Safeguarding Policy and Procedures

May 2023

Scope:

This policy applies to anyone employed directly or indirectly by The Recovery Foundation and includes Trustees, staff and volunteers. It is available to independent contractors and should be implemented in all situations. While this policy focuses on the workplace, the responsibilities to safeguard and promote the welfare of children and vulnerable adults extend to an individual's personal and domestic life. Safeguarding is everyone's business.

Purpose:

This document's purpose is to provide comprehensive information regarding The Recovery Foundation's safeguarding policy and procedures. Due to the nature of our service working with individuals for relatively short periods of time during each week, with minimal or no contact with their children, we don't identify safeguarding risks all that often. However, safeguarding remains a priority for us therefore we have been keen to develop a policy which can be used as a 'go to' reference document – for this reason it is quite lengthy. A contents page has been included to help navigate the document more easily.

P**olicy aims:**

To protect children, young people and vulnerable adults who The Recovery Foundation personnel may come into contact with, or observe or hear information concerning the welfare of. To provide staff and volunteers with the overarching principles, practice & guidance required for the protection of vulnerable adults & children.

Reference Documents:

Reference Documents:
The principal pieces of legislation governing this policy are:

Birmingham Domestic Abuse Prevention Strategy 2018-2023
Working together to safeguard Children 2018
The Children and Social Work Act 2017
Mandatory reporting of female genital mutilation: procedural information 2015
Safeguarding Children and Young People: Roles and Competencies of Healthcare Staff January 2019
The Adoption and Children Act 2002
The Children Act 2004
The Children Act 1989
Adult Safeguarding: Roles and Competencies for Healthcare Staff 2018
The Care Act 2014
Safeguarding Vulnerable Groups Act 2006
Care Standards Act 2000
Mental Health Act 1983

Policy Contents:

Policy:

1 What is safeguarding and promoting the welfare of Adults?

Safeguarding is about embedding practices throughout the organisation to ensure the protection of children and / or vulnerable adults wherever possible. In contrast, adult and child protection is about responding to circumstances that arise.

Safeguarding Adults is defined as work which enables an adult who is, or may be, eligible for community care services to retain independence, wellbeing and choice AND to access their human right to live a life that is free from abuse and neglect.

People who might find themselves vulnerable to abuse are:

- People with learning disabilities
- Dementia sufferers
- People with mental health problems
- Substance misusers
- Older people
- Homeless people

The Care Act enshrined the following key principles highlighted in the consultation and review of No Secrets that reported in 2009, followed by the statement of Government Policy on Adult Safeguarding in 2011:

- Safeguarding must be built on empowerment - or listening to the victim's voice. Without this, safeguarding is experienced as safety at the expense of other qualities of life, such as self-determination and the right to family life.

- Everyone must help to empower individuals but safeguarding decisions should be taken by the individual concerned. People wanted help with options, information and support. However, they wanted to retain control and make their own choices.

- Safeguarding adults is not like child protection. Adults do not want to be treated like children and do not want a system that was designed for children.

- The participation/representation of people who lack capacity is also important.

2 What is safeguarding and promoting the welfare of children?

It is the process of protecting all children from abuse or neglect, preventing impairment of health and development and ensuring that children grow up in circumstances that enable them to have the best life chances.

It is about promoting best outcomes for children so that they move into adulthood successfully regardless of age, class, religion, race, disability or gender.

There are a number of situations where contact with children occurs including:

- Parents bringing their children with them to group sessions at our centres – This is extremely rare.
- A Young person (14-18 years) accessing the Moving Mountains Young People's Mental Health support Group.

Staff may observe children in any of the above situations and they may also be witness to other indirect observations whilst providing telephone or online services on a one to one basis. Staff will sometimes observe directly, infer from statements made or hear information that raises concerns about a child's welfare.

3 Our policy – an introduction

The Recovery Foundation is a charity that works to improve recovery outcomes for those experiencing mental illness. We believe that every individual who accesses our services should be treated with dignity and respect, have their choice respected and not be forced to do anything against their will. The Recovery Foundation is committed to safeguarding all vulnerable adults and children coming into contact with the charity, regardless of gender, ethnicity, disability, sexuality or beliefs.

The Recovery Foundation personnel come into direct and indirect contact with both adults and children. Some of these may be vulnerable adults or children. While the majority of The Recovery Foundation services are delivered to adults, we also come into contact with their children. This policy defines a child as anyone under the age of 18.

Safeguarding is everyone's responsibility and all staff who, during the course of their employment have direct or indirect contact with children or vulnerable adults, or who have access to information about them, have a responsibility to safeguard and promote the welfare of children and adults.

For The Recovery Foundation this means ...

1. ensuring that The Recovery Foundation practices safe recruitment in checking the suitability of staff, freelancers and volunteers to work with vulnerable adults and have contact with children.

2. ensuring safe environments, checking the suitability of childcare providers contracted by The Recovery Foundation, ensuring services are provided in safe environments and that sufficient safeguards are in place.

3. raising awareness of how and when to signpost vulnerable adults to appropriate services.

4. raising awareness of child and adult protection situations, and our procedures for identifying and reporting concerns or suspected cases.

5. building a culture that values and respects all children and adults and modelling appropriate conduct in line with our values.

6. setting out clear roles and responsibilities for safeguarding.

We set out below the steps The Recovery Foundation is taking and requires all The Recovery Foundation personnel to take in order to safeguard children and vulnerable adults.

4 Safe recruitment

Staff and volunteers

It is The Recovery Foundation's policy to ensure that thorough checks are made prior to appointment of staff, volunteers and freelance consultants, in order to prevent a person using their position to harm a child or vulnerable parent.

For all posts at The Recovery Foundation the following vetting checks are carried out prior to confirming the appointment:

- A Self-Disclosure form to disclose previous spent/unspent convictions and disciplinary or capability procedures.
- Identity documents including photographic identity
- Proof of right to work in the UK
- References including a professional reference using a pro-forma template
- Qualification certificates if required for the role
- Disclosure and Barring Service (DBS) Check if eligible. All appointments to posts involving direct work with children and/or vulnerable adults will be
- subject to an Enhanced Disclosure from the DBS, and agreement to re-check every 3 years.

In line with The Recovery Foundation's Policy on the Recruitment of Ex-Offenders, a criminal record does not prevent employment at The Recovery Foundation. A thorough Risk Assessment is carried out if convictions are revealed on the declaration form or criminal record check.

During interview and when formulating the job description safeguarding responsibilities should be clearly defined and emphasised commensurate with the role.

The Recovery Foundation's Induction process ensures a thorough induction for new staff into the organisation. As part of Induction, the line manager must ensure new staff read key corporate policies, including Safeguarding/Child Protection/Vulnerable adult protection, Data Protection and Confidentiality policies, and understand their personal responsibilities within these, and that any training needs are identified and addressed.

The Recovery Foundation's Operational and People Performance Management System ensures that all staff receive regular ongoing management support and feedback on performance, to ensure that performance meets appropriate standards and training and development opportunities are discussed.

5 Safe environments

Safe environments

The Recovery Foundation will ensure that all environments where services and activities are delivered will not cause harm to vulnerable adults or children. As well as ensuring that suitable staff deliver activities, all service delivery environments will be assessed in line with The Recovery Foundation's Health and Safety policy.

5a Contextual Safeguarding

Contextual safeguarding is an approach to safeguarding that recognises that young people may be at risk of significant harm not only within their home environment, but also outside it. The traditional safeguarding approach does not consider extra-familial contexts, which has led to cases of abuse and exploitation falling under the radar. Please see Appendix 9 for further information.

6 Signposting vulnerable adults to support

Our staff come into contact with adults by phone or face to face and some staff and moderators may interact with parents via online forums, social media and other written communication.

Some of these individuals may be particularly vulnerable, experiencing distress (for example due to family conflict or experience of domestic violence) or have mental health issues. For the majority of these adults their situation will not be of a nature that requires a member of staff to report a concern. However, we believe it is important to recognise the vulnerability of these adults. The Recovery Foundation does not have appropriate expertise to deal directly with these issues although our intervention may be helpful, nor do we provide counselling support, so it is vital that staff understand how to identify signs and signpost effectively.

The Recovery Foundation will support frontline staff to recognise the signs of distress, to handle this and their own reactions, and to signpost clients to services that can provide support.

The Recovery Foundation will endeavour to provide up to date signposting information for use by staff and volunteers which details organisations that can be contacted to support in a range of situations ranging from domestic violence, to mental health, drugs and alcohol and child safety.

7 Child and Adult Protection - Overview

Alert to the signs of abuse

Our role in protecting children and vulnerable adults is to pick up cues that the child or adult may need protecting and pass appropriate information to those who can assess the situation and act when required. Staff are required to be aware of the different types and signs of abuse and the circumstances in which it can occur (see Appendix 3 Recognising Abuse).

Understanding abuse and neglect

Defining child abuse or abuse against a vulnerable adult is a difficult and complex issue. A person may abuse by inflicting harm, or failing to prevent harm. Children and adults in need of protection may be abused within a family,

an institution or a community setting. Very often the abuser is known or in a trusted relationship with the child or vulnerable adult.

Detailed definitions, and signs and symptoms of abuse, as well as how to respond to a disclosure of abuse, are included here in our policy and as appendices. All staff must be familiar with this information.

Definitions of abuse: See Appendix 2: Statutory Definitions of Abuse.

Signs and symptoms of abuse: See Appendix 3: Recognizing Abuse.

How to respond to someone wishing to disclose abuse: See Appendix 4: Effective Listening.

8 Reporting Concerns

Under no circumstances should an The Recovery Foundation worker carry out their own investigation into the allegation or suspicion of abuse. The person in receipt of allegations or suspicions of abuse will do the following:

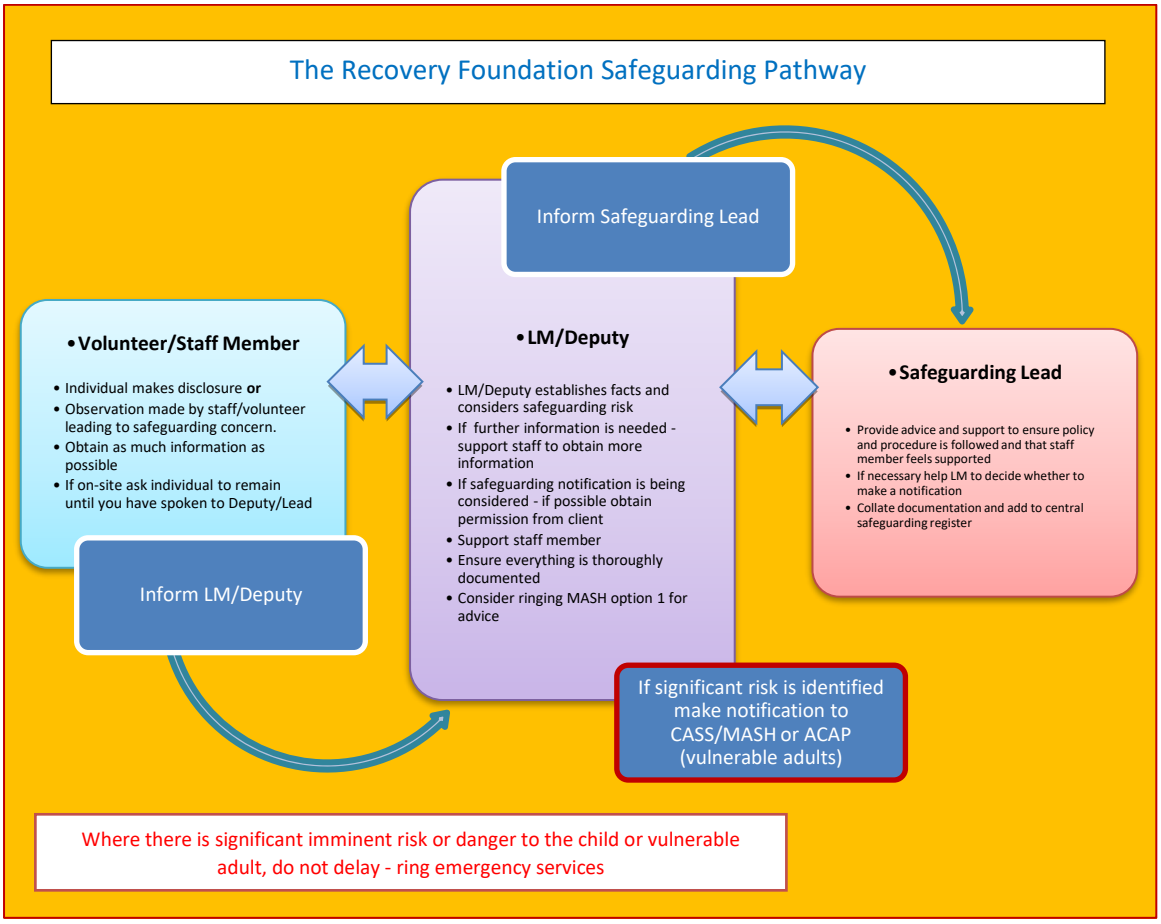
Concerns must be reported as soon as possible to your Line Manager. The Recovery Foundation Line Managers are all Safeguarding Deputies. If your Line Manager is not available please contact the Safeguarding Lead: Emma Sithole directly (07969 564 893). In the absence of the Safeguarding Lead please contact one of the other Line Managers. In normal circumstances the Deputy will oversee the local response to the safeguarding concern and ensure to the best of their ability that processes are followed. In the first instance the Deputy will notify the Safeguarding Lead. The Safeguarding Lead will provide support and advice to ensure that all processes are followed and that all necessary documentation is completed. The Safeguarding Lead also maintains a central register of safeguarding cases. These designated people have been nominated by the Trustees to act on their behalf in dealing with the allegation or suspicion of neglect or abuse, helping to ensure that the proper processes are followed and adhered to.

It remains the responsibility of the individual to report concerns to Children's Advice and Support Service (Multi-Agency Safeguarding Hub (MASH)/CASS), whilst following the process above. However, where an The Recovery Foundation volunteer raises the concern, the Line Manager will normally take on the role of managing the safeguarding process, including CASS/MASH referral, and provide ongoing support for the volunteer. The Safeguarding Lead must also be informed and will provide support and advice, and will also oversee the whole process to ensure we follow policy and procedure. The process for contacting MASH/CASS is to ring 0121 303 1888. You will be given three options:

- For discussion/advice
- To make a safeguarding notification
- To speak to Social Services if client already has social worker

Please see Appendix 5 – Contacting MASH/CASS

9 The Recovery Foundation Safeguarding Pathway



- In the absence of a line manager/safeguarding lead/deputy, or if the suspicion in any way involves the line manager or safeguarding lead/deputy then the report should always be made directly to CASS/MASH, and **Theresa Roban**, the chair of trustees should be informed (**07957 400329**).

All notifications regarding children's safeguarding concerns should be made to MASH/CASS 0121 303 1888.

A copy of all safeguarding referrals must be kept by the Safeguarding Lead for review and follow up, along with any relevant supporting documentation.

All non-emergency notifications for vulnerable adults should be reported to: ACAP on 0121 303 1234 and press option 2 on your keypad. If it is urgent outside office hours, on weekends and during Bank Holidays phone the Emergency Duty Team on 0121 675 4806. If it is an emergency phone 999.

- If the suspicions implicate the trustees contact MASH directly.

- The West Midlands Police Child Abuse Protection Unit telephone number is found via 101 or 999.

- Suspicions must not be discussed with anyone other than those nominated above. A written record of the concerns should be made using our incident/accident/near miss form, and kept in a secure place.

- Whilst allegations or suspicions of abuse should normally be reported to the Line Manager/Deputy and/or Safeguarding Lead, the absence of these should not delay referral to CASS/MASH.

- All information should be documented using The Recovery Foundation incident/accident/near miss form, and any information must remain confidential and will be shared in a strictly limited way on a need to know basis.

The role of the Line Manager/Deputy is to collate and clarify the precise details of the allegation or suspicion, and if appropriate, make a CASS/MASH referral. The notification must also be discussed with the Safeguarding Lead. Where staff are unsure whether to make a notification the Safeguarding Lead will provide advice and support, and help to formulate an action plan to address it.

All concerns and allegations of abuse will be taken seriously and responded to appropriately (this may require a referral to children's services and / or emergencies, the Police). Staff have a duty to report concerns in line with The Recovery Foundation's procedures. Failure to comply with these responsibilities will be seen as a serious matter which may lead to disciplinary action.

10 Allegations of Physical Injury, Neglect or Emotional Abuse

If a child has a physical injury, a symptom of neglect or where there are concerns about emotional abuse:

- Contact CASS/MASH for advice in cases of deliberate injury, if concerned about a child's safety or if a child is afraid to return home.
- Do not tell the parents or carers unless advised to do so having contacted MASH/Children's Social Services.
- Seek medical help if needed urgently, informing the doctor of any suspicions.
- For lesser concerns (e.g. poor parenting) encourage parent/carer to seek help, but not if this places the child at risk of imminent injury.
- Where the parent/carer is unwilling to seek help, offer to accompany them. In cases of real concern, if they still fail to act, contact MASH directly for advice.
- Seek and follow advice given by MASH (who will confirm their advice in writing).
- Make sure you document everything, including dates, times, names of people spoken to, job titles, phone numbers etc and don't forget to inform the safeguarding lead.

11 Allegations of Sexual Abuse

In the event of allegations or suspicions of sexual abuse:

- Contact MASH/CASS or Police Child Protection Team directly. Do NOT speak to the parent/carer or anyone else.
- Further advice may be obtained from the Safeguarding Lead/Deputy.
- Seek and follow the advice given by MASH/CASS/CCPAS if for any reason you are unsure what action to take.
- Document everything.

12 Modern Slavery

Modern Slavery is the illegal trade of human beings for the purposes of commercial sexual exploitation or reproductive slavery, forced labour, or a modern-day form of slavery. British and foreign nationals can be trafficked into, around and out of the UK. Children, women and men can all be victims of modern slavery.

Any of our staff and volunteers could spot a victim of modern slavery and have a duty of care to take appropriate action. We also have a legal obligation in the case of children under 18.

For more comprehensive advice, including what to do if you suspect someone is a victim, please see Appendix 6.

13 Female Genital Mutilation

FGM is when a female's genitals are deliberately altered or removed for non-medical reasons. It's also known as 'female circumcision' or 'cutting', but has many other names.

Female Genital Mutilation (FGM) is child abuse and illegal. Regulated health and social care professionals and teachers are required to report cases of FGM in girls under 18s which they identify in the course of their professional work to the police. If you suspect FGM in a child or adult you must notify the safeguarding deputy/lead. Further information can be found in Appendix 5

14 Child Sexual Exploitation

Child sexual exploitation is a form of child sexual abuse. It can take many forms from the seemingly 'consensual' relationship where sex is exchanged for attention, accommodation or gifts, to serious organised crime and internal child trafficking.

Any child or young person may be at risk of sexual exploitation, regardless of their family background or other circumstances.

Child sexual exploitation is a hidden crime. What marks out exploitation is an imbalance of power within the relationship. Young people often trust their abuser and don't understand that they're being abused. Practitioners should be aware that particularly young people aged 16 and 17 may believe themselves to be acting voluntarily.

More comprehensive information can be found in Appendix 7.

15 Allegations of Abuse Against a Person Who Works With Children

If an accusation is made against a worker (whether a volunteer or paid member of staff) whilst following the procedure outlined above the Safeguarding Lead in accordance with LSCB procedures will need to liaise with CASS/MASH in regards to the suspension of the worker and making a referral to an Allegations Management Adviser (AMA).

16 Confidentiality

Recognising that "the welfare of the child is paramount" Children's Act 1989, considerations of confidentiality which might apply to other situations should not be allowed to override the right of children to be protected from harm. The Recovery Foundation's policy therefore requires staff to act in any situation in which a child is at risk and in particular situations when a vulnerable adult is at risk.

While all staff should be open to the possible abuse of vulnerable adults in all situations, we envisage that there will be very few instances where staff will need to report adult protection concerns. The situations where this is most likely to happen and where staff will be expected to act are

- an adult has been assessed as being at high risk of suicide (see guidance on reporting concerns)
- There is a significant risk that the adult will seriously physically harm another person.

In respect of vulnerable adults all action, including referrals to Social Services and the police, must be subject to the consent of the service user. In every situation it will be assumed that a person can make their own decisions and action will only be taken in the absence of consent from the service user where;

- they or others are in physical danger
- after seeking advice from an appropriate agency you have been advised to report the concern as it is believed that the vulnerable adult is unable/incapable of making an informed decision for himself or herself.

Staff should never give absolute guarantees of confidentiality to anyone wishing to tell them about something serious.

The Recovery Foundation's Complaint's Procedure is an important way in which concerns can be raised and should be easily accessible to clients.

17 Awareness of how and when to take action

Staff should follow The Recovery Foundation Guidance on Recognizing Abuse to help them assess the risk of harm and take action if required.

All incidents should be recorded on the incident/accident/near miss form and given to the Safeguarding Lead or Deputy. This form will be stored securely in compliance with relevant legislation and kept in accordance with The Recovery Foundation's archiving procedure.

Allegations of abuse or concerns raised against members of staff, volunteers, trainers or trustees, will always be treated seriously. Where there is an allegation against a member of staff the Safeguarding Lead or Deputy should be informed and a disciplinary investigation will be carried out. There may also be criminal (police) investigations. Where the allegation concerns any of the above personnel the chair of the trustees will be involved in the investigation.

18 Reporting possible abuse or neglect of a vulnerable adult

If you think someone is in immediate danger call the Police on 999.

If it is not an emergency and you want to report adult abuse, please call the "Adults & Communities Access Point" (ACAP) on 0121 303 1234 and press option 2 on your keypad

In an emergency outside office hours, on weekends and during Bank Holidays phone the Emergency Duty Team on 0121 675 4806 or the police and tell them you are worried about possible adult abuse. They will then put you in touch with the right person to talk to.

The Emergency Duty Team is available at the following times:

5.15pm to 8.45am (Monday to Thursday) or 4.15pm to 8.45am (Friday to Monday)

If you think there has been **a crime**, but it's **not an emergency**, contact West Midlands Police as soon as possible on **0345 113 5000** or **101**.

Other teams and contacts

Please be aware that you can also contact directly the hospital social work teams, the mental health social work teams where they are the appropriate team for the person you are concerned about. Please see contact details below.

Adult Mental Health Social Services for reporting a safeguarding concern

Central Birmingham – Phone: 0121 303 5188

South Birmingham (Safeguarding Adults Board) – Phone: 0121 301 2830

North Birmingham – Phone: 0121 464 5123

Hospital social-work teams

Good Hope Hospital	Phone: 0121 424 7880
Heartlands and Solihull Hospital	Phone: 0121 424 1622
Moseley Hall Hospital	Phone: 0121 442 3509
Royal Orthopaedic Hospital	Phone: 0121 685 4194
Sandwell and West Birmingham Hospital	Phone: 0121 507 4623 or 0121 507 4622 or 0121 507 4626
Queen Elizabeth Hospital	Phone: 0121 371 4593
West Heath Hospital	Phone: 0121 627 8237

19 The Recovery Foundation Culture

Staff and volunteers are encouraged to value diversity and respect the contribution of each individual. However, it is important to recognise the difference between being accepting of a person's culture and customs and identifying instances where there is a genuine concern regarding a vulnerable adult and or child.

Employees/volunteers are encouraged to raise concerns about anything of concern within The Recovery Foundation. This includes employment practices and staff behaviour. Concerns will always be taken seriously.

Unlawful discrimination, bullying or harassment will not be tolerated.

The Discipline and Grievance Procedure sets out how to raise concerns both informally and formally, how concerns will be investigated and support for individuals raising a concerns as well as for employees who are the subject of a complaint. Employees will not suffer any negative treatment for giving constructive criticism or raising a genuine grievance.

The Recovery Foundation's Whistle Blowing Policy provides guidance for staff on confidential reporting of concerns about wrong doing in the workplace.

Online forums and Facebook

The Recovery Foundation works to ensure that our online forums and Facebook page are safe and supportive places where individuals feel comfortable to express themselves and share their experiences.

While we encourage lively debate, we do not tolerate behaviour which makes other users feel uneasy or unable to contribute to the page. As such, we reserve the right to remove posts which are aggressive in tone, abusive towards other users or disruptive to how the forum or page operates. Racist, sexist, homophobic or bullying posts will be removed without delay. This is common practice and corresponds with Facebook's terms and conditions.

20 Roles and responsibilities

Safeguarding and Child Protection Responsibilities are set out as follows:

- Trustees are accountable for The Recovery Foundation and therefore all safeguarding within the organisation. Theresa Roban is the Trustee Lead for safeguarding.

- Emma Sithole, is the general Safeguarding Lead with additional support provided by the Operations Director to ensure a clear framework for the management accountability for safeguarding is in operation.

- All Line Managers also act as Safeguarding Deputies and work alongside the Safeguarding Lead.

- Safeguarding Leads/Deputy's provide advice and support to staff and volunteers unsure about how to proceed with a particular case. They will also help to ensure that proper procedure is followed including good documentation.

- The Safeguarding Leads/Deputy's will stay abreast of developments on safeguarding best practice, advise on changes to policy and practice and coordinate Safeguarding audits and reporting.

- Safeguarding is everyone's responsibility and all staff who, during the course of their employment have direct or indirect contact with children or vulnerable adults, or who have access to information about them, have a responsibility to safeguard and promote their welfare.

Awareness of The Recovery Foundation's policies

All staff are required to read The Recovery Foundation's Safeguarding/Child and vulnerable adults protection policy, to know their responsibilities in their role, and to provide signed confirmation of this on the Induction checklist (FQ035). Staff working directly with individuals should receive additional training to identify signs of abuse and know how to report concerns. All staff are responsible for maintaining their safeguarding knowledge and where they feel that they require additional training this must be raised promptly with their Line Manager.

21 Training

All staff and volunteers will receive training and updates according to their roles and responsibilities in compliance with the recommendations of Safeguarding Children and Young People: Roles and Competencies of Healthcare Staff January 2019. These are as follows:

Volunteers:	The Recovery Foundation's level one/two safeguarding children/adults training including supplementary training in FGM, Modern Slavery (MS), CSE, Prevent and DV
Staff with no client contact:	The Recovery Foundation induction

Staff with direct client contact:	Level two/three safeguarding children/adults training, FGM, MS, CSE, Prevent, DV
Designated leads	As above plus level **3 safeguarding children/adults training including Designated Lead Training.**

All safeguarding training will be monitored, recorded and maintained by the Operations Director.
Update training will be at least every two years with opportunities for more frequent updating. Learning from serious case reviews is disseminated via email, Team Meetings and workshops. Safeguarding is a standing item at all operational management and staff meetings for updating and dissemination of learning.

22 Safeguarding Supervision

It is the responsibility of the Safeguarding Lead to ensure that Deputies and staff have access to safeguarding supervision. Deputies hold joint responsibility to provide appropriate supervision to volunteers in their centres.

Supervision is defined as: *A formal process of professional support and learning which enables individual practitioners to develop knowledge and competence, assume responsibility for their own practice and enhance patient/client protection and safety of care in complex clinical situations (CQC, 2013).*

The purpose of supervision is to provide an opportunity for sharing, learning and reflection, and for increased collaboration and support. The aim of supervision is the improvement of the quality of work to achieve the agreed outcomes.

The Recovery Foundation aims to promote and develop a culture that values and engages in regular safeguarding supervision as and when required.

For The Recovery Foundation this means:

DSGL's & DSDL's receive safeguarding supervision as part of their regular external one to one and group clinical supervision, and monthly line management 121's.

All designated leads and other client facing staff receive at least annual performance development review.

All client facing staff receive safeguarding supervision as part of their regular clinical supervision.

Safeguarding leads/deputy's will share safeguarding cases and serious case review learning and reflection as part of their regular Operational Management Team meetings and this is minuted.

Volunteers receive de-brief and safeguarding supervision from their locality managers as and when needed.

Group supervisions for all staff/volunteers incorporating learning for case review/case discussions are held during the year as part of the all staff meeting.

Appendix 1

The Recovery Foundation's Safeguarding/Child and Vulnerable Adults Protection Policy, and Practice Guidelines Policy Statement

The following statement was reviewed and agreed by the organisation on: 02nd May 2022

Our commitment

Trustees of charities which work with children and vulnerable adults have a duty of care to their charity which will include taking the necessary steps to safeguard and take responsibility for those children and vulnerable adults. They must always act in their best interests and ensure they take all reasonable steps to prevent any harm to them. Trustees also have duties to manage risk and to protect the reputation and assets of the charity. [*Charity Commission's Strategy for dealing with safeguarding Children and Vulnerable Adults Issues in Charities*, April 2012]

As a Leadership team we recognise the need to provide a safe and caring environment for children, young people and vulnerable adults. We acknowledge that children, young people and vulnerable adults can be the victims of physical, sexual and emotional abuse, and neglect. We also concur with the Convention on the Rights of the Child which states that children should be able to develop their full potential, free from hunger and want, neglect and abuse. They have a right to be protected from "all forms of physical or mental violence, injury or abuse, neglect or negligent treatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s), or any other person who has care of the child." As a Leadership we have therefore adopted the procedures set out in the safeguarding policy in accordance with statutory guidance. We are committed to build constructive links with statutory and voluntary agencies involved in safeguarding.

The Leadership undertakes to:

- Endorse and follow all national and local safeguarding legislation and procedures, in addition to the international conventions outlined above.
- Provide on-going safeguarding training for all its workers and will regularly review the operational guidelines attached.
- Ensure that the premises meet the requirements of the Disability Discrimination Act 1995 and all other relevant legislation, and that it is welcoming and inclusive.
- Support the Safeguarding Leads in their work and in any action they may need to take in order to protect children and vulnerable adults.
- Ensure we have robust safeguarding and child/adult protection policy which is current and regularly updated.

The policy

The Recovery Foundation's Safeguarding/Child and Vulnerable Adults Protection Policy, and Practice Guidelines applies to all staff, including senior managers and the board of trustees, paid staff, volunteers and sessional workers, agency staff, students or anyone working on behalf of The Recovery Foundation.

The purpose of the policy:

- to protect children, young people and vulnerable adults who The Recovery Foundation personnel may come into contact with, or observe or hear information concerning the welfare of.

- to provide staff and volunteers with the overarching principles that guide our approach to the protection of vulnerable adults.;

We believe that:

A child or young person should never experience abuse of any kind and that the welfare of the child / young person is paramount.

All children and vulnerable adults, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity, have the right to equal protection from all types of harm or abuse.

Every individual who accesses our services has a right to a life free from fear, to be treated with dignity and respect and to have their choice respected and not be forced to do anything against their will.

People have the right to decide how they live and the risks they take in their lives without outside intervention, provided they do not harm others and provided there is no evidence to suggest that they are the victim of a criminal offence or are putting themselves in danger because they do not have the mental capacity to make that decision.

We have a responsibility to promote the welfare of all children, young people and vulnerable adults and to keep them safe. We are committed to practice in a way that protects them.

Working in partnership is essential in promoting the welfare of children, young people and vulnerable adults.

We will seek to keep children and young people and vulnerable adults safe by:

- valuing them, listening to and respecting them;
- adopting child protection and vulnerable adult safeguarding practices through procedures for staff and volunteers;
- providing effective management for staff and volunteers through supervision, support and training;
- recruiting staff and volunteers safely, ensuring all necessary checks are made;
- sharing information about child protection safeguarding vulnerable adults and good practice with service users, staff and volunteers
- sharing concerns with agencies who need to know and involve carers or representatives as appropriate.
- Staying up to date with developments on safeguarding best practice, reporting and auditing our safeguarding activities annually and reviewing and updating our policies and practices every 3 years.

Appendix 2

Statutory Definitions of Abuse Children

There are five core types of child abuse. They are defined in the UK Government Guidance Working Together to Safeguard Children (2018) as follows:

Physical abuse
Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child or failing to protect a child from that harm. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child. It can also include female genital mutilation (FGM). Please see Appendix 5 for advice and responsibilities regarding FGM.

Emotional Abuse
Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.

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 causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual Abuse (including child sexual exploitation)
Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact including both penetrative or non-penetrative acts such as kissing, touching or fondling the child's genitals or breasts, vaginal or anal intercourse or oral sex.

They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Neglect
Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to provide adequate food and clothing; shelter, including exclusion from home or abandonment; failing to protect a child from physical and emotional harm or danger; failure to ensure adequate supervision including

the use of inadequate caretakers; or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Bullying

Bullying may 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 the activities and social acceptance of their peer group).

The damage inflicted by bullying can frequently be underestimated. It can cause considerable distress to children to the extent that it affects their health and development or, at the extreme, cause them significant harm (including self-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.

Other Categories

Two further categories of abuse are identified in the Working Together 2018 guidance:

Child Criminal Exploitation

As set out in the Serious Violence Strategy, published by the Home Office, where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or the threat of violence. The victim may have been criminally exploited even if the activity appears consensual. Child criminal exploitation does not always involve physical contact; it can also occur through the use of technology.

Extremism/Radicalisation

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.

Statutory Definitions of Abuse Vulnerable Adults

The following definition of abuse is laid down in No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse (Department of Health 2000):

'Abuse is a violation of an individual's human and civil rights by any other person or persons'. In giving substance to that statement, however, consideration needs to be given to a number of factors:

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

According to Adult Safeguarding: Roles and Competencies August 2018 an adult at risk is any person who is aged 18 years or over and at risk of abuse, harm or neglect because of their needs for care and/or support and are unable to safeguard themselves. Adult safeguarding means to work with an individual to protect their right to live in safety, free from abuse, harm and neglect. This can include both proactive and reactive interventions to support health and wellbeing with the engagement of the individual and their wider community. The aim is to enable the individual to live free from fear and harm and have their rights and choices respected.

Physical Abuse
This is the infliction of pain or physical injury, which is either caused deliberately, or through lack of care.

Sexual Abuse
This is the involvement in sexual activities to which the person has not consented or does not truly comprehend and so cannot give informed consent, or where the other party is in a position of trust, power or authority and uses this to override or overcome lack of consent.

Psychological or Emotional Abuse
These are acts or behaviour, which cause mental distress or anguish or negates the wishes of the vulnerable adult. It is also behaviour that has a harmful effect on the vulnerable adult's emotional health and development or any other form of mental cruelty.

Financial or Material Abuse
This is the inappropriate use, misappropriation, embezzlement or theft of money, property or possessions

Neglect or Act of Omission
This is the repeated deprivation of assistance that the vulnerable adult needs for important

activities of daily living, including the failure to intervene in behaviour which is dangerous to the vulnerable adult or to others. A vulnerable person may be suffering from neglect when their general well-being or development is impaired

Self-Neglect
This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and can include behaviour such as hoarding and non-attendance at necessary health/dental appointments. Consideration must be given to the impact on other family members and/or the wider community, mental capacity legislation and whether this gives rise to a safeguarding concern.

Discriminatory Abuse
This is the inappropriate treatment of a vulnerable adult because of their age, gender, race, religion, cultural background, sexuality, disability etc. Discriminatory abuse exists when values, beliefs or culture result in a misuse of power that denies opportunity to some groups or individuals. Discriminatory abuse links to all other forms of abuse.

Domestic Abuse
The cross-government definition of domestic violence and abuse is: any incident or pattern of incidents of controlling, coercive, threatening behaviour, honour based violence, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality (Gov.UK, 2013). The offence of coercive and controlling behaviour in intimate and familial relationships was introduced into the Serious Crime Act (2015) and recognition of violence against women domestic abuse and sexual violence (VAWDASV) is part of the Social Services and Well-being (Wales) Act2014.

Domestic abuse includes Female Genital Mutilation **(FGM)**
FGM comprises all procedures involving partial or total removal of the external female genital organs or any other injury to the female genital organs for nonmedical reasons. FGM is most often carried out on young girls aged between infancy and 15 years old. Whilst there is a mandatory requirement to report incidents of FGM for children and young people this is not a requirement for adult women. If a professional has safeguarding concerns about an individual who has experienced FGM a referral should be made in line with usual local safeguarding arrangements (GOV UK, 2012). See Appendix 5.

Organisational/Institutional Abuse
This is the mistreatment or abuse of a vulnerable adult by a regime or individuals within an institution (e.g. hospital or care home) or in the community. It can be through repeated acts of poor or inadequate care and neglect or poor professional practice.

Modern slavery
This encompasses slavery, human trafficking, forced labour and domestic servitude. See Appendix 6.

Appendix 3

Recognizing Abuse - Children

Abusive behavior comes in many forms, but the common denominator is the emotional effect on the child. Children need predictability, structure, clear boundaries, and the knowledge that their parents are looking out for their safety. Abused children cannot predict how their parents will act. Their world is an unpredictable, frightening place with no rules. Whether the abuse is a slap, a harsh comment, stony silence, or not knowing if there will be dinner on the table tonight, the end result is a child that feels unsafe, uncared for, and alone.

Signs of Possible Abuse (children & young people)

Child abuse is not always obvious. But by learning some of the common warning signs of abuse and neglect, you can catch the problem as early as possible and get both the child and the abuser the help that they need.

Of course, just because you spot a red flag doesn't automatically mean a child is being abused. It's important to dig deeper, looking for a pattern of abusive behavior and warning signs, if you notice something off.

The following signs could be indicators that abuse has taken place but should be considered in context of the child's whole life.

Physical

Physical abuse involves physical harm or injury to the child. It may be the result of a deliberate attempt to hurt the child, but not always. It can also result from severe discipline, such as using a belt on a child, or physical punishment that is inappropriate to the child's age or physical condition.

Many physically abusive parents and caregivers insist that their actions are simply forms of discipline—ways to make children learn to behave. But there is a big difference between using physical punishment to discipline and physical abuse. The point of disciplining children is to teach them right from wrong, not to make them live in fear.

The difference between discipline and physical abuse. In physical abuse, unlike physical forms of discipline, the following elements are present:

Unpredictability.

The child never knows what is going to set the parent off. There are no clear boundaries or rules. The child is constantly walking on eggshells, never sure what behavior will trigger a physical assault.

Lashing out in anger.

Physically abusive parents act out of anger and the desire to assert control, not the motivation to lovingly teach the child. The angrier the parent, the more intense the abuse.

Using fear to control behavior.

Parents who are physically abusive may believe that their children need to fear them in order to behave, so they use physical abuse to “keep their child in line.” However, what children are really learning is how to avoid being hit, not how to behave or grow as individuals.

Signs may include:

Injuries not consistent with the explanation given for them
Injuries that occur in places not normally exposed to falls, rough games, etc
Injuries that have not received medical attention
Reluctance to change for, or participate in, games or swimming
Repeated urinary infections or unexplained tummy pains
Bruises on babies, bites, burns, fractures etc which do not have an accidental explanation*
Cuts/scratches/substance abuse*

Sexual

Sexual abuse is an especially complicated form of abuse because of its layers of guilt and shame. It's important to recognize that sexual abuse doesn't always involve body contact. Exposing a child to sexual situations or material is sexually abusive, whether or not touching is involved.

While news stories of sexual predators are scary, what is even more frightening is that sexual abuse usually occurs at the hands of someone the victim knows and should be able to trust—most often close relatives. And contrary to what many believe, it’s not just girls who are at risk. Boys and girls both suffer from sexual abuse. In fact, sexual abuse of boys may be underreported due to shame and stigma.

Aside from the physical damage that sexual abuse can cause, the emotional component is powerful and far-reaching. Sexually abused children are tormented by shame and guilt. They may feel that they are responsible for the abuse or somehow brought it upon themselves. This can lead to self-loathing and sexual problems as they grow older—often either excessive promiscuity or an inability to have intimate relations.

The shame of sexual abuse makes it very difficult for children to come forward. They may worry that others won’t believe them, will be angry with them, or that it will split their family apart. Because of these difficulties, false accusations of sexual abuse are not common, so if a child confides in you, take him or her seriously. Don’t turn a blind eye!

Signs may include

Any allegations made concerning sexual abuse
Excessive preoccupation with sexual matters and detailed knowledge of adult sexual behaviour
Age-inappropriate sexual activity through words, play or drawing
Child who is sexually provocative or seductive with adults
Inappropriate bed-sharing arrangements at home
Severe sleep disturbances with fears, phobias, vivid dreams or nightmares, sometimes with overt or veiled sexual connotations
Eating disorders - anorexia, bulimia*

Emotional

Emotional abuse can severely damage a child's mental health or social development. Examples of emotional child abuse include:

1. Constant belittling, shaming, and humiliating a child
2. Calling names and making negative comparisons to others
3. Telling a child he or she is "no good," "worthless," "bad," or "a mistake"
4. Frequent yelling, threatening, or bullying
5. Ignoring or rejecting a child as punishment, giving him or her the silent treatment
6. Limited physical contact with the child—no hugs, kisses, or other signs of affection
7. Exposing the child to violence or the abuse of others, whether it be the abuse of a parent, a sibling, or even a pet

Signs may include:

Changes or regression in mood or behaviour, particularly where a child withdraws or becomes clinging.
Depression, aggression, extreme anxiety.
Nervousness, frozen watchfulness
Obsessions or phobias
Sudden under-achievement or lack of concentration
Inappropriate relationships with peers and/or adults
Attention-seeking behaviour
Persistent tiredness
Running away/stealing/lying

Neglect

Child neglect—a very common type of child abuse—is a pattern of failing to provide for a child's basic needs, whether it be adequate food, clothing, hygiene, or supervision. Child neglect is not always easy to spot. Sometimes, a parent might become physically or mentally unable to care for a child, such as with a serious injury, untreated depression, or anxiety. Other times, alcohol or drug abuse may seriously impair judgment and the ability to keep a child safe.

Older children might not show outward signs of neglect, becoming used to presenting a competent face to the outside world, and even taking on the role of the parent. But at the end of the day, neglected children are not getting their physical and emotional needs met.

Signs may include

Under nourishment, failure to grow, constant hunger, stealing or gorging food, Untreated illnesses, Inadequate care, etc

*These indicate the possibility that a child or young person is self-harming. Approximately 20,000 are treated in accident and emergency departments in the UK each year.

Recognizing Abuse - Vulnerable Adults

Physical
A history of unexplained falls, fractures, bruises, burns, minor injuries
Signs of under or over use of medication and/or medical problems unattended

Sexual
Pregnancy in a woman who is unable to consent to sexual intercourse
Unexplained change in behaviour or sexually implicit/explicit behaviour
Torn, stained or bloody underwear and/or unusual difficulty in walking or sitting
Infections or sexually transmitted diseases
Full or partial disclosure or hints of sexual abuse
Self-harming

Psychological
Alteration in psychological state e.g. withdrawn, agitated, anxious, tearful
Intimidated or subdued in the presence of the carer
Fearful, flinching or frightened of making choices or expressing wishes
Unexplained paranoia

Financial or Material
Disparity between assets and living conditions
Unexplained withdrawals from accounts or disappearance of financial documents
Sudden inability to pay bills
Carers or professionals fail to account for expenses incurred on a person's behalf
Recent changes of deeds or title to property

Neglect or Omission
Malnutrition, weight loss and /or persistent hunger
Poor physical condition, poor hygiene, varicose ulcers, pressure sores
Being left in wet clothing or bedding and/or clothing in a poor condition
Failure to access appropriate health, educational services or social care
No callers or visitors, hoarding.

Discriminatory
Inappropriate remarks, comments or lack of respect
Poor quality or avoidance of care

Institutional
Lack of flexibility or choice over meals, bed times, visitors, phone calls etc
Inadequate medical care and misuse of medication

Inappropriate use of restraint
Sensory deprivation e.g. denial of use of spectacles or hearing aids
Missing documents and/or absence of individual care plans
Public discussion of private matter
Lack of opportunity for social, educational or recreational activity

Modern Slavery

Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment. Trafficking is the movement of people by means such as force, fraud, coercion or deception with the aim of exploiting them. It is a form of Modern Slavery. People can be trafficked for manydifferent forms of exploitation such as forced prostitution, forced labour, forced begging, and forced criminality, forced marriage, domestic servitude, forced organ removal. Trafficking can occur within the UK as well as countries outside the UK. Often those trafficked are very guarded about giving any personal information and are rarely or never seen alone. There is always someone chaperoning them. See Appendix 6.

Domestic Violence

Victims of domestic abuse may show signs of;

- physical injuries
- excuses for frequent injuries
- stress, anxiety or depression
- absent from work and social occasions
- personality changes – being jumpy or nervous
- low self-esteem
- lack of independent communication
- self-blame
- increased alcohol or drug use
- lack of money
- damage to property.

FGM

Signs that FGM might happen

- A relative or someone known as a 'cutter' visiting from abroad.
- A special occasion or ceremony takes place where a girl 'becomes a woman' or is 'prepared for marriage'.
- A female relative, like a mother, sister or aunt has undergone FGM.
- A family arranges a long holiday overseas or visits a family abroad during the summer holidays.
- Unexpected or long absence from school/college/work.
- struggling to keep up in school/college/work.
- Running away – or planning to run away - from home.

Signs that FGM may have taken place

- Having difficulty walking, standing or sitting.
- Spending longer in the bathroom or toilet.
- Appearing quiet, anxious or depressed.
- Acting differently after an absence from school/college/work.
- Reluctance to go to the doctors or have routine medical examinations.
- Asking for help – though they might not be explicit about the problem because they're scared or embarrassed (see Appendix 5).

Appendix 4

Effective Listening

Ensure the physical environment is welcoming, giving opportunity for the child or vulnerable adult to talk in private but making sure others are aware the conversation is taking place.

- It is especially important to allow time and space for the person to talk
- Above everything else listen without interrupting
- Be attentive and look at them whilst they are speaking
- Show acceptance of what they say (however unlikely the story may sound) by reflecting back words or short phrases they have used
- Try to remain calm, even if on the inside you are feeling something different
- Be honest and don't make promises you can't keep regarding confidentiality
- If they decide not to tell you after all, accept their decision but let them know that you are always ready to listen.
- Use language that is age appropriate and, for those with disabilities, ensure there is someone available who understands sign language, Braille etc.

HELPFUL RESPONSES

- You have done the right thing in telling
- I am glad you have told me
- I will try to help you

DON'T SAY

- Why didn't you tell anyone before?
- I can't believe it!
- Are you sure this is true?
- Why? How? When? Who? Where?

Appendix 5

FGM

1. Introduction

FGM is when a female's genitals are deliberately altered or removed for non-medical reasons. It's also known as 'female circumcision' or 'cutting', but has many other names such as:

female circumcision

- cutting
- sunna
- gudniin
- halalays
- tahur
- megrez
- khitan.

FGM is a form of child abuse. It's dangerous and a criminal offence in the UK. We know:

- there are no medical reasons to carry out FGM
- it's often performed by someone with no medical training, using instruments such as knives, scalpels, scissors, glass or razor blades
- children are rarely given anaesthetic or antiseptic treatment and are often forcibly restrained
- it's used to control female sexuality and can cause long-lasting damage to physical and emotional health.

FGM can happen at different times in a girl or woman's life, including:

- when a baby is new-born
- during childhood or as a teenager
- just before marriage
- during pregnancy.

A child who's at risk of FGM might ask you for help. But some children might not know what's going to happen to them. So it's important to be aware of the signs.

Signs FGM might happen:

- A relative or someone known as a 'cutter' visiting from abroad.
- A special occasion or ceremony takes place where a girl 'becomes a woman' or is 'prepared for marriage'.
- A female relative, like a mother, sister or aunt has undergone FGM.
- A family arranges a long holiday overseas or visits a family abroad during the summer holidays.
- A girl has an unexpected or long absence from school.
- A girl struggles to keep up in school.
- A girl runs away – or plans to run away - from home.

Signs FGM might have taken place:

- Having difficulty walking, standing or sitting.
- Spending longer in the bathroom or toilet.
- Appearing quiet, anxious or depressed.
- Acting differently after an absence from school or college.
- Reluctance to go to the doctors or have routine medical examinations.
- Asking for help – though they might not be explicit about the problem because they're scared or embarrassed

Effects of FGM

There are no health benefits to FGM. It can cause serious harm, including:

- severe and/or constant pain
- infections, such as tetanus, HIV and hepatitis B and C
- pain or difficulty having sex
- infertility
- bleeding, cysts and abscesses
- difficulties urinating or incontinence
- organ damage
- problems during pregnancy and childbirth, which can be life-threatening for the mother and baby
- mental health problems, such as depression, flashbacks and self-harm
- death from blood loss or infections.

Why FGM happens

FGM is carried out for a number of cultural, religious and social reasons. Some families and communities believe that FGM will benefit the girl in some way, such as preparing them for marriage or childbirth.

Who's at risk?

Girls living in communities that practise FGM are most at risk. It can happen in the UK or abroad.

In the UK, the Home Office has identified girls and women from certain communities as being more at risk:

- Somali
- Kenyan
- Ethiopian
- Sierra Leonean
- Sudanese
- Egyptian
- Nigerian
- Eritrean
- Yemeni
- Kurdish
- Indonesian.

Children are also at a higher risk of FGM if it's already happened to their mother, sister or another member of their family.

What to do if you are suspicious that FGM has or will take place

If you are concerned you must inform your safeguarding deputy and/or safeguarding lead as soon as possible. The deputy/lead will ensure that the right notifications and action take place. The deputy's/lead are able to access specific advice from the NSPCC's dedicated FGM helpline 0800 028 3550 or email fgmhelp@nspcc.org.uk.

In the UK there is a legal duty to make a notification if someone under 18 years informs you that FGM has been performed on her. It is illegal to perform or force someone to undergo FGM. If you believe a person is at immediate risk of FGM you must call the police on 999. If it is not an emergency the police can be contacted on 111 for advice.

Alison Byrne is a Specialist Midwife for FGM based at Heartlands. The clinic sees all women, not just those who are pregnant or in the perinatal period. For information and advice, her phone number is: 07817 534274.

FORWARD (Foundation for Women's Health Research and Development) is an African-led women's rights organisation who can offer guidance on emergency support and advice for those who are concerned about someone else and those personally affected by FGM https://www.forwarduk.org.uk/i-need-help/ or Phone:+44 (0)208 960 4000, text 07834168141 - Monday to Friday 9:30 to 5:30 pm.

Appendix 6

Modern Slavery

Identifying and supporting victims of modern slavery

Guidance for health staff

All staff and volunteers in every health care setting could spot a victim of modern slavery

All staff and volunteers have a duty of care to take appropriate action and legal obligations in the case of children under 18

What is modern slavery?

Modern Slavery is the illegal trade of human beings for the purposes of commercial sexual exploitation or reproductive slavery, forced labour, or a modern-day form of slavery.

Who is trafficked?

British and foreign nationals can be trafficked into, around and out of the UK. Children, women and men can all be victims of modern slavery.

Why are people trafficked?

Children, women and men are trafficked for a wide range of reasons including:

- Sexual exploitation
- Domestic servitude
- Forced labour including in the agricultural, construction, food processing, hospitality industries and in factories
- Criminal activity including cannabis cultivation, street crime, forced begging and benefit fraud
- Organ harvesting

How might you encounter a victim of modern slavery?

- A person may tell you about their experience
- You detect signs that suggest a person may have been trafficked
- A trafficked person may be referred to you

Signs of trafficking for adults, children and young people include:

- A person being accompanied by someone who appears controlling, who insists on giving information and coming to see the health worker

The person:

- Is withdrawn and submissive, seems afraid to speak to a person in authority and the accompanying person speaks for them
- Gives a vague and inconsistent explanation of where they live, their employment or schooling
- Has old or serious injuries left untreated. Has delayed presentation and is vague and reluctant to explain how the injury occurred or to give a medical history
- Is not registered with a GP, nursery or school
- Has experienced being moved locally, regionally, nationally or internationally
- Appears to be moving location frequently
- Their appearance suggests general physical neglect
- They may struggle to speak English

In Addition:

Children and young people
Have an unclear relationship with the accompanying adult
Go missing quickly (sometimes within 48 hours of going into care) and repeatedly from school, home and care
Give inconsistent information about their age

Adults
Have no official means of identification or suspicious looking documents

What are the possible health care issues of trafficked people?

Victims of modern slavery may only come to your attention when seriously ill or injured or with an injury or illness that has been left untreated for a while. Health care issues may include:

- Evidence of long term multiple injuries
- Indications of mental, physical and sexual trauma
- Sexually Transmitted Infections
- Pregnant, or a late booking over 24 weeks for maternity care
- Disordered eating or poor nutrition
- Evidence of self-harm
- Dental pain
- Fatigue
- Non-specific symptoms of Post- Traumatic Stress Disorder
- Symptoms of psychiatric and psychological distress
- Back pain, stomach pain, skin problems; headaches and dizzy spells

How might you suspect that a person is a victim of modern slavery?

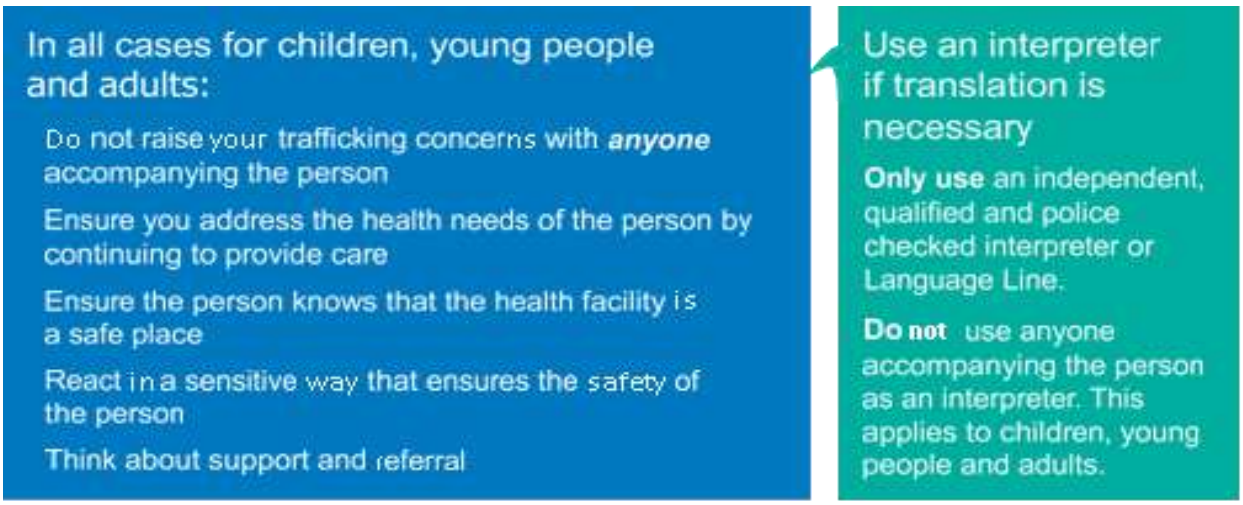
In all cases, trust and act on your instinct that something is not quite right. It is usually a combination of triggers, an inconsistent story and a pattern of symptoms that may cause you to suspect trafficking.

If you have *any* concerns about a child, young person or adult take immediate action to ask further questions and seek out additional information and support.

Remember:

- Trafficked people may not self-identify as victims of modern slavery
- Trafficking victims can be prevented from revealing their experience to health care staff from fear, shame, language barriers and a lack of opportunity to do so. It can take time for a person to feel safe enough to open up
- Err on the side of caution regarding age - if a person tells you they are under 18 or if a person says they are an adult, but you suspect they are not, then take action as though they were under 18 years old
- Support for victims of human trafficking is available

What do you do next?



- Try to find out more about the situation and speak to the person in private without anyone who accompanied them
- When speaking to the person reassure them that it is safe for them to speak
- Do not make promises you cannot keep
- Only ask non-judgemental relevant questions
- Allow the person time to tell you their experiences
- Do not let concerns you may have about challenging cultural beliefs stand in the way of making informed assessments about the safety of a child, young person or adult
- Speak to your line manager, safeguarding deputy and/or safeguarding lead for advice

If you suspect that a client or other may be a victim of modern slavery take the following action:

Children and young people under 18 years

For concerns about a child or young adult follow all child safeguarding guidelines and speak to your designated Safeguarding Lead or deputy, ***specifically highlighting your concern for child trafficking.***

Consider whether to ring the police directly.

Adults

Contact the Salvation Army 24 hour confidential helpline for professional advice and support and referrals on 0300 303 8151 operating 7 days a week

Only make referrals if the person is able to give consent and has agreed to the referral Consider using maternity services to admit pregnant women for observation

This leaflet has been produced by the Department of Health with guidance from a steering group comprising representatives from: British Association of Sexual Health and HIV, Child Trafficking Advice Centre NSPCC, College of Emergency Medicine, Department of Health, Home Office; UK Human Trafficking Centre Serious Organised Crime Agency, Ministry of Justice, Royal College of General Practitioners, Royal College of Midwives, Royal College of Nursing, Royal College of Paediatric and Child Health, Royal College of Psychiatrists, Salvation Army; Poppy Project, Section for Women's Health Institute of Psychiatry Kings College London.

Appendix 7

Child Sexual Exploitation

Child sexual exploitation is a form of child sexual abuse. It can take many forms from the seemingly 'consensual' relationship where sex is exchanged for attention, accommodation or gifts, to serious organised crime and internal child trafficking.
Any child or young person may be at risk of sexual exploitation, regardless of their family background or other circumstances.

Child sexual exploitation is a hidden crime. What marks out exploitation is an imbalance of power within the relationship. Young people often trust their abuser and don't understand that they're being abused. Practitioners should be aware that particularly young people aged 16 and 17 may believe themselves to be acting voluntarily and will need practitioners to work with them so they can recognise that they are being sexually exploited.

They may depend on their abuser or be too scared to tell anyone what's happening.
The perpetrator always holds some kind of power over the victim, increasing the dependence of the victim as the exploitative relationship develops.

It can involve violent, humiliating and degrading sexual assaults, including oral and anal rape. In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status.

Child sexual exploitation doesn't always involve physical contact and can happen online. Technology can, for example, be used to record abuse and share it with other like-minded individuals or as a medium to access children and young people online in order to groom them.

Sexual exploitation has strong links with other forms of crime, for example, online and offline grooming, the distribution of abusive images of children and child trafficking.

The perpetrators of sexual exploitation are often well organised and use sophisticated tactics. They are known to target areas where children and young people gather without much adult supervision, e.g. parks or shopping centres, takeaway restaurants or sites on the Internet.

Sexual exploitation results in children and young people suffering harm, and causes significant damage to their physical and mental health. It can also have profound and damaging consequences for the child's family. Parents and carers are often traumatised and under severe stress. Siblings can feel alienated and their self-esteem affected. Family members can themselves suffer serious threats of abuse, intimidation and assault at the hands of perpetrators.

There are strong links between children involved in sexual exploitation and other behaviours such as running away from home or care, bullying, self-harm, teenage pregnancy, absence from school and substance misuse. In addition, some children are particularly vulnerable, for example, children with special needs, those in residential or foster care, those leaving care, migrant children, unaccompanied asylum seeking children and those involved in gangs.

If a client gives you reason for concern regarding themselves or others with regard to possible child sexual exploitation it is paramount that you make the safeguarding deputy/lead know as soon as possible. The deputy/lead must make a prompt assessment of risk and respond appropriately either by ringing the police immediately 999/111 or by reporting CSE through the normal safeguarding channels and processes.

Appendix 8

Contacting MASH/CASS

1. Introduction

Anyone who has concerns about a child's welfare should make a referral to the **Multi Agency Safeguarding Hub (MASH)** (Tel: 0121 303 1888), which is part of CASS. Referrals can come from the child themselves, professionals such as teachers, the police, GPs and health visitors as well as family members and members of the public.

The MASH Team receive all referrals where there are concerns that may need a coordinated response involving more than one agency to support the child and family. The MASH Team will collate information from relevant agencies and decide the appropriate response to each referral:

- **Early Help**;
- Assessments as a **Child in Need** whose health and development are likely to be impaired without the provision of services (including a child in need of protection from significant harm).

Children's social care has the responsibility to clarify with the referrer the nature of the concerns and how and why they have arisen. The Booklet **Right Services Right Time** sets out the local definition of the levels of need and the types of intervention they require. The child must be seen by a qualified social worker as soon as possible following a referral and the child's needs and safety remain paramount at all times.

2. The Duty to Refer

Under section 11 of the Children Act 2004 all professionals have a responsibility to refer a child to children's social care if they believe or suspect that the child:

- Has suffered significant harm;
- Is likely to suffer significant harm;
- Has a disability, developmental and welfare needs which are likely only to be met through provision of family support services (with agreement of the child's parent) under the Children Act 1989;
- Is a Child in Need whose development would be likely to be impaired without provision of services.

When professionals make a referral to the MASH, they should include any pre-existing assessments such as an early help assessment or a Common Assessment (CAF) in respect of the child. Any information they have about the child's developmental needs and the capacity of their parents and carers to meet these within the context of their wider family and environment should be provided as a part of the referral information.

3. Making a Referral

The permission of the parents/carers should be sought before discussing a referral about them with other agencies, unless permission-seeking may itself place a child at risk of significant harm. Where a professional decides not to seek parental permission before making a referral to children's social care, the decision must be recorded in the child's file with reasons, dated and signed, and confirmed in the written referral.

All initial contacts in relation to children who are identified as having additional, complex or significant needs must be made to the **Multi Agency Safeguarding Hub (MASH)** at 0121 303 1888.

New referrals and referrals on closed cases should be made to the MASH. Referrals on open cases should be made to the allocated social worker for the case (or in their absence their manager or the duty social worker).

The referrer should provide information about their concerns and any information they may have gathered in an assessment that may have taken place prior to making the referral. The referrer will be asked for information about some of the following:

- Full names (including aliases and spelling variations), date of birth and gender of all child/ren in the household;
- Family address and (where relevant) school / nursery attended;
- Identity of those with parental responsibility and any other significant adults who may be involved in caring for the child such as grandparents;
- Names and date of birth of all household members, if available;
- Where available, the child's NHS number and education UPN number;
- Ethnicity, first language and religion of children and parents/carers;
- Any special needs of children or parents/carers;
- Any significant/important recent or historical events/incidents in child or family's life;
- Cause for concern including details of any allegations, their sources, timing and location;
- Child's current location and emotional and physical condition;
- Whether the child needs immediate protection;
- Details of alleged perpetrator, if relevant;
- Referrer's relationship and knowledge of child and parents/carers;
- Known involvement of other agencies / professionals (e.g. GP);

- Whether the parents know about, and whether they have consented to, the referral;
- The child's views and wishes, if known.

Other information may be relevant and some information may not be available at the time of making the referral. However, there should not be a delay in order to collect information if the delay may place the child at risk of significant harm.

For all referrals to children's social care, the child should be regarded as potentially a child in need, and the referral should be evaluated on the same day that it was received. A decision must be made by a qualified social worker supported by line manager within **one working day** about the type of response that is required.

All referrals from professionals should be confirmed in writing, by the referrer, within 48 hours.

(Referrals are monitored by The Recovery Foundation's safeguarding lead and The Recovery Foundation staff must ensure that a copy of the referral is forwarded to her for monitoring/review).

If the referrer has not received an acknowledgement within three working days, they should contact the MASH Team again.

4. Receiving a Referral

The MASH social worker will discuss the concerns with the referrer and consider any previous records in relation to the child and family in their agency. The social worker will establish:

- The nature of the concerns;
- How and why they have arisen;
- The child's views, if known;
- What the child's and the family's needs appear to be;
- Whether the family are aware of the referral and whether they are in agreement with it or not;
- Whether the concern involves abuse or neglect; and
- Whether there is any need for urgent action to protect the child or any other children in the household or community.

A decision to discuss the referral with other agencies without parental knowledge or permission must be authorised by the MASH team manager, and the reasons recorded.

This checking and information gathering stage must involve an immediate assessment of any concerns about either the child's health and development, or actual and/or potential harm, which justify further enquiries, assessments and / or interventions.

If the child appears to be a child in need (including a child in need of protection from significant harm) the MASH team manager will refer the matter to the Assessment and Short Term Intervention Team.

Interviews with the child, if appropriate, should take place in a safe environment. All interviews with the child and family members should be undertaken in their preferred language and where appropriate for some people by using non-verbal communication methods.

The children's social care manager should be informed by a social worker of any referrals where there is reasonable cause to consider Section 47 Enquiries and authorise the decision to initiate action. If the child and / or family are known to professional agencies or the facts clearly indicate that a Section 47 Enquiry is required, children's social care should initiate a strategy meeting/discussion immediately and, together with other agencies, determine how to proceed.

The police must be informed at the earliest opportunity if a crime may have been committed. The police should assist other agencies to carry out their responsibilities, where there are concerns about the child's welfare, whether or not a crime has been committed.

5. Concluding a Referral

At the end of the referral discussion, the referrer and children's social care should be clear about the proposed action, who will be taking it, timescales and, if no further action will be taken, the reasons for this decision.

Where there are concerns about a child, the referral will be directed into one of four pathways:

- No further action, which may include information to signpost to other agencies;
- Early help - referrals for intervention and prevention services within the Common Assessment Framework and **Early Help services** range of provision;
- Child in Need services - assessment to be undertaken by children's social care (Section 17 CA 1989);
- Child Protection services - assessment and child protection enquiries to be undertaken by children's social care (Section 47 CA 1989) with active involvement of other agencies such as the police.

Within **one working day** a qualified social worker should have assessed the referral and the relevant line manager should have made a decision about what should happen next. The children's social care manager must approve the outcome of the referral and ensure that a record has been commenced and/or updated.

The social worker should send out written information about the decisions and, if the child is a Child in Need, about the plan for providing support. This should be sent to the child's parents/carers, all the relevant agencies and the child if appropriate.

In the case of referrals from members of the public, feedback must be consistent with the rights to confidentiality of the child and their family.

If the referrer disagrees with the decisions made by children's social care about the outcome of the referral, they may consider making a complaint under the local Complaint procedure or raise the matter under the local **Escalation Policy**.

The child and parents/carers should be routinely informed about local procedures for raising complaints and, if they wish to make a complaint, about local advocacy services.

Appendix 9

Contextual Safeguarding

Contextual safeguarding is an approach to safeguarding that recognises that young people may be at risk of significant harm not only within their home environment, but also outside it. The traditional safeguarding approach does not consider extra-familial contexts, which has led to cases of abuse and exploitation falling under the radar.

Extra-familial contexts include young people's peer groups, support networks, online contacts, and local community or neighbourhood. Safeguarding concerns in these contexts could consist of harassment or violence from their peers, a risk of grooming – whether online or in person – high levels of crime or gang violence in your local area, or even a local park where frequent incident reports have been made.

As well as involving wider consideration of contexts, contextual safeguarding entails a different method of intervention from the traditional approach. In the past, all interventions have taken place with the young person and their family, regardless of where the harm originated from. However, it has been shown that this is inadequate in cases of extra-familial abuse; parents do not have any control over these outside contexts, and cannot change them.

A more effective method is to intervene with the outside environment itself, to prevent harm from occurring in the first place. For example, if you know that a certain park has high levels of criminal activity, you could contact the council and ask for bushes to be cut back, higher levels of lighting, and more patrols by park wardens. This is an example of a contextual safeguarding provision in practice.

Why is Contextual Safeguarding Important?

Contextual safeguarding does not just focus on one individual, but on how to protect *all* young people from environments that cause safeguarding issues. In other words, it addresses the underlying causes, not just the effects. It uses partnerships between educational settings and other public sector services, but also with retailers, transport providers, and communities, so that everyone is aware of possible warning signs and how to report them.

Additionally, this ensures that all those who have influence over extra-familial contexts – for example, bus and taxi drivers and shop owners – use their influence to make these settings safer. As a result, young people are protected by ensuring that the potential for harmful situations is reduced.

Contextual safeguarding is particularly important for adolescents, because as young people age, they spend more time socialising away from their families. Consequently, their social networks – and any harm associated with them – become more significant.

The relationships that they make during this period of time influence what they expect from future relationships, so if they socialise in safe, supportive environments then they will form safe, supportive relationships (and the same applies for harmful, abusive relationships). By ensuring that young people are in nurturing environments – both within educational settings, and outside them – you can reduce the risk of future harm.

Successes that have been seen so far in this practice have led to it being embedded in social care and safeguarding systems across the country.

How Does Contextual Safeguarding Influence My Role to Safeguard Children?

Contextual safeguarding is an important addition to the current safeguarding approach, and has been found to make it even more effective. Keeping the context in mind when working with young people ensures that warning signs from extra-familial situations do not fall under the radar, and young people are protected from harm in all areas of their lives.