to Safeguard and Promote the Welfare of Children (HM Government 2010)
- Human Rights Act 1998
- Criminal Justice and Court Services Act 2000
- The Protection of Children's Act 1999
- The Sexual Offences Act 2003
- What To Do If You're Worried A Child is Being Abused (Department of Health, Home Office, Department for Education and Skills, the Lord Chancellor's Department, the Office of the Deputy Prime Minister and the Department of Culture, Media and Sport 2006)
- Guidance for safer Working Practice for Adults who Work with Children and Young People (2009)
- Policy and Procedure for Safeguarding Vulnerable Adults in Swindon and Wiltshire; available from Swindon Borough Council: <http://www.swindon.gov.uk/sc/sc-adults/Pages/sc-adults-protectionvulnerableadults.aspx>
- No secret guidance issues in March 2000, under section 7 of the local Authority Social Services Act 1970

### 3. **Statement of Intent**

The Swindon Down's Syndrome Group recognise that protecting and safeguarding children and young people is a shared responsibility and depends upon effective joint working between agencies and professionals that have different roles and expertise. Individual children, young people and vulnerable adults, especially some of the most vulnerable and those at greatest risk of social exclusion, will need coordinated help from health, education and children's / adults social care services. The voluntary sector and other agencies also have an important role in protecting and safeguarding children, young people and vulnerable adults.

The Swindon Down's Syndrome Group has a responsibility to protect and safeguard the welfare of children, young people and vulnerable adults they come in contact with. The need for guidelines and procedures is important to ensure that this is done with understanding and clarity.

The Swindon Down's Syndrome Group will aim to protect and safeguard children, young people and vulnerable adults by:

- Ensuring that The Swindon Down's Syndrome Group has a designated Safeguarding Co-ordinator and that all group members are aware of the named person and process of reporting concerns to them. This is currently JOANNA MESSENGER.
- Ensuring that all volunteers should be carefully selected, trained where necessary and supervised. All Trustees should be DBS checked. Training will be provided regarding children, young people and protection issues.
- Having a Children, Young People and Safeguarding Protection Policy and Procedure and regularly reviewing and updating this in line with national and local policy developments.

This will be the responsibility of the named Safeguarding Co-ordinator - JOANNA MESSENGER.

- Ensuring that all group members are familiar with the Children, Young People and Safeguarding Protection Policy and Procedure. The relevant documentation will be easily accessible to group members. Meetings will be held to discuss the original policy and any updates.
- Ensuring that the Safeguarding Co-ordinator attends appropriate Local Safeguarding Children Board (LSCB) Child Protection Training. Knowledge and information obtained from this training will be passed down, via the Safeguarding Co-ordinator, to the relevant group members.
- Assessing the risks that the children and young people may encounter and taking steps to minimise and manage this. Children are not seen alone by group members. Any additional visitors to the group (for example guest speaker) are accompanied at all times by a designated member of The Swindon Down's Syndrome Group. Doors to the building utilised by The Swindon Down's Syndrome Group for specific children's and young people group sessions are secure and casual visitors are not permitted on the premises during such sessions. All those attending specific children's and young people group sessions are requested to sign in and out of the building. Photographs of children are only taken by photographers approved with written consent of parents or guardians.
- No electronic devices with a camera facility are to be used for photographic purposes during any activities run by the Group without prior consent. Everyone must adhere to any policies of an event venue.
- Ensuring all people are treated with respect and dignity. Children and young people with disabilities will not be regarded in a different way within the group context when abuse is suspected. In the case of any person with specific special needs, advice should be sought from the relevant agencies.
- Copies of the group's Safeguarding Policy and the phone numbers for confidential children's services should be displayed prominently in those parts of the premises where young people's activities take place.
- Any group - organised transport for children or vulnerable adults should be checked to ensure the vehicle is suitable and insured and that the driver and escorts are appropriate.
- Nobody acting on the behalf of The Swindon Down's Syndrome Group is to meet or work alone with a child or young person or vulnerable adult where activity cannot be seen.

#### 4. **What is Abuse and Neglect?**

Safeguarding Adults and Children with Disabilities against abuse; Council of Europe 2002 defines abuse as " Any act or failure to act, which results in a significant breach of a vulnerable person's human rights, civil liberties, bodily integrity, dignity or general well being, whether intended or inadvertent, including sexual relations or financial transactions to which a person has not or cannot validly consent or which are deliberately exploitative "

It is the responsibility of each person to protect children and young people from the four categories of abuse:

- Physical Abuse
- Sexual Abuse
- Emotional Abuse
- Neglect

In addition to the above the following are also applicable to vulnerable adults:

- Discriminatory Abuse
- Financial or material Abuse
- Institutional Abuse

This is not an exhaustive list and it must be recognised that it is not the role of group members to make an assessment of whether children or young people have suffered harm. Group members do have a duty to report concerns.

A more descriptive summary of the types can be found in Appendix A and B.

## 5. Who abuses Children, Young People and Vulnerable Adults?

### **A person who abuses may be:**

- A family member
- A member of staff, proprietor or service manager
- A member of a recognised professional group
- A volunteer or member of a community group such as a place of worship or social club
- A service user or vulnerable adult
- A member of a person's social network
- A carer, i.e. someone who has the right to an assessment and may be eligible for service to meet their caring role independently of a vulnerable adult under the Carers (Recognition and Services) Act 1996 and the Carers and Disabled Children Act 2000
- A Neighbour, member of the public or stranger (for example via the internet)
- A person who deliberately targets children, young people or vulnerable adults
- Another child or children

### **Where may abuse occur?**

Abuse can take place in any situation:

- Where a person lives, either alone or with someone else
- Within a nursing, residential or day care setting
- In hospital
- In custodial situations
- Where support services are being provided
- In public places

## 6. Recognition and Indicators of Harm

The harm or possible harm of a child, young person or vulnerable adult may come to your attention in a number of possible ways. Appendix C and D of this document describes in more detail the types of recognition of harm that could be applicable to children, young people or vulnerable adults.

## 7. Managing Disclosures of Abuse

If a child, young person or vulnerable adult discloses abuse it is important that as far as possible, the following basic procedures are adhered to:

- Listen to what the child, young person or vulnerable adult has to say with an open mind
- Do not ask probing or leading questions designed to get the child, young person or vulnerable adult to reveal more
- Never stop a child, young person or vulnerable adult who is freely recalling significant events
- Make a note of the discussion, taking care to record the timing, setting and people present, as well as what was said
- Where necessary, specialised methods of communication may be used, for example Makaton signs and symbols
- Never promise the child that what they have told you can be kept secret. Explain that you have responsibility to report what a child, young person or vulnerable adult has said to someone else
- Never take a photograph of any injuries that a child, young person or vulnerable adult displays
- THE SAFEGUARDING CO-ORDINATOR MUST BE INFORMED IMMEDIATELY - JOANNA MESSENGER

## 8. The role of the Safeguarding Co-ordinator

Where there are concerns about the welfare of any child, young person or vulnerable adult all group members have a duty to share those concerns with the designated Safeguarding Co-ordinator - Joanna Messenger.

**The Safeguarding Co-ordinator is responsible for:**

- Monitoring and recording concerns about the wellbeing of a child, young person or vulnerable adult
- Making a referral to the Local Authority Children's Services (for Children and Young People) or the relevant Vulnerable Adult's Department (refer to section 9 of this document "Making a Referral")
- Liaising with other agencies
- Arranging training for group members



The Safeguarding Co-ordinator, after receiving a referral, will act on behalf of The Swindon Down's Syndrome Group in referring concerns or allegations of harm to Local Authority Children's Social Care/Adult Social Care or the Police/Family Protection Unit.

If the Safeguarding Co-ordinator is in any doubt about making a referral it is important to note that advice can be sought from Local Authority Children's Social Care or the relevant Vulnerable Adult Department (refer to Section 9 of this document "Making a Referral"). The name of the child/young person, family or vulnerable adult should be kept confidential at this stage and will be requested if the enquiry proceeds to a referral.

It is not the role of the Safeguarding Co-ordinator to undertake an investigation into the concerns or allegations of harm. It is the role of the Safeguarding Co-ordinator to collate and clarify details of the concern or allegation and to provide this information to the Local Authority Central Duty Team (for children/young adults) or the relevant Vulnerable Adult Department (refer to Section 9 of this document "Making a Referral").

#### 9. **Reporting Concerns or Allegations of Abuse**

A member of the group must report any concerns or allegation of harm immediately to the designated Safeguarding Co-ordinator. In the absence of the Safeguarding Co-ordinator the matter should be reported to the person identified as their deputy. In the unlikely event of both the Safeguarding Co-ordinator and their deputy not being available the matter should be reported directly to the appropriate Local Authority Child Care Team/Vulnerable Adult Department or Police Public/Family Protection Unit. In the case of it being out of hours the Emergency Duty Team should be contacted Department (refer to Section 10 of this document "Making a Referral").

#### 10. **Making a Referral**

##### Children/Young People

Referrals of all young children in need, including those where there are child protection concerns will be made to:-

**Swindon Children Service Referral Team** on 01793 466903

**Out of Hours** - To the Emergency Duty Team on 01793 436699

**Police Child Abuse Investigation Team** on 01793 507976

All referrals made by telephone need to be followed up in writing within 48 hours.

The Safeguarding Co-ordinator should make the referral as appropriate. The referral should be prepared, where possible, to give the following information:

- The nature of your concerns/allegation

- Whether the child will need immediate action to ensure their safety
- Are the parents aware of the concerns? Has consent for the referral been sought? If not, the reasons for this?
- Factual information about the child and family, including other siblings
- Other professionals involved with the family
- The nature of your involvement with the family
- The source of your referral, is it based on your own assessment of the needs of the child, a reported allegation or disclosure, or has the concern been reported to you by another person, if so who?
- Child's current whereabouts and when they were last seen
- If you consider the child is suffering or at risk of harm, who is the source of that harm and their current whereabouts?

### Vulnerable Adults

Referrals of all vulnerable adults where there are concerns will be made to:

**Adults with Learning Disabilities** on 01793 466724

**Older People or People with Physical Disabilities** on 0800 085 6666

**Mental Health Trust** (under 65 years) on 01793 715000

**Mental Health Trust** (over 65 years) on 01793 327800

**Police Vulnerable Adults' Unit** on 01793 734212

**Out of Hours - To the Emergency Duty Team** on 01793 436699

## 11. Allegations Against Group Members

If any group member has concerns about the behaviour or conduct of another individual working within the group including:-

- Behaving in a way that has harmed, or may have harmed a child, young person or vulnerable adult;
- Possibly committed a criminal offence against, or related to, a child, young person or vulnerable adult
- Behaved towards a child/children, young person(s) or vulnerable adult(s) in a way that indicates s/he is unsuitable to work with children, young people or vulnerable adults.

The nature of the allegation or concern should be reported to the Safeguarding Co-ordinator immediately. The group member who has concern or to whom an allegation or concern is reported should not question the child, young person or vulnerable adult or investigate the matter further.

The Safeguarding Co-ordinator for The Swindon Down's Syndrome Group will report the matter to the Local Authority Designated Officer (LADO).

Underlying principles:

- The welfare of the child, young person or vulnerable adult is paramount
- Adults about whom there is concern should be treated fairly and honestly and should be provided with support
- It is the responsibility of all adults to safeguard and promote the welfare of children, young people and vulnerable adults. This responsibility extends to a duty of care for those adults employed, commissioned or contracted to work with children, young people and vulnerable adults.

In the case that the concern or allegation relates to the Safeguarding Co-ordinator, the Chairperson should be contacted. If the Chairperson is also implicated in the concerns or allegations then the matter should be reported directly to the Local Authority Designated Officer. If suspension of the alleged abuser is required the Safeguarding Co-ordinator should discuss this with the LADO to consider the timing.

In cases where there is an immediate risk to any child, young person or vulnerable adult, the information must be passed to Local Authority Children's Social Care (for vulnerable adults - relevant Vulnerable Adults Department) or the police, as soon as possible.

## **12. Seeking Medical Attention**

If a child, young person or vulnerable adult has physical injury and there are concerns about abuse;

- If emergency medical attention is required then this should be sought immediately by phoning for an ambulance. You should then follow the procedures for referring a child protection concern to Local Authority Children's Social Care or vulnerable adult concern to the relevant Vulnerable Adults Department.

## **13. Group Members Self Protection**

Adherence to guidelines on self protection for group members working with children, young people and vulnerable adults can avoid vulnerable situations where false allegations can be made.

The Swindon Down's Syndrome Group members are advised:

- To avoid situations where they are on their own with a child, young person or vulnerable adult
- In the event of an injury to a child, young person or vulnerable adult, accidental or not, ensure that it is recorded and witnessed by another adult in the accident book. The accident book will be provided by SDSG at Group run events where not covered by the venue/activity.
- Keep written records of any allegations a child, young person or vulnerable adult makes against group members and report in line with this Children, Young People and Vulnerable Adult Safeguarding Protection Policy

- If a child, young person or vulnerable adult touches a group member inappropriately record what happened immediately and inform the Safeguarding Co-ordinator

#### 14. **Code of Practice**

Group members should always:

- Take all allegations, suspicions or concerns about abuse that a child, young person or vulnerable adult makes seriously (including those made against other members) and report them through the procedures
- Provide an opportunity and environment for children, young people and vulnerable adults to talk to others about concerns they may have
- Provide an opportunity and environment for parents to discuss any stresses they may be experiencing and to seek help where necessary
- Provide an environment that encourages children and adults to feel comfortable and confident in challenging attitudes and behaviours that may discriminate others
- Risk assess situations and activities to ensure all potential dangers have been identified
- Treat everyone with dignity and respect

Group members, children, young people and vulnerable adults should not:

- Permit or accept abusive or discriminatory behaviour
- Engage in inappropriate behaviour or contact
- Use inappropriate or insulting language
- Show favouritism to anyone
- Undermine or criticise others
- Give personal money
- Use social networks for personal communication with children and young people for whom they are responsible

#### 15. **Recruitment and Selection**

It is important when new members become involved in the group that they are screened for their suitability to work with children and young people.

- All Trustees with access to children, young people and vulnerable adults or sensitive information relating to children will be required to undertake an enhanced CRB check
- Safeguarding Co-ordinator is required to complete LSCB Child Protection Training and then pass on the knowledge obtained to group members working directly with children or with access to sensitive information
- All group members will be required to read this Children, Young People and Vulnerable Adults Safeguarding Protection Policy and Procedure. This will be reviewed annually to ensure up to date knowledge
- Increased safeguarding were introduced through creation of two new barred lists (regulating and controlled) to replace the existing POCA, POVA and List 99. These lists are maintained

by the Independent Safeguarding Authority (ISA). A person barred from working with children or vulnerable adults will be breaking the law if they work or volunteer, or try to work or volunteer with those groups. An organisation which knowingly employs someone who is barred to work with those groups will also be breaking the law. If The Swindon Down's Syndrome Group bars a member because they have harmed a child or vulnerable adult, or you would have done so if they had not left, it's acknowledged that the Independent Safeguarding Authority must be informed. Information on how to do this can be found at <http://isa.gov.org.uk/>

## 16. Contacts

### Children's Services Referral Team

01793 466903

### Out of Hours Emergency Duty Service

01793 436699

### Police Child Abuse Investigation Team

01793 466849

### Local Authority Designated Officer

01793 464366

### Local Authority Head of Children's Safeguarding

01793 464366

### Local Authority Head of Vulnerable Adult Safeguarding

01793 463559

### Swindon Local Safeguarding Children Board

01793 463803

### Adults with Learning Disabilities

01793 466724

### Older People or People with Physical Disabilities

0800 085 6666

### Mental Health Trust (under 65 years)

01793 715000

### Mental Health Trust (over 65 years)

01793 327800

### Police Vulnerable Adult's Unit

## 17. Resources and Internet Links

This section acts as a guide, rather than an exhaustive list. Its aim is to provide you with some useful resources and link

- a) HM Government (2010) *Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of Children*. Department of Children Schools and Families. Internet link:  
**<http://webarchive.nationalarchives.gov.uk/20130401151715/https://www.education.gov.uk/publications/standard/publicationdetail/page1/dcsf-00305-2010>**
- b) HM Government (2007) *Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004*, London. Internet link:  
**<http://webarchive.nationalarchives.gov.uk/20130401151715/https://www.education.gov.uk/publications/standard/publicationDetail/Page1/DFES-0036-2007>**
- c) HSCB (2010) *Procedures and Guidance*. Swindon Local Safeguarding Children Board on the following internet link:  
**<http://www.swindonlscb.org.uk/Pages/Home.aspx>**
- d) DfES (2006) What to do if you're worried a child is being abused. Internet link:  
**<https://www.gov.uk/government/publications/what-to-do-if-youre-worried-a-child-is-being-abused>**
- e) DoH (2005) Responding to domestic abuse: A handbook for health professionals. Internet link:  
**[http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4126161](http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4126161)**
- f) Get safe online: Internet link: **[www.getsafeonline.org](http://www.getsafeonline.org)**
- g) Child Protection in Sport Unit (CPSU): **[www.thecpsu.org.uk](http://www.thecpsu.org.uk)**
- h) Safe Network: **[www.safenetwork.org.uk](http://www.safenetwork.org.uk)**
- i) NSPCC Child Protection Helpline: tel 0808 800 5000. Email **[help@nspcc.org.uk](mailto:help@nspcc.org.uk)**. Website **[www.nspcc.org.uk](http://www.nspcc.org.uk)**

## Children and Young People

### **What is Abuse and Neglect?**

Abuse and neglect are forms of maltreatment. Somebody may abuse or neglect a child or young person by inflicting harm, or by failing to act to prevent harm.

#### Physical Abuse:

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

#### Emotional Abuse:

Emotional abuse is the persistent emotional maltreatment of a child, young person or vulnerable adult such as to cause severe and persistent adverse effects on the individual's emotional development or health. It may involve conveying to the individual 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 individual opportunities to express their view, 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 an individual frequently to feel frightened or in danger, or the exploitation or corruption of an individual. Some level of emotional abuse is present in all types of maltreatment though it may occur alone.

#### Sexual Abuse:

Sexual abuse involves forcing or enticing a child, young person or vulnerable adult to take part in sexual activities, not necessarily involving a high level of violence, whether or not a child, young person or 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 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.

#### Neglect:

Neglect is the persistent failure to meet a child's, young person's or vulnerable adult's basic physical and / or psychological needs, likely to result in the serious impairment of the individual'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);
- protection from physical harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers);

Or

- ensure access to inappropriate medical care or treatment.

This is not an exhaustive list and it must be recognised that it is not the role of a group member to make an assessment of whether children or young people have suffered harm. Group members do have a duty to report any concerns.



## Vulnerable Adults

### **What is Abuse and Neglect?**

Abuse and neglect are forms of maltreatment. Somebody may abuse or neglect a vulnerable adult by inflicting harm, or by failing to act to prevent harm.

#### Sexual Abuse:

This includes rape and sexual assault, contact or non-contact sexual acts to which a vulnerable adult has not consented, or could not consent or was pressurised into consenting.

#### Physiological Abuse:

This includes emotional abuse, threats of harm or abandonment, deprivation of contact or communication, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or support network.

#### Physical Abuse:

Including hitting, slapping, pushing, kicking, misuse of medication, inappropriate restraint, or inappropriate sanctions.

#### Institutional Abuse:

Indicated by repeated instances of unsatisfactory professional practice, pervasive ill-treatment or gross misconduct indicating an abusive climate.

#### Discrimination Abuse:

Includes that based on a person's ethnic origin, religion, language, age, sexuality, gender, disability, and other forms of harassment, slurs or similar treatment.

#### Financial or Material Abuse:

Including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefit.

#### Neglect or Acts of Omission:

This includes ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating; failure to report abuse or risk of abuse.

This is not an exhaustive list and it must be recognised that it is not the role of the group member to make an assessment of whether children, young people or vulnerable adults have suffered harm. Group members do have a duty to report any concerns.

## Appendix C

### Children and Young People Recognition of Harm

The harm or possible harm of a child or young person may come to your attention in a number of possible ways.

1. Information given by the child, his/her friends, a family member or close associate, for example teaching assistant.
2. The child's behaviour may become different from the usual, be significantly different from the behaviour of their peers, be bizarre or unusual or may involve 'acting out' a harmful situation in play.
3. An injury which arouses suspicion because;
  - It does not make sense when compared with the explanation given
  - The explanations differ depending on who is giving them (e.g., differing explanations from the parent/carer and child)
  - The child appears anxious and evasive when asked about the injury
  - Multiple injuries, together or over time
  - Untreated injuries
4. Suspicion being raised with a number of factors occur over time for example, the child fails to progress and thrive in contrast to his/her peers
5. Contact with individuals who pose a 'risk to children' ('Guidance on offences Against Children', Home Office Circular 16/2005). This replaces the term 'Schedule One Offender' and relates to an individual that has been identified as presenting a risk or potential risk of harm to children. This can be someone who has been convicted of an offence listed in Schedule One of the Children and Young Person's Act 1993 (Sexual Offences Act 2003), or someone who has been identified as continuing to present a risk to children.
6. The parent's behaviour before the birth of a child may indicate the likelihood of significant harm to an unborn child, for example substance misuse, or previous children removed from their carers.
7. **Substance misuse** - the potential for a child to be harmed as a result of the excessive use of alcohol, illegal and controlled drugs, solvents or related substances may occur during a young person's life. The use of drugs or other substances by parents or carers does not in itself indicate child neglect or abuse, and there is no assumption that a child living in such circumstances will automatically be considered under the child protection procedures. It is important to assess how parental substance use impacts upon the children or young people in the family.
8. **Mental Health** - Mental illness in a parent or carer does not necessarily have an adverse affect on the child or young person but it is important to assess its implications affects of parental for any children involved in the family. The adverse affects of parental mental illness on the child are less likely when parental problems are mild, last for a short period of time, are not associated with family disharmony, and where there is another parent or family member who can respond to the child's needs and offer protection.

Where mental illness is accompanied by problem alcohol use, domestic violence or associated with poverty and social isolation, children are particularly vulnerable. The potential impact of a parental mental illness and the child's ability to cope with it is related to age, gender and individual personality (HM Government 2010: pages 265-269).

9. **Domestic Violence** - The Home Office (2009) defines domestic violence as 'Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality' (HM Government 2010: page 262, paragraph 9.17). Domestic violence affects both adults and children in the family. Children and young people can suffer directly and indirectly if they live in a household where there is domestic violence. It is likely to have a damaging effect on the health and development of children. The amendment made in section 120 of the Adoption and Children's Act 2002 to the Children Act 1989 clarifies the meaning of harm to include, for example, impairment suffered from seeing or hearing the ill-treatment of another. This can include children witnessing violence in the home. Domestic violence has an impact in a number of ways:-
  - It can pose a threat to the physical well being of an unborn child, if a mother is kicked or punched
  - Children may suffer injuries as a result of being caught up in violent episodes
  - Children become distressed by witnessing the physical and emotional suffering of a parent
  - The physical and psychological abuse suffered by an adult victim can have a negative impact upon their ability to look after their children
  - The impact of domestic violence is exacerbated when the violence is combined with problematic alcohol or drug use
  - People working with children should also be alert to the frequent inter-relationship between domestic violence and the abuse and neglect of children (HM Government 2010; pages 262-265)
10. **Bullying** - This can be defined as deliberately hurtful behaviour, usually repeated over a period of time, where it is difficult for those bullied to defend themselves. It can take many forms, but the three main types are physical (e.g. hitting, kicking, theft), verbal (e.g., racist or homophobic remarks, threats, name calling) and emotional (e.g., isolating an individual from activities and social acceptance of their peer group). The damage inflicted by bullying (including bullying via the internet) can frequently be underestimated. Bullying can be through the use of electronic communications, e., text or social network sites and is commonly known as cyber bullying. Bullying can cause considerable distress, to the extent that it can affect health and development and at the extreme significant harm. All settings in which children are provided with services or are living away from home should have in place rigorously enforced anti-bullying strategies (HM Government 2010; pages 205-307).

11. **Gang Activity** - Children and young people who become involved in gangs are at risk of violent crime and as a result of this involvement are deemed vulnerable. Agencies and professionals have a responsibility to safeguard these children and young people to prevent further harm both to the young person and other potential victims. Risks associated with gang activity include access to weapons (including firearms), retaliatory violence and territorial violence with other gangs. Other risks include increased likelihood of involvement in knife crime, sexual violence and substance misuse (HM Government 2010: page 192, paragraph 6.5).

The guidance Safeguarding children and young people who may be affected by gang activity 2010(b) advises that agencies should follow the referral process in Working Together to Safeguard Children 2010 when they have concerns about a child's safety and welfare. In relation to those children and young people who may be affected by gang activity concerns may be raised that a child or young person is:

- not involved in gangs but vulnerable to, or at risk of, becoming involved in a gang
- non-gang involved and at risk of harm from gang members
- gang involved and at risk of harm through their own gang related activities (HM Government 2010(b); page 22, paragraph 68)

## Appendix D

### **Vulnerable Adults Indicators of Possible Harm**

The harm or possible harm of a vulnerable adult may come to your attention in a number of possible ways.

Indicators of abuse should be seen as suggestive of, not proof of, abuse as they rarely prove abuse has occurred. Anyone or group of indicators could arise from other causes other than abuse. However, recognition of a number factors or symptoms in any one individual should give rise to concern and lead to further assessment or investigation. If a group member sees one or more indicators in an individual that must be discussed with the Safeguarding Co-ordinator. It could be the case that several group members are seeing some of these signs but that by openly sharing their observations, group members may become aware that they have each noticed a different aspect of the abuse and that by sharing information a fuller picture may emerge. It is important to bear in mind that abuse may be perpetrated as a result of deliberate intent, negligence, or ignorance. The following lists of indicators are not exhaustive and need to be used as a tool in the assessment of vulnerability and risk. Some of the following indicators may relate to more than one type of abuse and may also be an indicator of offending behaviour.

#### **Indicators of Discriminatory Abuse**

- Lack of respect shown to an individual
- Failure to respect dietary needs
- Failure to respect cultural and religious needs
- Signs of a substandard service offered to an individual
- Exclusion from rights and services afforded to citizens e.g. health, education, employment, criminal justice and civic status

#### **Indicators of Physical Abuse**

- Any injury not fully explained by the history given
- Injuries inconsistent with the lifestyle of the vulnerable adult
- Bruises and/or welts on face, lips, mouth, torso, arms, back, buttocks, thighs
- Cluster of injuries forming regular patterns or reflecting shape of article
- Burns, especially on soles, palms or back, immersion in hot water, friction burns, rope or electrical appliance burns
- Multiple fractures
- Lacerations or abrasions to mouth, lips, gums, eyes, external genitalia
- Marks on body, including slap marks, finger marks
- Injuries at different stages of healing
- Medication misuse
- Inappropriate restraint

#### **Indicators of Sexual Abuse**

- Significant change in sexual behaviour, language or outlook
- Pregnancy in a woman who is unable to consent to sexual intercourse

- Wetting or soiling
- Unexplained responses to personal/medical care tasks
- Signs of withdrawal, depression and stress
- Full or partial disclosure or hints of sexual abuse
- Overly sexual language
- Usual difficulty in walking or sitting
- Pain or itching, bruises or bleeding in genital area
- Sexually-transmitted disease, urinary tract/vaginal infections
- Psychosomatic disorders - stomach pains, excessive period pains

### **Indicators of Psychological Abuse**

- Change in appetite
- Low self esteem, deference, passivity and resignation
- Unexplained fear, defensiveness, ambivalence
- Emotional withdrawal
- Sudden change in behaviour
- Person managing care uses bullying, intimidation or threats to induce desired behaviour
- Person managing care has punitive approach to bodily functions or incontinence

### **Indicators of Financial Abuse**

- Unexplained sudden inability to pay bills or maintain lifestyle
- Person lacks belongings or service they can clearly afford
- Recent acquaintances expressing sudden or disproportionate affection for a person with money or property
- Lack of records and accounting of where money is spent
- Unusual or inappropriate bank account activity
- Power of attorney or enduring power of attorney obtained when person is unable to comprehend and give consent
- Withholding money
- Recent change of deeds or title of property
- Unusual interest shown by family or others in the person or the person's asset
- Person managing financial affairs is evasive or uncooperative
- Selling or offering to sell possessions of a vulnerable adult who does not have the capacity to consent or know the full value of those possessions

### **Indicators of Neglect**

- Inadequate heating and/or lighting
- Inappropriate, old or shabby clothing, or being kept in night clothes during the day
- Sensory deprivation, not allowed to have hearing aid, glasses or other aids to daily living
- Physical condition is poor, e.g., bed sores, unwashed ulcers
- Clothing in poor condition e.g., unclean, wet, ragged
- Inadequate diet
- Untreated injuries or medical problems

- Inconsistent or reluctant contact with health or social care agencies
- Failure to engage in social interaction
- Malnutrition when not living alone
- Failure to give/offer prescribed medication
- Poor personal hygiene

#### **Indicators of Institutional Abuse**

- Inappropriate or poor care
- Misuse of medication
- Inappropriate restraint
- Sensory deprivation e.g., denial of use of spectacles, hearing aid etc.
- Lack of recording on client files
- Lack of respect shown to person
- Denial of visitor or phone calls
- Restricted access to toilet or bathing facilities
- Restricted access to appropriate medical or social care
- Lack of privacy or failure to ensure appropriate privacy or personal dignity
- Lack of flexibility and choice e.g., for mealtimes and bedtimes, choice of food
- Lack of personal clothing and possessions
- Lack of adequate procedures e.g., medication, financial management
- Controlling relationships between staff and service users
- Poor professional practice
- Lack of response to complaints

**Other indicators** - Other forms of abuse (e.g., Domestic Violence, Child Abuse and Cruelty to Animals) may highlight that adult abuse may be taking place.