



## **CHILD PROTECTION POLICY**

### **GUIDELINES FOR GOOD PRACTICE FOR WORKING WITH CHILDREN**

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# 1. INTRODUCTION

These guidelines should help those working with young children and teenagers to provide a lively, quality service in the many areas of Roma Support Group's provision.

The RSG's work involves combating the social exclusion of Roma refugees and migrants. The Roma refugees and migrants whom we work with have escaped from racial harassment and discrimination (mostly from Eastern Europe). Like most refugees and migrant, they suffer severe hardship in their daily life. In addition to financial difficulties the Roma are constantly being alienated and negatively stereotyped by the popular media, as well as many statutory agencies. Furthermore, the process of maintaining an individual cultural identity whilst becoming integrated into a new social environment is an extraordinarily stressful experience.

Activities involving children and young people at RSG, include Education Support and Mentoring projects, sport inclusion activities, music and dance tuitions, and outings.

## **Children's Rights**

All children have needs and rights:

- The need for physical care and attention;
- The need for intellectual stimulation;
- The need for emotional love and security;
- The need for social contact and relationships;
- The right to have their needs met and safeguarded;
- The right to be protected from neglect, abuse and exploitation;
- The right to be protected from discrimination;
- The right to be treated as an individual.

In our provision for children the RSG will ensure that:

- The welfare of the child is paramount.
- All children, whatever their age, culture, disability, gender, language, racial origin, religious beliefs and/or sexual identity have the right to protection from abuse.
- All suspicions and allegations of abuse will be taken seriously and responded to swiftly and appropriately and external agencies (such as Social Services or Police) may be informed.
- All staff have a responsibility to report concerns to the Child Protection Officer (CPO).
- From recruitment and selection, to delivery of activities with young people, child protection issues have been integral to the planning process, including health and safety and activity risk assessments.
- All external organisations with which we work are aware of the RSG's Child Protection Policy.
- Written consent to take and use images of children should be obtained prior to the taking of photographs and/or video footage. Parents will be

made aware of when, where and how the images may be used in order to give their informed consent.

## **2. POLICY AIMS**

The aim of the RSG Child Protection Policy is to promote good practice:

- Providing children and young people with appropriate safety and protection whilst visiting/ in the care of the RSG
- Allow all staff /volunteers to make informed and confident responses to specific child protection issues.

## **3. POLICY IMPLEMENTATION**

The RSG's Child Protection Policy will be implemented by adhering to the policy guidelines contained within this document. All staff who works with children must comply with this Policy in conjunction with the RSG's Code of Conduct, failing which disciplinary action may be taken under the RSG's Disciplinary Procedure.

*The Policy has been developed taking into account NSPCC Child Protection in Sport Unit consistent with Working Together to Safeguard Children and Sport England.*

*For the purpose of these policies and procedures a 'child' is any person under the age of 18 years.*

### **Good practice guidelines**

All personnel should be encouraged to demonstrate exemplary behaviour in order to promote children's welfare and reduce the likelihood of allegations being made. The following are common sense examples of how to create a positive culture and climate.

#### **Good practice means:**

- Always working in an open environment (e.g. avoiding private or unobserved situations and encouraging open communication with no secrets).
- Treating all young people/disabled adults equally, and with respect and dignity.
- Always putting the welfare of each young person first, before winning or achieving goals.
- Maintaining 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).
- Building balanced relationships based on mutual trust which empowers children to share in the decision-making process;
- Making sport and other after school activities fun, enjoyable, safe and where appropriate promoting fair play.

- Ensuring that if any form of manual/physical support is required, it should be provided openly. If it is difficult to maintain hand positions when the child is constantly moving, therefore young people and their parents should always be consulted and their agreement gained. Some parents are becoming increasingly sensitive about manual support and their views should always be carefully considered.
- Keeping up to date with technical skills, qualifications and insurance in sport.
- Involving parents/carers wherever possible. For example, encouraging them to take responsibility for their children in changing rooms. If groups have to be supervised, always ensure parents, teachers, coaches or officials work in pairs.
- Ensuring that if children are taken away, the trip is planned in detail in advance so that proper arrangements are made for their protection.
- Ensuring that all tournaments or residential events, adults should not enter children's rooms or invite children into their rooms.
- Being an excellent role model – this includes not smoking or drinking excessive quantities of alcohol in the company of young people.
- Giving enthusiastic and constructive feedback rather than negative criticism.
- Recognising the developmental needs and capacity of young people and disabled adults – avoiding excessive training or competition and not pushing them against their will.
- Securing parental consent in writing to act *in loco parentis*, if the need arises to administer emergency first aid and/or other medical treatment.
- Keeping a written record of any injury that occurs, along with the details of any treatment given.
- Requesting written parental consent if staff members are required to transport young people in their cars.

### **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 (RSG) or the child's parents. For example, a child sustains an injury and needs to go to hospital, or a parent fails to arrive to pick a child up at the end of a session:

- Avoid spending time alone with children away from others;
- Avoid taking or dropping off a child to an event or activity.

### **Practices never to be sanctioned**

The following should **never** be sanctioned. You should never:

- Engage in rough, physical or sexually provocative games, including horseplay;
- Share a room (or similar) with a child;

- 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;
- Fail to act upon and record any allegations made by a child;
- Do things of a personal nature for children or disabled adults, that they can do for themselves;
- Invite or allow children to stay with you at your home unsupervised.

**N.B.** 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 others involved in the care of the child. 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. Avoid taking on the responsibility for tasks for which you are not appropriately trained.

#### **Incidents that must be reported/recorded**

If any of the following occur you should report this immediately to the appropriate officer and record the incident. You should also ensure the parents or carers of the child are informed:

- a. If you accidentally hurt a child.
- b. If he/she seems distressed in any manner.
- c. If a child appears to be sexually aroused by your actions.
- d. If he/she starts to behave in an inappropriate manner.

#### **Use of photographic/filming equipment**

Written consent to take and use images of children should be obtained prior to the taking of photographs and/or video footage. Parents should be made aware of when, where and how the images may be used in order to give their informed consent. This includes comprehensive information regarding use of images e.g. in print, multimedia, broadcast; for what purpose e.g. promotion, publicity, evaluation, audit, review; and where possible an indication of who the audience will be e.g. the general public, the participating children and their families, other organisations and institutes.

**Videoring as a training aid:** there is no intention to prevent sport coaches and teachers using video equipment as a legitimate training aid. However, young or vulnerable beneficiaries and their parents/carers should be made aware that this is part of the training programme and their consent obtained, and such films should be stored safely.

## **4. RECRUITMENT AND TRAINING OF STAFF AND VOLUNTEERS**

The RSG recognizes that anyone may have potential to abuse children in some way and that all reasonable steps are taken to ensure unsuitable people are prevented from working with children. Anyone who has a previous criminal conviction for offences related to abuse is automatically excluded from working with children. This is reinforced by the details of the Protection of Children Act 1999. Pre-selection checks must include the following:

- All staff/ volunteers should complete an application form. The application form will elicit information about an applicant's past and a self-disclosure about any criminal record;
- Consent should be obtained from an applicant to seek information from the Disclosure and Barring Service (DBS).
- Two confidential references, including one regarding previous work with children. These references must be taken up and confirmed through telephone contact.
- Evidence of identity (passport or driving licence with photo).

### **Interview and Induction**

All employees (and volunteers) will be required to undergo an interview carried out to acceptable protocol and recommendations. All employees and volunteers should receive an induction, during which:

- A check should be made that the application form has been completed in full (including sections on criminal records and self-disclosures);
- Their qualifications should be substantiated;
- The job requirements and responsibilities should be clarified;
- Child protection procedures are explained and training needs are identified;
- They should sign up to the organisation's Child Protection Policy and other RSG policies and procedures.

All appropriate staff will receive a copy of the RSG Child Protection Policy. Awareness of child protection issues will continue to be addressed through on-going training.

### **Training**

In addition to pre-selection checks, the safeguarding process includes training after recruitment to help staff and volunteers to:

- Analyse their own practice against established good practice, and to ensure their practice is not likely to result in allegations being made;

- Recognise their responsibilities and report any concerns about suspected poor practice or possible abuse;
- Respond to concerns expressed by a child or young person;
- Work safely effectively with children.

**The RSG requires:**

- Coaching staff to attend a recognized good practice and child protection awareness training workshop, to ensure their practice is exemplary and to facilitate the development of a positive culture towards good practice and child protection;
- Non-coaching staff and volunteers to complete a recognized awareness training on child protection;
- Relevant personnel to receive advisory information outlining good practice and informing them about what to do if they have concerns about the behaviour of an adult towards a young person;
- Relevant personnel to gain a national first aid training qualification (where necessary);
- Attend update training when necessary. Information about meeting training needs can be obtained from Sports Coach UK, the NSPCC, the Sport Council, Local Authorities, etc.

## **5. WHAT IS ABUSE?**

***Child Abuse** A term to describe a range of ways in which people, usually adults, harm children. Often the adult is a person who is known and trusted by the child. Child abuse is neglect, physical injury, sexual abuse or emotional abuse inflicted or knowingly not prevented, which causes significant harm or death.*  
NSPCC (1999)

### **Preventing abuse**

RSG is committed to putting in place safeguards and measures to reduce the likelihood of abuse taking place within the services it offers and that all those involved within RSG will be treated with respect.

RSG will work within the current legal framework for reporting staff or volunteers that are abusers.

Service users will be encouraged to become involved with the running of RSG. Information will be available about abuse and the Complaints Policy and Child Protection will be available to service users and their carers/families.

### **Recognising the signs and symptoms of abuse**

RSG is committed to ensuring that all staff, the Management Committee, and

volunteers undertake training to gain a basic awareness of signs and symptoms of abuse.

RSG will ensure that the Designated Named Person (Child Protection Officer) and other members of staff, the Management Committee and volunteers have access to training around Child Protection.

Abuse includes:

- physical abuse: including hitting, slapping, punching, burning, misuse of medication, inappropriate restraint;
- sexual abuse: including rape, indecent assault, inappropriate touching, exposure to pornographic material;
- psychological or emotional abuse: including belittling, name calling, threats of harm, intimidation, isolation;
- financial or material abuse: including stealing, selling assets, fraud, misuse or misappropriation of property, possessions or benefits;
- neglect and acts of omission: including withholding the necessities of life such as medication, food or warmth, ignoring medical or physical care needs;
- discriminatory abuse: including racist, sexist, that based on a person's disability and other forms of harassment, slurs or similar treatment;
- institutional or organisational: including regimented routines and cultures, unsafe practices, lack of person-centred care or treatment;

With regard to children, they can be abused by an adult's direct actions (e.g., beating a child, given them alcohol or drugs) or because of an adult's inactions (e.g., not feeding or bathing a child), and even by an adult's indirect actions (e.g., domestic violence, addiction, etc.). Children can be abused by adults as well as by other young people or children.

Abuse may be carried out deliberately or unknowingly. Abuse may be a single act or repeated acts.

### **Awareness of actual or likely occurrence of abuse**

There are a number of ways in which abuse becomes apparent:

- A child discloses abuse;
- Someone else discloses that a child has told him/her or that he/she strongly believes a child has been or is being abused;
- A child may show signs of physical injury for which there appears to be no satisfactory explanation;

- A child's behaviour may indicate that it is likely that he/she is being abused;
- A member of staff's behaviour or in the way in which he/she relates to a child causes concern.

## **6. REPORTING AND RECORDING SUSPECTED, ALLEGED, OR ACTUAL INCIDENTS OF ABUSE**

The RSG will assure all staff/volunteers that it will fully support and protect anyone, who in good faith reports his or her concerns of child abuse taking place.

### **Responding to allegations or suspicions**

It is not the responsibility of anyone working at the RSG, in a paid or unpaid capacity to decide whether or not child abuse has taken place. However, there is a responsibility to act on any concerns by reporting these to the CPO/Deputies.

### **What to do upon suspicion or disclosure**

There are some basic principles in reacting to suspicions, allegations, and/or disclosures.

- Reassure the person concerned;
- Listen carefully to what the young person is saying;
- Take seriously what the young person is saying;
- Write down as soon as possible exactly what the young person said;
- Remain calm and do not show shock or disbelief;
- Tell your designated Child Protection Officer (CPO) as soon as possible;
- Make sure the child is safe i.e., supported;
- Do tell the young person it is not their fault;
- Do not panic;
- Do not immediately rush off to find someone else to listen;
- Do not promise to keep secrets;
- Keep the young person fully informed of any action you are preparing to take;
- Do not make judgements or say anything about the alleged abuser;
- Ask questions for clarification only, and avoid asking questions that suggest a particular answer;
- Do not discuss the situation with your colleagues.

If you witness abuse or abuse has just taken place the priorities will be:

- To call an ambulance (if required);
- To inform the Child Protection Officer in your organisation;
- To call the police (if crime has been committed);
- To preserve evidence;
- To keep yourself, staff, volunteers and service users safe;

- To record in writing what happened and to store this securely.

All situations of abuse or alleged abuse will be discussed with the Child Protection Officer or a deputy. If you are worried about sharing concerns about abuse or neglect with the CPO or their deputies (for example because of a conflict of interest, or you are concerned that they are involved in the wrongdoing, or have failed to take appropriate action), please contact the children's social care team at the child's local council. If you do not know where the child lives, contact your local council's team, the NSPCC or the Police for advice (see section 8 for details). In an immediate emergency contact the Police.

If a member of the Management Committee, a staff member or volunteer raises their concerns directly with Social Services or the police, the alleged victim will be told that this will happen. This stage is called the alert.

If it is appropriate and there is consent from the individual, or there is a good reason to override consent, such as risk to others, a referral (alert) will be made to Social Services (Child Protection Services).

If the individual experiencing abuse does not have capacity to consent a referral will be made without that person's consent, in their best interests.

The Child Protection Officer may take advice at the above stage from Social Services and/or other advice-giving organisations such as police.

Where there is a complaint against a volunteer or a member of staff there may be three types of investigation:

- A criminal investigation,
- A child protection investigation,
- A disciplinary or misconduct investigation.

The results of the police and child protection investigation may well influence and inform the disciplinary investigation, but all available information will be used to reach a decision.

### **Information for Social Services or the police about suspected abuse**

To ensure that this information is as helpful as possible, a detailed record should always be made at the time of the disclosure/concern, which should include the following:

- The child's name, age and date of birth;
- The child's home address and telephone number;

- Whether or not the person making the report is expressing their own concerns or those of someone else;
- The nature of the allegation. Include dates, times, any special factors and other relevant information;
- Make a clear distinction between what is fact, opinion or hearsay;
- A description of any visible bruising or other injuries. Also, any indirect signs, such as behavioural changes;
- Details of witnesses to the incidents;
- The child's account, if it can be given, of what has happened and how any bruising or other injuries occurred;
- Have the parents been contacted?
- If so, what has been said?
- Has anyone else been consulted? If so, record details;
- If the child was not the person who reported the incident, has the child been spoken to? If so, what was said?
- Has anyone been alleged to be the abuser? Record details;
- Where possible, referral to the police or Social Services should be confirmed in writing within 24 hours and the name of the contact who took the referral should be recorded.

### **Action if there are concerns about poor practice:**

- If, following consideration, the allegation is clearly about poor practice, the RSG's Child Protection Officer will deal with it as a misconduct issue.
- If the allegation is about poor practice by the RSG's Child Protection Officer, or if the matter has been handled inadequately and concerns remain, it should be reported to the Chief Executive or the RSG's Management Committee, who will decide how to deal with the allegation and whether or not to initiate disciplinary proceeding

### **Concerns about suspected abuse**

- Any suspicion that a child has been abused by either a member of staff or a volunteer should be reported to the Child Protection Officer, who will take such steps as considered necessary to ensure the safety of the child in question and any other child who may be at risk.
- The RSG Child Protection Officer will refer the allegation to the social services department who may involve the police.
- The parents or carers of the child will be contacted as soon as possible following advice from the social services department.

### **Confidentiality**

Every effort should be made to ensure that confidentiality is maintained for all concerned. Information should be handled and disseminated on a need-to-know basis only. This includes the following people:

- The RSG's Child Protection Officer;
- The parents of the young person who is alleged to have been abused;
- The person making the allegation;
- Social Services/police;
- The RSG's Chief Executive Officer and the Management Committee

Seek Social Services advice on who should approach the alleged abuser (or parents if the alleged abuser is a child).

Information should be stored in a secure place with limited access to designated people, in line with data protection laws (e.g. that information is accurate, regularly updated, relevant and secure).

### **Internal Enquiries and Suspension**

The RSG's Child Protection Officer will make an immediate decision about whether any individual accused of abuse should be temporarily suspended pending further police and Social Services inquiries.

Irrespective of the findings of the Social Services or police inquiries the RSG's Disciplinary Committee will assess all individual cases to decide whether a member of staff or volunteer can be reinstated and how this can be sensitively handled. This may be a difficult decision, particularly where there is insufficient evidence to uphold any action by the police. In such cases, the Management Committee must reach a decision based upon the available information, which could suggest that on a balance of probability, it is more likely than not that the allegation is true. The welfare of the child should remain of paramount importance throughout.

### **Support to deal with the aftermath of abuse**

Consideration should be given to the kind of support that children, parents and members of staff may need. Use of helplines, support groups and open meetings will maintain an open culture and help the healing process. The British Association for Counselling Directory is available from The British Association for Counselling and Psychotherapy, 15 St John's Business Park, Lutterworth, Leicestershire LE17 4HB; Telephone: 01455 883300, E-mail: [bac@bacp.co.uk](mailto:bac@bacp.co.uk), Website: [www.bacp.co.uk](http://www.bacp.co.uk)

Consideration should be given to what kind of support may be appropriate for the alleged perpetrator.

### **Allegations of previous abuse**

Allegations of abuse may be made some time after the event (e.g. by an adult who was abused as a child or by a member of staff who is still currently working with children).

Where such an allegation is made, the RSG will follow the procedures as detailed above and report the matter to the Social Services or the police. This is because other children may be at risk from this person.

### **Action if bullying is suspected**

If bullying is suspected, the same procedure should be followed as set out in 'Responding to suspicions or allegations' above.

Action to help the victim and prevent bullying:

- Take all signs of bullying very seriously;
- Encourage all children to speak and share their concerns (it is believed that up to 12 children per year commit suicide as a result of bullying, so if anyone talks about or threatens suicide, seek professional help immediately). Help the victim to speak out and tell the person in charge or someone in authority. Create an open environment;
- Investigate all allegations and take action to ensure the victim is safe. Speak with the victim and the bullies separately;
- Reassure the victim that you can be trusted and will help them, although you cannot promise to tell no one else;
- Keep records of what is said (what happened, by whom, when);
- Report any concerns to the RSG's Child Protection Officer or the school (wherever the bullying is occurring).

### **Action towards the bullies**

- Talk with the bullies, explain the situation, and try to get the bullies to understand the consequences of their behaviour. Seek an apology to the victim;
- Inform the bully's parents;
- Insist on the return of 'borrowed' items and that the bullies compensate the victim;
- Provide support for the victim's coach/ trainer/ tutor;
- Impose sanctions as necessary;

- Encourage and support the bullies to change behaviour;
- Hold meetings with the families to report on progress;
- Inform all organisation's members of action taken;
- Keep a written record of action taken;
- Most 'low level' incidents will be dealt with at the time by staff and volunteers. However, if the bullying is severe (e.g., a serious assault), or if it persists despite efforts to deal with it, incidents should be referred to the RSG's Child Protection Officer as in "responding to suspicions or allegations" above.

## 7. DESIGNATED NAMED PERSON FOR CHILD PROTECTION PURPOSES

RSG has an appointed individual who is responsible for dealing with any Child Protection concerns. In their absence, a deputy will be available for workers to consult with. The Child Protection Officer within RSG [is/are]:

Child Protection Officer	Sylvia Ingmire
Mobile Number	[INTERNAL USE ONLY]
Emergency Contact Number	[INTERNAL USE ONLY]
Name of deputy person	Peter Norton
Work telephone number	[INTERNAL USE ONLY]
Mobile number	[INTERNAL USE ONLY]
Emergency contact number	[INTERNAL USE ONLY]

### Role of Designated Person

The roles and responsibilities of the named person(s) are:

- to ensure that all staff including volunteers and Management Committee members are aware of what they should do and who they should go to if they have concerns that a vulnerable adult or child may be experiencing, or has experienced abuse or neglect;
- to ensure that concerns are acted on, clearly recorded and referred to Children Services in L. B. Newham or to the allocated social worker where necessary;

- to follow up any referrals and ensure the issues have been addressed;
- to consider any recommendations in respect of the Child Protection Policy;
- to reinforce the utmost need for confidentiality and to ensure that staff and volunteers are adhering to good practice with regard to confidentiality and security. This is because it is around the time that a person starts to challenge abuse that the risks of increasing intensity of abuse are greatest;
- to ensure that staff and volunteers working directly with service users who have experienced abuse, or who are experiencing abuse, are well supported and receive appropriate supervision;
- if appropriate staff or volunteers will be given support and afforded protection, if necessary, under the Public Interest Disclosure Act 1998. Please refer to the Whistleblowing policy.

## 8. RELATED POLICIES & INFORMATION

This policy needs to be read in conjunction with the following policies:

- Grievance policy (in respect of employees only);
- Conflict of Interest policy;
- Vulnerable Persons Policy.

### **Contact details of external agencies who can be contacted for referral and/or advice when a significant safeguarding concern arises:**

- Children's social care teams – contact details can be found using governmental website  
<https://www.gov.uk/report-child-abuse-to-local-council>
- The children's social care team at the council in Tower Hamlets **020 7364 5601 or 020 7364 5606 or 020 7364 4079** (out of hours),  
[https://www.towerhamlets.gov.uk/ignl/health\\_\\_social\\_care/childrens\\_social\\_care/childrens\\_social\\_care.aspx](https://www.towerhamlets.gov.uk/ignl/health__social_care/childrens_social_care/childrens_social_care.aspx)
- The children's social care team at the council in Newham, **020 3373 4600** (Monday to Friday, 9am to 5:15pm),  
<https://families.newham.gov.uk/kb5/newham/directory/family.page?familychannel=7>
- Emergency services on **999** (if the child is in immediate danger)
- NSPCC Helpline **0808 800 5000**  
For more information about NSPCC, please see:  
<https://www.nspcc.org.uk/>

- Children can contact Childline any time to get support themselves – Helpline **0800 1111**



## **VULNERABLE PERSONS POLICY**

### **1. Introduction**

The Roma Support Group aims to ensure that any vulnerable people, whether children, young people or vulnerable adults, are protected and kept safe from harm while they are with staff and volunteers in this organisation. Staff and volunteers also need to be aware that adults may be suffering some form of abuse and therefore it is the responsibility to report it to Social Services and, if it is a criminal matter, to the police.

### **2. Staff and training**

**2.1.** The Roma Support Group will ensure our staff and volunteers are carefully selected, screened, trained and supervised.

#### **2.2 Selection**

- All applications to our organisation will complete an application form.
- Shortlisted applicants will be asked to attend an interview.
- Shortlisted applicants will be asked to provide references and these will always be taken up prior to confirmation of an appointment.

#### **2.3 Screening**

Where relevant to the post, the successful applicant will be asked to agree to an appropriate disclosure. Disclosures will be requested prior to the applicant taking up post.

#### **2.4 Training**

- The successful applicant will receive induction training, which will give an overview of the organisation and ensure they know its purpose, values, services and structure.
- Relevant training and support will be provided on an ongoing basis, and will cover information about their role, and opportunities for practicing skills needed for the work.
- Training on specific areas such as health and safety procedures, identifying and reporting abuse, and confidentiality will be given as a priority to new staff and volunteers, and will be regularly reviewed.

#### **2.5 Supervision**

- All staff and volunteers will have a designated supervisor who will provide regular feedback and support.
- Every member of staff and volunteer will attend an annual review, where their performance, skills, motivation and expectations will be discussed. Annual reviews will be minuted and copies made available to the member of staff/volunteer.

The Roma Support Group will ensure that all staff and volunteers involved in recruitment, training and supervision, are aware of this policy and have received appropriate training and support to ensure its full implementation.

### **3. Definition of a Vulnerable Adult**

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

Thus, a vulnerable adult may be a person who:

- Is elderly and frail
- Has a mental disorder including dementia or a personality disorder
- Has a physical or sensory disability
- Has a learning disability
- Has a severe physical illness
- Is a substance misuser
- Is an unpaid carer
- Is homeless

The presence of a disability or age alone does not signify that an adult is necessarily vulnerable i.e., unable to take care of themselves or unable to protect themselves from abuse or exploitation.

Adult abuse is not confined to people who fall within the above list. Many other people are vulnerable to abuse because of their living situation and the extent to which other people protect them in situations where they cannot or will not protect themselves. Thus, abuse may occur in the following and a range of other situations:

- Domestic violence between partners
- Sexual exploitation of young (and older) homeless adults
- Abuse of carers by dependents
- Abuse by groups of adults or young people within a local community
- Abuse resulting from racist, cultural or religious motives

In every case where suspected abuse is reported, professional judgements will need to be made to determine the action that needs to be taken. In coming to a judgement, the workers involved must assess the nature and extent of the risk to the adult and the social context in which it occurs. The ‘indicators’ within these guidelines aim to facilitate this.

All vulnerable adults are entitled to the same protection, whatever the complexity of the referral. There is, therefore, in all cases an obligation to investigate and to record decisions made and subsequent action taken.

#### **4. Definition of Abuse**

In drawing up guidance, it needs to be recognised that the term ‘**abuse**’ can be subject to wide interpretation. The starting point for a definition is the following statement:

**Abuse is a violation of an individual’s human and civil rights by any other person or persons.** (*No Secrets, Department of Health, March 2002*)

In giving substance to that statement, however, consideration needs to be given to a number of factors.

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

#### **5. Types of Abuse**

The following are the main different forms of abuse:

- **Physical abuse**, including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions;
- **Sexual abuse**, including rape and sexual assault or sexual acts to which the vulnerable adult has not consented, or could not consent, or was pressured into consenting;
- **Psychological abuse**, including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks;
- **Financial or material abuse**, including theft, fraud, exploitation, pressure in connection with wills, property or inheritance of financial transactions, or the misuse or misappropriation of property, possessions or benefits;
- **Neglect and acts of omission**, including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating;
- **Discriminatory abuse**, including racist, sexist, ageist or that based on a person’s disability or sexuality and other forms of harassment, slurs or similar treatment.

Any or all of these types of abuse may be perpetrated as the result of deliberate intent, negligence or ignorance.

Some instances of abuse will constitute a **criminal offence**. In this respect vulnerable adults are entitled to the protection of the law in the same way as any other member of the public. In addition, statutory offences have been created which specifically protect those who may be incapacitated in various ways. Examples of actions which may constitute criminal offences are assault, whether physical or psychological, sexual assault and rape, theft, fraud or other forms of financial exploitation, and certain forms of discrimination, whether on racial or gender grounds.

Alleged criminal offences differ from all other non-criminal forms of abuse in that the responsibility for initiating action rests with the state in the form of the police and the Crown Prosecution Service (private prosecutions are theoretically possible but wholly exceptional in practice). Accordingly, when complaints about alleged abuse suggest that a criminal offence may have been committed it is imperative that reference should be made to the police as a matter of urgency. **Criminal investigation by the police takes priority over all other lines of enquiry.** However, it is important to note that police involvement should not result in all other action by the social service department ceasing whilst the police investigate. Both agencies must liaise closely throughout, and clear decisions about parallel action should be taken in the context of a formal planning meeting under these procedures.

Neglect and poor professional practice also need to be taken into account. This may take the form of isolated incidents of poor or unsatisfactory professional practice, at one end of the spectrum, through to pervasive ill treatment or gross misconduct at the other. Repeated instances of poor care may be an indication of more serious problems and this is sometimes referred to as **institutional abuse**.

### **Patterns of abuse/abusing**

Patterns of abuse and abusing vary and reflect very different dynamics. These include:

- **Serial abusing** in which the perpetrator seeks out and 'grooms' vulnerable individuals. Sexual abuse usually 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.
- **Opportunistic abuse**, such as theft occurring because money has been left around.
- **Situational abuse**, which arises because pressures have built up and/or because of difficult or challenging behaviour.
- **Neglect of a person's needs** because those around him or her are not able to be responsible for their care, for example, if the carer has difficulties attributable to such issues as debt, alcohol or mental health problems.
- **Institutional abuse** which features poor care standards, lack of positive responses to complex needs, rigid routines, inadequate staffing and an insufficient knowledge base with the service.
- **Unacceptable 'treatments'** or programmes which include sanctions or punishment such as withholding of food and drink, seclusion, unnecessary

- and unauthorised use of control and restraint (see Harris et al 1996) or over-medication.
- **Failure of agencies** to ensure staff receive appropriate guidance on **anti-racist and anti-discriminatory practice**.
  - **Failure to access key services** such as health care, dentistry, prostheses.
  - **Misappropriation of benefits** and/or use of the person's money by other members of the household.
  - **Fraud or intimidation** in connection with wills, property or other assets.

## **6. Where Abuse Might Occur**

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

There is often particular concern when abuse is perpetrated by someone in a position of power or authority who uses his or her position to the detriment of the health, safety, welfare and general wellbeing of a vulnerable person.

Agencies not only have a responsibility to all vulnerable adults who have been abused but may also have responsibilities in relation to some perpetrators of abuse.

The roles, powers and duties of the various agencies in relation to **the perpetrator** will vary depending on whether the latter is:

- A member of staff, proprietor or service manager
- A member of a recognised professional group
- A volunteer or member of a community group such as a place of worship or social club
- Another service user
- A spouse, relative or member of the person's social network
- A carer, i.e., someone who is responsible for an assessment under the Carers (Recognition and Services) Act 1996
- A neighbour, member of the public or stranger, or
- A person who deliberately targets vulnerable people in order to exploit them.

Stranger abuse may warrant a different kind of response from that appropriate to abuse in an ongoing relationship or in a care location. Nevertheless, it is still appropriate to use the locally agreed inter-agency adult protection procedures to ensure that the vulnerable person receives the services and support that they need.

Please note that if the abuse or suspected abuse occurs in a residential setting which is regulated and inspected by the Local or Health Authority, the relevant Inspection and Registration Unit must be contacted immediately. It may be that additional and/or different steps may need to be taken where this is the case. In any event the Inspection and Registration Authority will need to know of the allegation in order to satisfy itself that a thorough and comprehensive investigation has taken place.

## **7. What Degree of Abuse Justifies Intervention**

In determining how serious or extensive abuse must be to justify intervention, a useful starting point can be found in **“Who decides?”** Building on the concept of ‘significant harm’ introduced in the Children Act, the Law Commission suggested that:

- **“‘Harm’ should be taken to include not only ill treatment (including sexual abuse and forms of ill treatment which are not physical), but also the impairment of, or an avoidable deterioration in, physical or mental health; and the impairment of physical, intellectual, emotional, social or behavioural development.”**

The seriousness or extent of abuse is often not clear when anxiety is first expressed. It is important, therefore, when considering the appropriateness of intervention, to approach reports of incidents or allegations with an open mind. In making any assessment of seriousness, the following factors need to be considered:

- The **vulnerability** of the individual
- The **nature and extent** of the abuse
- The **length of time** it has been occurring
- The **impact** on the individual, and
- The risk of **repeated or increasingly serious** acts involving this or other vulnerable adults.

What this means in practice is working through a process of assessment to evaluate:

- Is the person suffering harm or exploitation?
- Is the intervention in the best interests of the vulnerable adult fitting the criteria and/or in the public interest?
- Does the assessment account for the depth and conviction of the feelings of the person alleging the abuse?

## **8. Actions to be Taken When Abuse is Suspected or Discovered**

Some do’s and don’ts when someone tells you they have been abused

### **DO**

- Take the allegation seriously.
- Stay calm.
- Listen patiently.
- Reassure the person they are doing the right thing in telling you.
- Explain what you are going to do.
- If necessary, get emergency medical treatment.
- Treat the information seriously.
- Report to the Co-ordinator.
- You and the Co-ordinator will take steps to protect the individual.

- Seek the person’s consent, where appropriate, to contact Social Services.
- In most circumstances, it is likely that this decision would rest with a manager. However, in an emergency, and when a manager cannot be contacted, you should inform the police if you suspect that a crime (e.g. a sexual assault or rape) has taken place.
- Write a factual account of the conversation you had with the individual at the time or as soon as you can. Try as far as possible to write down the person’s own words. This report should be given to the Co-ordinator. It may later be used as part of a legal action.

## **DON'T**

- Do not appear shocked, horrified, disgusted or angry.
- Do not press the individual for details (it is **not** your job to launch an investigation).
- Do not make comments or judgements, other than to show sympathy and concern.
- Do not contaminate or remove possible forensic evidence. If the reported incident has happened very recently it may still be possible for the police to obtain forensic evidence.
- Do not give the person a wash, a bath or food or drink until after the medical examination.
- Do not promise to keep secrets – you have a duty to pass on the information to the appropriate person.
- Do not give sweeping reassurances such as: “Now you have told someone this will never happen to you again” – no one can give such a guarantee.
- Do not confront the alleged perpetrator.
- Report all factual evidence accurately and clearly.
- Report all feelings and suspicions but clearly separated from the factual evidence.

### **9. Designated named person for adult safeguarding purposes**

RSG has an appointed individual who is responsible for dealing with any vulnerable adult safeguarding concerns. In their absence, a deputy will be available for workers to consult with. The Designated Officer within RSG [is/are]:

Safeguarding Officer	Sylvia Ingmire
Mobile Number	[INTERNAL USE ONLY]
Emergency Contact Number	[INTERNAL USE ONLY]
Name of deputy person	Gabriela Smolinska Poffley
Work telephone number	[INTERNAL USE ONLY]

Mobile number	[INTERNAL USE ONLY]
Emergency contact number	[INTERNAL USE ONLY]

## **10. Referral Procedure**

The Social Services Department Adult Services Division Care Management Teams are responsible for investigating allegations of abuse regarding vulnerable adults. When there is an allegation of abuse or suspected abuse, a referral must be made to the Duty Care Manager in the appropriate team. Referrals within working hours (Monday to Friday 9 am – 5 pm) should be made by telephone to one of these Social Services Department Care Management Teams, clearly indicating that the case concerns actual or suspected adult abuse. The duty care manager from the relevant care management team will obtain detailed information from the referrer, or pass the caller immediately to the vulnerable adult's allocated care manager if the alleged victim is already known to the department.

Out of office hours, the Emergency Duty Team should be contacted if the alleged incident is recent, particularly if to delay reporting to the next working day would result in loss of vital forensic evidence, or the alleged perpetrator would continue to have access to the victim or other vulnerable client.

### **Contact details of external agencies who can be contacted for referral and/or advice when a significant safeguarding concern arises:**

- Emergency services on **999** (if the vulnerable adult is in immediate danger)
- **The duty social care team:** if the situation is urgent and the adult does not have a social worker, the duty social care team should be informed. You can do this by contacting the local council. You can check their council area by using the [postcode search on the gov.uk website](https://www.gov.uk/postcode-search):  
<https://www.gov.uk/find-local-council>
- **NHS**  
<https://www.nhs.uk/conditions/social-care-and-support-guide/help-from-social-services-and-charities/abuse-and-neglect-vulnerable-adults/>
- **Hourglass helpline (older person)** on **0808 808 8141**,  
<https://wearehourglass.org/hourglass-services>
- **Mencap**, learning disability helpline **0808 808 1111**,  
<https://www.mencap.org.uk/advice-and-support/safeguarding/safeguarding-adults#:~:text=Contact%20the%20local%20Safeguarding%20Adults%20Board%3A%20Local%20authorities,seriously%2C%20contact%20the%20local%20Safeguarding%20Adults%20Board%20directly>
- Women can call [The Freephone National Domestic Abuse Helpline, run by Refuge](#) on **0808 2000 247**

- Men can call [Men's Advice Line](#) on **0808 8010 327** (Monday and Wednesday, 9am to 8pm, and Tuesday, Thursday and Friday, 9am to 5pm) for non-judgemental information and support
- Men can also call [ManKind](#) on **0182 3334 244** (Monday to Friday, 10am to 4pm)
- **Galop**, LGBT+ Domestic Abuse Helpline **0800 999 5428**, <https://galop.org.uk/domesticabuse/>
- **Forced Marriage Unit**, [fm@fcdo.gov.uk](mailto:fm@fcdo.gov.uk), Telephone: **020 7008 0151**
- Modern day slavery helpline **08000 121 700**, <https://www.modernslaveryhelpline.org/>

**THIS POLICY IS REVIEWED ANNUALLY**