

Safeguarding Young People and Adults at Risk Policy

Purpose

The Fylde Coast Pregnancy Crisis Centre (FCPCC) recognises that it has a duty of care towards young people and adults who access its services. Many are vulnerable and some may be victims of neglect or physical, emotional, or sexual abuse and the welfare of every person in our care is of the utmost importance.

<u>Aim</u>

The aim of this policy is to help trained practitioners, and anyone else involved in the work of the FCPCC, to adopt safe working practices with young people or adults at risk and respond appropriately when abuse is disclosed or discovered.

The centre recognises that approaches to young people need to reflect that there are differences between adults and children in regard to the following: legal competence, age appropriateness, parental responsibility, confidentiality, and exposure to, as well as protection from, significant harm.

Policy Statement

FCPCC is committed to:-

➤ Treating all young people or adults at risk with respect and dignity befitting their age and understanding regardless of gender, ethnicity, disability, sexuality and religion.

> Promoting welfare and protection to young people or adults at risk,

including the opportunity for them to express their concerns

Seeking good communication with parents and carers

Providing written procedures in regard to recruitment, supervision, and

training of all workers

Adopting a procedure for dealing with concerns about possible abuse.

> Recognising that local authorities have a responsibility to ensure that

appropriate services are provided for young people or adults at risk who

are 'in need' and to protect children or investigate situations where a child

is suffering or at risk of significant harm

> Informing young people or adults at risk of our policies and procedures

as appropriate.

<u>Information</u>

Safeguarding Co-ordinator: Tom McGibbon

Deputy Co-Ordinator: Netta Elliott

Confidentiality

Absolute confidentiality cannot be upheld when a client states that they or

someone they know, such as another young person or adult, may be at risk of

serious harm. In these circumstances, it may be necessary to share concerns

with another professional agency such as Social Services. The client would need

to be informed of this intention and be told of what would be communicated.

> The limits of confidentiality should be explained to young people or adults

as early as possible

Procedure

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- A young person or adult who is the victim of any form of abuse may feel the need to talk to a staff member because they feel they can trust that person, thereby making a disclosure.
- > Explain that you are concerned for their wellbeing and have a duty to report. They should already be aware of the limits of confidentiality.
- > Do not take control away from the young person or adult.
- > Do not try and sort it out quickly.
- ➤ Gain the young person or adult confidence and gather valuable information.
- ➤ Encourage the young person or adult to talk without feeling the need to identify the perpetrator.
- > Have a respectful attitude and remember how vulnerable the young person or adult is.
- Once the facts are known, encourage the young person or adult to give details, being careful not to ask leading questions or put words into their mouth.
- > Do not try to cover up the facts to protect the alleged abuser, the family, your Centre or anyone else.
- > Emphasise that they are not to blame for the abuse.
- Remind them that the authorities are there to protect young people or adults. Explain why it might be important for what they have experienced to be investigated.
- ➤ Make a clear record of the disclosure including time, setting, people present detailing what the young person or adult has said and their presentation and demeanour. The record should be signed and dated as a confidential document within 24 hours.
- Record any bruises or injuries on a body map, noting size, colour and date of recording. (This information is strictly confidential and will therefore be kept securely in a secure electronic cloud storage such as a

- personal vault and access will be limited to the Safeguarding Co-ordinator or Centre Manager)
- Speak to the Safeguarding Officer confidentially for advice on appropriate action. Even if in doubt, it is advisable to mention concern rather than keep silent.

<u>Advice</u>

- ➤ Where there are Safeguarding concerns, advice should be sought from Tom McGibbon, the Safeguarding Officer on 07891572926 or Netta Elliott, Deputy Safeguarding / Team Lead on 07530722992.
- ➤ It will be their responsibility to decide on appropriate action, which may involve contacting 31:8 the centre's safeguarding agency and if appropriate the statutory authorities.
- > If neither is available contact the Social Services.
- ➤ Where suspicions in any way involve either Co-ordinator, then report should be made to the Trustees or 31:8.

If Action is required

- ➤ Do not encourage the young person to talk to parents or any other family members except where this is advised by 31/8. Protect from further harm as far as possible.
- ➤ The Safeguarding Officer must decide whether an 'expression of concern' needs to be made to the Social Services Department and/or ensure that the Police and/or Social Services are informed either by the young person or adult accompanied by you, or by you. It is recognised that the SSD then has a duty to investigate the possibility of abuse.
- Make sure the young person or adult is clear about what you will be communicating to that agency.

Make an accurate record within one hour of each conversation, including your comments and their responses, carefully dated, and signed by the trained practitioner.

Safe Working Practices

- > Staff need to be protected against false allegation being made against them. The possibility of this needs to be minimized.
- Keep written records of any allegation made.
- ➤ Do not go into a toilet alone with a young or vulnerable person. Leave doors ajar and always tell another member of staff where you are going with them and why.
- Do not touch young people or adults at risk.

Selection of staff and volunteers:

All staff and workers are to be appointed, trained, supported and supervised in accordance with the recommendation set out in the government guidelines 'Safe from Harm' (HMSO 1993) code of practice for safeguarding the welfare of children and vulnerable adults in voluntary organisations in England and Wales

All staff and volunteers who come into contact with young people or adults at the Centre or in schools work must undergo a DBS check at Enhanced Disclosure Level and provide the following:

- > Full name
- Current and recent address
- Date of birth
- Previous experience of work with young people

- Permission to contact another person who has knowledge of their previous work
- Details of any convictions for criminal offences against children including 'spent' convictions
- Agreement for the police check to be obtained

<u>Summary of 'Safe from Harm' recommendations:</u>

- Adopt a policy statement on safeguarding the welfare of young people and adults
- ➤ Plan the work of the organisation so as to minimise situations where abuse of young people or adults may occur
- > Introduce a system whereby young people and adults may talk with an independent person
- Apply agreed procedures for protecting children and adults to all paid staff and volunteers
- Wherever possible, children and adults should be encouraged to take responsibility for their own personal care needs. Where assistance is required i.e. for a disabled young person or adult, this should be offered in a manner that maintains their dignity and respect at all times.
- Workers should not make sexually suggestive comments about or to a young people or adult, or touch them in an intrusive or inappropriate way, scapegoat, ridicule or reject them
- > Workers should know and follow First Aid and Fire Procedures. It is preferable for authorised, qualified First Aiders to treat where necessary
- ➤ If any abuse (emotional, physical, sexual or neglect) is suspected, or if allegations are made, workers should follow the reporting procedure as shown in this document

➤ Where a matter of concern occurs or is reported that does not fit within the safeguarding criteria, this should be logged and stored securely on an electronic cloud as before.

Useful Contacts

ThirtyOneEight
PO Box 133, Swanley, Kent. BR8 7UQ
0303 003 11 11
info@thirtyoneeight.org
https://thirtyoneeight.org/

Signs of Possible Abuse (Children and Young People)

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

Physical

- > 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

> 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*

<u>Emotional</u>

- > 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

<u>Neglect</u>

- 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.

Signs of Possible Abuse (Adults with Care and Support Needs)

Physical

- > A history of unexplained falls, fractures, bruises, burns, minor injuries
- Signs of under or overuse 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

<u>Psychological</u>

- > 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

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