

## Safeguarding Policy

The Organisation are committed to the principle of safeguarding children, young people and vulnerable adults. Having a comprehensive safeguarding framework in place not only protects and promotes client welfare but it also enhances the confidence of our statutory sector stakeholders and the general public.

This Safeguarding policy and associated procedures are applicable to all children, young people and vulnerable adults served through our work, regardless of gender, ethnicity, disability, sexuality or religion.

All concerns, however minor, ought to be noted and in many cases also reported and discussed with a supervisor or directly with the Board.

## Underpinning Principles

Safe guarding and child protection has to be seen in the context of the wider Getting it right for every child (GIRFEC) approach, the Early Years Framework and the UN Convention on the Rights of the Child. GIRFEC promotes action to improve the wellbeing of all children and young people in eight areas. These wellbeing indicators state that children and young people must be: healthy, achieving, nurtured, active, respected, responsible, included **and, above all in this context, safe**. The primary indicator for child protection is to keep a child **safe** and, in so doing, attention is given to other areas of wellbeing as appropriate.

The Children and Young People (Scotland) Act 2014 now enshrines in legislation these principles of GIRFEC.

## Definitions of Terms

### *Child protection*

Child Protection is when a child requires protection from child abuse or neglect. For a child to require protection, it is not required that child abuse or neglect has taken place but rather a risk assessment has identified a *likelihood* or *risk* of significant harm from abuse or neglect. Significant harm can result from a specific incident, or an accumulation of incidents over a period of time. (National Guidance for Child Protection in Scotland 2010).

### *Safeguarding*

The process of protecting children from harm, preventing impairment of their health and development, and ensuring they are growing up in circumstances consistent with the provision of safe and effective care that enables them to have optimum life chances and enter adulthood successfully.

### *Child*

A child can be defined differently in different legal contexts. Under the Children (Scotland) Act 1995, a child is defined in relation to the powers and duties of the local authority. However, the importance of context is critical for those aged between 16 and 18. Those in this age group who are still subject to a supervision requirement by a Children's Hearing can

be viewed as a child. Moreover, the United Nations Convention on the Rights of the Child applies to anyone under the age of 18. (National Guidance for Child Protection in Scotland 2010).

#### *Vulnerable Adult*

A person aged 16 or over who is unable to safeguard their own well-being, property, rights or other interests. A person aged 16 or over who is at risk of harm and because they are affected by disability, mental disorder, illness, physical or mental infirmity, are more vulnerable to being harmed than adults who are not so affected. (Adult Support and Protection (Scotland) Act 2007).

#### *Harm/Significant Harm – Children and Young People*

“Harm” means the ill treatment or the impairment of health or development of the child – in this context, “development” can mean physical, intellectual, emotional, social or behavioural development and “health” can mean physical or mental health. Child protection is closely linked to the risk of *significant* harm – whether the harm suffered or likely to be suffered by a child is “significant” is determined by comparison of the child’s health and development with what might be reasonably expected of a similar child. (National Guidance for Child Protection in Scotland 2010).

#### *Harm – adult at risk*

An adult is at risk of harm if another person’s conduct is causing or is likely to cause the adult to be harmed or the adult is engaging or is likely to engage in conduct which causes or is likely to cause self-harm

Harm may be: Physical, neglect, financial, sexual, psychological and discriminatory.

#### *Disclosure*

The moment when a child, young person or vulnerable adult chooses to tell a responsible adult i.e. a Host Family about a secret they have previously not shared, e.g. this could be in relation to abuse they have suffered or are suffering.

#### *Child’s plan*

The Child’s Plan should include a single plan of action and be managed and reviewed through a single meeting structure, even if the child is involved in several processes; for example, being looked after or having a co-ordinated support plan. The Lead Professional should ensure that the expertise of those involved is properly integrated along with evidence gathered through specialist assessments in order to give the fullest possible picture of the child’s needs and how best they can be met. Further guidance on the roles of the Named Person and Lead Professional is available on the [GIRFEC website](#).

#### *Abuse*

Abuse (and neglect) is a form of maltreatment of a child or vulnerable adult. Somebody may abuse a child or vulnerable adult by inflicting or by failing to act to prevent significant harm to the child or vulnerable adult. In a child protection context, there are three key different types of abuse that can be identified. Physical Abuse is the causing of physical harm to a child. Emotional Abuse is persistent emotional neglect or ill treatment of a child, causing severe and

persistent adverse effects on the child's emotional development. Sexual Abuse is any act that involves the child in any activity for the sexual gratification of another whether or not it is claimed that the child either consented or assented. (National Guidance for Child Protection in Scotland 2010). Abuse can occur in any relationship, adult-adult, adult-child or child-child and may result in significant harm to or exploitation of the person subject to it. Commonly recognised abuse categories are: Emotional (psychological) abuse, Physical abuse, Sexual abuse, Neglect, Organised abuse, Abuse of trust, Grooming, Financial or Material abuse.

### **The challenge of recognising abusers**

Those regarded as an abuser might be anyone, including family members, professional staff, paid care workers, volunteers and fellow service users, neighbours, friends and associates.

Abuse may be perpetrated by someone in a position of power or authority who uses his/her position to the detriment of the health, safety, welfare and wellbeing of a vulnerable person.

Abuse may take place in any context; in the home, school, church, hospitals, and other places that are often assumed safe, or indeed in public places.

### **Signs and symptoms of abuse**

Some children can exhibit one or more signs. If there are concerns about a child displaying any of the indicators, discussions should be held with the appropriate person or directly with the Board.

Indicators can be *physical* e.g. marks and bruises, *behavioural* i.e. aggressive or withdrawn or secretive etc., *disclosures* i.e. a child tells you something that indicates abuse, *presentation/appearance* may be unkempt, dirty etc.

The following section summarises helpful guidance on this subject:

- Some signs and symptoms are common to all forms of abuse – low self-esteem and changes in behaviour, for example.
- Clusters of signs and symptoms are particularly important rather than isolated instances – although some signs on their own can be particularly significant.
- Significance should be attached to any mismatch between an injury and the account of how it happened.
- It is important to consider the duration, intensity and frequency of the signs and symptoms.
- Staff/volunteers must record signs and symptoms, even if they have no proof that these indicate abuse. For example, information about when injuries occur (such as after the weekend) can be important.
- Some forms of abuse have no overt signs. Young children often communicate their distress through their behaviour, whereas older children may become adept at hiding signs of abuse.
- Children, young people and adults at risk from different cultural backgrounds may communicate their distress in different ways.
- Bear in mind that what you observe is being filtered through your own personal

circumstances, the society you live in, and your culturally and socially determined attitudes.

- On their own, the signs and symptoms do not necessarily indicate abuse, but they must be recorded, as many cases of abuse are identified only when one person's observation of apparently insignificant signs is considered alongside other information.

**NOTE:** Lists of signs and symptoms are not fail-safe mechanisms, but they are often helpful indicators in certain combinations of the likelihood or reality of abuse. Young people may behave strangely or appear unhappy for many reasons, as they move through the inevitable stages of growing up and their families experience changes.

Remember that there can be other explanations for a child, young person or adult showing such signs or behaving in such ways. There is a good deal of overlap between the signs and symptoms of the different types of abuse, particularly between emotional and other types of abuse.

### **Acting upon concerns of potential abuse**

Given our prior discussion regarding procedural differences in handling children and adults at risk the following guidance indicates whether procedures are advised for children, adults at risk, or both.

### **Consider Urgent Medical Attention**

If a child or adult at risk is suffering from a serious injury or health-related condition, medical attention must be sought immediately at the nearest Accident and Emergency unit (dialling 999 if paramedics/ambulance is deemed appropriate).

### **Listening and responding to a 'disclosure'**

When a child, young person or adult at risk chooses to tell a responsible adult, Family or Family Friend about abuse they have suffered or are suffering, we call this a **disclosure**.

Disclosures may relate to abuse perpetrated by a family member or someone outside the family, e.g. a teacher, youth leader, pastor, online 'friend' etc. There are no groups of people who are exempt from being abusers. All disclosures must be taken seriously.

### **It is important that the guidelines below are followed:**

- 1) Reassure them they have done the right thing by telling someone.
- 2) Listen carefully but do not press for information, 'cross-examine', or ask leading questions, as any leading questions may prejudice follow-up investigation by Police or Local Authority children and families team.
- 3) Don't promise confidentiality, rather sensitively explain that you may need to let someone else know - outline what you are going to do next.
- 4) If after talking to a child, young person or vulnerable adult at risk about a sensitive issue,

you feel concerned or upset, make sure you seek help from your supervisor.

- 5) Be aware that what has been recorded is highly confidential and should only be shared on a need to know basis.
- 6) The Board will need to decide what action to take in liaison with any other relevant persons. The category of abuse and the current level of risk to the child, young person or vulnerable adult at risk will be taken into account when making this decision.

### **Acting on other concerns of abuse**

If your concerns of abuse do not directly arise from a verbal disclosure from the victim, the reporting process will be very similar.

### **Safeguarding Adults at risk**

The threshold at which an adult is classed as at risk can be rather subjective. Certain factors make the risk more evident, such as a profound mental or physical disability, but other such as milder learning difficulties, or certain addictive behaviours may not always be recognised as placing the individual in an 'at risk' category. Indeed, adults with such conditions may not themselves appreciate being referred to in this way.

Ultimately, we want to ensure that all the parents/carers and carers that we interact with are safeguarded from harm, as well as their children. Therefore, staff and volunteers should:

- be alert to the vulnerability of adults we support, they are in a stressful situation and such their ability to protect themselves from assault, abuse or exploitation may be reduced.
- never take advantage of or exploit the vulnerable position of a parents/carer who is trusting us to support them / their child.
- discuss any concerns that an adult at risk has been or is being abused as soon as possible.

The same safeguarding policy principles apply to adults at risk as they do to children, but their application may need to be considered and adjusted on a case-by-case basis.

Variables would be likely to include: methods of communication used with the individual concerned, the extent of consultation with parents/primary carers, and the degree to which the individual may be expected to resist or co-operate with any measures to be taken.