# Parent Club

# Safeguarding Children Policy

# Policy statement

All children have the right to protection from all forms of abuse, regardless of their age, gender, disability, culture, language, racial origin, religious beliefs or sexual orientation. Every child has a right to be safe and happy in the activities which they undertake. For the purpose of this document a child is defined as a person under the age of 18.

Parents and carers must be sure that Parent Club staff and volunteers are trustworthy, responsible and will keep their children safe from harm. This means that precautionary steps have been taken to ensure harm will not come to children when under the supervision of people who are not parents or carers.

Parent Club is aware that sometimes there are people who work, or seek to work with children and young people who may pose a risk to children and who may harm them. Having a robust Safeguarding Children policy and procedures is intended to reduce this risk. Parent Club believes it is better to put safeguards in place to prevent abuse in advance of any incident occurring in the same way that health and safety precautions are put in place.

Parent Club has safeguarding children procedures in place to deal quickly and effectively with any concerns about the physical, sexual or emotional abuse of children and neglect of children.

A robust Safeguarding Children policy will also safeguard workers and volunteers from false allegations that could be made.

Parent Club takes safeguarding children seriously. Whilst it is not our responsibility to investigate incidences of suspected child abuse, we will gather information and refer in to the relevant authorities as necessary.

The purpose of this policy is to outline the duty and responsibility of staff, volunteers and trustees working on behalf of Parent Club in relation to child protection procedures.

**The key objectives of this policy are:**

* To explain the responsibilities Parent Club and its staff, volunteers and trustees have in respect of child protection.
* To provide staff with an overview of child protection.
* To provide a clear procedure that will be implemented where child protection issues arise.

This policy applies and relates to all staff and volunteers, and people who use the project.

All parents who use the project are invited to read this policy, which is kept onsite at all project venues.

All staff and volunteers must read and understand this policy as part of their induction.

In addition to this policy, Parent Club staff and volunteers work must also adhere to the safeguarding procedures at the settings in which sessions are delivered. The guidance in this policy must always be followed as a minimum requirement.

**2. DBS Checks**

All staff and volunteers who may at any time take part in ‘regulated activity’ with unsupervised access to children will have an enhanced DBS check carried out before they start work.

**3. Safe Recruitment**

All staff and volunteers who are entrusted with the unsupervised care of children and young people will be subject to the full range of pre-employment checks, including a written application form which includes questions about any past convictions and cautions, as well as any pending criminal cases and if the applicant has ever had any complaints of abuse against them.

Applicants for such positions are interviewed as part of the recruitment process and Parent Club requires information about the applicant’s employment history, employment references and proof of identity.

**Parent Club:**

* Understands that a person who is barred from working with children or vulnerable adults is breaking the law if they work or volunteer, or try to work or volunteer with these groups.
* Understands that an organisation which knowingly employs someone who is barred to work with those groups will also be breaking the law.
* Understands that if our organisation dismisses a member of staff or volunteer because they have harmed a child or vulnerable adult, or would have done so if they had not left, we must make referral to the Disclosure and Barring Service.

# 4. Induction and Training for Staff, Volunteers and Trustees

All staff and volunteers are given details of this policy as part of their induction and participate in induction training on Safeguarding Children issues.

All staff and volunteers must also read and understand the Safeguarding Policy of the settings in which they are delivering sessions.

All staff are required to complete NSPCC online training on Safeguarding Children

All staff are required to read the latest version of ‘Working Together to Safeguard Children’ as part of their induction

Staff and volunteers also have the health and safety procedures relevant to the project they are working on detailed to them as part of their induction.

Following induction, all staff and volunteers are expected to be able to recognise signs of abuse and know the appropriate reporting systems for this.

All staff receive guidance on how to respond to disclosures of abuse.

All new project staff and volunteers are supervised and their progress reviewed on a regular basis.

All trustees complete NSPCC training on Safeguarding for Trustees.

Parent Club appoints a trustee to lead on Safeguarding on behalf of the Board of Trustees.

# 5. Good Practice Guidelines

Parent Club understands the following guidelines to constitute good practice when working with children:

* Work in an open environment, avoiding private or unobserved situations.
* Encourage open communication (no secrets).
* Treat all children and young people equally, and with respect and dignity.
* Always put the welfare of each child first.
* Maintain a safe and appropriate distance with children and young people (e.g. it is not appropriate for staff or volunteers to have an intimate relationship with a child or to share a room with them).
* Build balanced relationships based on mutual trust which empower children to share in decision-making processes.
* Make activities fun, enjoyable and safe.
* Involve parents/carers wherever possible.
* Be positive role models for children, including not smoking or drinking alcohol in the company of young people.
* Give enthusiastic and constructive feedback rather than negative criticism.
* Recognise the developmental needs and capacity of children when planning activities.
* Keep a written record of any injury that occurs, along with the details of any treatment given.

**Practices to be avoided:**

The following should be avoided except in emergencies. If cases arise where these situations are unavoidable it should be with the full knowledge and consent of someone in charge in the organisation or the child’s parents. For example, a child sustains an injury and needs to go to hospital

* Avoid spending excessive amounts of time alone with children away from others.
* Avoid taking or dropping off a child to an event.

**Parent Club staff or volunteers should never**:

* Engage in rough, physical or sexually provocative games, including horseplay.
* Allow or engage in any form of inappropriate touching.
* Allow children to use inappropriate language unchallenged.
* Make sexually suggestive comments to a child, even in fun.
* Reduce a child to tears as a form of control.
* Allow allegations made by a child to go unchallenged, unrecorded or not acted upon.
* Do things of a personal nature for children or disabled adults that they can do for themselves.

It may sometimes be necessary for staff or volunteers to do things of a personal nature for children, particularly if they are young or are disabled. These tasks should only be carried out with the full understanding and consent of parents and the child/young person involved. There is a need to be responsive to a person’s reactions. If a person is fully dependent on you, talk with him/her about what you are doing and give choices where possible. This is particularly so if you are involved in any dressing or undressing of outer clothing, or where there is physical contact, lifting or assisting a child to carry out particular activities.

**6. General Supervision**

* Any visitors or guests at Parent Club projects must be authorised by the Project Co-ordinator and will be supervised by staff at all times.
* All Parent Club activities take place with adequate child/adult ratios to run them safely (for example: 0-2 yr olds 1:3; for 2-3 yr olds 1:4)
* All staff and volunteers to be aware of and adhere to relevant Health and Safety procedures at all times
* Equipment for activities must be checked before being used.

**7. Definitions and signs of abuse**

**Safeguarding children:** Safeguarding children is defined in [Working Together to Safeguard Children 2018](https://www.gov.uk/government/publications/working-together-to-safeguard-children--2) as:

* protecting children from maltreatment.
* preventing impairment of children’s health or development.
* ensuring that children are growing up in circumstances consistent with the provision of safe and effective care.
* taking action to enable all children to have the best outcomes.

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger. They may be abused by an adult or adults, or another child or children.

There are four recognised types of abuse: **Physical, Emotional, Sexual**, and **Neglect**. All parent Club staff and volunteers need to know what they are and how to recognise them.

**Physical Abuse**

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

**Emotional Abuse**

This 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 a child that they are worthless, unloved or inadequate. It may involve bullying, causing children to feel frightened or in danger.

**Sexual Abuse**

This type of abuse involves forcing or enticing a child to take part in sexual activities, including prostitution whether or not the child is aware of what is happening. Examples of physical contact include penetrative acts (rape, buggery or oral sex) or non-penetrative acts kissing, fondling, masturbation. It may include non-contact activities involving children in looking at or be involved in sexual online images and or encouraging children to behave in sexually inappropriate ways.

**Neglect**

This is the persistent failure to meet a child’s basic physical and or psychological needs, likely to result in the serious impairment to the child’s health and development. It can include failing to provide adequate food, clothing and shelter, adequate supervision or failing to provide medical help when needed.

## Physical signs of abuse:

* Any injuries not consistent with the explanation given for them,
* Injuries which occur to the body in places which are not normally exposed to falls or games,
* Unexplained bruising, marks or injuries on any part of the body,
* Bruises which reflect hand marks or fingertips (from slapping or pinching),
* Cigarette burns,
* Bite marks,
* Broken bones,
* Scalds,
* Injuries which have not received medical attention,
* Neglect-under nourishment, failure to grow, constant hunger, stealing or gorging food, untreated illnesses, inadequate care,
* Repeated urinary infections or unexplained stomach pains.

**Changes in behaviour which can also indicate physical abuse:**

* Fear of parents being approached for an explanation,
* Aggressive behaviour or severe temper outbursts,
* Flinching when approached or touched,
* Reluctance to get changed, for example, wearing long sleeves in hot weather,
* Depression,
* Withdrawn behaviour,
* Running away from home.

## Emotional signs of abuse

**The physical signs of emotional abuse may include:**

* A failure to thrive or grow,
* Sudden speech disorders,
* Persistent tiredness,
* Development delay, either in terms of physical or emotional progress.

**Changes in behaviour which can also indicate emotional abuse include:**

* Obsessions or phobias,
* Sudden under-achievement or lack of concentration,
* Inappropriate relationships with peers and/or adults,
* Being unable to play,
* Attention seeking behaviour,
* Fear of making mistakes,
* Self-harm,
* Fear of parent being approached regarding their behaviour.

## Sexual Abuse

**The physical signs of sexual abuse may include:**

* Pain or itching in the genital/anal area,
* Bruising or bleeding near genital/anal areas,
* Sexually transmitted disease,
* Vaginal discharge or infection,
* Stomach pains,
* Discomfort when walking or sitting down,
* Pregnancy.

**Changes in behaviour which can also indicate sexual abuse include:**

* Sudden or unexplained changes in behaviour e.g. becoming withdrawn or aggressive,
* Fear of being left with a specific person or group of people,
* Having nightmares,
* Running away from home,
* Sexual knowledge which is beyond their age or development al level,
* Sexual drawings or language,
* Bedwetting,
* Eating problems such as over-eating or anorexia,
* Self-harm or mutilation, sometimes leading to suicide attempts,
* Saying they have secrets they cannot tell anyone about,
* Substance or drug abuse,
* Suddenly having unexplained sources of money,
* Not allowed to have friends (particularly in adolescence),
* Acting in a sexually explicit way with adults.

## Neglect

**The physical signs of neglect may include:**

* Constant hunger, sometimes stealing food from other children,
* Constantly dirty or smelly,
* Loss of weight or being constantly underweight,
* Inappropriate dress for the conditions.

**Changes in behaviour which can also indicate neglect include:**

* Complaining of being tired all the time,
* Not requesting medical assistance and/or failing to attend appointments,
* Having few friends,
* Mentioning being left alone or unsupervised.

It is important to be aware of more specific types of abuse that fall within these categories, they are:

* Bullying and cyberbullying
* Child sexual exploitation
* Child Criminal exploitation
* Child trafficking
* Domestic abuse
* Female genital mutilation
* Grooming
* Historical abuse
* Online abuse

**8. Radicalisation**

Children can be exposed to different views and receive information from various sources. Some of these views may be considered radical or extreme.

Radicalisation is the process through which a person comes to support or be involved in extremist ideologies. It can result in a person becoming drawn into terrorism and is in itself a form of harm.

Extremism is vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. It includes calls for the death of members of the British armed forces (HM Government, 2011).

The Government has given some types of organisations in England, Scotland and Wales a duty to identify vulnerable children and young people and prevent them from being drawn into terrorism. However, all organisations that work with children and young people have a responsibility to protect children from harm. This includes becoming radicalised and/or being exposed to extreme views.

**How does radicalisation happen?**

The process of radicalisation may involve:

* being [groomed](https://learning.nspcc.org.uk/research-resources/briefings/grooming/) online or in person
* exploitation, including [sexual exploitation](https://learning.nspcc.org.uk/child-abuse-and-neglect/child-sexual-exploitation/)
* psychological manipulation
* exposure to violent material and other inappropriate information
* the risk of physical harm or death through extremist acts.

It happens gradually so children and young people who are affected may not realise what it is that they are being drawn into.

**Vulnerability factors**

Anyone can be radicalised but there are some factors which may make a young person more vulnerable. These include:

* being easily influenced or impressionable
* having low self-esteem or being isolated
* feeling that rejection, discrimination or injustice is taking place in society
* experiencing community tension amongst different groups
* being disrespectful or angry towards family and peers
* having a strong need for acceptance or belonging
* experiencing grief such as loss of a loved one.

These factors will not always lead to radicalisation.

**Indicators of radicalisation**

If a child or young person is being radicalised their day-to-day behaviour may become increasingly centred around an extremist ideology, group or cause. For example, they may:

* spend increasing amounts of time talking to people with extreme views (this includes online and offline communication)
* change their style of dress or personal appearance
* lose interest in friends and activities that are not associated with the extremist ideology, group or cause
* have material or symbols associated with an extreme cause
* try to recruit others to join the cause

(Home Office, 2020).

**Reporting concerns about radicalisation**

If Parent Club staff or volunteers think a child or the people around them are involved in radicalisation and there is an immediate risk of harm, they should call 999 straight away.

If it isn’t an emergency, Parent Club’s procedures for reporting a cause for concern should be followed.

**9. Contextual safeguarding**

All staff should consider whether children are at risk of abuse or exploitation in situations outside their families. This is known as contextual safeguarding, which simply means assessments of children should consider whether wider environmental factors are present in a child’s life that are a threat to their safety and/or welfare. Extra-familial harms take a variety of different forms and children can be vulnerable to multiple harms including (but not limited to) sexual exploitation, criminal exploitation, and serious youth violence.

**10. Early help**

Early help, also known as early intervention, is support given to a family when a problem first emerges. It can be provided at any stage in a child or young person's life.

Early help services can be delivered to parents, children or whole families, but their main focus is to improve outcomes for children. For example, services may help parents who are living in challenging circumstances provide a safe and loving environment for their child. Or, if a child is displaying risk-taking behaviour, early help practitioners might work with the child and their parents to find out the reasons for the child's behaviour and put strategies in place to help keep them safe.

Addressing a child or family's needs early on can reduce risk factors and increase protective factors in a child's life (Early Intervention Foundation (EIF), 2021).

Protective factors can reduce risk to a child's wellbeing. They include:

* developing strong social and emotional skills
* having a strong social support network for the family – including support for good parental mental health
* income support, benefits and advice
* good community services and facilities

It is more effective to provide early help when problems first arise than to intervene later (DfE, 2018; EIF, 2021). Early intervention can also prevent further problems from developing – for example, as part of a support plan for a child and their family when a child returns home from care (DfE, 2018).

**Why early help is important**

Early help can offer children the support needed to reach their full potential (EIF, 2021). It can improve the quality of a child’s home and family life, enable them to perform better at school and support their mental health (EIF, 2021).

Research suggests that early help can:

* protect children from harm
* reduce the need for a referral to child protection services
* improve children's long-term outcomes

(Haynes et al, 2015).

Early help can also support a child to develop strengths and skills that can prepare them for adult life (EIF, 2021).

**Identifying a child or young person who may benefit from early help**

Signs that a child or young person may benefit from early help include:

* displaying disruptive or anti-social behaviour
* being bullied or bullying others
* having poor attendance at school
* being involved in, or at risk of, offending
* having poor general health
* having anxiety, depression or other mental health issues
* misusing drugs or alcohol
* having a particularly challenging relationship with parents or appearing to be unusually independent from their parents
* experiencing difficulties at home, such as domestic abuse, parental substance abuse or parental mental health problems

(Department for Education (DfE), 2018).

Some groups of children may be more likely to need early help than their peers. These include children who:

* have been excluded from school
* have special educational needs
* are disabled
* are in care
* are leaving or preparing to leave care
* are young carers
* are young parents (or about to become young parents)
* are experiencing housing issues

(DfE, 2018).

**Referrals to early help**

An early help assessment is where a lead practitioner (such as a GP, family support worker, school nurse, teacher, health visitor, and/or special educational needs co-ordinator) makes an assessment of the child's needs. It can only happen with the consent of the child (if they are able to give consent) and their parent or carer.

If Parent Club staff or volunteers think a child, young person or a family might benefit from early help services, they should:

* Keep a written record of the concerns and the reasons why they think this type of support could be helpful
* Inform the Parent Club DSO and Safeguarding Lead at the relevant setting. If they think the child and their family may benefit from co-ordinated support from more than one agency, they can request an early help assessment.

**11. Guidance on how to respond to a person disclosing abuse**

## DO:

* Do treat any allegations extremely seriously and act at all times towards the child as if you believe what they are saying.
* Do tell the child they are right to tell you.
* Do reassure them that they are not to blame.
* Do be honest about your own position, who you have to tell and why.
* Do tell the child what you are doing and when, and keep them up to date with what is happening.
* Do take further action – you may be the only person in a position to prevent future abuse – tell your nominated person immediately.
* Do write down everything said and what was done.

## DON’T:

* Don’t make promises you can’t keep.
* Don’t interrogate the child – it is not your job to carry out an investigation – this will be up to the police and social services, who have experience in this.
* Don’t cast doubt on what the child has told you, don’t interrupt or change the subject.
* Don’t say anything that makes the child feel responsible for the abuse.
* Don’t do nothing – make sure you tell your nominated Safeguarding Children person immediately – they will know how to follow this up and where to go for further advice.

# 12. Reporting Procedures

Parent Club staff and volunteers should report all concerns as soon as possible to the Designated Safeguarding Lead at the setting in which the session is being delivered.

An accurate account should be made of:

* Date and time of what has occurred and the time the disclosure was made
* Names of people who were involved
* What was said or done by whom
* Any action taken by the group to gather information and refer on
* Any further action, e.g. suspension of a worker or volunteer
* Where relevant, reasons why there is no referral to a statutory agency
* Names of person reporting and to whom reported

The safeguarding form for the setting should be used, but if this is not available staff and volunteers may use the Parent Club Safeguarding Cause for Concern form.

The Designated Safeguarding Lead at the setting should then use the appropriate reporting systems for the situation. This may be reporting the matter to Local Authorities Children’s Social Care or the police. Recording all information impartially and accurately is vital as this could be used for evidence later.

A copy of the written concern should be shared with the Parent Club Designated Safeguarding Officer, Chris Brown, as soon as possible.

The Designated Safeguarding Lead at the setting should provide updates to the Parent Club DSO on any progress in relation to causes for concern or disclosures shared by Parent Club staff or volunteers.

**If the Designated Safeguarding Lead or Deputy Safeguarding Officer at the setting is not available then Parent Club staff should contact the Parent Club Designated Safeguarding Officer, Chris Brown on 07957 468 224.**

Any written information regarding Safeguarding Children issues concerning individuals needs to be kept in a safe locked place to ensure confidentiality.

If staff or volunteers encounter abuse or suspicious situations of concern, the first step would be to discuss the concerns with the designated person and the designated person to take the appropriate action. If the designated person or deputy are unavailable staff should contact the NSPCC Child Protection Helpline to seek advice as soon as possible.

If it is thought returning the home would put a child in immediate danger advice should be sought from the NSPCC or Local Authorities Children’s Social Care.

For example, in Hackney:

Hackney Children and Families Services Multi Agency Safeguarding Hub (MASH)

Tel: 020 8356 5500  
Email: [MASH@hackney.gov.uk](mailto:MASH@hackney.gov.uk):

For out of hours (5pm-9am) service, contact the Emergency Duty Team on 020 8356 2710.

**If it is thought that a child is at risk of immediate harm, the police must be contacted by dialling 999.**

# 13. Whistle Blowing Procedure

All staff and volunteers have a duty to report concerns about a member of staff or volunteer. It is important that any concerns for the welfare of the child arising from suspected abuse or harassment by a member of staff or volunteer should be reported immediately.

Staff and volunteers should share in confidence with the designated person concerns they may have about another member of staff or volunteer.

Allegations of abuse against a member of staff or volunteer must be fully recorded and reported appropriately.

Parent Club will fully support anyone who in good faith reports his or her concerns that a colleague is or may be abusing a child.

Parent Club understands that whistleblowers are witnesses, not complainants.

Every effort will be made to maintain confidentiality for all concerned, and consideration will be given to what support may be appropriate to children, parents, members of staff and volunteers.

Should any uncertainty about how to proceed with a whistle blowing situation arise, immediate advice from Local Authorities Children’s Social Care or the NSPCC will be sought.

Staff and volunteers can get further information about Whistle Blowing from the Public Concern at Work web-site: <https://protect-advice.org.uk/>

**14.** Parent Club is committed to ensuring that all its activities take place in a safe and suitable environment, in which all staff, volunteers and service users feel respected and included. This policy should be read alongside Parent Club’s policies for Equality and Diversity, Health and Safety and Safeguarding Vulnerable Adults policy.

# 15. Parent Club has a Designated Person for Safeguarding Children issues, who works in partnership with the Designated Safeguarding Leads at the settings in which sessions are delivered. Following a report of safeguarding concerns through the processes set out for individual settings, the designated person is the first point of contact for advice and support if a Safeguarding Children issue arises. The designated person must have undertaken relevant training and must keep updated on safeguarding children issues.

# The Designated Person is:

# Chris Brown (Parent Club Chief Executive)

# Mobile: 07957 468 224

Email: [kitchenclubinfo@gmail.com](mailto:kitchenclubinfo@gmail.com)

If the Designated Person is not available then staff should contact the Deputy Designated Person, who is the lead Trustee for Safeguarding:

Marianna Champion

Mobile: 07971 628632

### Email: [mariannachampion@mac.com](mailto:mariannachampion@mac.com)

**16.** This policy will be reviewed at least annually or earlier in relation to any changes in Safeguarding Children guidance.

Date: 01/05/2023

Review date: 01/05/2024

**Parent Club**

**SAFEGUARDING VULNERABLE ADULTS POLICY**

1. Policy Statement

The policy exists to ensure that ***Parent Club*** has appropriate arrangements, systems and procedures to ensure that the organisation has the right skills, means and resources to protect and safeguard adults.

Parent Club recognises safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect.

2) Aim

The Care Act 2014 provides a definition and framework for Safeguarding Adults

Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult’s wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

**The aims of adult safeguarding are to:**

* Stop abuse or neglect wherever possible;
* Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs;
* Safeguard adults in a way that supports them in making choices and having control about how they want to live
* Promote an approach that concentrates on improving life for the adults concerned
* Raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect
* Provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult
* Address what has caused the abuse or neglect

1. Legislation - The Care Act 2014

**Safeguarding Duties**

The Care Act 2014 introduced statutory safeguarding duties. The safeguarding duties apply to an adult who:

(a) Has needs for care and support (whether or not the authority is meeting any of those needs),

(b) Is experiencing, or is at risk of, abuse or neglect, and

(c) As a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

1. **Key Principles for adult safeguarding**

In the safeguarding of adult *Parent Club* are guided by the principles set out in The Care Act 2014 and aim to demonstrate and promote these principles in our work

* **Empowerment** – People being supported and encouraged to make their own decisions and informed consent.
* **Prevention** – It is better to take action before harm occurs.
* **Proportionality** – The least intrusive response appropriate to the risk presented.
* **Protection** – Support and representation for those in greatest need.
* **Partnership** – Local solutions through services working with their communities.
* Communities have a part to play in preventing, detecting and reporting neglect and abuse.
* **Accountability** – Accountability and transparency in delivering safeguarding.

**5) Recognising the signs of abuse**

Staff / volunteers may be particularly well-placed to spot abuse and neglect, the adult may say or do things that hint that all is not well. It may come in the form of a complaint, or an expression of concern. Everyone within the organisation should understand what to do, and where to go locally to get help, support and advice. It is vital that everyone within the organisation is vigilant on behalf of those unable to protect themselves, including:

* Knowing about different types of abuse and neglect and their signs
* Supporting adults to keep safe
* Knowing who to tell about suspected abuse or neglect and
* Supporting adults to think and weigh up the risks and benefits of different options when exercising choice and control.

*The Care Act 2014* defines the following areas of abuse and neglect; they are not exhaustive but are a guide to behaviour that may lead to a safeguarding enquiry. This includes:

**Physical abuse**

The physical mistreatment of one person by another which may or may not result in physical injury, this may include slapping, burning, punching, unreasonable confinement, and pinching, force-feeding, misuse of medication, shaking, inappropriate moving and handling.

**Signs and indicators**

Over or under use of medication, burns in unusual places; hands, soles of feet, sudden incontinence, bruising at various healing stages, bite marks, disclosure, bruising in the shape of objects, unexplained injuries or those that go untreated, reluctance to uncover parts of the body.

**Sexual abuse**

Any form of sexual activity that the adult does not want and or have not considered, a sexual relationship instigated by those in a position of trust,

rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

**Signs and indicators**

Signs of being abused may include recoiling from physical contact, genital discharge, fear of males or female, inappropriate sexual behaviour in presence of others, bruising to thighs, disclosure, and pregnancy. Abusers may take longer with personal care tasks, use offensive language, work alone with clients, or show favouritism to clients.

**Financial or material abuse**

Financial or material abuse – including theft, fraud, internet scamming, coercion in relation to an adult’s financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

**Signs and indicators**

This may includenot allowing a person to access to their money, not spending allocated allowance on the individual, denying access to their money, theft from the individual, theft of property, misuse of benefits. There may be an over protection of money, money not available, forged signatures, disclosure, inability to pay bills, lack of money after payments of benefits or other, unexplained withdrawals. An abuser may be evasive when discussing finances, goods purchased may be in the possession of the abuser, there may be an over keenness in participating in activities involving individual’s money.

**Psychological and/or Emotional abuse**

This abuse may involve the use of intimidation, indifference, hostility, rejection, threats of harm or abandonment, humiliation, verbal abuse such as shouting, swearing or the use of discriminatory and or oppressive language. A deprivation of contact, blaming, controlling, coercion, harassment, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks. There may be a restriction of freedom, access to personal hygiene restricted, name calling, threat to withdraw care or support, threat of institutional care, use of bribes or threats or choice being neglected.

**Signs and indicators**

Stress and or anxiety in response to certain people, disclosure, compulsive behaviour, reduction in skills and concentration, lack of trust, lack of self-esteem, someone may be frightened of other individuals, there may be changes in sleep patterns.

**Neglect and acts of omission**

Behaviour by carers that results in the persistent or severe failure to meet the physical and or psychological needs of an individual in their care. This may include ignoring medical, emotional or physical care needs, failure to provide access to appropriate health-care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating,wilful failure to intervene or failing to consider the implications of non-intervention in behaviours which are dangerous to them or others, failure to use agreed risk management procedures, inadequate care in residential setting, withholding affection or communication or denying access to services.

**Signs and indicators**

There may be disclosure. Someone being abused may have low self-esteem, deterioration, depression, isolation, continence problems, sleep disturbances, pressure ulcers. There may be seemingly uncertain attitude and cold detachment from a carer, denying individuals request, lack of consideration to the individuals request, denying others access to the individual health care professionals.

**Self-neglect**

This covers a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding.

**Discriminatory Abuse**

This includes forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation, and religion or health status and may be the motivating factor in other forms of abuse. It can be personal, a hate crime or institutional.

**Signs and indicators**

There may be a withdrawal or rejection of culturally inappropriate services e.g. food, mixed gender groups or activities. Individual may simply agree with the abuser for an easier life, there may be disclosure, or someone may display low self-esteem. An abuser may react by saying “ I treat everyone the same”, have inappropriate nick names, be uncooperative, use derogatory language, or deny someone social and cultural contact.

**Institutional or Organisational Abuse**

Neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one’s own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

**Signs and indicators**

This may include a system that condones poor practice, deprived environment, lack of procedures for staff, one commode used for a number of people, no or little evidence of training, lack of staff support/supervision, lack of privacy or personal care, repeated unaddressed incidents of poor practice, lack of homely environment, manager implicated in poor practice. There may be a lack of personal clothing, no support plan, lack of stimulation, repeated falls, repeated infections, unexplained bruises/burns, pressure ulcers, unauthorised deprivation of liberty. Abusers may have a lack of understanding of a person’s disability, misuse medication, use illegal controls and restraints, display undue/inappropriate physical intervention, and inappropriately use power/control.

**Domestic abuse**

The cross-government definition of domestic violence and abuse is: any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

* Psychological
* Sexual
* Financial
* Emotional

A new offence of coercive and controlling behaviour in intimate and familial relationships was introduced into the Serious Crime Act 2015. The offence will impose a maximum 5 years imprisonment, a fine or both.

**Signs and indicators**

May include many of those indicators listed under previous categories in this document, including unexplained bruising, withdrawal from activities, work or volunteering, not being in control of finances, or decision making.

**Modern slavery**

Encompasses slavery, human trafficking, and forced labour and domestic servitude. 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.

**Signs and indicators**

There may be signs of physical or psychological abuse, victims may look malnourished or unkempt, or appear withdrawn. Victims may rarely be allowed to travel on their own, seem under the control, influence of others, rarely interact or appear unfamiliar with their neighbourhood or where they work. They may be living in dirty, cramped or overcrowded accommodation, and / or living and working at the same address. Victims may have no identification documents, have few personal possessions and always wear the same clothes day in day out. What clothes they do wear may not be suitable for their work. People may have little opportunity to move freely and may have had their travel documents retained, e.g. passports. They may be dropped off / collected for work on a regular basis either very early or late at night. Victims may avoid eye contact, appear frightened or hesitant to talk to strangers and fear law enforcers for many reasons, such as not knowing who to trust or where to get help, fear of deportation, fear of violence to them or their family.

**Radicalisation to terrorism**

The Government through it’s PREVENT programme has highlighted how some adults may be vulnerable to radicalisation and involvement in terrorism. This can include the exploitation of vulnerable people and involve them in extremist activity**.** Radicalisation can be described as a process, by which a person to an increasing extent accepts the use of undemocratic or violent means, including terrorism, in an attempt to reach a specific political/ideological objective. Vulnerable individuals being targeted for radicalisation/recruitment into violent extremism is viewed as a safeguarding issue**.**

**Signs and indicators**

May include being in contact with extremist recruiters. Articulating support for violent extremist causes or leaders. Accessing violent extremist websites, especially those with a social networking element. Possessing violent extremist literature. Using extremist narratives to explain personal disadvantage. Justifying the use of violence to solve societal issues. Joining extremist organisations. Significant changes to appearance and/or behaviour.

**Who might abuse?**

Abuse of adults at risk, may be perpetrated by a wide range of people including relatives, family members, professional staff, paid care workers, volunteers, other service users, neighbours, friends and associates, people who deliberately exploit vulnerable people and strangers.

Incidents of abuse may be one-off or multiple, and affect one person or more. Professionals and others should look beyond single incidents or individuals to identify patterns of harm.

Patterns of abuse vary and include:

* Serial abusing in which the perpetrator seeks out and ‘grooms’ individuals. Sexual abuse sometimes falls into this pattern as do some forms of financial abuse;
* Long-term abuse in the context of an ongoing family relationship such as domestic violence between spouses or generations or persistent psychological abuse;
* Or opportunistic abuse such as theft occurring because money or jewelry has been left lying around.
  1. **Promoting Adult Safeguarding within *Parent Club***

**Prevention of abuse**

To assist in the prevention of abuse the following factors should be considered:

* Rigorous recruitment practices (including volunteers)
* Internal guidelines for staff
* Training
* Making Safeguarding Personal and empowering service users

**6.2) Safe Recruitment & Selection**

We have a policy and procedure that covers all potential Trustees, paid staff and volunteers. ***Parent Club*** ensures that all potential new staff, volunteers and trustees;

* **Complete an application form or a letter of application**. This includes: address, evidence of relevant qualifications paid work and voluntary work experience and all criminal convictions.
* **Provide two pieces of identification which confirm both identity and address**.
* **Undergo an interview** involving at least two interviewers.
* **Provide at least two references** which are followed up before a post is offered. One reference is from the last employer or an organization that has knowledge of the applicant’s work.
* If undertaking a regulatory activity consent **to a Disclosure and Barring Service check** (formerly CRB check)

**Parent Club**

* Understands that a person who is barred from working with children or vulnerable adults is breaking the law if they work or volunteer, or try to work or volunteer with these groups.
* Understands that an organisation which knowingly employs someone who is barred to work with those groups will also be breaking the law.
* Understands that if our organisation dismisses a member of staff or volunteer because they have harmed a child or vulnerable adult, or would have done so if they had not left, we must make referral to the Disclosure and Barring Service.

**6.3) Management & Support of Paid Staff & Volunteers**

***Parent Club*** has the following items in place for managing its staff and volunteers:

* All staff and volunteers are provided with a job description (paid staff) or a role profile (volunteers) outlining their main responsibilities. This includes a requirement to comply with the Safeguarding Policy and Procedures.
* All paid staff are given supervision at least every 6 weeks by their line manager.
* All volunteers are given regular support sessions.
* ***Parent Club*** disciplinary and grievance procedures are implemented for all paid staff, which comply with the ACAS2 Code of Practice.
* All new trustees, paid staff and volunteers attend regular ongoing safeguarding training appropriate to their role.
* All new trustees paid staff and volunteers receive an induction, which includes information on all the organisation’s policies and procedures.

**6.4) Training**

***Parent Club*** will promote awareness of Adult Safeguarding issues to its Trustees, Staff, Volunteers, and services users.

Trustees, Staff and Volunteers all receive Adult Safeguarding training appropriate to their role as outlined in the Bournemouth competency framework.

For all staff who are working or volunteering with adults at risk this requires them as a minimum to have awareness training that enables them to:

* Understand what safeguarding is and their role in Safeguarding Adults
* Recognize an adult potential in need of safeguarding and take action
* Understand the procedures for making a safeguarding Alert
* Understand dignity and respect when working with individuals
* Have knowledge of policy, procedures and legislation that supports safeguarding adults activity

**6.5) Making Safeguarding Personal**

Making safeguarding personal means it should be person-led and outcome-focused. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety.

We aim to empower our service users and provide them with the information they need to make decisions into how to be safe from abuse and reduce risks.

We recognise that adults may make decisions that might be perceived as risky or unwise.

Adults must be assumed to have capacity to make their own decisions and be given all practicable help before anyone treats them as not being able to make their own decisions. Where an adult is found to lack capacity to make a decision then any action taken, or any decision made for, or on their behalf, must be made in their best interests.

We need to understand and always work in line with the Mental Capacity Act 2005 (MCA). And seek support and guidance when we have concerns regarding an adult’s capacity.

1. **Reporting procedures**

The following procedure refers to abuse or suspicion of abuse of that staff and volunteers become aware of during their work with ***Parent Club.***

Any member of staff or volunteer who becomes aware that an adult is or is at risk of being abused or has safeguarding needs should raise the matter immediately with the Designated Safeguarding Lead at the setting in which sessions are being delivered.

A copy of the written concern should be shared with the Parent Club Designated Safeguarding Lead, Chris Brown, as soon as possible.

**If the Designated Safeguarding Lead or Deputy Safeguarding Lead at the setting is not available then Parent Club staff should contact the Parent Club Designated Safeguarding Lead, Chris Brown on 07957 468 224.**

Early sharing of information is the key to providing an effective response where there are emerging concerns. To ensure effective safeguarding arrangements no member staff or volunteer should assume that someone else will pass on information which they think may be critical to the safety and wellbeing of the adult.

***Parent Club***will**:**

* Inform the adult of the action we propose to take.
* Seek their agreement for any referral.
* Ensure that they are kept informed about what will happen next, so they can be reassured about what to expect.
* Endeavour to ensure that they are safe and supported before proceeding with any other action.
* Inform the adult if ***Parent Club*** are planning to seek advice from or report concerns to an external agency.

In most situations there will not be an immediate threat and the decision about protecting the person with safeguarding needs will be taken in consultation with themselves and/or Social Services.

**There are some cases that require an urgent response**

* If you suspect a serious criminal act has taken place, telephone 999. Tell them if you think it might be adult abuse.
* If the individual is injured seek immediate medical treatment. Tell the ambulance personnel or A&E staff that this is a potential adult abuse situation.

1. **Child Protection**

If at any time you become concerned that a Child might be at risk you need to follow the reporting procedure outlined in Parent Club’s Safeguarding Children Policy.

1. **Recording**

A written record must be kept in regard to any concern regarding to an adult with safeguarding needs. This must include details of the person involved, the nature of the concern and the actions taken.

The recordings must be signed and dated. All records must be securely and confidentially filed.

1. **Designated Safeguarding Leads**

|  |  |
| --- | --- |
| **Name** | **Contact Details** |
| Designated Safeguarding LeadChris Brown | Mobile: 07957 468 224 Email: kitchenclubinfo@gmail.com |
| Deputy Designated Safeguarding Lead Marianna Champion | Mobile: 07971 628632 Email: mariannachampion@mac.com |

Date: 01/05/2023

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