Policy

SAFEGUARDING POLICY

This Procedure is a document that sets out the organization's approved and agreed practices. Any deviation must be discussed with the originating author.

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THIS IS A CONTROLLED DOCUMENT

Whilst this document may be printed, the electronic version maintained on the Billinghay Parish Council website is the controlled copy. Any printed copies of this document are not controlled.

1. DOCUMENT CONTROL SHEET

Purpose of document:	This document outlines Billinghay Parish Council's policy on identifying and responding to concerns regarding the safeguarding and protection of children and vulnerable adults.
Dissemination:	This policy will be disseminated to all staff and council members and be made available on the parish website
Implementation:	This document will be accessible via the parish council website and is applicable to all staff and council members.
Review:	This document will be reviewed in 2027 unless there are significant changes in legislation or practice in which case it will be reviewed earlier.
Documents replaced or superseded by this document:	
This document supports (enter Standards and Legislation:	
Key related documents:	Nil
Financial Implications:	This document has no financial implications for the Billinghay Parish Council.
Key word search	Raising concerns, vulnerable, abuse

2. Table of contents

3. Introduction

a. Billinghay Parish Council (hereafter referred to as the Council) is committed to promoting the protection, safety and welfare of children and vulnerable adults in the Community. The policy applies to all staff, councillors, volunteers or anyone working for or on behalf of the Council.

b. This policy provides guidance for those who may come across concerns of a safeguarding nature within the context of their work for the Council. The policy also seeks to promote effective multi-agency working in light of the Children Act 2004.

4. Child Abuse

a. Abuse and neglect are forms of maltreatment of a child. The main forms of maltreatment are:

i. Physical Abuse.

ii. Emotional Abuse.

iii. Sexual Abuse.

iv. Neglect.

b. Further guidance on the types of abuse and signs to be aware of are at Annex A.

5. Vulnerable adult abuse

a. Vulnerable adult abuse can take the form of:

i. Physical abuse

ii. Sexual abuse

iii. Psychological abuse

iv. Financial or material abuse

v. Neglect and acts of omission

vi. Discriminatory abuse

vii. Organisational abuse

viii. Self-neglect

b. Further guidance on the types of abuse and the signs to be aware of are at Annex B.

6. Responsibilities of The Council.

a. The 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.

b. The rules and duties of the lead officer are at Annex C.

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

Child

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

b. 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**.

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

d. 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

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

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

f. 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**.

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

8. Information Sharing With and Without Consent.

a. 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.

b. 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.

c. The seven golden rules for information sharing:

i. 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

ii. 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.

iii. Seek advice if you are in any doubt, without disclosing the identity of the person where possible.

iv. 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.

v. 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.

vi. 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.

vii. 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.

d. Points for Consideration**:**

i. Is there a legitimate purpose for sharing information?

ii. Does the information enable a person to be identified?

iii. Is the information confidential?

iv. If so, do you have consent to share?

v. Is there a statutory duty or court order to share the information?

vi. If consent refused/there are good reasons not to seek consent.

vii. Is there sufficient public interest to share information?

viii. If the decision is to share, are you sharing the right information in the right way?

ix. Have you properly recorded your decision?

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

i. Sexual abuse, organised abuse or fabricated illness or injury (FII).

ii. It isn't possible to contact parents without causing undue delay in making a referral.

iii. The risk of destroying evidence.

iv. Possibility of increased risk of domestic violence.

v. Possibility of the family moving to avoid professional scrutiny.

f. 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.

9. Safer recruitment and DBS

a. The Council will adopt 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.

b. The Council has no employee posts who currently require this. However, even when the employee or volunteer is unlikely to work with children or vulnerable adults certain safer recruitment practices will also be followed.

c. The key features of safer recruitment include:

i. Advertising the post.

ii. Application shortlisting and /interviewing.

iii. References.

iv. Safer selection.

v. Pre-appointment checks.

vi. DBS checks (not currently required for any council posts).

v. Induction.

d. Annex D sets out the procedures and guidance which the Council will seek to undertake as appropriate when recruiting staff.

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

a. 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 the council.

b. 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?

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

i. behaved in a way that has harmed a child, or may have harmed a child

ii. committed a criminal offence against or related to a child; or

iii. behaved towards a child or children in a way that indicates he or she would 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'

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

a. 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.

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

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

d. 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:

i. You are worried about how well a child / young person is progressing.

ii. You might be worried about their health, development, welfare, behaviour, progress in learning or any other aspect of their wellbeing.

iii. A child / young person or their parent / carer raises a concern with you.

iv. The child's or young person's needs are unclear, or broader than your service can address alone.

v. The child or young person would benefit from an assessment to help a practitioner understand their needs better.

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

Annex A

Child Abuse

1. Physical abuse:

a. Physical abuse is deliberately causing physical harm to a child. This might involve punching, kicking, biting, burning, scalding, shaking, throwing or beating with objects such as belts, whips, or sticks. It also includes poisoning, giving a child alcohol or illegal drugs, drowning or suffocation. Physical harm may also be caused when a parent or carer fabricates the symptoms of illness in a child. In pregnancy an unborn child can be harmed by domestic violence.

b. Possible signs of physical abuse are:

i. Any injuries not consistent with the explanation given for them.

ii. Injuries which occur to the body in places which are not normally exposed to falls or rough games.

iii. Injuries which have not received medical attention.

iv. Reluctance to change for, or participate in, games or swimming.

v. Bruises, bites, burns and fractures, for example, which do not have an accidental explanation.

vi. The child gives inconsistent accounts for the cause of injuries.

vii. Frozen watchfulness.

2. Sexual abuse

a. Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. This may involve physical contact including penetrative sex, oral sex, masturbation, kissing, rubbing, or touching outside of clothing, or it may involve non-contact activities such as involving children in watching sexual activities, producing or looking at sexual images, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Abusers can be men, women or other children.

b. Possible signs of sexual abuse are:

i. Any allegations made by a child concerning sexual abuse.

ii. The child has an excessive preoccupation with sexual matters and inappropriate knowledge of adult sexual behaviour for their age, or regularly engages in sexual play inappropriate for their age.

iii. Sexual activity through words, play or drawing.

iv. Repeated urinary infections or unexplained stomach pains.

v. The child is sexually provocative or seductive with adults.

vi. Inappropriate bed-sharing arrangements at home.

vii. Severe sleep disturbances with fears, phobias, vivid dreams or nightmares which sometimes have overt or veiled sexual connotations.

viii. Eating disorders such as anorexia or bulimia.

3. Emotional abuse

a. Emotional Abuse is where repeated verbal threats, criticism, ridicule, shouting, lack of love and affection causes a severe adverse effect on a child's emotional development. It includes conveying to children that they are worthless, unloved, inadequate or valued only insofar as they meet the needs of another person. Emotional abuse may include not giving a child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature inappropriate expectations being imposed on a child, over protection and limitation of exploration and learning, or preventing the child from taking part in normal social interaction. It may involve seeing or hearing the ill-treatment of another person. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of ill treatment of children, or it may occur alone.

b. Possible indicators:

i. Depression, aggression, extreme anxiety, changes or regression in mood or behaviour, particularly where a child withdraws or becomes clingy.

ii. Obsessions or phobias.

iii. Sudden underachievement or lack of concentration.

iv. Seeking adult attention and not mixing well with other children.

v. Sleep or speech disorders.

vi. Negative statements about self.

vii. Highly aggressive or cruel to others.

viii. Extreme shyness or passivity.

ix. Running away, stealing and lying.

4. Neglect

a. Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in serious impairment of the child's health or development. Neglect is when a parent or carer fails to provide adequate food, clothing, shelter (including exclusion from home or abandonment), medical care, or protection from physical and emotional

harm or danger. It also includes failure to ensure access to education or to look after a child because the carer is under the influence of alcohol or drugs. In pregnancy neglect may occur as a result of misusing alcohol or drugs.

b. Possible indicators:

i. Dirty skin, body smells, unwashed, uncombed hair and untreated lice.

ii. Clothing that is dirty, too big or small, or inappropriate for weather conditions.

iii. Frequently left unsupervised or alone.

iv. Frequent diarrhoea.

v. Frequent tiredness.

vi. Untreated illnesses, infected cuts or physical complaints which the carer does not respond to.

vii. Frequently hungry.

viii. Overeating junk food.

Annex B

Vulnerable Adult Abuse

1. Physical abuse

a. Physical abuse includes hitting, slapping, pushing, kicking, misuse of medication, being locked in a room, inappropriate sanctions or force-feeding, inappropriate methods of restraint, and unlawfully depriving a person of their liberty.

b. Possible indicators:

i. Unexplained or inappropriately explained injuries.

ii. Person exhibiting untypical self-harm.

iii. Unexplained cuts or scratches to mouth, lips, gums, eyes or external genitalia.

iv. Unexplained bruising to the face, torso, arms, back, buttocks, thighs, in various stages of healing. Collections of bruises that form regular patterns which correspond to the shape of an object or which appear on several areas of the body.

v. Unexplained burns on unlikely areas of the body (e.g. soles of the feet, palms of the hands, back), immersion burns (from scalding in hot liquid), rope burns, burns from an electrical appliance.

vi. Unexplained or inappropriately explained fractures at various stages of healing to any part of the body.

vii. Medical problems that go unattended.

viii. Sudden and unexplained urinary or faecal incontinence.

ix. Evidence of over- /under-medication.

x. Person flinches at physical contact.

xi. Person appears frightened or subdued in the presence of particular people.

xii. Person asks not to be hurt.

xiii. Person may repeat what the alleged abuser has said (e.g. ‘Shut up or I’ll hit you’).

xiv. Reluctance to undress or uncover parts of the body.

xv. Person wears clothes that cover all parts of their body or specific parts of their body.

xvi. A person without capacity not being allowed to go out of a care home when they ask to.

xvii. A person without capacity not being allowed to be discharged at the request of an unpaid carer or family member.

2. Sexual abuse

a. Sexual abuse includes rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

b. It includes penetration of any sort, incest and situations where the alleged abuser touches the abused person's body (e.g. breasts, buttocks, genital area), exposes his or her genitals (possibly encouraging the abused person to touch them) or coerces the abused person into participating in or looking at pornographic videos or photographs.

c. Denial of a sexual life to consenting adults is also considered abusive practice.

d. Any sexual relationship that develops between adults where one is in a position of trust, power or authority in relation to the other (e.g. day centre worker, social worker, residential worker, health worker etc.) may also constitute sexual abuse (see Section 3.16).

e. Possible indicators:

i. Person has urinary tract infections, vaginal infections or sexually transmitted diseases that are not otherwise explained.

ii. Person appears unusually subdued, withdrawn or has poor concentration.

iii. Person exhibits significant changes in sexual behaviour or outlook.

iv. Person experiences pain, itching or bleeding in the genital or anal area.

v. Person's underclothing is torn, stained or bloody.

vi. A woman who lacks the mental capacity to consent to sexual intercourse becomes pregnant.

viii. Sexual exploitation.

f. The sexual exploitation of adults at risk involves exploitative situations, contexts and relationships where adults at risk, or a third person or persons, receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of performing or others performing on them, sexual activities.

g. Sexual exploitation can occur through the use of technology without the person's immediate recognition. This can include being persuaded to post sexual images on the internet or mobile phone with no immediate payment or gain, or being sent such an image by the person alleged to be causing harm. In all cases, those exploiting the adult at risk have power over them by virtue of their age, gender, intellect, physical strength or economic or other resources.

3. Psychological abuse

a. Psychological abuse includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

b. Psychological abuse is the denial of a person's human and civil rights including choice and opinion, privacy and dignity and being able to follow one's own spiritual and cultural beliefs or sexual orientation.

c. It includes preventing the adult from using services that would otherwise support them and enhance their lives. It also includes the intentional or unintentional withholding of information (e.g. information not being available in different formats/languages etc.).

d. Possible indicators:

i. Atypical ambivalence, deference, passivity, resignation.

ii. Person appears anxious or withdrawn, especially in the presence of the alleged abuser.

iii. Person exhibits low self-esteem.

iv. Atypical changes in behaviour (e.g. continence problems, sleep disturbance).

v. Person is not allowed visitors or phone calls.

vi. Person is locked in a room or in their home.

vii. Person is denied access to aids or equipment, (e.g. glasses, dentures, hearing aid, crutches, etc.).

viii. Person's access to personal hygiene and toilet is restricted.

ix. Person's movement is restricted by use of furniture or other equipment.

x. Bullying via social networking internet sites and persistent texting.

4. Financial or material abuse

a. Financial or material abuse includes theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

b. Possible indicators:

i. Change in living conditions.

ii. Lack of heating, clothing or food.

iii. Inability to pay bills and unexplained shortage of money.

iv. Unexplained withdrawals from an account.

v. Unexplained loss or misplacement of financial documents.

vi. The recent addition of authorised signers on a client or donor's signature card.

vii. sudden or unexpected changes in a will or other financial documents.

c. This is not an exhaustive list, nor do these examples prove that there is actual abuse occurring. However, they do indicate that a closer look and possible investigation may be needed.

5. Neglect and acts of omission

a. Neglect and acts of omission, including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

b. Neglect also includes a failure to intervene in situations that are dangerous to the person concerned or to others, particularly when the person lacks the mental capacity to assess risk for themselves.

c. Neglect and poor professional practice may take the form of isolated incidents or pervasive ill treatment and gross misconduct. Neglect of this type may happen within a person's own home or in an institution. Repeated instances of poor care may be an indication of more serious problems. Neglect can be intentional or unintentional.

d. Possible indicators:

i. Person has inadequate heating or lighting.

ii. Person's physical condition or appearance is poor **(**e.g. ulcers, pressure sores, soiled or wet clothing).

iii. Person is malnourished, has sudden or continuous weight loss or is dehydrated.

iv. Person cannot access appropriate medication or medical care.

v. Person is not afforded appropriate privacy or dignity.

vi. Person or a carer has inconsistent or reluctant contact with health and social services.

vii. Visitors are refused access to the person.

viii. Person is exposed to unacceptable risk.

6. Discriminatory abuse

a. Discriminatory abuse includes forms of harassment, slurs or similar treatment, because of race, gender and gender identity, age, disability, sexual orientation or religion.

b. Possible indicators. Indicators for discriminatory abuse may not always be obvious and may also be linked to acts of physical abuse and assault, sexual abuse and assault, financial abuse, neglect, psychological abuse and harassment, so all the indicators listed above may apply to discriminatory abuse. In addition:

i. A person may reject their own cultural background or racial origin or other personal beliefs, sexual practices or lifestyle choices.

ii. A person may make complaints about the service not meeting their needs.

7. Organisational abuse

a. Organisational abuse includes neglect and poor care 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.

b. Organisational abuse occurs when the routines, systems and regimes of an institution result in poor or inadequate standards of care and poor practice which affect the whole setting and deny, restrict or curtail the dignity, privacy, choice, independence or fulfilment of adults at risk.

c. Organisational abuse can occur in any setting providing health or social care. A number of inquiries into care in residential settings have highlighted that organisational abuse is most likely to occur when staff:

i. Receive little support from management .

ii. Are inadequately trained .

iii. Are poorly supervised and poorly supported in their work .

iv. Receive inadequate guidance .

d. Such abuse is also more likely where there are inadequate quality assurance and monitoring systems in place.

e. Possible indicators:

i. Unnecessary or inappropriate rules and regulations.

ii. Lack of stimulation or the development of individual interests.

iii. Inappropriate staff behaviour, such as the development of factions, misuse of drugs or alcohol, failure to respond to leadership.

iv. Restriction of external contacts or opportunities to socialise.

8. Self-neglect

a. Self-neglect can be defined as the inability, intentional or unintentional, to maintain a socially and culturally accepted standard of self-care with the potential for serious consequences to the health and well-being of the individual and potentially to their community.

b. An individual may be considered as self-neglecting, and therefore maybe at risk of harm, where they are:

i. Either unable or unwilling to provide adequate care for themselves.

ii. Unable to obtain necessary care to meet their needs.

iii. Unable to make reasonable or informed decisions because of their state of mental health, or because they have a learning disability or an acquired brain injury.

iv. Unable to protect themselves adequately against potential exploitation or abuse.

v. Refusing essential support without which their health and safety needs cannot be met.

Annex C

1. Roles and Duties of Lead Officer

a. The Lead Officer will be the Councils safeguarding champion. They will promote good safeguarding practice within the Council which will include but may not be limited to the following:

i. Ensuring that they attend appropriate training relevant to the role and as necessary promote then provision of appropriate training for other staff and members of the Council.

ii. Monitor and review the Councils Policy and when necessary recommend appropriate changes thereto.

iii. Ensure the correct application of the Child Welfare/Safeguarding Policy within the Council.

iv. Act as a first point of contact within the Council for third parties to contact with any Child Welfare/Safeguarding concerns.

v. Act as a first point of contact within the Council for staff and members to contact with any Child Welfare/Safeguarding concerns.

vi. Liaise with other agencies as required in connection with Child Welfare and Safeguarding matters.

vii. Ensure that appropriate records are kept of all issues of a safeguarding nature that may arise.

Annex D

1. Safer Recruitment and DBS Checks

a. DBS (previously CRB) checks will only be undertaken against a staff member or potential staff member if their role will involve them being engaged in regulated activity. Regulated activity is different for working with children and adults.

b. Full definitions can be found at:

https://www.gov.uk/government/publications/dbs-check-eligible-positions-guidance
https://www.gov.uk/government/publications/new-disclosure-and-barring-services

c. For full safer recruitment guidance please refer to a Safer Recruitment Toolkit.

d. The key policy principles are as follows:

i. **Advertising the Post.** If a DBS check will be required the job advert for the post will state that a DBS check will be a prerequisite of employment.

ii. **Application/Short listing and Interview.** In all cases when recruiting, applicants will be required to complete the Councils own application form. Applications will be objectively assessed by a panel before short listing for interview takes place.

iii. **References.** In all cases a minimum of 2 written references will be obtained at least 1 of which must be from a previous employer. For jobs involving regulated activity 3 written references will be obtained and, if possible, at least 2 of those references must be from a previous employer.

iv. **Interview.** Interviews will in all cases be undertaken by a minimum of 2 individuals and for posts involving regulated activity 3 individuals will be required. Candidates should be asked to bring their identification documentation and evidence of their right to work to interview.

v. **Induction.** All staff will be made aware of this policy on induction.