



Safeguarding Policy

(including Child Protection and Vulnerable Adults)

This policy was agreed by KLS Trustees on 11th September 2013, and updated in 2015 and 2016.

All KLS policies are reviewed annually.

This policy will be reviewed again in September 2017.

Katherine Low Settlement Ltd
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London
SW11 3HP

020 7223 2845 (s/b)
www.klsettlement.org.uk

Charity Number: 1081248
Company Number: 3814833

1. About Katherine Low Settlement

Katherine Low Settlement is a multi-purpose charity that has been serving the communities of Wandsworth since 1924. It is dedicated to fighting poverty and isolation. We strive to provide an opportunity for people to realise their own potential and to understand the contribution they can make to their community.

Visit: www.klsettlement.org.uk and @klsettlement (twitter)

2. Katherine Low Settlement's Safeguarding Policy

Katherine Low Settlement (KLS) is fully committed to safeguarding the welfare of all children, young people and vulnerable adults using its services and building. It recognises its responsibility to take all reasonable steps to promote safe practice and to protect these children, young people and vulnerable adults from harm, abuse and exploitation regardless of age, gender, disability, ethnicity or sexual identity. KLS acknowledges its duty to act appropriately when it receives any allegations, reports or suspicions of abuse. Paid staff and volunteers will work together to encourage an ethos which embraces difference and diversity and respects the rights of children, young people and vulnerable adults.

This policy covers all children, young people and vulnerable adults accessing services run and managed by the Settlement. Other organisations renting rooms or office space in the building have their own separate safeguarding policies, child protection policies and/or vulnerable adult's policies.

The policy is endorsed by the Katherine Low Settlement's Trustees and will be reviewed annually to make sure it remains relevant and appropriate to the needs of KLS and its children, young people and vulnerable adults.

This Safeguarding Policy is freely accessible to all. This means that KLS will share copies of this policy with staff and volunteers as part of their induction and training. All KLS' policies will appear on its website. An information poster with the names of staff responsible for Safeguarding will be displayed in the building and circulated to organisations using the building. Hard copies of this policy will be available upon request.

For further information about Safeguarding visit:

www.londonscb.gov.uk - Child Safeguarding

<http://www.scie.org.uk/publications/adultsafeguardinglondon/index.asp> - Adult Safeguarding

www.wscb.org.uk - Wandsworth Safeguarding Board

Relevant Legislation

The Care Act 2014

Courts and Criminal Justice Act 2015

The Children's Act 1989, 2004

Disclosure Barring Service (DBS) Regulations

The Equality Act 2010

Human Rights Act 1998

Serious Crime Act 2015

3. Named persons and contact details

An information poster with the names of staff responsible for Safeguarding will be displayed in the building and circulated to organisations using the building.

Agency	Named Person	Telephone No
KLS Safeguarding and Child Protection Officer (Staff)	Sarah Rackham	020 7223 2845 (w) 07757 638 862 (m) 020 7228 4368 (h)
KLS Safeguarding and Child Protection Lead (Trustee)	Simon Butler	020 7228 8141 (w)
Wandsworth Borough Council, Multi Agency Safeguarding Hub (MASH)	Duty Social Worker	020 8871 6622 020 8871 6000 (out of hours)
Wandsworth Borough Council, Adult Social Services, Safeguarding Team	Duty Officer	020 8871 5855
Metropolitan Police Child Protection Team, Wandsworth and Merton		020 8247 7843 020 7230 2061 (out of hours)
NSPCC – national helpline	Advisors Counsellors	0808 800 5000
Child Line – national helpline	Advisors Counsellors	0800 1111

4. Definitions

- a) **Child** refers to a child or young person up to their 18th birthday.
- b) **Vulnerable adults** refer to people who are over 18 years of age and are getting or may need help and services to live in the community. Vulnerable adults may be unable to take care of themselves and unable to protect themselves from harm or exploitation by other people.
- c) **Safeguarding** and promoting the welfare of children and vulnerable adults is defined as:
 - Protecting children and vulnerable adults from maltreatment.
 - Preventing impairment of children’s and vulnerable adults’ health or development.
 - Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care.

- Undertaking that role so as to enable those children to have optimum life chances, to enter adulthood successfully and live a fulfilled life as an adult.
- d) Child protection and vulnerable adult protection** are parts of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering or are at risk of suffering, significant harm.
- e) Abuse** can include: physical, financial, material, sexual, psychological, discriminatory, emotional abuse and neglect. Abuse can take place in any setting, public or private, and can be perpetuated by anyone.

For definitions and indicators of child and vulnerable adult abuse, please see Section 10 'How to recognise abuse'.

5. Child and vulnerable adult protection principles

In order to promote the safeguarding of children, young people and vulnerable adults, KLS will:

- Ensure that all staff and volunteers are fully informed and trained in child and vulnerable adults protection issues and understand their responsibilities and how to carry them out.
- Facilitate opportunities for children, young people and vulnerable adults to express their ideas and views in connection with the service they are provided with and to have access to KLS' Complaints & Compliments Policy.
- Facilitate involvement of parents and carers in the work of the organisation and to make child and vulnerable adult protection policies and procedures available to them where appropriate.
- Ensure staff and trustees are up-to-date with national developments relating to the welfare and protection of children, young people and vulnerable adults.
- Work in partnership with parents and carers, schools and other agencies to safeguard children and vulnerable adults and promote their welfare.

6. Principles for intervention

- a) Every child and vulnerable adult has the right to adequate care and protection.
- b) If professionals are faced with a severe incident which, if left unchecked, would lead to significant harm, or which has already caused significant harm they have a duty to ensure the child and/or vulnerable adult is protected.
- c) Every child and vulnerable adult has the right to be treated as an individual, to have his or her needs met, and to be shown respect for all aspects of his or her identity, including gender, nationality, ethnic origin, language, religion, sexual orientation, disability and culture.
- d) The needs of most children and vulnerable adults are best met within their own families and cultures. Some families may need support services in order to adequately fulfil the responsibilities of caring for children and/or vulnerable adults.
- e) When it is not possible to ensure a child and/or vulnerable adult is safe at home, every effort should be made to find alternative carers within his or her wider family or kinship network.
- f) Outcomes for children and vulnerable adults are likely to be better if families are involved from the start of the child and/or vulnerable adult protection process.
- g) Parents have the right to be treated with respect, to be told honestly about any concerns and to be informed of Wandsworth Borough Council's responsibilities and powers. Workers need to be sensitive to the impact the child and vulnerable adult protection process is likely to have on families, and to ensure that legitimate parental authority is not undermined during the process.

- h) When carrying out enquiries under the child and/or vulnerable adult protection procedures, the wider context of the harm needs to be considered. The views of the child, vulnerable adult, parents and other family members should always be sought and incorporated into the overall assessment of risk.
- i) In some circumstances it may be concluded that no action to protect the child or vulnerable adult is necessary, but that the child would, nevertheless, benefit from treatment to address issues of past abuse or resources to improve the quality of his or her life in order to prevent significant harm in the future.
- j) Families and referrers should always be given information about the outcome of an enquiry as soon as possible after it has been concluded.

7. Supervision of activities and code of behaviour

KLS staff and volunteers must:

- Treat all children, young people and vulnerable adults with dignity and respect appropriate to their age.
- Treat all children, young people and vulnerable adults fairly, and not favour or disfavour any particular child.
- Be aware of language used, tone of voice and positioning of body when working with children, young people and vulnerable adults.
- Control and discipline children, young people and vulnerable adults without unnecessary physical contact and no physical punishment.
- Ensure that if they are working one-to-one with a child, young person or a vulnerable adult in a confidential space (e.g. specific counselling or mentoring), another adult knows when, where and with whom the session is taking place. If possible another adult should be in the building and the child, young person or vulnerable adult should be informed that they are there.
- Keep their personal lives and professional lives separate and maintain appropriate boundaries (e.g. not share mobile numbers or personal information with service users).
- Be explicit with new users/members about KLS safeguarding policy, as well as other policies including (though not exhaustive) confidentiality and data protection.
- Report ANY issues of concern to a supervisor or senior staff member.

KLS staff and volunteers must not:

- Work alone with a child, young person or vulnerable adult where their activity cannot be seen, or their conversations cannot be overheard by another adult (except in specific situations as described above).
- Invade the privacy of children, young people and vulnerable adults when they are washing or toileting. If a young child or vulnerable adult soils their underclothes and needs to be washed, this should be handled sensitively and where possible another adult should be present. Parents should be informed as soon as possible if staff/ volunteers have had to do anything of a personal nature for a child or vulnerable adult.
- Engage in rough, physical or sexually provocative games.
- Make sexually suggestive comments about or to a young person or vulnerable adult, even in 'fun'.
- Engage in inappropriate or intrusive touching of any form.
- Engage in any scapegoating, ridiculing or rejecting of a child, young person or vulnerable adult.
- Allow children, young people and vulnerable adults to involve them in excessive attention-seeking that is overtly sexual or physical in nature.
- Invite a child, young person or vulnerable adult to their home.
- Accept social invitations from children, young people and vulnerable adults.

8. Provision of medical assistance

No unprescribed medication (including painkillers) should be given to children, young people and vulnerable adults in the care of KLS staff. Staff can only administer prescribed medicine with written instructions/consent from parents or carers. If the child or vulnerable adult is on a residential trip, all medical consents must be obtained prior to leaving for the trip.

If medical assistance is required, the child or vulnerable adult should either be:

- Assisted by a qualified first aider or medical professional.
- Taken home.
- Taken to hospital by ambulance.

9. General supervision of children and vulnerable adults by staff and volunteers

- All staff and volunteers must have read and understood KLS health and safety procedures and adhere to them at all times.
- Equipment to be used with young people and adults must be checked on a regular basis (including regular Portable Appliance Testing).
- There should be enough adults to supervise children's and vulnerable adults activities safely, in accordance with best practice.
- Any visitors to the building must be known and the responsibility of a member of staff.
- Written consent must be obtained from parents prior to children attending any activities or clubs at KLS.
- Any access to the Internet should be supervised and filters must be in place.

10. How to recognise child or vulnerable adult abuse

We recognise that abuse may often occur as a reaction to stress or trauma within the family and everything should be done to support and assist the family in a non-judgmental way.

Abuse can be carried out by an adult or by another child. If the abuse is perpetrated by another child, protection procedures will apply for both the victim and the alleged abuser.

a) Indicators

We recognise that:

- It is often the clustering of indicators and not isolated indicators themselves that are significant.
- Even when several indicators are present this does not mean that abuse has occurred or will occur, but it may mean the family is in need of support to help them with longstanding difficulties or a period of exceptional stress.
- We need to consider not only the most visible and pressing causes for concern but also the less obvious indicators and less clear concerns.
- We must be alert to possible indicators of domestic violence.
- We must be alert to possible indicators of Honour Based Violence.
- We must be alert to possible indicators of female genital mutilation (FGM).
- We must listen to what the child, young person or vulnerable adult has to say and observe how they act.
- We must listen to what the carers have to say and observe how they act.

- It is important to remember that behaviour and physical signs which may suggest abuse can have a satisfactory explanation. We must always consider the positives and strengths of families as well as their weaknesses and problems.

Some factors in families have an association with abuse, for example domestic violence, abuse of drugs and/or alcohol. It is important that a balanced approach is always taken, and that any assumptions are always checked against the available evidence.

Research commissioned by the Department of Health suggests that the wider context of a harmful incident should always be explored. In families where there is a lack of warmth and parents are hostile towards children or vulnerable adults, maltreatment is likely to be more damaging than occasional acts of maltreatment in families that are warm and loving. The exception to this is sexual abuse, where single incidents can be severely damaging.

Whilst it is helpful to consider the following categories of abuse, it should be emphasised that children or vulnerable adults who are subject to one category of abuse are likely to be particularly vulnerable to experiencing other forms of abuse, and that all categories of abuse include an element of emotional abuse.

b) 10 Categories of Abuse detailed in the Care Act 2014

- Physical
- Domestic Abuse
- Sexual
- Psychological / Emotional
- Financial or Material
- Modern Slavery
- Discriminatory
- Organisational / Institutional
- Neglect or Acts of Omission
- Self-Neglect

c) Physical Abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, female genital mutilation or otherwise causing physical harm to a child or vulnerable adult. Physical abuse, as well as being the result of an act of commission can also be caused through omission or the failure to act to protect a child or vulnerable adult from harm.

Indicators may include one or more of the following:

- Bruising to the head or face
- Bruising to the torso
- Bruising which indicates fingertip pressure
- Bruising of different ages
- Bruising or marks in lines which may result from beating with an implement
- Cigarette Burns

- Bruises and fractures for which there is no reasonable consistent explanation
- The child or vulnerable adult shows fear of adults
- Adult bite marks
- Extensive scratch marks
- Scalds and blisters
- The child, young person or vulnerable adult is under the influence of drink or drugs
- A history of genital mutilation in the family and a current possibility of female circumcision
- The child or young person shows fear of other young children or young people (this may be indicative of bullying)

d) Domestic Abuse

Domestic abuse is any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged over 16 or who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass but not limited to: psychological, physical, sexual, financial, emotional abuse; as well as 'honour' based practices including forced marriage, female genital mutilation and honour based killings.

e) Sexual Abuse

Sexual abuse involves forcing or enticing a child, young person or vulnerable adult to take part in sexual activities, whether or not the child or vulnerable adult is aware of, or consents to, what is happening. The activities may involve physical contact, including penetrative acts such as rape, anal intercourse, oral sex or non-penetrative acts such as fondling. Sexual abuse may also include non-contact activities, such as involving children in looking at, or in the production of pornographic material, or watching sexual activities, or 'sexting' (the use of texts, emails and social media of a sexual nature), or encouraging children to behave in sexually inappropriate ways. Boys and girls can be sexually abused by males and/or females, by adults and other young people, and by people from all backgrounds.

Indicators may include one or more of the following:

- Child or vulnerable adult displaying inappropriate sexual knowledge
- Child or vulnerable adult displaying inappropriate sexual behaviour
- Child or vulnerable adult suffering urinary infections, venereal disease, AIDS or HIV, damaged sexual organs

f) Psychological / Emotional abuse

Emotional abuse is the persistent emotional ill treatment of a child or vulnerable adult such as to cause severe and persistent adverse effects on the child's emotional development. It may involve making a child or vulnerable adult feel they are worthless or unloved, inadequate or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. It may also involve causing children or vulnerable adults to feel frequently frightened or in danger. Some level of emotional abuse is involved in all types of ill treatment of a child or vulnerable adult, though it may occur alone. Children or vulnerable adults may experience emotional abuse (or emotional neglect) because of the impact on them of domestic violence between their parents, even though the parent(s) do not physically abuse the children.

Indicators may include one or more of the following:

- Child or vulnerable adult exhibits disturbed and irrational behaviour
- Child or vulnerable adult shows fear of adults (or one particular adult)
- Child or vulnerable adult is unable to relate to peers and/or siblings
- Child or vulnerable adult is isolated socially
- Child or vulnerable adult shows signs of developmental delay for which there is no medical or physiological explanation
- Child or vulnerable adult shows low self esteem
- Child or vulnerable adult has aggressive tantrums
- The child or vulnerable adult becomes depressed or withdrawn and may be suicidal, self-harming or runs away
- The child shows fear of other children or young people (this may be indicative of bullying)

g) Financial and Material Abuse

Financial abuse is the theft or misuse of money or personal possessions which involve an individual's resources being used to the advantage of another person. It can include theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, such as wills, property, inheritance, possessions or benefits.

Indicators include: unexplained or sudden inability to pay bills/unexplained shortage of money; fear of spending on legitimate items/bills; unusual family interest in the adult at risk's asset/will; change in living conditions; lack of heating, clothing, food; sudden or unexpected changes in will or other financial documents.

h) Domestic Abuse

In addition to what is stated above Domestic Abuse also encompasses slavery, human trafficking, 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.

i) Discriminatory Abuse

Discriminatory abuse may manifest itself as any of the categories of abuse stated in this policy. What is distinctive is that discriminatory abuse is motivated by oppressive and discriminatory attitudes towards a person's disability – physical or learning disability, mental ill-health or sensory impairment. Discrimination may be on grounds of disability, age, gender, race, sexuality, religious beliefs or customs or other forms of harassment, slurs or similar treatment.

Discriminatory abuse exists when values, beliefs or culture result in a misuse of power that denies opportunity to some groups or individuals. It can result from situations that exploit a person's vulnerability by treating the person in a way that excludes them from opportunities they should have as equal citizens, for example, education, health, justice and access to services and protection.

j) Organisational Abuse

Whenever any form of abuse is caused by an organisation, it may be organisational abuse. Organisational abuse includes neglect and poor practice within an institution or specific care setting such as a hospital or care home, 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.

Organisational abuse includes: neglect, poor professional practice, pervasive ill treatment, gross misconduct, no respect for users, repeated instances of poor care.

k) Neglect and Acts of Omission

Neglect is the persistent failure to meet a child's or vulnerable adult's basic physical and/or psychological needs, likely to result in the serious impairment of their health or development. It may involve a parent or carer failing to provide adequate food, shelter or clothing, leaving a child or vulnerable adult 'home alone', or the failure to ensure a child or vulnerable adult gets appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's or vulnerable adult's basic emotional needs.

Indicators of neglect may include one or more of the following:

Indicators of neglect can be difficult to identify and use. Indicators of poverty may sometimes be misread as signs of neglect. Poverty affects material standards but it does not of necessity affect the quality of care. There can be neglect in affluent households in which children, young people and vulnerable adults are surrounded by material comfort, but where they do not receive adequate care and supervision appropriate for their age. Neglect normally has a time dimension. It can reflect individual incidents but is usually cumulative. It may relate to the increasing size of a family, to the long term demoralising effects of poverty or unemployment, or to the recurring family misfortunes and illness, which gradually undermine the abilities of carers to meet the diverse needs of the children in the family. It may not be all the children in the family who suffer from neglect. Some, because of their age and abilities, may appear to cope with little or no adult care, and they may find care and support outside the home. Some children, young people and vulnerable adults will suffer from the privations of neglect because they have disabilities which make them particularly dependent on adult care, or because they are particularly disliked or rejected by carers.

Children's Specialist Services division of the Children's Services Departments have powers under Section 17 of the Children Act 1989 to help young people and children who are in need. Children and young people living in families coping with multiple disadvantages can be helped and supported under this section of the Act. If and when there are concerns about neglect it is always useful to begin by discussing the use of Section 17 with the Children's Specialist Services.

The following signs can be used to guide discussion and decision-making about the possibility of neglect:

- The child or vulnerable adult is dirty, perhaps smelly, and inadequately dressed
- The obvious lack of adult care leads to the social isolation of the child or vulnerable adult
- The child or vulnerable adult looks malnourished

- The child or vulnerable adult is lacking in confidence and self-esteem
- The child or vulnerable adult is developmentally delayed for no apparent medical or physiological reason
- The home is dirty in a way that may damage a child's or vulnerable adult's health
- There is such a lack of warmth or food that the health and development of the child or vulnerable adult may be impaired or damaged
- Children or vulnerable adults are left alone without any appropriate arrangements for their care and supervision
- Children or vulnerable adults, because of lack of supervision, are exposed to dangers, e.g. fires, busy roads, exploitation by adults etc.
- Health appointments are consistently not kept

l) 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. Any suspected cases of self-neglect should be reported.

m) Honour Based Violence

Honour based violence' is a crime or incident which has or may have been committed to protect or defend the honour of the family and/or community.

Honour based violence (HBV) can be described as a collection of practices, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour. It is often linked to family members or acquaintances who believe someone has brought shame to their family or community by doing something that is not in keeping with the traditional beliefs of their culture. For example, honour based violence might be committed against people who:

- become involved with a boyfriend or girlfriend from a different culture or religion
- want to get out of an arranged marriage
- want to get out of a forced marriage
- wear clothes or take part in activities that might not be considered traditional within a particular culture

Women and girls are the most common victims of honour based violence however it can also affect men and boys. Crimes of 'honour' do not always include violence. Crimes committed in the name of 'honour' might include: domestic abuse, threats of violence, sexual or psychological abuse, forced marriage, being held against your will or taken somewhere you don't want to go, and assault.

n) Female Genital Mutilation

Female Genital Mutilation (FGM) is defined as comprising all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural or non-therapeutic reasons (WHO, 1997). The UK Government has written advice and guidance on FGM that states, "FGM is considered child abuse in the UK and a grave violation of the human rights of girls and women. In all circumstances where FGM is practised on a child it is a violation of the child's right to life, their right to their bodily integrity, as well as their right to health. The UK Government has signed a number of international human rights laws against FGM, including the Convention on the Rights of the Child."

FGM has been a specific criminal offence in the UK since 1985 when the (UK-wide) Prohibition of Female Circumcision Act (“the 1985 Act”) was passed. The Female Genital Mutilation Act 2003 (“the 2003 Act”) replaced the 1985 Act in England, Wales and Northern Ireland. There is now a legal duty to report FGM for public sector employees working for a statutory agency, as part of the Serious Crime Act 2015.

Indications that a child is at risk of FGM:

- The family comes from a community that is known to practice FGM, especially if there are elderly women involved in the family.
- If a woman has already undergone FGM, and it comes to the attention of any professional, consideration needs to be given to any Child Protection implications e.g. for younger siblings, extended family members, and a referral made to Social Care or the Police if appropriate.
- In conversation a child may talk about FGM.
- A child may express anxiety about a special ceremony or procedure.
- The child may talk or have anxieties about forthcoming holidays to their country of origin where FGM is practised.
- Parent/Guardian requests permission for authorised absence for overseas travel or you are aware that absence is required for vaccinations.

Indications that FGM has taken place:

- Prolonged absence from school with noticeable behaviour change (e.g. withdrawal, depression), especially after a return from holiday.
- Spend long periods of time away from school or college, or during class time during the day; and a reluctance to take part in physical activities / sports games
- Spending longer than usual in the toilet due to difficulties urinating
- Recurring urinary tract infections or menstrual problems
- Reluctance to undergo routine medical examinations linked to the genital regions (e.g. smear tests)

A child who has undergone or at risk of FGM should be seen as a child protection issue.

o) Ideological Harm

This is not a category of abuse in its own right. However KLS takes the vulnerability of children and vulnerable adults to being seduced by extreme ideological positions very seriously. Ideological harm includes radicalisation, extremism and the ‘Prevent Duty’.

Radicalisation refers to the process by which a person comes to support terrorism or forms of extremism. Without undermining values such as freedom of speech, mutual respect and tolerance, all staff and volunteers must respond to the ideological challenge of extremist views. Extremism is defined as vocal or active opposition to British values, including democracy, the rule of law, individual liberty, mutual respect, and tolerance of difference faiths and beliefs.

The Prevent Duty & Promoting British Values

From 1st July 2015 all schools, registered early years childcare providers and registered later years childcare providers are subject to a duty under section 26 of the Counter-Terrorism and Security Act 2015, in the

exercise of their functions, to have “due regard to the need to prevent people from being drawn into terrorism”. This duty is known as the Prevent Duty.

At KLS we will:

- Raise awareness amongst staff and volunteers including providing appropriate training for staff and volunteers. Part of this training will enable staff and volunteers to identify children and vulnerable adults who may be at risk of radicalisation.
- We will build the children’s resilience to radicalisation by promoting British values including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs; and enabling them to challenge extremist views.
- As with managing other safeguarding risks, our staff will assess the risks; be alert to changes in children’s and vulnerable adult’s behaviour which could indicate that they may be in need of help or protection (children at risk of radicalisation may display different signs or seek to hide their views); and ensure children and vulnerable adults are safe from terrorist and extremist material when accessing the internet.
- We will not carry out unnecessary intrusion into family life but we will take action when we observe behaviour of concern. The key person approach means that we already have a rapport with our families so we will notice any changes in behaviour, demeanour or personality quickly.

p) Children who abuse other children

Managing situations where children have been abused by other children can be complex and stressful. It is important to be conscious that any child who is engaging in abusive behaviour towards others may have been subject to abuse from others themselves. Abusive behaviour can be displayed in a variety of ways and can consist of sexual abuse / activity; physical harm; emotional abuse; verbal abuse – also see categories above.

Where an allegation is made regarding alleged abuse perpetrated by another child, the age and understanding of the alleged perpetrator must be considered throughout decision making. The circumstances of the alleged perpetrator must be assessed separately from those of the alleged victim and must include exploration of why this behaviour has occurred.

Children who abuse others should be held responsible for their abusive behaviour, whilst being identified and responded to in a way which meets their needs as well as protecting others.

The decision as to whether or not behaviour directed at another child should be categorised as harmful is clearly dependent on the individual circumstances of the case. It may be helpful to consider the following factors:

- The relative chronological and developmental age of the two children
- Whether the alleged abuser is supported or joined by other children
- Any differential in power or authority (e.g. related to race, gender, physical, emotional or intellectual vulnerability of victim)
- The actual behaviour (consider all factors)
- Whether the behaviour could be described as age appropriate or involves inappropriate sexual knowledge or motivation
- The degree of coercion, physical aggression, intimidation or bribery
- The victim’s experience of the behaviour and the impact it is having on them

- Attempts to ensure secrecy
- Duration and frequency of behaviour

Additional guidance is available via the London Child Protection procedures:

http://www.londoncp.co.uk/chapters/ch_harm_others.html

q) Adolescent to Parent Violence and Abuse (APVA)

Adolescent to Parent Violence and Abuse (APVA) may be referred to as ‘adolescent to parent violence (APV)’ ‘adolescent violence in the home (AVITH)’, ‘parent abuse’, ‘child to parent abuse’, ‘child to parent violence (CPV)’, or ‘battered parent syndrome’.

The cross-government definition of domestic violence and abuse is ‘any incident or pattern of incidents of controlling, coercive or 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. This can encompass, but is not limited to psychological, physical, sexual, financial and emotional abuse.’ (See categories above). While this definition applies to those aged 16 or above, APVA can equally involve children under 16.

A young person using abusive behaviour against a parent must receive a safeguarding response.

Further information can be found via the Home Office:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/420963/APVA.pdf

r) Child Sexual Exploitation

Sexual exploitation can incorporate sexual, physical and emotional abuse. Sexual exploitation in relation to children and young people can take many forms from a seemingly consensual relationship, to serious organised crime and child trafficking. In all cases those exploiting the child or young person hold some kind of power over the victim.

11. Working with disabled families

Some children or vulnerable adults may be particularly vulnerable to abuse. Children or vulnerable adults with disabilities may be particularly vulnerable to abuse and neglect for the following reasons:

- Dependence on multiple carers including the need for intimate care
- Perceptions of disabled people being less capable of feeling pain, or being of less worth than others
- Impaired capacity to resist or to avoid abuse or to communicate verbally if abuse occurs
- Stress that may be placed on carers by the demands of looking after a disabled person

12. Working with BAME families

There is a need to be mindful of some of the issues in working with children or vulnerable adults from ethnic minorities and their families.

- BAME children are generally over-represented in our care systems and some families may feel threatened and disempowered by involvement with the statutory agencies
- BAME families may also have suffered the stresses of racial abuse and discrimination

- Refugee families have often had negative experiences of authority and time needs to be taken to ensure that trust and confidence is built appropriately
- Racial stereotyping can lead to inaccurate or unfair judgements being made about them. It is important that all those working with BAME children and families avoid further stigmatising them whilst still being mindful of the need to protect children
- Where the first language of the family is not English the use of an interpreter must always be considered and an interpreter provided where necessary

13. Working with religious families/communities

There are also some considerations to be made when working with religious families and/or communities. Where faith is concerned care should be taken and advice sought from KLS' Safeguarding Officer.

14. What to do if child or vulnerable adult abuse is suspected

All adults at KLS have a responsibility to take appropriate steps to protect children, young people and vulnerable adults from abuse. All staff and volunteers should feel able to act in good faith to take immediate, common sense steps to protect a child, young person or vulnerable adult but they should immediately discuss their concerns with their Line Manager, other senior staff member or the Safeguarding and Child Protection Officer (Sarah Rackham).

There are a number of circumstances in which staff or volunteers might suspect abuse. These include a:

- Child or vulnerable adult 'disclosing' abuse – telling someone s/he is being or has been abused
- Child or vulnerable adult having an injury for which there is no satisfactory explanation or a number of explanations are given
- Child's or vulnerable adult's behaving or appearing in such a way as to give rise to concern
- Member of KLS staff or volunteer been seen abusing a child or vulnerable adult
- Parent, child or family member perpetrating abuse

a) Obstacles to reporting abuse

Children and vulnerable adults are sometimes reluctant to talk about abusive experiences because they:

- Are anxious about the consequences (they may have been threatened)
- Wish to protect the abuser
- Are worried that they will be removed from home

Staff and volunteers may be reluctant to recognise or report abuse because they:

- Are worried about getting it wrong
- Believe that things will get better or the abuse was a 'one-off' and will not continue
- Are anxious about what will happen to the child, vulnerable adult or their family
- Do not know what to do and are unfamiliar with child and vulnerable adult protection procedures

b) How to respond when a child discloses abuse

- Never promise to keep a secret or not to tell anyone else

- Listen and only ask questions to clarify information
- Do not ask leading questions
- Make eye contact with the child or vulnerable adult
- Try not to appear shocked
- Accept what the child or vulnerable adult says
- Be aware that the child or vulnerable adult may have been threatened
- Do not pass judgement
- Tell the child or vulnerable adult that they are not to blame
- Do not press for information
- Answer any questions the child or vulnerable adult asks – if you don't know the answer, tell the child or vulnerable adult that you will try to find out for them
- Reassure the child or vulnerable adult that they are right to tell you and you believe them
- Let them know what you are going to do next, who you are going to tell and why, and loosely what will happen
- Finish, if possible, on a positive note
- Do not discuss disclosures/suspicions with anyone other than those specified below

Make handwritten notes as the child or vulnerable adult is talking, or if this is not appropriate, as soon as you can afterwards. It is important to record exactly what was said and the date and time. Keep all notes, even if they are subsequently typed up.

c) Procedures to follow if abuse is disclosed or suspected

If any abuse is disclosed or suspected, the volunteer or staff member must verbally inform their supervisor or line manager IMMEDIATELY and in a confidential manner. This is essential so that a qualified person can make a decision about whether a child and/or sibling is at immediate risk of harm.

The relevant Project Co-ordinator and KLS Safeguarding and Child Protection Officer (Sarah Rackham) must be informed as soon as possible if they are not already dealing with the case.

The only agencies that have the statutory power to investigate child or vulnerable adult abuse are the local authorities or the police. All investigations should be undertaken by appropriate professionals.

d) Immediate risk of harm

If a staff member with responsibility for child or vulnerable adult protection believes that the child/sibling is in immediate risk of harm (for example they have been badly injured by a parent/carer), then they should take whatever action is necessary to secure the child's safety (without putting themselves at risk). They should then call the police or social services to report their concern. They should inform their Line Manager, as well as the parent or carer that this action has been taken straight away unless they believe that this action will put the child or another person (including themselves) in increased danger. The child or vulnerable adult should be reassured and looked after in a safe, confidential place until further support arrives. Direct contact details for statutory service taking responsibility for the child or vulnerable adult should be taken, and instructions for sending further written information and/or contacting the parents/carers if this has not already been done.

e) Follow-up to immediate risk of harm

Once the police or social services has taken responsibility for the child or vulnerable adult, the Project Co-ordinator or Safeguarding and Child Protection Officer will support the volunteer or staff member to whom the disclosure was made to complete a Child or Vulnerable Adult Protection Record Form, including a body map if appropriate (see below). Written evidence should be provided to police or social services within 24 hours or as per instructions given.

f) Longer-term follow-up to immediate risk of harm

The Safeguarding and Child Protection Officer should remain in contact with police or social services to keep up to date with the situation. The Lead Trustee for Safeguarding and Child Protection should be informed. Clear records must be kept of any concerns or actions taken. Staff and volunteers involved should be updated and debriefed. A support plan for supporting the family should be drawn up if appropriate.

g) A child or vulnerable adult for whom there is concern (but not immediate risk of harm)

If a staff member with responsibility for child or vulnerable adult protection believes that abuse may be taking place, but that the child or vulnerable adult is not in immediate danger of harm, they will need to inform their Line Manager and the Safeguarding and Child Protection Officer so that a decision can be made as to whether to refer to social services. The Safeguarding Officer could seek advice from Children or Adult Social Services anonymously or with a hypothetical situation if necessary.

h) Decision to refer to social services

If it is agreed to refer a child or vulnerable adult to social services, parents/carers will always be informed unless this might increase the risk to the child. In this instance, advice will be sought from social services. Verbal referrals of possible child or vulnerable adult abuse to local authorities must always be confirmed in detail in writing within 24 hours. The staff member dealing with the case will be supported by a senior staff member to complete a Child or Vulnerable Adult Protection Record Form and body map if appropriate. Clear and detailed records will be kept of all decisions and actions taken. If following referral to social services, the authority decides not to investigate and the person who made the original report disagrees with this view, they should discuss the situation with the Safeguarding and Child Protection Officer.

i) Follow-up to social services referral

The senior staff member responsible for making the referral will remain up-to-date with the case and will inform and debrief relevant staff and volunteers without breaching confidentiality. A supporting action plan for the family will be drafted if appropriate. Continuing support for the child or vulnerable adult will be provided in line with social services' guidance. The case will be reviewed within 6 weeks.

j) Decision not to refer to social services

If it is agreed not to refer a child or vulnerable adult to social services, the staff member or volunteer will still need to complete a Child or Vulnerable Adult Protection Record and body map if appropriate (see below). These will be filed, with a report of any actions and decisions taken. A supporting action plan for the child

and/or family will be drafted, with actions to be taken if any further suspicions of abuse are raised. Various other actions may be taken to promote the safety of the child or vulnerable adult, including speaking or writing to an appropriate family member or arranging a more formal meeting with an appropriate family member. It might also be agreed to allocate a key worker to monitor any further indicators of abuse. The case will be reviewed within 6 weeks.

k) A child who is subject to a child protection plan

A child who is on the child protection register will be subject to a child protection plan. Our project may or may not be aware of this. If the service is aware it is important to share this information appropriately within the service without breaching confidentiality. This information should only be shared with paid staff.

15. Case management in a section 47 enquiry

If the case is taken up by social services, an enquiry will be carried out. Investigations are usually carried out by the police and social services working together, but may be single agency. If a Child Protection Conference is called, an appropriate person from KLS could be asked to attend, and to provide a report in accordance with London Child Protection Procedures guidelines.

The purpose of an enquiry will be to establish not only whether significant harm has occurred or is likely to occur, and whether protective action is necessary, but also to assess the ongoing level of risk and whether families would benefit from support services.

It is possible that a member of staff may be asked to attend a Child Protection Conference of a child known to a KLS project, even if the abuse was not disclosed to them.

Involvement in a child protection enquiry can be challenging and stressful. In the unlikely event that this was to happen KLS will ensure that appropriate support and advice is available for any member of staff or volunteer involved.

16. Allegations against staff or volunteers / Whistleblowing Procedures

It can be very difficult to report concerns about a member of staff or volunteer but all staff and volunteers have a duty to do this. In order to ensure safety for both children and staff or volunteers, the Supervision of Activities and Code of Behaviour (see Section 7) should be followed at all times. KLS will ensure that all staff and volunteers are aware of, and understand these issues, and know who to ask if they have any questions or concerns.

It is important that any concerns for the welfare of the child or vulnerable adult arising from suspected abuse or harassment by a member of staff or volunteer should be reported immediately. Staff or volunteers who have become aware of anything which causes them to feel uncomfortable should talk to their line manager about it immediately. All discussions must be recorded in writing by the line manager and an action plan put in place where necessary.

Any member of staff or volunteer observing practice by another that they feel is unsafe, potentially or actually abusive must immediately pass on their concerns to their line manager. All necessary steps will be taken to fully support anyone who in good faith reports his or her concerns that a colleague is or may be abusing a child

or vulnerable adult. Furthermore it is important to note that a whistleblower is a witness, not a complainant. A separation must be made between the message from the messenger.

Allegations of abuse against a member of staff or volunteer should be fully recorded and, if possible, witnessed, and reported appropriately. Every effort should 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.

Responding to suspicions or allegations that a child or vulnerable adult may have been abused by someone employed to care for them is a complex process which may encompass child or vulnerable adult protection, a police investigation and disciplinary procedures.

Any allegation made by a child or vulnerable adult against a member of staff or volunteer must always be viewed seriously and dealt with as quickly as possible. Expert advice must be sought where necessary and a referral made to the Local Authority Designated Officer (LADO). Any investigation that proceeds from this will take precedence over all other possible actions.

Notwithstanding the outcome of the investigation, the employer (KLS) may wish to take disciplinary action against the staff member. If the relevant person is a volunteer, temporary suspension of duties may be appropriate.

If there is alleged abuse, the relevant Project Co-ordinator, KLS Safeguarding and Child Protection Officer (Sarah Rackham) and the Director of KLS (Aaron Barbour) will make a decision as to what action they should take with regard to the member of staff, or, in the case of a volunteer, whether they should continue to have contact with children in the service.

Being subject to an allegation is highly stressful. In order to avoid any risks to children or vulnerable adult and themselves, it may mean that a member of staff or volunteer has to be suspended from the service; and that they do not have contact with the other service workers whilst the investigation is under way. The Project co-ordinator will ensure that appropriate supports are in place for the member of staff or volunteer, and will need to take advice as to best practice in this situation.

17. Safe recruitment of staff, volunteers and trustees

a) DBS checks (formerly known as CRB checks)

All prospective staff, trustees and volunteers having regular contact with children, or holding a 'trusted position' with children, at KLS must complete an Enhanced Disclosure and Barring Service check. If volunteers or trustees have a satisfactory disclosure issued within the last two years, this will be adequate. A copy will be filed, and it will be renewed two years after it was issued. All prospective staff must have a DBS check specific to their employment at KLS. All DBS checks must be renewed every three years.

Volunteers may begin working with children or vulnerable adults before the Disclosure has been received, providing other recruitment criteria have been satisfactorily met, and providing a leader or member of staff who has a verified DBS check is present at all times.

Staff and volunteers will be exempt from the provisions of Section 4(2) of the Rehabilitation and Offenders Act 1974 by virtue of rehabilitation of Offenders Act 1974 (Exemptions) Orders 1975 and 1986.

b) Application procedure

All staff and volunteers working with children at KLS must fill in an application form and have an interview of some kind, based on a written description of roles and duties.

As part of the application form, all staff and volunteers are asked to sign a declaration stating that there is no reason why they would be unsuitable to work with children or vulnerable adults. In particular, all applicants are required to declare any past criminal convictions and cases pending against them. This will include offences which for other purposes are 'spent' under the provisions of the above named Act. This information must be kept confidential and consideration should also be given to previous incidents involving children or vulnerable adults which cause concern for the safety of children or vulnerable adults.

References for all staff and volunteers are taken up in writing. One of the referees should be a person who has first-hand knowledge of the applicant's previous work with children or vulnerable adults. All staff and volunteers must provide some additional form of identification (e.g. passport, birth certificate) which gives their full name, date of birth and current address together with signature and/or photograph.

c) Previous convictions or other concerns

If previous cautions or convictions are disclosed from the DBS, a concerning reference is received, or concerning attitudes are detected at interview, each case will be individually considered by the Safeguarding and Child Protection Officer, in collaboration with other relevant staff or trustees. Expert advice will be sought where necessary. A written report of any decision-making process will be produced, which will be shared with the applicant if appropriate.

d) Induction

All staff and volunteers should be given details of this policy as part of their induction. Staff and volunteers should also have the health and safety procedures detailed to them as part of their induction. There will be an induction procedure for all staff and volunteers that includes training in knowledge and awareness of this Safeguarding Policy, and basic awareness about potential abuse.

e) Training

All KLS staff and volunteers must attend safeguarding training by a recognised provider within their first 6 months at work. Staff and volunteers should receive guidance on how to respond to disclosures of abuse by their Line Manager as part of their induction.

Information regarding this policy should be disseminated to all involved in projects and groups e.g. young people, parents and carers knowing there is a policy in place and how to utilise this. It should be the role of staff and volunteers to ensure this happens. The Project Co-ordinators and Safeguarding Child Protection Officers must attend regular higher level training in order to offer appropriate advice and assistance within the service.

Appendix 1: Katherine Low Settlement’s Child or Vulnerable Adult Protection Report

(Please use block letters)

Name of Person reporting:	
Date and Time:	Place:
Name of Child/Vulnerable Adult:	Age:
Name of Parent(s):	
(1) Are you expressing your own concerns or passing on those of somebody else?	
(2) Nature of Concern. Any physical signs? Behavioural signs? Indirect signs? Please use attached body map if appropriate (see below).	

(3) Have you spoken to the child or vulnerable adult about it? If so, when did you speak to them and what was said? (Use additional sheet if necessary)

(4) Have the parent(s) been contacted? If so, when did you speak to them and what was said?

(5) Who have you spoken to about your concerns? (please specify)

Line Manager

KLS senior staff

KLS Safeguarding Officer

Social Services

Any others

(6) Any other comments:

Name of person reporting: Signature: Date:

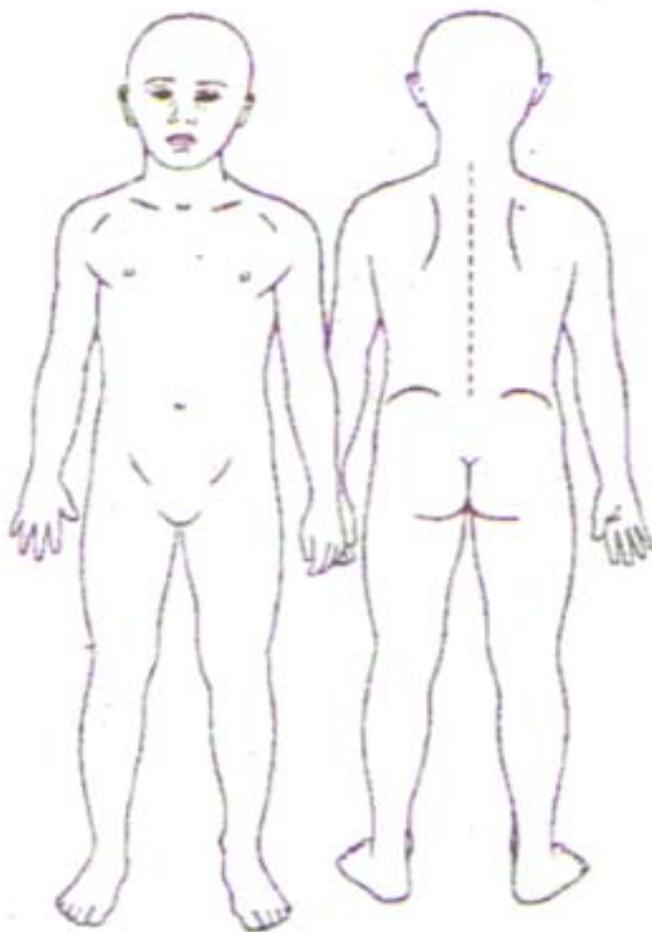
Name of Line Manager: Signature: Date:

ACTION TO BE TAKEN (To be completed by Safeguarding Officer)

Please return this form to your Line Manager & KLS' Safeguarding Officer (Sarah Rackham).

Appendix 2: Body Map (to accompany the KLS Child or Vulnerable Adult Protection Report)

Please mark location of any injuries:



Appendix 3: Safeguarding Officer – Role and Responsibilities

Responsibility

The Safeguarding Officer is responsible for:

- Acting as a source of advice and support on child or vulnerable adult protection matters.
- Coordinating action within the organisation.
- Liaising with Health, Social Services and other agencies about child or vulnerable adult protection concerns or actual cases of child or vulnerable adult abuse, and making referrals when necessary.

Role

- Ensure that appropriate information is available at the time of the referral and that it is confirmed in writing within the timescale.
- Ensure that the Safeguarding Policy is followed, and particularly to inform Social Services of relevant concerns.
- Inform KLS Management Committee and Trustees as soon as possible of all reports and action taken.
- Establish contact with the Safeguarding Coordinator and link with Area Safeguarding Committee Voluntary Sector Representative.
- Provide information, advice and training on child and Procedures protection within KLS where appropriate.
- Liaise with Social Services and other agencies, as appropriate.

Contact details

The Safeguarding Officer at Katherine Low Settlement is Sarah Rackham.

Sarah Rackham
Community Development Manager
Katherine Low Settlement

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