

CHILD AND VULNERABLE ADULT WELFARE AND SAFEGUARDING POLICY

Introduction.

Willoughton Parish Council is committed to promoting the protection, safety and welfare of children and vulnerable adults in the Community.

Policy Purpose.

This document outlines Willoughton Parish Council's policy on identifying and responding to concerns regarding the safeguarding and protection of children and vulnerable adults.

This Policy applies to all staff, councillors, volunteers, or anyone working for or on behalf of Willoughton Parish Council.

This policy provides guidance for those who may come across concerns of this nature within the context of their work for Willoughton Parish Council.

The policy seeks to promote effective multi-agency working in light of the Children Act 2004.

What is child abuse? What are the signs of Child abuse?

Please refer to Appendix 1.

What is vulnerable adult abuse? What are the signs of vulnerable adult abuse?

Please refer to Appendix 2.

Lead Officer.

Willoughton Parish Council will appoint on an annual basis a lead safeguarding officer or member. The appointment will be made at the annual meeting of the Council.

What to do if you are worried about a child or vulnerable adult.

Child.

If you believe a child is in immediate danger call 999 and inform the police.

If there is no immediate danger to the child, or if you need some advice or information, you can contact the Children Services Customer Service Centre (CSC) on **01522 782111**.

Outside normal office hours you can contact the Emergency Duty Team (EDT) on **01522 782333**

If there is no immediate danger you may also seek advice from the Councils Lead Safeguarding Officer.

Whenever you report a concern please keep a written record of what you have reported and why and inform the Councils Lead Safeguarding Officer at the earliest possible opportunity.

Vulnerable Adult.

If you believe an adult is in immediate danger call 999 and inform the police.

If you think someone is being abused or you think their safety is at risk, then it is important to tell someone.

If you're worried about an adult and think they may be a victim of neglect, abuse, or cruelty, please call the Customer Service Centre (CSC) on **01522 782155**

Outside normal office hours you can contact the Emergency Duty Team (EDT) on **01522 782333**.

If there is no immediate danger you may also seek advice from the Councils Lead Safeguarding Officer.

Information sharing with and without consent.

General guidance:

Knowing when and how to share information is not always easy, but it is important to get it right. Families need to feel reassured that their confidentiality is respected. In most cases you will only share information about them with their consent, but there may be circumstances when you need to override this.

If you are not sure, but in your view there is a risk of abuse to someone, you should speak to your supervisor or Councils Lead Safeguarding Officer.

The seven golden rules for information sharing:

1. Remember that the Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.
<https://www.legislation.gov.uk/ukpga/2018/12/contents>
2. Be open and honest with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice if you are in any doubt, without disclosing the identity of the person where possible.
4. Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the child's/adults/public interest. You will need to base your judgement on the needs of the child/adult facts of the case.
5. Consider safety and well-being: base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.
6. Necessary, proportionate, relevant, accurate, timely and secure: ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up to date, is shared in a timely fashion, and is shared securely.
7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

Points for Consideration:

- Is there a legitimate purpose for sharing information?
- Does the information enable a person to be identified?
- Is the information confidential?
- If so, do you have consent to share?
- Is there a statutory duty or court order to share the information?
- If consent refused/there are good reasons not to seek consent
- Is there sufficient public interest to share information?
- If the decision is to share, are you sharing the right information in the right way?
- Have you properly recorded your decision?

There may be circumstances where a parent is not informed that a safeguarding referral is being made if you suspect:

- Sexual abuse, organised abuse or fabricated illness or injury (FII).
- It isn't possible to contact parents without causing undue delay in making a referral.
- The risk of destroying evidence.
- Possibility of increased risk of domestic violence.
- Possibility of the family moving to avoid professional scrutiny.

It is always essential in safeguarding to consider whether the adult at risk is capable of giving informed consent in all aspects of their life. If they are able, their consent should be sought.

Safer recruitment and DBS

Willoughton Parish Council adopts safer recruitment practices for all employees, including agency employees, students, and volunteers, who might work with children and vulnerable adults as part of their jobs.

Even when the employee or volunteer is unlikely to work with children or vulnerable adults' certain safer recruitment practices will also be followed.

The key features of safer recruitment include:

- Advertising the post
- Application /shortlisting/interview
- References
- Safer selection
- Pre-appointment checks
- DBS checks
- Induction

How to respond to allegations of abuse against a member of staff or volunteer.

In the first instance if you have a concern about anyone, either a volunteer or member of staff then you should contact the Lead Officer for Safeguarding within your town or parish council.

If the concern is about the 'Lead Officer' themselves you should refer the matter using the contacts listed in the above section entitled:

What to do if you are worried about a child or vulnerable adult?

If the Lead Officer considers that the alleged member of staff or volunteer has:

- behaved in a way that has harmed a child or may have harmed a child.
- committed a criminal offence against or related to a child; or
- behaved towards a child or children in a way that indicates he or she will pose a risk of harm if they work regularly or closely with children.

Then they must follow the Lincolnshire Safeguarding Children Board protocol for ['Managing Allegations of abuse made against persons who work with children and young people'](#)

If you are concerned but it is not a Safeguarding Issue?

From time to time the Council or one of its members or employees may be concerned about a child but the issues are not of a safeguarding nature.

As in all cases the matter should be referred to the Councils lead officer for safeguarding who will consider what action to take.

The Lincolnshire Domestic Abuse protocol has established procedures to help known as an Early Help Assessment (EHA).

The EHA process has been designed to help practitioners assess needs at an early stage and then work with the child / young person, their family and other practitioners, and agencies to meet these needs. As such, it is designed for use when:

- You are worried about how well a child / young person is progressing.
- You might be worried about their health, development, welfare, behaviour, progress in learning or any other aspect of their wellbeing.

- A child / young person or their parent / carer raises a concern with you.
- The child's or young person's needs are unclear, or broader than your service can address alone .
- The child or young person would benefit from an assessment to help a practitioner understand their needs better.

The Councils lead officer should arrange a consultation with and Early Help Advisor, call Children's Services CSC on **01522 782111**.

Appendix 1: Forms and signs of abuse

Ways to recognise child abuse and neglect.

Physical abuse: Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes ill health to, a child whom they are looking after. A person might do this because they enjoy or need the attention, they get through having a sick child. Physical abuse can be caused through omission or the failure to act to protect.

Visible Signs:

- injuries to any part of the body.
- children who find it painful to walk, sit down, to move their jaws or are in some other kind of pain.
- injuries which are not typical of the bumps and scrapes associated with children's activities.
- the regular occurrence of unexplained injuries.
- the child who is frequently injured, where even apparently reasonable explanations are given.

Behavioural Signs:

- furtive, secretive behaviour.
- uncharacteristic aggression or withdrawn behaviour.
- compulsive eating or sudden loss of appetite.
- the child who suddenly becomes ill co-ordinated.
- the child who finds it difficult to stay awake.
- the child who is repeatedly absent .

What to listen for:

- listen for confused or conflicting explanations of how the injuries were sustained.
- evaluate carefully what is said and preferably document it ad verbatim.
- consider if the explanation is in keeping with the nature, age, and site of injury.

Consider:

- what do you know about the family?
- is there a history of known or suspected abuse?
- has the family been under stress recently?
- do you have concerns about the family?

Emotional abuse: Emotional abuse is the persistent emotional ill treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve making a child feel or believe that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.

The recognition of emotional abuse is based on observations over time of the quality of relationships between parent/carer and the child.

Watch for parent/carer behaviours:

- poor attachment relationship with the child.
- unresponsive or neglectful behaviour towards child's emotional or psychological needs.
- persistent negative comments about the child.
- inappropriate or inconsistent developmental expectations of the child.

- parental problems that supersede the needs of the child.
- dysfunctional family relationships including domestic violence.

Watch for child behaviours:

- emotional indicators such as low self-esteem, unhappiness, fear, distress, anxiety.
- behavioural indicators such as attention seeking, withdrawn, insecure.
- physical indicators such as failure to thrive/faltering growth, delay in achieving developmental, cognitive, or educational milestones.

Sexual abuse: Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether the child is aware of, or consents to, what is happening. The activities may involve physical contact, including penetrative acts such as rape, buggery or 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 encouraging children to behave in sexually inappropriate ways. Boys and girls can be sexually abused by males and/or females, by adults and by other young people. This includes people from all different walks of life.

There may be no recognisable signs of sexual abuse, but the following indicators may be signs that a child is or has been sexually abused:

Physical signs:

- signs of blood or other discharge on the child's under clothes.
- awkwardness in walking or sitting down.
- tummy pains.
- regression into enuresis (bed or clothes wetting).
- Tiredness.

Behavioural signs:

- extreme variations in behaviour (e.g., anxiety, aggression, or withdrawal).
- sexually provocative or inappropriate behaviour, or knowledge that is incompatible with the child's age and understanding.
- drawings and/or written work which are sexually explicit (indirect disclosure).
- direct disclosure: it is important to recognise that children have neither the experience nor the understanding to be able to make up stories about sexual assault.

Neglect: Neglect is the persistent failure to meet a child's basic physical and/or psychological needs. It may involve a parent or carer failing to provide adequate food, shelter, and clothing; failing to protect a child from physical harm or danger; or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs. Indicators of neglect are recognisable in the child, in the parent/carers' behaviours and within the home environment.

Physical signs:

- abnormal growth including failure to thrive.
- underweight or obesity.
- recurrent infection.
- unkempt dirty appearance.
- Smelly.
- inadequate/unwashed clothes.
- Hunger.
- listlessness .

Behavioural signs:

- attachment disorders.
- indiscriminate friendliness.
- poor social relationships.

- poor concentration.
- developmental delays.
- low self-esteem.

Environmental signs:

- insufficient food, heating, and ventilation in the home.
- risk from animals in the household.
- inappropriate sleeping arrangements and inadequate bedding.
- dangerous or hazardous environment.

Appendix 2: Categories and predisposing factors of adult abuse

Predisposing factors: Some examples of factors which may place people at risk of abuse are listed below. Adult abuse often occurs when a vulnerable adult is faced with a set of circumstances where there is potential for harm. The presence of one, or more, of these factors does not automatically imply that abuse will follow, but may increase the likelihood:

The Individual:

- poor communication or communication difficulties.
- history of falls and/or minor injuries.
- physical and/or emotional dependence on others.
- mental health needs, especially moderate or severe dementia.
- rejection of help.
- Aggression.
- self-injurious behaviour.
- history of repeatedly making allegations of abuse.
- high level dependency on others to meet their care needs.
- substance misuse.
- previous history of violent relationships within the family or social networks.

The Environment:

- overcrowding.
- poor or insecure living conditions.
- geographical isolation.
- poor management and/or high staff turnover.

Relationships (with carers):

- unequal power relationships.
- increased dependency of vulnerable adult.
- multiple dependency within the family or social networks.
- multigenerational family structure where conflicts of personal interests and loyalties may exist.
- role reversal or significant change in the relationship between the vulnerable adult and carer.
- history of abuse within the family.
- significant levels of stress on the carer.
- isolation of the carer, due to the demands of caring, leading to a lack of practical and emotional support.
- lack of understanding about the vulnerable adult's condition, resulting in inappropriate care.
- dependency on the vulnerable adult.
- difficult or challenging behaviour by the vulnerable adult which the carer finds intolerable or stressful.
- history of the carer being abused or being a perpetrator.
- the carer feels exploited, resentful, angry or guilty.
- financial difficulties.
- illness or disability of the carer.
- significant and long term stress of the carer.

Discriminatory abuse: Discriminatory abuse exists when values, beliefs, or culture result in a misuse of power that denies mainstream opportunities to some groups or individuals. It is the exploitation of a person's vulnerability, resulting in repeated or pervasive treatment of an individual, which excludes them from opportunities in society, for example, education, health, justice, civic status, and protection. It includes discrimination based on race, gender, age, sexuality, disability, or religion.

Potential indicators:

- lack of respect shown to an individual.
- signs of a sub-standard service offered to an individual.
- repeated exclusion from rights afforded to citizens such as health, education, employment, criminal justice, and civic status.

Physical abuse: The non-accidental infliction of physical force that results in bodily injury, pain, or impairment. Examples include the inappropriate application of treatments, involuntary isolation or confinement, misuse of medication.

Potential indicators:

- any injury not fully explained by the history given.
- injuries inconsistent with the lifestyle of the vulnerable adult.
- bruises and/or welts on face, lips, mouth, torso, arms, back, buttocks, thighs.
- clusters of injuries forming regular patterns or reflecting the shape of an object.
- burns, especially on the soles, palms or back, immersion in hot water, friction burns, rope or electrical appliance burns.
- multiply fractures.
- lacerations or abrasions to mouth, lips, gums, eyes, external genitalia.
- marks on body, including slap marks, finger marks.
- injuries at different stages of healing.
- medication misuse.

Sexual abuse: Direct or indirect involvement in sexual activity without consent. Consent to a particular activity may not be given because:

- a person has capacity but does not want to give consent.
- a person lacks capacity and is therefore unable to give consent.
- a person feels coerced into activity because the other person is in a position of trust, power, or authority.

Potential indicators:

- significant change in sexual behaviour or attitude.
- pregnancy in a woman who is unable to consent to sexual intercourse.
- wetting or soiling.
- poor concentration.
- vulnerable adult appears withdrawn, depressed, or stressed.
- unusual difficulty in walking or sitting.
- torn, stained or bloody underclothing.
- bruises, bleeding, pain or itching in genital area.
- sexually transmitted diseases, urinary tract or vaginal infection, love bites.
- bruising to thighs or upper arms.

Psychological abuse: The use of threats, humiliation, bullying, swearing and other verbal conduct, or any other form of mental cruelty, that results in mental or physical distress. It includes the denial of basic human and civil rights, such as choice, self-expression, privacy, and dignity.

Potential indicators:

- change in appetite.
- low self-esteem, deference, passivity, and resignation.
- unexplained fear, defensiveness, ambivalence.

- emotional withdrawal.
- sleep disturbance.

Financial abuse: The unauthorised and improper use of funds, property, or any resources belonging to an individual. Examples include forcing changes to a will, preventing access to money, property, possessions or inheritance, and theft.

Potential indicators:

- unexplained sudden inability to pay bills or maintain lifestyle.
- unusual or inappropriate bank account activity.
- power of attorney or enduring power of attorney obtained when vulnerable adult is unable to comprehend and give consent.
- withholding money.
- recent change of deeds or title of property.
- unusual interest shown by family or others in the vulnerable adult's assets.
- person managing financial affairs is evasive or uncooperative.

Neglect and Acts of Omission: The repeated deprivation of assistance that the vulnerable adult needs for important activities of daily living, including the failure to intervene in behaviour which is dangerous to the vulnerable adult or others.

Potential indicators:

- poor physical condition, e.g., bed sores, unwashed, ulcers.
- clothing in poor condition, e.g., unclean, wet, ragged.
- inadequate physical environment.
- inadequate diet.
- untreated injuries or medical problems.
- inconsistent or reluctant contact with health or social care agencies.
- failure to engage in social interaction.
- malnutrition when not living alone.
- inadequate heating.
- failure to give prescribed medication..
- poor personal hygiene

Institutional Abuse: When rules and regimes of the home are seen as more important than the individual needs of the people who live in the home:

- poor standards.
- inflexible regimes.
- lack of personal choice for food, bed and mealtimes, etc.