**Safeguarding Policy**

**Policy Updated:** REDACTED

**Reviewed by:** REDACTED

**Date of next review:** November 2021, or if required sooner

**Adult Protection Policy**

**Aims**

In conjunction with Suffolk Vulnerable Adult Protection Committee, the aim of this policy is to ensure that all adults within Access Community Trust’s premises are protected from situations which may leave them vulnerable. The policy is about stopping abuse where it is happening and preventing abuse where there is a risk that it may occur. Underpinning the philosophy is the policy of the Human Rights Act 1998.

This policy encompasses the following policy and procedures:

* Safeguarding adults and children
* Domestic violence policy
* Anti-Cyber Bullying Policy
* Anti-bullying policy
* Anti-radicalisation policy

**Adults Needs and Rights**

The Human Rights Act 1998 is the legal guidance underpinning this policy. Under Article 3 individuals have ‘…the right not to be subjected to inhuman or degrading treatment…’ (Brayne & Carr, 2005, p.41). Protection from Harassment Act 1997 Section 4 is also relevant as, under this section, it is an offence to cause an individual to fear violence, this can include psychological abuse as well as actual bodily violence.

**Defining who is a Vulnerable Adult**

* People with mental health problems, or illness
* People with a physical disability
* People with drug or alcohol related problems
* People with sensory impairment
* People with a learning difficulty
* People with a physical illness
* People with an acquired brain injury
* People who are frail
* Family carers providing assistance to a vulnerable person.

**Residents / Clients / Staff should be aware of these indicators of possible abuse:**

**Physical Abuse:**

* Marks to the skin, caused by hands or other implements, including pinch or grab marks.
* Grip marks, these can be an indication of inappropriate restraint, forced movement or shaking.
* Black eyes, or other bruising, look for a pattern; for example, does somebody often appear to have bruising at a certain time of the week, or month?
* Burns i.e. Cigarette burns
* Bite marks

**Other Physical Indicators:**

* Flinching at physical contact
* History of unexplained injuries
* Vague explanations for injuries
* Delays between the onset of an injury or illness, and the presentation for medical care.

**Sexual Abuse:**

* Hints and veiled comments
* Unusual sexual behaviour can include promiscuity or use of explicit language.
* Fear of pregnancy
* Self-mutilation
* Difficulty walking/sitting with no apparent explanation.
* Overt aggressive sexual behaviour

**Neglect:**

* Carelessness or deliberate withholding of, or inadequate provision of food, medication, aids to daily living
* Withholding assistance to use toilet, keep clean, warm and comfortable.
* Failure to safeguard or protect from abuse
* Failure to provide access to appropriate services.

**Psychological/Emotional Abuse:**

* Referred to in disrespectful manner, or humiliated in front of others
* If a resident / client appears depressed and overly compliant, too eager to please
* An individual may not be allowed time alone with others, or appear more subdued in the presence of certain individuals, on the flip side they may appear more aggressive towards people, animals or objects less powerful than themselves.
* Individuals may appear frightened

**Financial abuse:**

* Unexplained or sudden inability to pay bills
* Unusual withdrawal of money from accounts
* Lack of knowledge of income
* Disparity between income and living conditions.

**Institutional abuse:**

* Unacceptable practice encouraged, tolerated or left unchallenged.
* Not working in accordance with Equality & Diversity Policy
* Residents / Clients not respected or treated with dignity.
* Choice and individual focus not promoted.
* Residents / Clients not enjoying working and feeling poorly treated
* Lack of training for staff
* High turnover of residents
* Not knowing how to make a complaint or voice a concern
* Visitors made to feel uncomfortable and unwelcome
* No Adult Protection or Whistle Blowing Policies
* Not meeting standards laid down by regulatory bodies.

**Discriminatory abuse:**

* Racism
* Sexism
* Homophobic or other discriminatory abuse which relates to age, illness, religion or disability
* Harassment
* Discrimination based on medical conditions

**Modern Slavery**

This encompasses slavery, human trafficking, and 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.

Signs / indicators of modern slavery could include:

* Signs of physical or psychological abuse – malnourished or unkempt, appearing withdrawn.
* Rarely allowed to travel on their own, seems under the control and influence of others.
* Rarely interacts or appears unfamiliar with their neighbourhood or where they work.
* Few or no personal belongings or documents.
* They avoid eye contact, appear frightened or hesitant to talk to strangers and law enforcers.

There are other forms of abuse that can take place with the home that staff / residents / clients need to be aware of, including financial: this could be evident if rent arrears become a problem and could be tackled through key working sessions.

**If you believe that you or another resident is a safeguarding risk – What can you do?**

**Report it - immediately**

**Any concerns can also be raised within your key-working, Support Plans and risk assessments interviews.**

It is of key importance that you feel supported when you come to staff for support. Staff are encouraged to listen carefully; to try not to express any of their own feelings that may influence how you feel about your disclosure.

Staff may not be able to keep what you report a secret; that they are legally obliged to pass on information and that is what they will do.

You can report the situation to the service manager (or most senior member of staff if unavailable), or report it to Access Community Trust Safeguarding Manager, based at Bridgeview immediately in order that adult protection forms can be completed.

**If there is a case of immediate or imminently pending danger, call the police without hesitation.**

All serious incidents will be logged by staff in the Serious Incident Report file.

For more information, see the Vulnerable Adults Protection Committee File in office.

**Co-operation with Other Agencies:**

Any concerns by staff regarding the safety or well-being of vulnerable adults within premises will be reported to the manager (or most senior staff member if unavailable) without delay. Any concerns can then be relayed to the appropriate outside agencies.

Staff within Access Community Trust premises act as link workers with outside agencies. Any concerns staff have concerning risks to vulnerable adults within the organisation’s premises will be shared with appropriate workers from other agencies. However, staff will take any action necessary to ensure the safety of any individual at immediate risk.

**Confidentiality:**

Personal information about residents / clients is shared within the staff team where appropriate and conducive to good practice. Although information is usually treated in the strictest confidence, it will be explained to individuals that, should they disclose any information which staff are legally obliged to pass onto other agencies, staff will be obligated to do so. For example, if a resident / client were to express concern for a child’s safety or well-being, the co-operation and participation of parents will be sought as part of the process. In all other cases, confidentiality is to be observed, and any unauthorised disclosure to other parties not involved is considered unprofessional.

Residents / clients may also be encouraged to share information between themselves if they feel this to be appropriate.

Our expectation of referring agencies is that they will share information about current and prospective residents / clients openly with relevant staff members. This allows us to ensure that our intervention and support remains effective, and also promotes the safety of all adults within the organisation’s premises.

**Making a Referral:**

**Please note when it comes to safeguarding, no one is ever alone.**

**Information should be shared immediately, safely and confidentially.**

When contemplating making an **ADULT** referral you should access the local safeguarding partners website and use their guidelines about the information to include in your referral.

It is likely to include the aspects of the following:

* Details of the person (name family members, date of birth, address)
* Relevant history
* Factual information, observations
* Professional judgement (immediate safety concerns, your informed decision)
* Any aspects in relation to confidentiality and consent
* Why you have shared information and why

For **Norfolk** based services:

<https://www.norfolk.gov.uk/care-support-and-health/contact-our-social-care-team>

To report an adult at risk of harm, you can call: 0344 800 8020.

For **Suffolk** based services:

<https://www.suffolk.gov.uk/care-and-support-for-adults/how-social-care-can-help/contact-adult-social-care/>

To report an adult at risk of harm, you can call: 0800 917 1109.

If you are unsure on how to make a referral, or you still require advice please contact the designated safeguarding team:

**Organisational Designated Safeguarding Team:**

All concerns and referrals must be addressed to REDACTED – Designated Safeguarding Lead of Access Community Trust:

REDACTED

In REDACTED absence, all concerns and referrals must be addressed to **REDACTED**; CEO of Access Community Trust.

REDACTED

In addition to this **REDACTED** and **REDACTED** are both Safeguarding Officers, and can support with information, advice and guidance:

REDACTED

In all incidences the appropriate line manager should be copied in to any correspondence.

**Managing Allegations:**

If staff have concerns about another staff member who may pose a risk of harm to a vulnerable person:

* This should be referred to the Designated Safeguarding Lead.
* Where there are concerns/allegations about the Designated Safeguarding Lead, this should be referred to the Chief Executive Officer.
* In the event of concerns/allegations about the Chief Executive Officer, this should be referred to the Designated Safeguarding Lead who in turn must report this to the Local Authority Designated Officer.

**Child Protection Policy Statement:**

Access Community Trust believes that it is never acceptable for a child or young person to experience abuse of any kind and recognises its responsibility to safeguard the welfare of all children and young people by a commitment to practice which protects them.

We recognise that:

* A child is anyone below the age of eighteen in accordance with government legislation.
* The welfare of a child/children is paramount to our working practice.
* All children regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity, have the right to equal protection from all types of harm or abuse.
* Working in partnership with children, young people, their parents, carers and other agencies is essential in promoting young people’s welfare.

The purpose of the policy:

* To provide protection for all children that access any of the trust’s services.
* To provide staff and volunteers with guidance on procedures they should adopt in the event that they suspect a child or young person may be experiencing, or be at risk of, harm.

This policy applies to all staff, including managers and the Board of Trustees, paid staff, volunteers and anyone working on behalf of Access Community Trust.

We will endeavor to safeguard children by:

* Valuing them, listening to and respecting them;
* Adopting child protection guidelines through procedures and a code of conduct for staff and volunteers;
* Recruiting staff and volunteers safely ensuring all necessary checks are made, including Enhanced DBS and ISA checks. Enhanced DBS checks will be reapplied for every three years;
* Sharing information about child protection and good practice with children, parents, staff and volunteers
* Sharing information about concerns with agencies who need to know, and involving parents and children appropriately;
* Providing effective management of staff and volunteers through supervision, support and training.

Access Community Trust is committed to reviewing this policy and our practice annually, or, if required sooner.

**Aims:**

The aim of this policy is to ensure the paramount safety and wellbeing of every child within Access Community Trust’s services. This also applies to the safety and wellbeing of every family, and member of staff.

**Objectives:**

To develop and demonstrate the best practice within the area of child protection.

**Children’s’ Needs and Rights:**

The work that we do will be underpinned by **The Children Act (1989**) – A key piece of legislation governing child protection in England and Wales. The Children’s Act (2004) supplemented the 1989 Act and reinforced the message that all organisations working with children have a duty in helping safeguard and promote the welfare of children.

We shall also follow the guidance of the **Working Together to Safeguard Children** policy (2018) - A statutory guidance on inter-agency working to safeguard and promote the welfare of children in the United Kingdom.

Access Community Trust respects and promotes the rights of children in accordance with the **Every Child Matters** Five Outcomes:

* **Being Healthy;** enjoying good physical and mental health and living a healthy lifestyle.
* **Staying Safe;** being protected from any form of abuse.
* **Enjoying and Achieving;** getting the most out of life and developing the skills for adulthood.
* **Making a positive contribution;** being involved with the community and society and not engaging in anti-social or offending behavior.
* **Achieving economic wellbeing**; not being prevented by economic disadvantage from achieving their full potential in life.

**What is child abuse?**

Child abuse is when a child is intentionally harmed by an adult or another child – it can be over a period of time but can also be a one-off action. It can be physical, sexual or emotional and it can happen in person or online. It can also be a lack of love, care and attention – this is neglect.

NSPCC

The following are all types of abuse that are recognised by the NSPCC:

**Bullying and cyberbullying:**

Bullying is behaviour that hurts someone else. It includes name calling, hitting, pushing, spreading rumours, threatening or undermining someone.

It can happen anywhere – at school, at home or online. It's usually repeated over a long period of time and can hurt a child both physically and emotionally.

Cyberbullying is bullying that takes place online. Unlike bullying in the real world, online bullying can follow the child wherever they go, via social networks, gaming and mobile phone.

Cyberbullying can include:

* sending threatening or abusive text messages
* creating and sharing embarrassing images or videos
* trolling – the sending of menacing or upsetting messages on social networks, chat rooms or online games
* excluding children from online games, activities or friendship groups
* shaming someone online
* setting up hate sites or groups about a particular child
* encouraging young people to self-harm
* voting for or against someone in an abusive poll
* creating fake accounts, hijacking or stealing online identities to embarrass a young person or cause trouble using their name
* sending explicit messages, also known as sexting
* pressuring children into sending sexual images or engaging in sexual conversations.

Signs of bullying:

No single sign will indicate for certain that your child's being bullied, but watch out for:

* belongings getting 'lost' or damaged
* physical injuries, such as unexplained bruises
* being afraid to go to school, being mysteriously 'ill' each morning, or skipping school
* not doing as well at school
* asking for, or stealing, money (to give to whoever's bullying them)
* being nervous, losing confidence, or becoming distressed and withdrawn
* problems with eating or sleeping
* bullying others.

**Child sexual exploitation:**

Child sexual exploitation (CSE) is a type of sexual abuse. When a child or young person is exploited they're given things, like gifts, drugs, money, status and affection, in exchange for performing sexual activities. Children and young people are often tricked into believing they're in a loving and consensual relationship. This is called grooming. They may trust their abuser and not understand that they're being abused.

Children and young people can be trafficked into or within the UK to be sexually exploited. They're moved around the country and abused by being forced to take part in sexual activities, often with more than one person. Young people in gangs can also be sexually exploited.

Sometimes abusers use violence and intimidation to frighten or force a child or young person, making them feel as if they've no choice. They may lend them large sums of money they know can't be repaid or use financial abuse to control them.

Anybody can be a perpetrator of CSE, no matter their age, gender or race. The relationship could be framed as friendship, someone to look up to or romantic. Children and young people who are exploited may also be used to 'find' or coerce others to join groups.

Types of child sexual exploitation:

CSE can happen in person or online. An abuser will gain a child's trust or control them through violence or blackmail before moving onto sexually abusing them. This can happen in a short period of time.

When a child is sexually exploited online they might be persuaded or forced to:

* send or post sexually explicit images of themselves
* film or stream sexual activities
* have sexual conversations.

Once an abuser has images, video or copies of conversations, they might use threats and blackmail to force a young person to take part in other sexual activity. They may also share the images and videos with others or circulate them online.

Gangs use sexual exploitation:

* to exert power and control
* for initiation
* to use sexual violence as a weapon.

Children or young people might be invited to parties or gatherings with others their own age or adults and given drugs and alcohol. They may be assaulted and sexually abused by one person or multiple perpetrators. The sexual assaults and abuse can be violent, humiliating and degrading.

Signs of child sexual exploitation:

Sexual exploitation can be difficult to spot and sometimes mistaken for "normal" teenage behaviour. Knowing the signs can help protect children and help them when they've no one else to turn to.

Signs of sexual abuse and grooming:

* Unhealthy or inappropriate sexual behaviour.
* Being frightened of some people, places or situations.
* Bring secretive.
* Sharp changes in mood or character.
* Having money or things they can't or won't explain.
* Physical signs of abuse, like bruises or bleeding in their genital or anal area.
* Alcohol or drug misuse.
* Sexually transmitted infections.
* Pregnancy.

Other things you might notice:

* Having an older boyfriend or girlfriend
* Staying out late or overnight
* Having a new group of friends
* Missing from home or care, or stopping going to school or college
* Hanging out with older people, other vulnerable people or in antisocial groups
* Involved in a gang
* Involved in criminal activities like selling drugs or shoplifting.

They may not know where they are, because they've been moved around the country, and seem frightened, confused or angry.

A child might know they're being sexually exploited. They might be worried or confused and less likely to speak to an adult they trust.

**Child trafficking:**

Trafficking is where children and young people tricked, forced or persuaded to leave their homes and are moved or transported and then exploited, forced to work or sold. Children are trafficked for:

* sexual exploitation
* benefit fraud
* forced marriage
* domestic slavery like cleaning, cooking and childcare
* forced labour in factories or agriculture
* committing crimes, like begging, theft, working on cannabis farms or moving drugs.

Trafficked children experience many types of abuse and neglect. Traffickers use physical, sexual and emotional abuse as a form of control. Children and young people are also likely to be physically and emotionally neglected and may be sexually exploited.

Types of child trafficking:

Traffickers often groom children, families and communities to gain their trust. They may also threaten families with violence or threats. Traffickers often promise children and families that they'll have a better future elsewhere.

Trafficking is also an economic crime. Traffickers may ask families for money for providing documents or transport and they'll make a profit from money a child "earns" through exploitation, forced labour or crime. They'll often be told this money is to pay off a debt they or their family "owe" to the traffickers.

Traffickers may:

* work alone or in small groups, recruiting a small number of children, often from areas they know and live in
* be medium-sized groups who recruit, move and exploit children and young people on a small scale
* be large criminal networks that operate internationally with high-level corruption, money laundering and a large numbers of victims.

Signs of child trafficking:

Knowing the signs of trafficking can help give a voice to children. Sometimes children won't understand that what's happening to them is wrong. Or they might be scared to speak out.

It may not be obvious that a child has been trafficked but you might notice unusual or unexpected things. They might:

* spend a lot of time doing household chores
* rarely leave their house or have no time for playing
* be orphaned or living apart from their family
* live in low-standard accommodation
* be unsure which country, city or town they're in
* can't or are reluctant to share personal information or where they live
* not be registered with a school or a GP practice
* have no access to their parents or guardians
* be seen in inappropriate places like brothels or factories
* have money or things you wouldn't expect them to
* have injuries from workplace accidents
* give a prepared story which is very similar to stories given by other children.

**Domestic abuse:**

Domestic abuse is any type of controlling, bullying, threatening or violent behaviour between people in a relationship. It can seriously harm children and young people and witnessing domestic abuse is child abuse. It's important to remember domestic abuse:

* can happen inside and outside the home
* can happen over the phone, on the internet and on social networking sites
* can happen in any relationship and can continue even after the relationship has ended
* both men and women can be abused or abusers.

Domestic abuse can be emotional, physical, sexual, financial or psychological, such as:

* kicking, hitting, punching or cutting
* rape (including in a relationship)
* controlling someone's finances by withholding money or stopping someone earning
* controlling behaviour, like telling someone where they can go and what they can wear
* not letting someone leave the house
* reading emails, text messages or letters
* threatening to kill someone or harm them
* threatening to another family member or pet.

Signs of domestic abuse:

It can be difficult to tell if domestic abuse is happening and those carrying out the abuse can act very different when other people are around. Children and young people might also feel frightened and confused, keeping the abuse to themselves.

Signs that a child has witnessed domestic abuse can include:

* aggression or bullying
* anti-social behaviour, like vandalism
* anxiety, depression or suicidal thoughts
* attention seeking
* bed-wetting, nightmares or insomnia
* constant or regular sickness, like colds, headaches and mouth ulcers
* drug or alcohol use
* eating disorders
* problems in school or trouble learning
* tantrums
* withdrawal.

**Emotional abuse:**

Emotional abuse is any type of abuse that involves the continual emotional mistreatment of a child. It's sometimes called psychological abuse. Emotional abuse can involve deliberately trying to scare, humiliate, isolate or ignore a child.

Emotional abuse is often a part of other kinds of abuse, which means it can be difficult to spot the signs or tell the difference, though it can also happen on its own.

Emotional abuse includes:

* humiliating or constantly criticising a child
* threatening, shouting at a child or calling them names
* making the child the subject of jokes, or using sarcasm to hurt a child
* blaming and scapegoating
* making a child perform degrading acts
* not recognising a child's own individuality or trying to control their lives
* pushing a child too hard or not recognising their limitations
* exposing a child to upsetting events or situations, like domestic abuse or drug taking
* failing to promote a child's social development
* not allowing them to have friends
* persistently ignoring them
* being absent
* manipulating a child
* never saying anything kind, expressing positive feelings or congratulating a child on successes
* never showing any emotions in interactions with a child, also known as emotional neglect.

Signs of emotional abuse:

There might not be any obvious physical signs of emotional abuse or neglect. And a child might not tell anyone what's happening until they reach a 'crisis point'. That's why it's important to look out for signs in how a child is acting.

As children grow up, their emotions change. This means it can be difficult to tell if they're being emotionally abused. But children who are being emotionally abused might:

* seem unconfident or lack self-assurance
* struggle to control their emotions
* have difficulty making or maintaining relationships
* act in a way that's inappropriate for their age.
* The signs of emotional abuse can also be different for children at different ages.

Signs in babies and toddlers:

Babies and pre-school children who are being emotionally abused or neglected might:

* be overly-affectionate to strangers or people they don't know well
* seem unconfident, wary or anxious
* not have a close relationship or bond with their parent
* be aggressive or cruel towards other children or animals.

Signs in older children:

Older children might:

* use language you wouldn't expect them to know for their age
* act in a way or know about things you wouldn't expect them to know for their age
* struggle to control their emotions
* have extreme outbursts
* seem isolated from their parents
* lack social skills
* have few or no friends.

**Female genital mutilation (FGM)**

FGM is when a female's genitals are deliberately altered or removed for non-medical reasons. It's also known as 'female circumcision' or 'cutting', but has many other names.

FGM is a form of child abuse. It's dangerous and a criminal offence in the UK. We know:

* there are no medical reasons to carry out FGM
* it's often performed by someone with no medical training, using instruments such as knives, scalpels, scissors, glass or razor blades
* children are rarely given anaesthetic or antiseptic treatment and are often forcibly restrained
* it's used to control female sexuality and can cause long-lasting damage to physical and emotional health.
* FGM can happen at different times in a girl or woman's life, including:
* when a baby is new-born
* during childhood or as a teenager
* just before marriage
* during pregnancy.

Signs of FGM:

A child who's at risk of FGM might ask you for help. But some children might not know what's going to happen to them. So it's important to be aware of the signs.

Signs FGM might happen:

* A relative or someone known as a 'cutter' visiting from abroad.
* A special occasion or ceremony takes place where a girl 'becomes a woman' or is 'prepared for marriage'.
* A female relative, like a mother, sister or aunt has undergone FGM.
* A family arranges a long holiday overseas or visits a family abroad during the summer holidays.
* A girl has an unexpected or long absence from school.
* A girl struggles to keep up in school.
* A girl runs away – or plans to run away - from home.

Signs FGM might have taken place:

* Having difficulty walking, standing or sitting.
* Spending longer in the bathroom or toilet.
* Appearing quiet, anxious or depressed.
* Acting differently after an absence from school or college.
* Reluctance to go to the doctors or have routine medical examinations.
* Asking for help – though they might not be explicit about the problem because they're scared or embarrassed.

**Grooming:**

Grooming is when someone builds a relationship, trust and emotional connection with a child or young person so they can manipulate, exploit and abuse them.

Children and young people who are groomed can be sexually abused, exploited or trafficked.

Anybody can be a groomer, no matter their age, gender or race. Grooming can take place over a short or long period of time – from weeks to years. Groomers may also build a relationship with the young person's family or friends to make them seem trustworthy or authoritative.

Types of grooming:

Children and young people can be groomed online, in person or both – by a stranger or someone they know. This could be a family member, a friend or someone who has targeted them – like a teacher, faith group leader or sports coach. When a child is groomed online, groomers may hide who they are by sending photos or videos of other people. Sometimes this'll be of someone younger than them to gain the trust of a "peer". They might target one child online or contact lots of children very quickly and wait for them to respond.

The relationship a groomer builds can take different forms. This could be:

* a romantic relationship
* as a mentor
* an authority figure
* a dominant and persistent figure

A groomer can use the same sites, games and apps as young people, spending time learning about a young person's interests and use this to build a relationship with them. Children can be groomed online through:

* social media
* text messages and messaging apps, like Whatsapp
* email
* text, voice and video chats in forums, games and apps.

Whether online or in person, groomers can use tactics like:

* pretending to be younger
* giving advice or showing understanding
* buying gifts
* giving attention
* taking them on trips, outings or holidays

Groomers might also try and isolate children from their friends and family, making them feel dependent on them and giving the groomer power and control over them. They might use blackmail to make a child feel guilt and shame or introduce the idea of 'secrets' to control, frighten and intimidate.

It's important to remember that children and young people may not understand they've been groomed. They may have complicated feelings, like loyalty, admiration, love, as well as fear, distress and confusion.

**Signs of grooming:**

It can be difficult to tell if a child is being groomed – the signs aren't always obvious and may be hidden. Older children might behave in a way that seems to be "normal" teenage behaviour, masking underlying problems.

Some of the signs you might see include:

* being very secretive about how they're spending their time, including when online
* having an older boyfriend or girlfriend
* having money or new things like clothes and mobile phones that they can't or won't explain
* underage drinking or drug taking
* spending more or less time online or on their devices
* being upset, withdrawn or distressed
* sexualised behaviour, language or an understanding of sex that's not appropriate for their age
* spending more time away from home or going missing for periods of time.

A child is unlikely to know they've been groomed. They might be worried or confused and less likely to speak to an adult they trust.

**Neglect:**

Neglect is the ongoing failure to meet a child's basic needs and the most common form of child abuse2. A child might be left hungry or dirty, or without proper clothing, shelter, supervision or health care. This can put children and young people in danger. And it can also have long term effects on their physical and mental wellbeing.

Types of neglect:

Neglect can be a lot of different things, which can make it hard to spot. But broadly speaking, there are 4 types of neglect.

* **Physical neglect:** A child's basic needs, such as food, clothing or shelter, are not met or they aren't properly supervised or kept safe.
* **Educational neglect:**

A parent doesn't ensure their child is given an education.

* **Emotional neglect:**

A child doesn't get the nurture and stimulation they need. This could be through ignoring, humiliating, intimidating or isolating them.

* **Medical neglect:**

A child isn't given proper health care. This includes dental care and refusing or ignoring medical recommendations.

Signs of neglect:

Neglect can be really difficult to spot. Having one of the signs doesn't necessarily mean a child is being neglected. But if you notice multiple signs that last for a while, they might show there's a serious problem. Children and young people who are neglected might have:

**Poor appearance and hygiene:**

* being smelly or dirty
* being hungry or not given money for food
* having unwashed clothes
* having the wrong clothing, such as no warm clothes in winter
* having frequent and untreated nappy rash in infants.

**Health and development problems:**

* anaemia
* body issues, such as poor muscle tone or prominent joints
* medical or dental issues
* missed medical appointments, such as for vaccinations
* not given the correct medicines
* poor language or social skills
* regular illness or infections
* repeated accidental injuries, often caused by lack of supervision
* skin issues, such as sores, rashes, flea bites, scabies or ringworm
* thin or swollen tummy
* tiredness
* untreated injuries
* weight or growth issues.

**Housing and family issues:**

* living in an unsuitable home environment, such as having no heating
* being left alone for a long time
* taking on the role of carer for other family members.

**Change in behaviour:**

* becoming clingy
* becoming aggressive
* being withdrawn, depressed or anxious
* changes in eating habits
* displaying obsessive behaviour
* finding it hard to concentrate or take part in activities
* missing school
* showing signs of self-harm
* using drugs or alcohol.

**Non-recent abuse:**

Non-recent child abuse, sometimes called historical abuse, is when an adult was abused as a child or young person under the age of 18. Sometimes adults who were abused in childhood blame themselves or are made to feel it’s their fault. But this is never the case: there's no excuse for abuse.

The impact of child abuse can last a lifetime. Abuse can have a huge effect on your health, relationships and education and can stop you from having the childhood and life you deserve. You might find it harder to cope with life's stresses, getting a job or being the type of parent you want to be. You may also develop mental health problems and drug or alcohol issues.

The effects can be short term but sometimes they last into adulthood. If someone has been abused as a child, it's more likely that they'll suffer abuse again. This is known as revictimisation.

The long term effects of abuse and neglect can include:

* emotional difficulties like anger, anxiety, sadness or low self-esteem
* mental health problems like depression, eating disorders, self harm or suicidal thoughts
* problems with drugs or alcohol
* disturbing thoughts, emotions and memories
* poor physical health
* struggling with parenting or relationships

**Online abuse:**

Online abuse is any type of abuse that happens on the internet. It can happen across any device that's connected to the web, like computers, tablets and mobile phones. And it can happen anywhere online, including:

* social media
* text messages and messaging apps
* emails
* online chats
* online gaming
* live-streaming sites.

Children can be at risk of online abuse from people they know or from strangers. It might be part of other abuse which is taking place offline, like bullying or grooming. Or the abuse might only happen online.

Types of online abuse

**Cyberbullying:**

Cyberbullying or online bullying is any type of bullying that happens online.

Unlike bullying that takes place offline, online bullying can follow the child wherever they go and it can sometimes feel like there's no escape or safe space.

**Emotional abuse:**

Emotional abuse is any type of abuse that involves the continual emotional mistreatment of a child and this can happen both on and offline.

**Grooming:**

Grooming is when someone builds a relationship with a child so they can sexually abuse, exploit or traffic them. Children and young people can be groomed online or face-to-face by a stranger or by someone they know.

**Sexting:**

Sexting is when someone shares sexual, naked or semi-naked images or videos of themselves or others, or sends sexual messages. It's online abuse if a child or young person is pressured or coerced into creating or sending these types of images.

**Sexual abuse:**

Sexual abuse is when a child or young person is forced or tricked into sexual activies. Sexual abuse can happen online - for example, a child could be forced to make, view or share child abuse images or videos or take part in sexual activities on conversations online.

**Child Sexual exploitation:**

Child sexual exploitation is a type of sexual abuse. When a child is sexually exploited online they may be persuaded or forced to create sexually explicit photos or videos or have sexual conversations.

**Physical abuse:**

Physical abuse is when someone hurts or harms a child or young person on purpose. It includes:

* hitting with hands or objects
* slapping and punching
* kicking
* shaking
* throwing
* poisoning
* burning and scalding
* biting and scratching
* breaking bones
* drowning.

It's important to remember that physical abuse is any way of intentionally causing physical harm to a child or young person. It also includes making up the symptoms of an illness or causing a child to become unwell.

Signs of physical abuse:

Bumps and bruises don't always mean a child is being physically abused. All children have accidents, trips and falls. And there isn't just one sign or symptom to look out for. But it's important to be aware of the signs.

If a child regularly has injuries, there seems to be a pattern to the injuries or the explanation doesn't match the injuries, then this should be reported.

Physical abuse symptoms include:

* bruises
* broken or fractured bones
* burns or scalds
* bite marks.

It can also include other injuries and health problems, such as:

* scarring
* the effects of poisoning, such as vomiting, drowsiness or seizures
* breathing problems from drowning, suffocation or poisoning.

Head injuries in babies and toddlers can be signs of abuse so it's important to be aware of these. Visible signs include:

* swelling
* bruising
* fractures
* being extremely sleepy or unconscious
* breathing problems
* seizures
* vomiting
* unusual behaviour, such as being irritable or not feeding properly.

**Sexual abuse:**

When a child or young person is sexually abused, they're forced or tricked into sexual activities. They might not understand that what's happening is abuse or that it's wrong. And they might be afraid to tell someone. Sexual abuse can happen anywhere – and it can happen in person or online.

It's never a child's fault they were sexually abused – it's important to make sure children know this.

Types of sexual abuse:

There are 2 types of sexual abuse – contact and non-contact abuse. And sexual abuse can happen in person or online.

Contact abuse is where an abuser makes physical contact with a child. This includes:

* sexual touching of any part of a child's body, whether they're clothed or not
* using a body part or object to rape or penetrate a child
* forcing a child to take part in sexual activities
* making a child undress or touch someone else.
* Contact abuse can include touching, kissing and oral sex – sexual abuse isn't just penetrative.

Non-contact abuse is where a child is abused without being touched by the abuser. This can be in person or online and includes:

* exposing or flashing
* showing pornography
* exposing a child to sexual acts
* making them masturbate
* forcing a child to make, view or share child abuse images or videos
* making, viewing or distributing child abuse images or videos
* forcing a child to take part in sexual activities or conversations online or through a smartphone.

Signs of sexual abuse:

Knowing the signs of sexual abuse can help give a voice to children. Sometimes children won't understand that what's happening to them is wrong. Or they might be scared to speak out. Some of the signs you might notice include:

Emotional and behavioural signs:

* Avoiding being alone with or frightened of people or a person they know
* Language or sexual behaviour you wouldn't expect them to know
* Having nightmares or bed-wetting
* Alcohol or drug misuse
* Self-harm
* Changes in eating habits or developing an eating problem.

Physical signs:

* Bruises
* Bleeding, discharge, pains or soreness in their genital or anal area
* Sexually transmitted infections
* Pregnancy.

If a child is being or has been sexually abused online, they might:

* spend a lot more or a lot less time than usual online, texting, gaming or using social media
* seem distant, upset or angry after using the internet or texting
* be secretive about who they're talking to and what they're doing online or on their mobile phone
* have lots of new phone numbers, texts or email addresses on their mobile phone, laptop or tablet.
* Children and young people might also drop hints and clues about the abuse.

In addition to the above and as previously stated in our safeguarding adults section, we also recognise that children could be at risk of the following forms of abuse:

**Financial abuse:**

* Unexplained or sudden inability to pay bills
* Unusual withdrawal of money from accounts
* Lack of knowledge of income
* Disparity between income and living conditions.

**Institutional abuse:**

* Unacceptable practice encouraged, tolerated or left unchallenged.
* Not working in accordance with Equality & Diversity Policy
* Residents / Clients not respected or treated with dignity.
* Choice and individual focus not promoted.
* Residents / Clients not enjoying working and feeling poorly treated
* Lack of training for staff
* High turnover of residents
* Not knowing how to make a complaint or voice a concern
* Visitors made to feel uncomfortable and unwelcome
* No Adult/Child Protection or Whistle Blowing Policies
* Not meeting standards laid down by regulatory bodies.

**Discriminatory abuse:**

* Racism
* Sexism
* Homophobic or other discriminatory abuse which relates to age, illness, religion or disability
* Harassment
* Discrimination based on medical conditions

**Assessment Referral Threshold (ART) (formally known as CAF):**

The aim is to identify, at the earliest opportunity, a child or young person’s additional needs which are not being met by the universal services that they are receiving and provide timely and co-ordinated support to meet those needs.

The ART helps to identify whether a specialist assessment is necessary, and builds up an accurate, up-to-date picture of events. Where there is a need for an immediate assessment the ART will not delay the process.

**Children Leaving Care:**

Access Community Trust works closely with local authorities who may refer a “looked after child”. The “looked after child” is a young person aged 16yrs or 17yrs, and it is the duty of the local authority looking after the child to advise, assist, befriend and to appoint a personal advisor. This is laid out in the **Leaving Care Act 2000** paragraph 19A. Once the young person reaches 18yrs they will be referred to as a “former relevant child” and support is still offered until the age of 21yrs.

**Expectations of Parents:**

Parents / carers are responsible for the care, control and supervision of their children for the duration that they remain upon on the organisation’s premises. They are expected to be the primary providers of care, control and supervision.

All risks will be assessed through consultation between staff and parents.

Staff will provide support and guidance to parents.

**PHYSICAL PUNISHMENT WILL NOT BE ENCOURAGED OR ADMINISTERED.**

**Co-operation with other Agencies:**

The work that we do will be underpinned by the principles set out within *Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children* (2010).

The concerns of staff regarding the safety or wellbeing of children within the organisation’s services will be reported to the Service Manager without delay, or most senior member of staff if unavailable. Any concerns will then be relayed to the appropriate outside agencies. This is in accordance with Section 11 of the Children Act 2004, relating the need to safeguard and promote the welfare of children.

Staff within Access Community Trust services act as ‘link workers’ within the meaning of the Children Act. The concerns of staff about risks to children will be shared with appropriate workers from other agencies. However, staff will take any action necessary to ensure the safety of any child at immediate risk.

**Confidentiality:**

Personal information about residents / clients is shared within the staff team where appropriate and conducive to good practice. Although information is usually treated in the strictest confidence, it will be explained to individuals that, should they disclose any information which staff are legally obliged to pass onto other agencies, staff will be obligated to do so. For example, if a resident / client were to express concern for a child’s safety or wellbeing, the co-operation and participation of parents will be sought as part of the process. In all other cases, confidentiality is to be observed, and any unauthorised disclosure to other parties not involved is considered un-professional.

Residents / clients may also be encouraged to share information amongst themselves if they feel that this is appropriate.

Our expectation of referring agencies is that they will share information about residents / clients and potential residents / clients openly with relevant staff members. This allows us to ensure that our intervention and support remains effective and also promotes the safety of all children across the organisation’s services.

**Expectations of Staff:**

The safety and wellbeing (as defined previously) of all children within the organisation’s services is of paramount importance and shall be monitored accordingly. It is the duty of staff to ensure that this is promoted.

Staff are encouraged to consult with their line manager or most senior staff member through discussion or supervision, at any given time.

As previously stated, staff are expected to report any concerns regarding the safety and/or wellbeing of children to their Line Manager or the Safeguarding Manager.

**Listening and Reaction Skills**

Do’s and Don’ts for frontline staff:

**Do’s:**

* Acknowledge the age group that they are working with
* Remain calm, listen carefully to the child or children
* Take the information seriously
* Be very clear with the child from the outset that you cannot keep secrets, and that you will have to talk to somebody who can help them
* Reassure the child that it was the ‘right thing’ to tell
* Ensure that you record the occurrence and write down everything the child has told you as soon as reasonably possible. Ensure that you discuss this with the Service Manager or most senior staff member. Be aware of confidentiality

**Don’ts**

* Never trivialise, or exaggerate child abuse issues.
* Jump to conclusions, especially about the abuser.
* Speculate or accuse anyone.
* Ask leading questions.
* Make promises you cannot keep.
* Tell the child to stop talking whilst you seek the support of someone else.
* Be careful not to express any of your own feelings of disgust, anger or disbelief.
* Tell the child that this will be kept as a secret
* Be careful to avoid putting words into a child’s mouth: this can occur whilst trying to make clear in your own mind what the child may have said and what they meant. Trained professionals will conduct official interviews with the child; any input from other adults can damage the evidence. This also spares the child from having to repeat themselves.
* Do not interrogate or question, other than to clarify your understanding: if the matter is to be investigated further, it will be carried out by trained professionals. No matter how well you know the child, spare them having to repeat themselves over and over. Aside from anything else, the child may begin to think that you don’t believe them.

**Self-Protection:**

It is vital that staff working with children and young people within Access Community Trust think carefully about putting themselves in situations which could lead to a false allegation of child abuse. A child may misinterpret an innocent action as abusive.

**Self-Protection Guidelines:**

* In the event of any injury to a child, accidental or otherwise, ensure that it is recorded and witnessed by another member of staff where possible;
* Keep records of any false allegations a child makes against you or other members of staff. This should include everything from: ‘You’re always picking on me’, to ‘You hit me’ or a comment such as ‘Don’t touch me’. Ensure dates and times are recorded;
* Get another member of staff to witness the allegation, if possible;
* Staff must always inform their line manager of any allegation;
* If a child touches you or talks to you in a sexually inappropriate way or place, record what happened and ensure that you inform your line manager immediately;
* Do not place yourself in a situation where you are spending excessive amounts of time alone with a child. If you are key working a young person, ensure that it is planned, and record the date and time of the session. Where possible, inform another member of staff of your plans;
* Staff should never change nappies or clothing, or bath a child;
* Never attempt to do something of a personal nature for a child that they can do themselves: this includes wiping bottoms, unbuttoning trousers, or any activity that could be misconstrued;
* Do not go into the toilet alone with a child;
* Be mindful of how and where you touch a child; never pat a child on the bottom;
* Children should never sit on your lap without a lap cushion;
* Be careful of extended hugs and refrain from giving / accepting a kiss from a child or young person. This guideline is not only for your protection, but for the child’s as well;
* If you must physically restrain a child for any reason (in extreme circumstances i.e. you are being assaulted by the child be aware that it could be misinterpreted as assault;
* Staff should wear their identification badges at all times when at work;
* Never keep suspicions of inappropriate behavior or abuse by another member of staff to yourself. If there is an attempted cover-up, you could be implicated by your silence.

**PREVENT Policy and Guidance Statement:**

Access Community Trust recognise that safeguarding against radicalisation is no different from safeguarding against any other vulnerability.

Our expectations of all staff are to uphold and promote the fundamental principles of British values including democracy, the rule of law, individual liberty, mutual respect, and tolerance of those with different faiths and beliefs.

As an organisation we continually promote equality and diversity of which this topic has its own internal policy and compulsory training.

In addition to this, all employees are encouraged to read and follow the frameworks of the following national guidelines:

* PREVENT strategy HM government
* Working together to safe guard children HM government 2013

**Aims and principles:**

The main aims of this policy statement are to ensure that staff are fully engaged in being vigilant about radicalisation; that they overcome professional disbelief that such issues will not happen within Access Community Trust, and to ensure that we work alongside other professional bodies and agencies to ensure that our customers are safe from harm.

The principle objectives are that:

* All staff will have an understanding of what radicalisation and extremism are and why we need to be vigilant.
* All staff will know what the Access policy is on anti-radicalisation and extremism and will follow the policy when issues arise.
* All customers will know that the trust has a policy in place to keep customers safe from harm and that we regularly review our systems to ensure they are appropriate and effective.

**Definitions and indicators:**

Radicalisation is defined as the act or process of making a person more radical or favoring of extreme or fundamental changes in political, economic or social conditions, institutions or habits of the mind.

Extremism is defined as the holding of extreme political or religious views.

There are a number of behaviors which may indicate a child or adult is at risk of being radicalised or exposed to extreme views. These include;

* Spending increasing time in the company of other suspected extremists.
* Changing their style of dress or personal appearance to accord with the group.
* Day to day behaviour becoming increasingly centred on an extremist ideology, group or cause.
* Loss of interest in other friends and activities not associated with the extremist ideology, group or cause.
* Possession of materials or symbols associated with an extremist cause.
* Attempts to recruit others to the group/cause.
* Communications with others that suggest identification with a group, cause or ideology.
* Using insulting or derogatory names for another group.
* Increase in prejudice related incidents committed by that person- these may include;
* Physical or verbal assault
* Provocative behaviour
* Damage to property
* Derogatory name calling
* Possession of prejudice-related materials
* Prejudice related ridicule or name calling
* Inappropriate forms of address
* Refusal to cooperate
* Attempts to recruit to prejudice-related organisations
* Condoning or supporting violence towards others.

**Procedures for referrals:**

Although serious incidents involving radicalisation have not occurred at Access Community Trust to date, it is important for us to be constantly vigilant and remain fully informed about the issues which affect the region in which we operate as a business. Staff are reminded to suspend any professional disbelief that instances of radicalisation ‘could not happen here’ and to refer any concerns through the appropriate channels.

As a trust, we believe that early intervention is key to supporting those at risk from radicalisation. It is vital that our staff must be aware of the established process of frontline professionals to refer concerns about individuals and/or groups. We must have the confidence to challenge and intervene, whilst ensuring that we have a strong safeguarding practice, based on the most up to date guidance.

**Dealing with referrals:**

We are aware of the potential indicating factors that a child or adult may be vulnerable to being radicalised or exposed to extreme views, including peer pressure, influence from other people, the internet, bullying, crime and anti-social behavior, family tensions, race/hate crime, lack of self-esteem or identity, prejudicial behavior and personal or political grievance’s

In the event of prejudicial behavior the following system will be followed;

* All incidents of prejudicial behaviour will be reported directly to their Line Manager or Operations Manager.
* All incidents will be fully investigated and recorded and records will be kept in line with procedures for any other safeguarding incident.
* Parents, carers and other professionals involved with the family will be contacted and the incident discussed in detail, aiming to identify motivating factors, any change in circumstances at home, parental views of the incident

and to assess whether the incident is serious enough to warrant a further referral.

* The support worker should follow any referrals for a period of four weeks after the incident to assess whether there is a change in behaviour and/ or attitude. A further meeting with parents and agencies involved with the family would be held if there is not a significant positive change in behaviour.
* If deemed necessary serious incidents will be discussed to the appropriate authority and this may include contacting the counter terrorism unit for the region.

**Following an incident**

* Further actions to be identified by the Line Manager and that a Serious Incident report is sent to the Head of Operations to be informed of the incident and the outcome.

**Training**

* 121’s discuss the policy and guidance on a regular basis
* Serious incidents discussed in monthly team meetings
* Prevention of radicalisation and extremism training to be provided to all front line staff and managers
* Serious incidents in this area to be discussed at Ops Management Meeting
* All paid staff, volunteers and trustees to undertake training every two years

**Anti-Bullying Policy Statement**

Access Community Trust is completely opposed to bullying and will not tolerate it: it is entirely contrary to the values and principles we work and live by. All customers of the Trust have a right to live in a secure and caring environment. They also have a responsibility to contribute in whatever way they can to the protection and maintenance of such an environment.

**Mission Statement**

* Customers have a right to live free from intimidation and fear.
* The needs of the victim are paramount.
* Access community trust will not tolerate bullying behaviour.
* Bullied customers will be listened to.
* Reported incidents will be taken seriously and thoroughly investigated.

**Definition of ‘Bullying’:**

Bullying is an act of aggression, causing embarrassment, pain or discomfort to someone. It can take a number of forms; physical, verbal, making gestures, extortion and exclusion. It is an abuse of power. It can be planned and organised, or it may unintentional. It may be perpetrated by individuals or by groups of residents / clients.

**Forms of Bullying:**

* Physical violence such as hitting, pushing or spitting at another customer.
* Interfering with another customer property, by stealing, hiding or damaging it.
* Using offensive names when addressing another customer.
* Teasing or spreading rumours about another customer or his/her family.
* Belittling another customer’s abilities and achievements.
* Writing offensive notes or graffiti about another customer.
* Excluding another customer from a group activity.
* Ridiculing another customer appearance, way of speaking or personal mannerisms.
* Misusing technology (internet or mobiles) to hurt or humiliate another person.

**Participation & Consultation Process**

* Awareness raising programmes
* Survey/questionnaires distributed to residents / clients and staff.
* Obtaining the views of customer representatives, monitoring evaluation and review.

**Responsibilities of All Staff**

Our staff will:

* Foster in our customers self-esteem, self-respect and respect for others.
* Demonstrate by example the high standards of personal and social behaviour we expect of our customers.
* Discuss bullying with all customers so that every customer learns about the damage it causes to both the customer who is bullied and to the bully and the importance of telling a staff member about bullying when it happens.
* Be alert to signs of distress and other possible indications of bullying.
* Listen to customers who have been bullied, take what they say seriously and act to support and protect them.
* Report suspected cases of bullying to management.
* Follow up any complaint by a customer about bullying, and report back promptly and fully on the action which has been taken.
* Deal with observed instances of bullying promptly and effectively, in accordance with agreed procedures.

**The Responsibilities of all customers**

We expect our customers to:

* Refrain from becoming involved in any kind of bullying, even at the risk of incurring temporary unpopularity.
* Intervene to protect the customer who are being bullied, unless it is unsafe to do so.
* Report to a member of staff any witnessed or suspected instances of bullying, to dispel any climate of secrecy and help to prevent further instances.

*Anyone who becomes the target of bullies should:*

* Not suffer in silence, but have the courage to speak out, to put an end to their suffering and that of other potential targets.

**The Responsibilities of All**

Everyone should:

* Work together to combat and, hopefully in time, to eradicate bullying.

**Preventative Measures**

* Staff training within the Trust
* Guidelines for records and sanctions
* Customer meetings/discussions
* Customer participation on Trust training days
* Customer access to Trust policies and procedures
* Project based workshops

**Procedures for Dealing with Incidents of Bullying Behaviour**

* Steps taken to support and respond to the needs of both bullied and bullying customers.
* Records kept
* Action which may be taken:
  + Contacting of all customers concerned in the bullying incident.
  + Investigation.
  + Feedback to those concerned.
  + Sanctions.
  + Contacting relevant professionals/organisations for further support/ counselling etc.

**Continuous Professional Development of Staff**

Anti-Bullying training mandatory for all staff, with refresher courses available after two years or in response to changes in legislation or particular incidents

**Monitoring & Review:**

This policy is under a constant monitoring process and reviewed bi-annually.

**Domestic Violence Policy**

**Aim:**

Access Community Trust believes that none of its customers should live in fear of violence from a spouse or partner, former partner or spouse, or other members of the household. We are committed to offering assistance to any of our customers who are suffering from domestic violence or threats of violence from someone within their home, or from somebody outside their home.

Access Community Trust will act to ensure that a victim of domestic violence is made aware of all the options open to them so that they can make informed decisions about the route they wish to take to end the abuse and rebuild their lives. Access Community Trust recognises that not all victims wish to pursue legal action. However, for all victims, whether they seek the protection of the courts or otherwise, it is vital that they are aware of, and have access to, all voluntary and statutory support available.

**Objectives:**

The key objectives of this policy are:

* To assist, wherever possible, those threatened with or suffering violence by providing secure accommodation, free from the threat or fear of violence;
* To provide advice to the victims of violence on alternate sources of accommodation and support, including assistance from voluntary organisations, in cases where we are not in a position to provide secure accommodation;
* To take a victim-centred approach in responding to cases of domestic violence. Recognising that evidence of domestic violence may not always be readily available; we will accept the victim’s account and will not insist on the victim providing proof of evidence. However, some forms of evidence will be required where legal action is to be taken and verification may be required where other potential solutions are being considered;
* To take action to evict the perpetrator of domestic violence using the powers available to us under the Housing Act (1996), and other relevant legislation, subject to the wishes of the victim;
* To adopt a flexible approach in responding to incidents of domestic violence and take into account the varying circumstances of victims of violence, and the different courses of action which may be appropriate;
* To be consistent with other Access Community Trust policies such as Equality and Diversity, Child Protection and Protection of Vulnerable Adults;
* To comply with all relevant legislation, regulatory guidance and codes of practice and to learn from examples of good practice;
* To keep up to date records of local agencies which may be in a position to offer advice and support to victims of domestic violence and to participate in any local forum established to consider the needs of those suffering from domestic violence.

**Legal and Regulatory Framework:**

The key legislation relevant to the domestic violence policy is:

* The Housing Act 1996
* Domestic Violence, Crime and Victims Act 2004

**Key points of the Policy:**

The Director of Services is responsible for the overall implementation of this policy. Service Managers will act as the main point of contact for complaints of domestic violence and will work closely with other agencies

Access Community Trust will deal sensitively with victims of domestic violence by:

* Investigating all reports of domestic violence;
* Fully involving the complainant in the action planning to try and resolve the issue;
* Keeping the complaint informed about progress;
* Keeping detailed records of the incidents and investigations carried out;
* Taking care to respect confidentiality;
* Referring the complainant to other agencies who may take action or who could offer additional support.

Access Community Trust will maintain confidentiality in dealing with cases of domestic violence and separate records will be kept. We will seek permission from those reporting domestic violence before disclosing any information to another party.

The nature of domestic violence means that some cases will be difficult to resolve or bring to an end. However, we will ensure that complainants are clearly advised when no further action can be taken to resolve an issue.

**Staff Training:**

Our staff will be trained and expected to support the Access Community Trust commitment to dealing with domestic violence. There will be induction training for new staff and regular updates for all staff that have responsibility for any part of this policy.

Access Community Trust will continue to work with relevant agencies in order to develop appropriate strategies for responding to the needs of those experiencing domestic violence.

**Review:**

The domestic violence policy will be reviewed every two years by Access Community Trust in consultation with customers and other agencies. The review will ensure the policy takes into account:

* Changes in statutory guidance and developing good practice;
* That partnerships with relevant agencies are contributing to the Access Community Trust aims and objectives.

**Making a Referral:**

**Please note when it comes to safeguarding, no one is ever alone.**

**Information should be shared immediately, safely and confidentially.**

When contemplating making a **CHILD** referral you should access the local safeguarding partners website and use their guidelines about the information to include in your referral.

It is likely to include the aspects of the following:

* Details of the person (name family members, date of birth, address)
* Relevant history
* Factual information, observations
* Professional judgement (immediate safety concerns, your informed decision)
* Any aspects in relation to confidentiality and consent
* Why you have shared information and why

For **Norfolk** based services:

<https://www.norfolk.gov.uk/children-and-families/keeping-children-safe/report-concerns>

If you are concerned about a child in Norfolk and want to speak to someone, contact: 0344 800 8020.  If you consider the incident to be an emergency, call 999.

For **Suffolk** based services:

<https://www.suffolk.gov.uk/children-families-and-learning/keeping-children-safe/reporting-a-child-at-risk-of-harm-abuse-or-neglect-safeguarding/>

If you are concerned about a child in Suffolk and want to speak to someone, contact: 0808 800 4005. If you consider the incident to be an emergency, call 999.

If you are unsure on how to make a referral, or you still require advice please contact the designated safeguarding team:

**Organisational Designated Safeguarding Officers:**

All concerns and referrals must be addressed to **REDACTED** – Designated Safeguarding Lead of Access Community Trust:

REDACTED

In REDACTED absence, all concerns and referrals must be addressed to **REDACTED**; CEO of Access Community Trust.

REDACTED

In addition to this **REDACTED** and **REDACTED** are both Safeguarding Officers, and can support with information, advice and guidance:

REDACTED

In all incidences the appropriate line manager should be copied in to any correspondence.

**Managing Allegations guidance**

An allegation may relate to any member of staff (including volunteer) who works with children who has:

* Behaved in a way that harmed a child, or may have harmed a child.
* Possibly committed a criminal offence against or related to a child.
* Behaved towards a child or children in a way that indicates they may pose a risk of harm to children.

Keeping Children Safe in Education (2018, section 184)

**Three Strands for Consideration:**

1. A police investigation of a possible criminal offence.
2. Enquiries and assessments by children’s social care about whether a child is in need of protection, or in need of services.
3. Consideration by an employer/organisation of disciplinary action in respect of the individual.

**Supporting the Child:**

In cases where a child may have suffered significant harm, or there may have been criminal prosecution, children’s social care services, or the police as appropriate, should consider what support the child or children involved may need.

Keeping Children Safe in Education (2018, section 201)

**Managing Allegations:**

If staff have concerns about another staff member who may pose a risk of harm to children, then:

* This should be referred to the Designated Safeguarding Lead.
* Where there are concerns/allegations about the Designated Safeguarding Lead, this should be referred to the Chief Executive Officer.
* In the event of concerns/allegations about the Chief Executive Officer, this should be referred to the Designated Safeguarding Lead who in turn must report this to the Local Authority Designated Officer.

Keeping Children Safe in Education (2018, section 201)

**Supporting Employees:**

* It is essential that any allegation is dealt with very quickly, in a fair and consistent way that provides effective protection for the child and at the same time supports the person who is the subject of the allegation.

Keeping Children Safe in Education (2018, section 186)

* Access Community Trust has a duty of care to their employees and shall ensure that effective support is provided for anyone facing an allegation. This includes appointing a named contact person should they be suspended.
* All options to avoid suspension should be considered prior to taking that step.
* Where it is clear that an investigation by the Police or children’s social care isn’t necessary, the Designated Safeguarding Officer should discuss the next steps with the Chief Executive Officer.

Keeping Children Safe in Education (2018, section 193,194)

**Definitions When Determining Outcomes:**

* **Substantiated:** there is sufficient evidence to prove the allegation.
* **Malicious:** there is sufficient evidence to disprove the allegation and there has been a deliberate act to deceive.
* **False:** there is sufficient evidence to disprove the allegation.
* **Unsubstantiated:** there is insufficient evidence to either prove or disprove the allegation, the term therefore does not imply guilt or innocence.
* **Unfounded:** to reflect cases where there is no evidence or proper basis which supports the allegation being made.

Keeping Children Safe in Education (2018, section 189)

**Equality and Diversity:**

Access Community Trust, strives for high standards both as an employer and as a provider of services. In so doing, we recognise the need for encouraging diversity and wholeheartedly support a policy of equal opportunities in all areas of our work and responsibilities.

We define both Equality and Diversity as the following:

**Equality** ensures that policies, procedures and practice within the organisation do not discriminate against its employees, volunteers and stakeholders. It is about treating people fairly and equally regardless of whom they are their background or their lifestyle.

**Diversity** ensures that all people are valued as individuals and are able to maximise their potential and contribution to the organisation and to the community. It recognises that people from different backgrounds can bring fresh ideas and a different approach, which can make the way we work and learn more fun, more creative, more efficient and more innovative.

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