



Safeguarding Children and Vulnerable Adults Policy

Policy statement

More Than Words Advocacy CIC (hereby known as 'MTW') is committed to safeguarding the welfare of children and vulnerable adults and to enable them to retain their independence, wellbeing and choice, free from abuse and neglect.

The key principles on which this policy statement is based are:

- The welfare of the child or vulnerable adult is paramount.
- All service users, regardless of their age, gender, ability or disability, race, faith, size, language, sexual identity, or protected characteristics, have the right to protection from harm and the right to live free from fear of abuse.
- All allegations and suspicions of harm will be taken seriously and responded to swiftly, fairly, and appropriately.
- The interests of those who work or volunteer with children and vulnerable adults will be protected.

Definitions

Children are defined in the Children Act 2004 as anyone who has not yet reached their 18th birthday. It also includes unborn children. For the purposes of this policy, the legal definition applies.

The broad definition of a vulnerable adult as referred to in the 1997 Consultation Paper '*Who Decides*' issued by the Lord Chancellor's Department is a person aged 18 or over who is or may be in need of community care services by reason of mental or other disability, age or illness; and is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation. This could include people with learning disabilities, mental health problems, older people and people with physical disabilities or impairments. It is important to include people whose condition and subsequent vulnerability fluctuates. It may also include an individual who may be vulnerable as a consequence of their role as a carer in relation to any of the above.

General principles

Safeguarding relates to the action taken to promote the welfare of children and vulnerable adults and to protect them from harm.

All staff should have a basic awareness of safeguarding issues. This includes:

- Being alert to the possibility of abuse and neglect.
- Having enough knowledge to recognise an abusive or potentially abusive event or set

of circumstances.

- Knowing who to raise concerns with.
- Knowing how to respond to allegations and suspicions of abuse.
- Being competent to take the appropriate immediate or emergency action.

Duty of care

MTW has a duty of care towards the children and vulnerable adults that use its services, and everyone at MTW has a responsibility for safeguarding service users, irrespective of their individual job role. MTW also has responsibility for raising awareness of the need to protect children and vulnerable adults and reduce risks to them.

It is not the responsibility of More Than Words to decide whether or not abuse has taken place. However, it is the responsibility of staff to act if there is cause for concern, in order that the appropriate agencies can investigate and take any action necessary to protect the child or vulnerable adult.

If a member of staff is concerned that a child or vulnerable adult is in immediate danger, or requires immediate medical treatment, they should call the police and/or emergency medical services on 999 straight away.

- No direct work with children or vulnerable adults can begin without receipt of two satisfactory references and an enhanced DBS check.
- DBS checks will be renewed every three years.
- All staff, associates, volunteers and work placement students will receive safeguarding training, or refresher training (if they have had it already).
- If any member of staff, an associate, volunteer, or work placement student has any concerns about another member of the team, they have a duty to report this concern in confidence to the Designated Safeguard Officer (DSO), or a member of the Senior Management Team (see also our Whistleblowing Policy).
- A hard copy of a completed 'Safeguarding Reporting Form' must be kept in a locked cabinet. All electronic copies will be stored in the individual's folder securely on our Cloud system (or BrightHR), with access only given to relevant individuals.
- All service users must have up-to-date risk assessments, reviewed on a regular basis, and staff, volunteers, associates, and work placement students working with them must be aware of possible risks.
- Only designated MTW staff members should assist individuals with personal care.

Why we need a policy

Cases often arise when there is no-one around to give advice. This policy provides information on how to respond to allegations or suspicions of mistreatment. It also ensures that MTW is responding consistently and rigorously.

Legal framework

Everyone has a right to be safeguarded from abuse or neglect. There is a legislative framework in place to safeguard children and vulnerable adults through The Children Act 1989 (as amended by section 53 of the Children Act 2004) and the Safeguarding Vulnerable Groups Act 2006.

Further guidance that sets out the requirements and expectations on professionals to work together to effectively safeguard children include *Working Together to Safeguard Children* (9 December 2020), *Safeguarding Disabled Children: Practice Guidance* (2 July 2009) and *What to do if you're worried a child is being abused* (March 2015) (Department for Education 2015), Safeguarding and protecting people for charities and trustees (22 October 2019).

More Than Words does not have a statutory duty to comply with the key arrangements listed in *Working Together*, however it needs to have in place arrangements that reflect the importance of safeguarding and promoting the welfare of children, as well as vulnerable adults.

Female Genital Mutilation (FGM) is illegal in England and Wales under the Female Genital Mutilation Act 2003. It is a form of child abuse and violence against women. While the duties under the Act are limited to regulated, health and social care professionals, teachers and non-regulated practitioners also have a responsibility to take appropriate safeguarding action in relation to any identified or suspected case of FGM.

The Counter-Terrorism and Security Act 2015 sets out the “need to prevent people from being drawn into terrorism”. The government’s Prevent Strategy is part of an overall counter-terrorism strategy, CONTEST, and aims to reduce the threat to the UK from terrorism by stopping people becoming terrorists or supporting terrorism. Although More Than Words does not have a duty to adhere to the Prevent Strategy, we still have a responsibility to safeguard and promote the welfare of the children we work with.

Responsibilities of the Designated Safeguarding Officer (DSO)

The Designated Safeguarding Officer (DSO) at More Than Words is **Shelley Marshall**, who is responsible for ensuring that safeguarding is given high priority. Specific responsibilities of the DSO include:

- Providing support and advice to the Senior Management Team, volunteers and the wider staff team on safeguarding matters related to children and vulnerable adults.
- Ensuring that all members of staff receive training on child protection and safeguarding as part of their induction, and on an ongoing basis.
- Managing referrals/cases reported and working with the Senior Management Team to ensure resolutions.
- Making referrals to the Local Authority Safeguarding Team where abuse of a child or vulnerable adult is reported or suspected.
- Referring the matter to the local authority designated officer (LADO) where a member of staff is suspected of abuse.
- Maintaining an overview of safeguarding issues and monitoring the implementation of this policy, in conjunction with the senior management team.

The DSO has responsibility for deciding whether to refer any reported matters onto the police or to the local authority safeguarding team. Wherever possible, referrals should be made on the same working day and **within 24 hours**. It is the responsibility of the DSO to decide whether parents/carers of a child should be informed of the referral.

Responsibilities of staff

- **Code of conduct**

Staff must not:

- meet with a child or vulnerable adult on their own outside of work
- ask overly personal questions, including those about age or appearance (unless specifically related to a work project, in which case it must be documented)
- send/give out material that could be considered offensive, which includes material on social media sites
- suggest or imply a personal relationship could develop
- take an aggressive or bullying tone
- have unnecessary physical contact
- offer or accept personal gifts

- **Websites and social media**

Where children or vulnerable adults have direct access to the internet, safeguards must be in place to ensure safe use. The internet is a significant tool in the distribution of indecent photographs and some adults use the internet to try to establish contact with children or vulnerable people to “groom” them for inappropriate or abusive relationships. More Than Words considers staff involvement in such activities as gross misconduct, which would ultimately lead to dismissal and referral for police investigation.

Staff should take care when communicating with others online, particularly when identifying themselves as staff members and when in contact with children and vulnerable adults (see Social Media Policy).

- **Inappropriate text and images**

Many websites contain offensive, obscene or indecent material such as:

- Sexually explicit images and related material
- Advocating of illegal activities
- Advocating intolerance for others

Staff members authorised to use the internet at work must not download pornographic or other unsuitable material onto company devices, or distribute such material to others. More Than Words considers this gross misconduct, which could ultimately lead to dismissal and referral for police investigation (see Computer, Email and Internet Policy).

In addition, staff must not place any material onto the internet (including social media) that would be considered inappropriate, offensive or disrespectful of others. Disciplinary action will be taken against staff that breach this policy. Where this is done inadvertently, the material must be deleted immediately. You should also report the incident to your line manager. Breach of this will be treated as gross misconduct.

- **Indecent images and ‘sexting’**

If a child or vulnerable adult reports to a member of staff that they have sent, or been sent, indecent images (sometimes referred to as ‘sexting’), they should discuss the concern with the Designated Safeguarding Officer.

The police and the LADO should always be contacted if:

- those involved are over the age of 18 or under the age of 13

- there are concerns about the ability to give consent
- the images are extreme or show violence
- the incident is intended to cause physical or emotional harm
- there is reason to believe that the child or vulnerable adult has been blackmailed, coerced or groomed.

Details of the incident and the actions taken must be recorded in writing on a Safeguarding Alert Form. Staff should avoid looking at the image, video or message in question. If it is on a device belonging to More Than Words, it must be isolated so that nobody else can see it.

- **Keeping secrets**

Should it become necessary to pass on information shared by a child or vulnerable adult, this decision should always be discussed with individual and, where possible, their co-operation sought before the information is shared with others. Explanations of the reasons, processes, likely sequence of events, and who to contact for information or for support, should also be provided.

When a child or vulnerable adult makes an allegation of abuse, they may hope that the abuse will stop without further enquiries. They may fear the effect this will have on their family and may fear retribution from the abuser. They should be helped to understand why the referral (to the Designated Safeguarding Officer) must be made and what is likely to happen as a result. It is important to reassure the child or vulnerable adult, but he/she must not be told that their allegation will be treated in a particular way or that the information will be kept a secret.

A record should be kept of any decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

- **Confidential Record-Keeping**

Even if a concern has been discussed with the DSO, it is important that all concerns are properly recorded in writing, whether or not further action is taken, using a Safeguarding Alert Form. This form must be used for all concerns and passed as soon as possible to the DSO.

It is important that concerns raised are recorded accurately and in detail. All discussions should end with clear and explicit recorded agreement about who will be taking what action. Where no further action is the outcome, the reason for this should be clearly recorded.

Some of the information requested by the form may not be available. Staff should not pursue the questioning of the child or vulnerable adult for this information if it is not given freely. There should be no delay in reporting the matter by waiting for all the information.

In completing the form, it is important not to write speculative comments but to stick to the facts. Your opinion may be crucial, but it should be recorded as an opinion and any evidence stated to support these opinions. Records about issues of child protection may be accessible to third parties, such as the Local Authority, Police, the Courts and Solicitors.

Records must be kept securely in a locked place or file to which access is restricted. All staff have a particular responsibility in maintaining the confidentiality of these records and must ensure that the records, or any information they contain, are made available only to relevant parties. The transfer of information - verbally, through the mail, electronically, etc. - should be done in such a way that confidentiality is maintained.

Allegations Against Staff

Any suspicion, allegation or actual abuse of a child or vulnerable adult by a member of staff, volunteer, work placement student or associate must be reported to the Designated Safeguarding Officer and/or the senior management team immediately.

Concerns about staff must be treated with the same rigour as other concerns. If there are concerns that abuse has taken place, the DSO will pass this information to the Local Authority Designated Officer for investigation. The DSO and senior managers will also need to refer to the Disciplinary Policy and Procedure and decide whether the member of staff should be suspended pending a full investigation.

On occasion, a child or vulnerable adult may abuse another child or vulnerable adult. Safeguarding procedures should be followed in respect of all parties in those situations.

Categories of abuse

- Abuse of trust
- Child sexual exploitation
- Child Trafficking
- Discriminatory abuse
- Domestic violence or abuse
- Emotional Abuse
- Female Genital Mutilation (FGM)
- Financial or material abuse
- Grooming
- Harmful sexual behaviour
- Modern slavery
- Neglect
- Online abuse
- Organisational or institutional abuse
- Physical Abuse
- Psychological or emotional abuse
- Radicalisation of children or vulnerable adults
- Self-neglect
- Sexual Abuse

These categories can overlap, and an abused child or adult often suffers more than one type of abuse.

Disabled children and young people are particularly vulnerable to abuse in any form. Safeguards for disabled children are essentially the same as for non-disabled children. Staff must maintain high standards of practice, remain vigilant to the possibility of a child being abused and minimise situations of risk. Where there are concerns about the welfare of a disabled child, they should be acted upon in accordance with the procedures set out in this

policy. The same thresholds for action apply. Where concerns are raised about a child who has communication difficulties, appropriate support must be provided.

Definitions of abuse

- **Physical abuse**

Physical maltreatment of one person by another who may be in a position of power over the victim. This includes:

- Hitting, shaking, slapping, pinching, pushing, hair pulling
- Abuse involving throwing, poisoning, burning, scalding, drowning, or suffocating
- Inappropriate restraint or sanctions
- Necessary aids and adaptations (including glasses and hearing aids) being withdrawn
- Having no choice about living or spending time alongside people who behave in a threatening or aggressive manner, or who carry out physical assaults
- Physical intimidation
- Improper use of, or forcible administration of medication
- Forcible feeding
- Deliberately inducing illness

- **Sexual abuse**

Involvement in sexual activities or relationships (not necessarily involving a high level of violence) which:

- They do not want and have not consented to, or
- They cannot understand, and
- Takes place within a family, care giving or other power relationship (ie. it involves an element of coercion)

It can include harassment, inappropriate teasing or innuendo, indecent exposure, assault by penetration (eg. rape, oral sex, intercourse) or non-penetrative acts (eg. touching, kissing, masturbation), encouragement to behave in sexually inappropriate ways, being forced to watch pornography, and grooming for abuse (including via the internet).

- **Emotional/psychological abuse**

This includes the use of threats, fear, or bribes to negate the person's choices and independent wishes, or persistent negative or derogatory behaviour. It can include:

- Intimidation by shouting or screaming
- Ignoring requests or conversation
- Humiliation
- Withholding of necessary assistance
- Denial of requests, choices and opinions or privacy
- Denial of access to friends and family
- Denial of religious or cultural needs
- Bullying (including cyber bullying)
- Seeing or hearing the ill treatment of another person
- Conveying that they are worthless or unloved or inadequate
- Making fun of what they say or how they communicate

- **Financial and material mistreatment**

The deliberate exploitation or manipulation of the person's legal or civil rights including misappropriation of monies or property, including:

- Money being borrowed by people who have a responsibility for providing a service to that person
- The use of money or property without the informed consent of the person
- Theft
- Misuse of a person's money, possessions, property or insurance, or the prevention of access to these
- Pressurising or deceiving a person to alter their will.

- **Neglect or acts of omission**

This is behaviour which results in serious impairment of health or development. It can be deliberate or by default, i.e. when the perpetrator is not able or willing to provide the care needed or does not recognise the need for the care to be provided. It includes:

- Ignoring medical, physical, or emotional needs
- Failure to provide access to appropriate health and social care or educational services (eg. failing to make sure that someone's eyes, teeth and feet care checked regularly)
- Failing to undertake a reasonable assessment of risk and allowing a person to cause avoidable harm to themselves or others
- Withholding essentials such as medication, adequate nutrition and heating, and information regarding sexual and reproductive health
- Careless, as well as deliberate, poor care (eg. withholding help to use the toilet, not changing incontinence pads, or failure to keep someone warm and comfortable)

- **Discriminatory abuse and abuse of individual rights**

This includes:

- Racist, ageist, homophobic or sexist abuse
- Abuse based on a person's disability
- Harassment or slurs
- Not making provision for disability or sensory impairment
- Denying someone the opportunity to attend a place of worship
- Not providing appropriate food, clothing, skin care or washing arrangements

- **Institutional abuse**

This is routines and regimes within care settings which deny people rights, choices, and opportunities. It can be caused by weak or oppressive management, inadequate staffing (numbers, competence), inadequate supervision or support, closed communication, lack of knowledge of whistleblowing policies, lack of training and poor care standards and practice. Institutional abuse can occur in any setting where things are arranged to suit staff instead of the user of the service, so it can even occur in someone's own home.

Indicators of abuse

- **General**

- Unexplained injury or injury inconsistent with explanation
- Any allegation of mistreatment
- Refusal to discuss injuries/fear of medical help
- Sudden and/or significant change in behaviour
- High levels of stress or anxiety, eg. self-harming behaviour
- Unexplained change in presentation
- Inability to establish or maintain social relationships or activities
- A sharp reduction in skills, concentration, communication skills and ability to learn
- Marked change in relationships
- Lack of trust and low self-esteem

- **Physical abuse**

- Bruises, fractures, burns or scalds (especially if unexplained)
- Injuries that are inconsistent with the explanation given, or conflicting explanations
- Covering up, eg. a reluctance to allow people to assist with personal care/ bathing, wearing long sleeved clothes in hot weather, etc.
- Persistent pressure sores or ulcers
- Bruises around the eyes and mouth, pinch and bite marks
- Being excessively withdrawn and/or compliant
- Appearing frightened of/avoiding physical contact
- Injuries at different stages of healing

- **Sexual abuse**

- Torn, bloodied or disarranged clothing
- Bruises, pain, bleeding, or unexplained discharges in the genital area
- Person starting to behave in a much more sexual way, or using sexual language/ words that are unusual for them
- Ill health, e.g. discharges and infections
- Person appears withdrawn
- Pregnancy in a person who is unable to give consent to sexual relations
- Reluctance of person to be alone with an individual known to them
- Fear of staff providing help with undressing, bathing, etc.

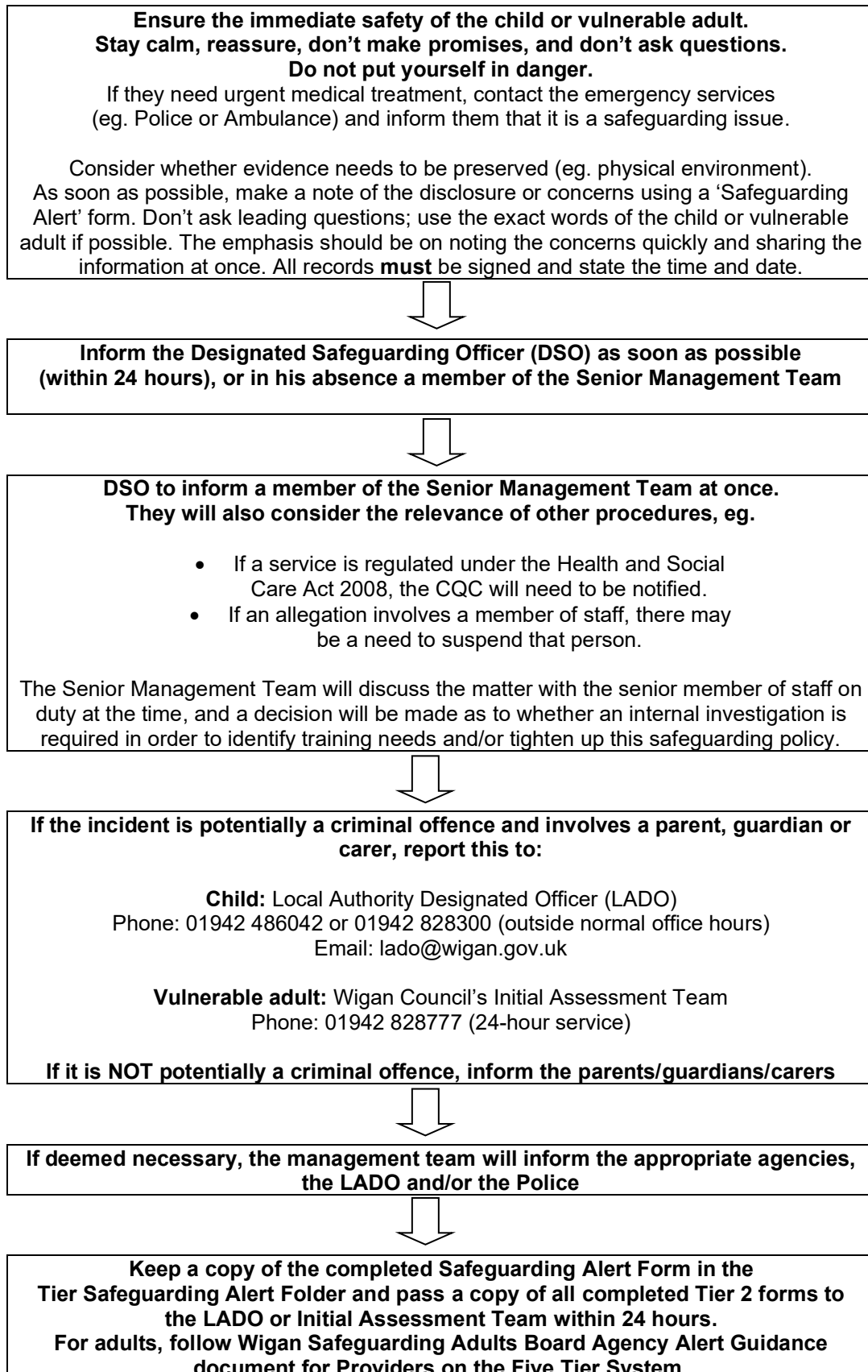
- **Neglect**

- Excessively and inappropriately craving attention
- Persistent stealing or scavenging
- Poor physical state of person – weight loss, dehydration, dirty or unkempt appearance, ignoring medical or physical needs
- Failure to provide access to appropriate health, social care or educational services
- Marked change in relationships with others
- Attitudes of carers lack insight and appear uncaring to the point where suffering is experienced by the vulnerable adult
- Marked reluctance by care givers to co-operate with agencies
- Sole or prime carer is suffering from disabling ill health which renders them incapable of meeting the basic needs of the person they care for

- The withholding of the necessities of life, such as medication or adequate heating and clothing
- Unexplained change in material circumstances
- Inconsistency of explanation
- A significant deterioration of the environment
- **Financial and material mistreatment**
 - Appears that they are being exploited for personal gain
 - Inability to budget and pay bills that is out of character with previous behaviour
 - Large or frequent withdrawals from their bank account for unspecified reasons
 - Reluctance to buy food or clothing items and/or excessive economies on heating and lighting
 - Being encouraged to make financial gifts to staff paid to provide care for them
 - Sudden disparity between assets and living conditions
 - Refusal to produce bank statements/books or to allow the holder access to them
 - Recent change of deeds or title of house
 - Care provision seen solely in terms of expense
 - An appointee using a person's benefits for their own personal gain
- **Emotional/psychological abuse**
 - Alteration of psychological state, eg. withdrawal, depression
 - Cowering or fearfulness
 - Deliberate self-harm
 - Strain with relationships
 - Denial of access to the vulnerable adult
 - Disturbed sleep
 - Change in appetite (under or over-eating)
 - Weight change
 - Aggressive or challenging behaviour
 - Poor concentration
- **Discriminatory abuse**
 - Non-provision of appropriate food, clothing, etc.
 - Denial of cultural/religious needs
 - Acceptance of racist language or language which denigrates someone's disability
 - Lack of respect
 - Loss of interest, emotional withdrawal, and symptoms of depression
 - Self-harm
 - Defensiveness
 - Aggressive or challenging behaviour
 - Viewing someone only in terms of one aspect of their lives
- **Mistreatment in institutional settings**
 - Denial of rights
 - Threats of punishment, loss of personal possessions or eviction to gain compliant behaviour
 - Denial of food, drink, adequate clothing and/or suitable living environment
 - Denial of access to friends, family, solicitor, doctor, care manager, etc.
 - Denial or rights to money, access to information about self, information about rights and responsibilities of the management of the institution

Reporting abuse, or suspected abuse

Where disclosures have been made by children or vulnerable adults, or there are observed safeguarding concerns, the following action must be taken:



Safeguarding Tier Reporting System Guidelines

If you think a person, whom you support, isn't safe or is at risk of harm, it's important to report it.

If any genuine errors/mistakes occur, that could potentially have caused harm to others, it is important to report it. You have a responsibility to report a low-level safeguarding incident despite being able to manage them within your organisation.

You should do this using the Tier System, which is a process to manage safeguarding concerns at an early stage, before they reach crisis point.

Tier 1	Managed within own organisation but monitored by PMMD team Quality Monitoring Systems.
Tier 2	Referral passed to QPO (Quality Performance Officer). Incident managed within own organisation with oversight from the QPO.
Tier 3	Alert raised to the LA's Initial Assessment Team. Enquires made in line with Wigan's Multi Agency Policy and Procedures.
Tier 4	Alert raised to LA's Initial Assessment Team. Potential Crime and Investigation by Police and LA's Safeguarding Procedures.
Tier 5	Indicates potential for Safeguarding Adults Review. Safeguarding Board Critical Case Meeting procedure and authorisation of the chair of the WSAB required.

This table is a tool to help staff with safeguarding:

- This is guidance. This tool is fluid and not restrictive
- Referrals can be escalated and de-escalated
- This is no right or wrong decision
- This tool provides a level of responsibility and ownership

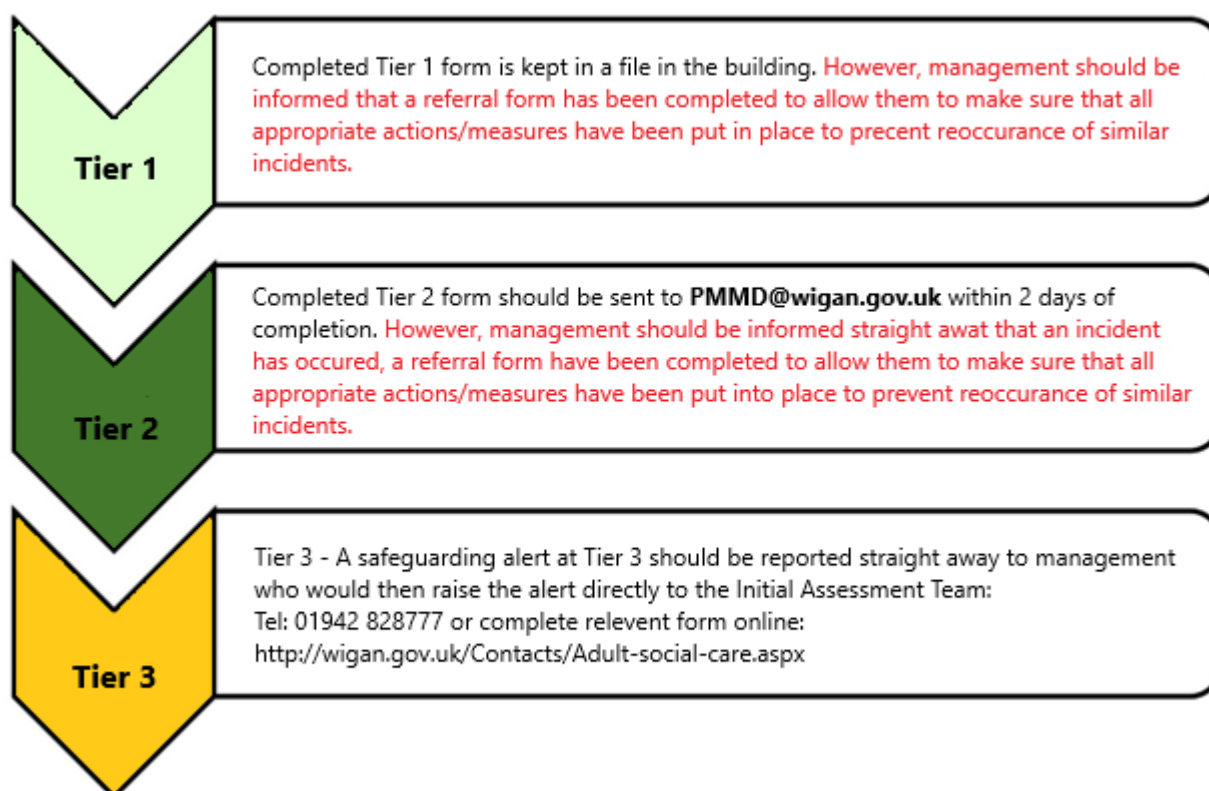
The Tier System is to be used in line with tier reporting process and the Wigan Safeguarding Adult's Policy and Procedure.

Benefits of using the Tier System:

- Maps patterns and trends
- Gathering of intelligence
- Proportionate response to Safeguarding
- Better outcomes for residents
- Time and effective
- Joint Working

Tier Reporting Process – Steps to Follow

There should be blank tier 1 and 2 referrals forms always available in the building. If this is not the case, you should inform the Duty Officer



It is essential that any member of staff who has not completed the Safeguarding Tier Training Workshop to inform management immediately. Management should then request a place to attend future sessions by emailing: wsabtraining@wigan.gov.uk

If someone is in immediate danger or imminent risk, you should completely bypass the tier system and ring 999. Otherwise, use the tier system, as embedded in policy and procedure.

If you require further in-depth guidance on the categories/indicators of abuse which you may need to support you further in the completion of a tier referral form, refer to the 'Five Tier Guidance Table' document located in office 2 for guidance on what action to take.

Useful links

Further information about safeguarding is available from the following websites:

- Wigan Safeguarding Children Board – www.wiganlscb.com
- Multi-Agency Safeguarding Arrangements – www.healthierwigan.nhs.uk/about-us/commissioning/safeguarding/
- Initial Assessment Team - www.wigan.gov.uk/Resident/Health-Social-Care/Adults/report-abuse-or-neglect-of-a-vulnerable-adult.aspx
- WSAB Policy – www.wigan.gov.uk/Docs/PDF/Resident/Health-Social-Care/Adults/Safeguarding-Adults-Policy.pdf
- WSAB Procedure - www.wigan.gov.uk/Docs/PDF/Resident/Health-Social-Care/Adults/Safeguarding-Adults-Procedure.pdf
- Self-neglect Toolkit - [self neglect guidance \(wigansafeguardingadults.org\)](http://selfneglectguidance.wigansafeguardingadults.org)
- Resolution protocol - [Resolution protocol \(wigansafeguardingadults.org\)](http://Resolutionprotocol.wigansafeguardingadults.org)
- Falls Policy - [Falls Strategy 2022-2025 \(wigansafeguardingadults.org\)](http://FallsStrategy2022-2025.wigansafeguardingadults.org)
- PIPOT Policy - [PIPOT Policy \(wigansafeguardingadults.org\)](http://PIPOTPolicy.wigansafeguardingadults.org)