The Movement Centre for Targeted Training Policy

Safeguarding Children and Vulnerable Adults

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Safeguarding Children and Vulnerable Adults

Introduction

The Movement Centre for Targeted Training (TMC) is committed to ensuring that issues concerning the protection of children and vulnerable adults are dealt with in accordance with best practice and has put in place this policy to ensure that the matter is dealt with sensitively and correctly. Note that references to 'Child' in this policy should be read as if to include vulnerable adults.

Principles

The purpose of this policy is:

- To protect children and young people who receive TMC's services.
- To provide parents, staff and volunteers with the overarching principles that guide our approach to child protection.

This policy statement applies to anyone working on behalf of TMC. This includes senior managers the board of trustees, paid staff, volunteers and students.

This policy has been drawn up on the basis of legislation, policy and guidance that seeks to protect children in the United Kingdom. TMC have used *Working Together to Safeguard Children – A guide to inter-agency working to safeguard and promote the welfare of children – 2023*, which can be found at https://www.gov.uk/government/publications/working-together-to-safeguard-children
We have also used guidance from the Charity Commission, which can be found https://www.gov.uk/guidance/safeguarding-for-charities-and-trustees and the HCPC Safeguarding Policy that can be found at https://www.hcpc-uk.org/resources/policy/safeguarding-policy/

We believe that:

- Children and young people should never experience any kind of abuse
- We have a responsibility to promote the welfare of all children and young people, to keep them safe and to protect them.

We recognise that:

- The welfare of the child is paramount
- All children, regardless of age, disability, gender reassignment, race, religion or belief, sex, or sexual orientation have a right to equal protection from all types of harm or abuse
- Some children are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues
- Working in partnership with children, young people, their parents, carers and other agencies is essential in promoting young people's welfare.

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In Accordance with *Working Together to Safeguard Children* –section on voluntary, charity and private sectors, pg 128, *"Individual practitioners, whether paid or volunteer, should be aware of their responsibilities for safeguarding and protecting children from harm, how they should respond to child protection concerns and how to make a referral to local authority children's social care or the police if necessary."*

Therefore, TMC has drawn up the following guidelines to ensure that every precaution is taken to ensure the safety of children attending, or who are engaged in activities with TMC, and to ensure that staff are trained and supported to be aware of indicators which may suggest that further action should be taken.

Guidelines

- All TMC staff or anyone working on behalf of TMC will adhere to all TMC Codes of Conduct
- All staff and trustees undertake training in safeguarding children & young people and safeguarding vulnerable adults every 3 years.
- All members of staff and trustees will have been screened with an up-to-date DBS check prior to being employed at TMC.
- All clinical staff will adhere to the Chartered Society of Physiotherapy Code of Professional values and Behaviour and the Health Care professionals Council standards of conduct, performance and ethics and their safeguarding policy.
- TMC will carry out appropriate risk assessments to ensure the protection of all children and young people
- A parent/legal guardian or person appointed in writing by the parent/legal guardian should be present during all assessments. Staff and volunteers should maintain an open-door policy or line of sight with others when working on a one-to-one basis with children
- Staff will ensure they seek verbal consent from the parents/legal guardian if inviting any other individual into the treatment rooms when an assessment is taking place
- Treatment room doors will normally be kept closed during examination, assessment or treatment of patients, unless a staff member is alone with child (see above). Notices will be displayed to warn against inappropriate entry
- All staff complete all necessary Safeguarding training on an annual basis

TMC staff or anyone working on behalf of TMC **will never:**

- Engage in sexually provocative activities or games with any child (or adult)
- Make sexually suggestive comments to a child or adult (even in jest)
- Allow or engage in any inappropriate touching of any form or cause physical harm
- Allow or engage in any inappropriate online activities including cyber bullying
- Allow the use of inappropriate language unchallenged
- Allow allegations a child makes go unchallenged, unrecorded, or not acted upon

Appendix A contains information on:

- Categories of abuse and neglect,
- Recognising abuse and neglect and
- Disable Children
- How to react

Reporting Abuse

Mandatory reporting

It is mandatory for all regulated health and social care professionals and teachers in England to report 'known cases' of female genital mutilation (FGM) in under 18s to the police (Home Office, 2016).

How to report concerns about a child's welfare

Initially any concerns will be shared with the safeguarding lead who will advise on the next steps, using the flow chart saved in the safeguarding folder. If you think a child is in immediate danger, contact the police on **999**. If you're worried about a child but they are not in immediate danger, you should share your concerns. You must **contact the child's local child protection services**. Their contact details can be found on the website for the local authority the child lives in. Services will risk assess the situation and take action to protect the child as appropriate either through statutory involvement or other support. Should you feel you are unable to raise these concerns with the safeguarding lead then please share concerns with another senior manager or trustee.

Links to national safeguarding team can be found at
https://safeguarding-guide.nhs.uk/contacts/

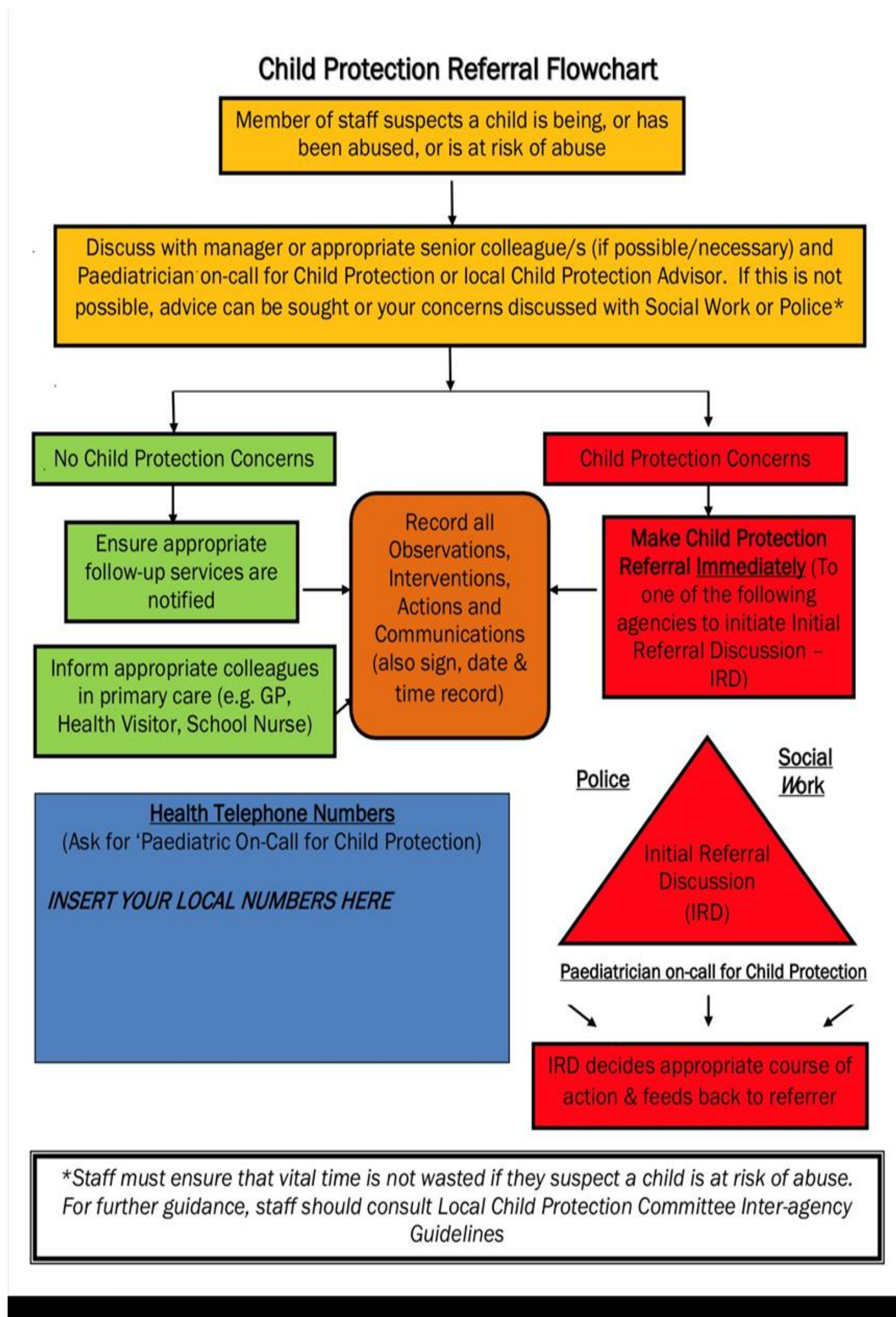
For further information detailed guidance on how to make a referral can be found in
Working Together to Safeguard Children
https://assets.publishing.service.gov.uk/media/669e7501ab418ab055592a7b/Working_together_to_safeguard_children_2023.pdf

We will seek to keep children and young people safe by:

- Valuing, listening to and respecting them
- Appointing a nominated child protection/safeguarding lead and a lead trustee for safeguarding
- Developing child protection and safeguarding policies and procedures which reflect best practice
- Using our safeguarding procedures to share concerns and relevant information with agencies who need to know, and involving children, young people, parents, families and carers appropriately
- Sharing information about child protection and safeguarding best practice with children, their families, staff and volunteers via leaflets, posters, group work and one-to-one discussions
- Recruiting staff and volunteers safely, ensuring all necessary checks are made, and these are updated regularly including: DBS checks, references and checks on gaps in work history, confirmation that staff can work in the UK, health checks
- Providing effective management for staff and volunteers through supervision, support, training and quality assurance measures
- Implementing a code of conduct for staff and volunteers

- Using our procedures to manage any allegations against staff and volunteers appropriately
- Ensuring that we have effective complaints and whistleblowing measures in place
- Ensuring that we provide a safe physical environment for our children, young people, staff and volunteers, by applying health and safety measures in accordance with the law and regulatory guidance
- Recording and storing information professionally and securely.

Children's social care team: Shropshire
http://www.safeguardingshropshirechildren.org.uk/reporting-concerns/
Telephone: 034 5678 9021
0345 6789040



Related policies and procedures

This policy statement should be read alongside our organisational policies and procedures, including:

- Code of conduct for staff and volunteers
- Photography and image sharing guidance (within the Data Protection policy)
- Whistleblowing policy
- Patient Records management Policy
- Data Protection Policy

- Patient Privacy Policy
- Complaints Policy
- Clinical Governance Policy

Gillick Competency and Fraser Guidelines

The Gillick Competency and Fraser Guidelines are there to support people who work with children and to balance the need to listen to children's wishes whilst keeping them safe.

Although these two terms are frequently used together and arise from the same case there are distinct differences between them.

The Fraser Guidelines apply to the treatment and advice given relating to sexual health and contraception, an area The Movement Centre does not work within, an awareness of the guideline is sufficient.

The Gillick Competency applies mainly to medical advice but can be used by practitioners in other settings. If a person is under the age of 16 years (Age of health consent) it requires an assessment to be undertaken by a health professional to establish capacity to consent to treatments. If capacity is assigned to the child, they have the right to make decisions against their parent's decisions or knowledge, if capacity is not assigned to the child, then parents' consent must be obtained.

Contact details

Nominated lead for safeguarding and child protection

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9 Review Date

This policy will be reviewed in March 2028

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Appendix A

Categories of Abuse and Neglect

The abuse or neglect of a child can be caused by inflicting harm or by failing to act to prevent harm. Children may be abused in a family, in a community or institutional setting, by those known to them or, much more rarely, by a stranger.
The following definitions are taken from Chapter 1 of Working Together to Safeguard Children, 2023.

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 fabricates the symptoms of, or deliberately induces illness in a child.

Emotional Abuse

Emotional abuse is a form of abuse which involves the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development.

It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or "making fun" of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children.

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual Abuse

Sexual abuse is a form of abuse which involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the Internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health and development. Neglect may occur during pregnancy as a result of maternal substance misuse. Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food and clothing, shelter (including exclusion from home or abandonment)
- Protect a child from physical and emotional harm or danger

- Ensure adequate supervision (including the use of inadequate care-givers)
- Ensure access to appropriate medical care or treatment
- It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Recognising Abuse

Physical Abuse

It can be difficult to identify physical abuse and the following factors should be considered:

- Repetitive pattern of injury (but parents may use different GP's/hospitals to avoid detection)
- Injuries not consistent with the history
- Explanations which vary, are contradictory or implausible
- Pattern of injuries which without satisfactory explanation might suggest abuse
- Bruising to a young baby - there are few reasonable explanations
- Multiple injuries
- Severe head injuries
- Rib fractures
- Subdural haematoma
- Retinal haemorrhage
- Cigarette burns
- Fractures in infants and toddlers
- Presence of other signs of abuse e.g. neglect, failure to thrive, sexual abuse
- Unusual behaviour in the parents e.g. delay in seeking medical advice
- Refusal to allow proper treatment or admission to hospital
- Unprovoked aggression towards staff
- Behaviour in the parent and child interaction which indicates poor attachment/bonding
- Frequent injuries of different ages and/or in unlikely places e.g. symmetrical bruising to the eyes (although this may occur where there is injury to the head/nose) or ears
- 5.2 Emotional Abuse

Emotional abuse alone is difficult to recognise as the child may be physically well cared for and the home in good condition and the signs are usually behavioural rather than physical. The manifestations of emotional abuse might also indicate the presence of other kinds of abuse – it may be a warning sign of other forms of neglect or ill-treatment.

It may consist of adverse effects on a child's behaviour or emotional development caused by persistent or severe:

- Rejection or indifference in environments that are high in criticism and low in warmth
- Isolation
- Inducing fear
- Lack of affection
- Scapegoating
- Inappropriate demands upon a child by virtue of their age
- Verbal hostility
- Subjection of a child to ridicule or threats

- Parental inconsistency or unpredictability
- The impact of domestic abuse
- The impact of a parent's poor mental health or substance misuse
- Racial abuse

Children suffering from emotional abuse may:

- Exhibit excessively clingy or attention-seeking behaviour
- Be fearful, distressed, withdrawn or emotionally flat
- Constantly seek to please
- Behave indiscriminately to anyone, even strangers
- Have impaired ability for enjoyment or play
- Lack curiosity and natural exploratory behaviour
- Lack fear of physically dangerous situations
- Be delayed in any or all areas of development
- Have low self-esteem and feelings of worthlessness
- Show eating disturbances, faltering growth or lack of body tone

Sexual Abuse

All children can be vulnerable to sexual abuse, but the majority of victims are girls. Both girls and boys of all age groups are at risk and there is evidence of the sexual abuse of babies and toddlers as well as older children. Disabled children may be particularly vulnerable to such abuse and professionals should consider the specific difficulties such as those relating to communication.

The sexual abuse of a child is often planned and chronic.

A large proportion of sexually abused children have no physical signs. It is therefore also necessary to be alert to behavioural and emotional factors that may indicate abuse. Absence of physical signs does not indicate the absence of abuse.

Allegation of abuse

A child making an allegation of abuse is an important indicator and should always be taken seriously and further enquiries made. It is important to note that most children will only tell a small part of their abusive experience initially. Adult responses can influence how able a child feels to reveal the full extent of her or his abuse.

Physical Signs and Symptoms

Only a minority of sexually abused children will present with a physical complaint. The following symptoms should give cause for concern and further assessment.

- Vaginal bleeding in prepubescent girls
- Soreness, discharge and unexpected bleeding in the genital area
- Abnormal dilation of the vagina, anus or urethra
- Chronic urinary tract and other genital related infections
- Bruising, lacerations, grazes or bites to the genital or breast areas
- Sexually transmitted diseases
- Pregnancy especially where the identity of the father is vague
- A change in bowel habit such as soiling or constipation
- Genito-urinary abnormalities such as enlarged vaginal opening or scarred hymen
- Rectal abnormalities such as anal fissures or scars

Such symptoms will require specialist investigation by a Consultant Paediatrician to establish the likelihood of abuse.

Behavioral and emotional indicators

- Explicit sexual preoccupation in talk, play
- Hinting at sexual activity or secrets in talk, play or drawings
- Excessive sexual awareness or inappropriate sexual knowledge for the child's age
- Inappropriate displays of affection between fathers/daughters or mothers/sons
- Extreme compulsive masturbation in an inappropriate setting
- Extreme exposure of or preoccupation with genitalia
- Overt sexually inappropriate behaviour in relation to other children and adults
- Fear of particular people or situations e.g. bath-time, toileting and bedtime
- Sleep disturbance with fears or nightmares perhaps with sexual context
- Sudden extreme changes in mood
- Changes in eating pattern and eating disorder
- Inability to concentrate, sudden change in school performance
- Reluctance to participate in physical activity or to change clothes for PE, swimming etc.
- Regular avoidance and/or fear of medical examinations
- Drug and alcohol abuse (older children)
- Suicide attempts and self-harm
- Persistent running away
- Unexplained large sums of money/gifts
- Psychosomatic conditions e.g. unexplained abdominal pain or headaches

It is important to remember that sexual abuse is just one of a number of factors that can adversely affect a child's behaviour. It is necessary during any monitoring or assessment to explore with the child's carers possible reasons for the child's behaviour.

Neglect

Neglect is more difficult to define, and sometimes to recognise, than physical abuse yet its effects can be life long and detrimental. Neglect refers to a situation where a child's basic needs are not met to a minimum standard. It comprises both a lack of physical care and supervision and a failure to meet the developmental needs of a child in terms of their emotional, physical and educational development.

When assessing neglect it is important to consider the norms for the area in which the child lives, the parental circumstances and cultural customs.

Neglect may consist of:

- Exposure to danger, cold or starvation
- Significant impairment of health and development
- Non-organic failure to thrive
- Children left unattended or unsupervised
- Persistent evasion of health services
- Significant under-stimulation

Possible Indicators of Neglect

- Thin and scraggy - the skin may be looser and the limbs softer than you would expect
- Grubby body and clothing - look for dirt in the neck folds, under the arms, in the groins and under the nails
- Severe nappy rash amounting to ulceration in some cases with sores on other parts of the body
- Dull expression with little interaction
- Sparse and coarse hair
- Lack of distress when separated from parent

Disabled Children

Disabled children are particularly vulnerable and at greater risk of all forms of abuse, including abuse whilst being cared for in institutions. The presence of multiple disabilities increases the risk of both abuse and neglect. Disabled children have the same rights to protection as any other child. People caring for and working with disabled children need to be alert to the signs and symptoms of abuse.

Disabled children must be responded to as individuals with their own specific needs, feelings, thoughts and opinions.

Disabled children may be especially vulnerable to abuse for a number of reasons:

- An increased likelihood that the child is socially isolated with fewer outside contacts than other children
- A need for practical assistance in daily living, including intimate care from what may be a number of carers, which may increase the risk of exposure to abusive behaviour and make it more difficult to set and maintain physical boundaries
- Physical dependency with consequent reduction in ability to be able to resist or avoid abuse
- Communication or learning difficulties preventing disclosure or making disclosure more difficult
- Carers and staff lacking the ability to communicate adequately with the child
- A lack of continuity in care leading to an increased risk that behavioral changes may go unnoticed
- Lack of access to ‘keep safe’ strategies available to others
- Parents’/carers’ own needs and ways of coping may conflict with the needs of the child
- The child/carers being inhibited about complaining for fear of losing services
- The child being especially vulnerable to bullying, intimidation or abuse by their peers
- Some sex offenders may target disabled children in the belief that they are less likely to be detected
- Over-identification with the needs of parents/carers that can lead to a professional reluctance to make judgements about concerning aspects of parenting

The following abusive behaviours must be considered:

- Force feeding
- Unjustified or excessive physical restraint
- Rough handling

- Behaviour modification techniques which include the deprivation of liquid, medication, food or clothing
- Misuse of medication, sedation, heavy tranquilization
- Invasive procedures against the child's will where the child is competent
- Failure to attend medical appointments and/or follow medically recommended treatment programmes where the child suffers harm as a result
- Misapplication of programmes or regimes
- Ill-fitting equipment e.g. calipers, sleep boards which may cause injury or pain, inappropriate splinting
- Misappropriation/misuse of a child's finances

Where a child is unable to tell someone of the abuse they may convey anxiety or distress in some other way, e.g. behaviour or symptoms and carers and staff must be alert to this.

How to react if a child tells you they have been abused

7.1 Children's workers are in a unique position and your relationship with children cannot be underestimated. Your area may be providing a safe haven, and perhaps the only place where a child feels comfortable and able to talk to adults. It is therefore possible that a child may approach you to talk about abuse.

7.2 General points:

- Accept what the child says.
- Keep calm; do not appear to be shocked.
- Look at the child directly.
- Be honest.
- Let them know that you will need to tell someone else - don't promise confidentiality.
- Even when a child has broken a rule they are not to blame for the abuse.
- Be aware the child may have been threatened.
- Make notes as soon as possible, writing down exactly what the child said, including the child's name, age, address, relevant family information, and details of the situation and the activity that preceded disclosure. Include the timing, setting and people present. Never push for information or question the child. Document carefully the site of any physical injury and the colour and shape of the bruising.
- Let the child know what you are going to do next, and that you will let them know what happens.

7.3 Helpful things to say:

- I believe you.
- I am glad you have told me.
- It's not your fault.
- I will try to help you.

7.4 Avoid saying:

- Why didn't you tell anyone before?
- I can't believe it.
- Are you sure this is true?
- Why? How? When? Who? Where?
- Never make false promises.
- Never make statements such as "I'm shocked, don't tell anyone else"