

# Safeguarding Policy



## Barlow Moor Community Association

### Safeguarding

#### Introduction

We believe that every child, young person & adult regardless of age, race or gender has, always, and in all situations, a right to feel safe and protected from any situation or practice that results in him or her being physically or psychologically damaged. Should we have any concerns about anyone's physical, sexual or emotional wellbeing, we will act.

BMCA Ltd complies with the local Child and Vulnerable Adults Protection procedures approved by the Manchester's Safeguarding Board and refers to the Dfe guidance [Working together to safeguard children 2023: statutory guidance \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/101421/working-together-to-safeguard-children-2023-statutory-guidance.pdf)

Other legislation includes but is not limited to:

- **Children's act 1989**
- Children's act 2004
- Domestic Abuse Act 2021
- Modern Slavery Act 2015
- Sexual Offences Act 2003
- Equality Act 2010
- **The Care Act 2014**
- The Human Rights Act 1998
- Safeguarding Vulnerable Groups Act 2006
- Mental Health Act 2007
- Mental Capacity Act 2005, revised 2008
- Whistleblowing (Public Disclosure Act) 2008
- Data Protection Act 1998/ GDPR

We have a duty to refer concerns to Children's and Adults Services if we have reasonable cause to suspect that a child, young person or adult is at risk from abuse or is being abused on our premises or elsewhere.

This document defines the procedures that will be followed if we have any reason to believe that a anyone in our care or accessing our services is subject to emotional, physical, financial, sexual abuse or neglect.

Our prime responsibility is the welfare and wellbeing of all those in our care. As such we believe we have a duty to the children, parents/carers, adults and staff to act quickly and responsibly in any instance that may come to our attention.

The centre will follow the procedures set out in the document "what to do if you're worried about a child/young person's welfare".

<https://www.manchestersafeguardingboards.co.uk/practitioners-landing-page/practitioners-01/key-themes/other-topics/guidelines-reporting-concerns/>

and for adults:

<https://www.manchestersafeguardingpartnership.co.uk/adults/>

#### Aims of the Policy

- ✓ Ensure that children, young people and adults are never placed at risk while in the charge of the centre staff
- ✓ Ensure that confidentiality is maintained, always
- ✓ Ensure that all staff are familiar with child protection issues and procedures
- ✓ Ensure that all staff are familiar with adult protection issues and procedures
- ✓ Regularly review and update this policy

The areas of abuse- Please refer to Appendix 1 for definitions

- Physical\*
- Sexual
- Emotional/ Psychological
- Financial
- Discrimination
- Self-Neglect
- Domestic Abuse
- Modern Day Slavery
- Organisational

**\*Section 5B of the 2003 Act introduces a mandatory reporting duty which requires regulated health and social care professionals and teachers in England and Wales to report 'known' cases of FGM in under 18s which they identify in the course of their professional work to the police.**

#### Procedure

The setting has a Safeguarding information file, which holds all relevant information regarding the safeguarding of children, young people and adults, which is added to regularly. We have a named Safeguarding Lead on the Board of Directors – Clover Hudson and Safeguarding Lead, Toni Toner, supported by trained designated officers:

Jenny Mrozek – Early Years

Daniella Versace – Children & Young People

Rachel Hughes – Adults & Older People

Janette Sherwood – Adults

Contact details: 0161 446 4805 option 1

#### The role of the Designated Lead

The Designated Safeguarding Lead will:

- Be available at all times to discuss safeguarding
- Keep up to date with processes
- Take responsibility for safeguarding within their sector or delivery
- Take responsibility for liaison with local statutory children's and adults services and other agencies
- Ensure staff attend regular safeguarding training
- Provide support, advice and guidance to other staff on an on-going basis and on any specific safeguarding issue as required
- Set-up and manage clear, accurate and secure record keeping systems

All staff will receive annual training to familiarise themselves with common indicators of abuse and the escalation procedure as outlined in the "Reporting Concerns/Contact Procedures" leaflet.

Secure and accurate recording will be ensured by:

- Daily Notes pages
- Copies of emails/letters
- EVERYTHING signed and dated (including the DAY)
- All information stored in the main office/on the centralised NAS drive

In the event of a safeguarding issue surrounding a child or young person with impaired communication then information will be sought from "Disabled Children Guidance" [www.manchesterscb.org.uk](http://www.manchesterscb.org.uk)

In addition, attention will be given to additional barriers such as:

- Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to disability without further exploration
- Children with SEN and disabilities being disproportionately impacted by things like bullying without showing any signs
- Communication

In the event of information sharing becoming necessary then the national guidance on information sharing including the 7 golden rules will be consulted [www.manchesterscb.org.uk](http://www.manchesterscb.org.uk)

**Any and all information shared via email will be sent as password protected attachments to previously identified email addresses.**

EHA – Early Help Assessment

**"Early Help is intervening early and as soon as possible to tackle problems emerging for children, young people and their families or with a population most at risk of developing problems. Effective intervention may occur at any point in a child or young person's life."**

Where there are no immediate safeguarding concerns, but additional needs have been identified, consideration will be given to the Multi agency levels of need document and the Early Help Assessment.

### The Prevent Duty

All staff will receive training in Prevent and the identification of children at risk of being drawn into terrorism. They will also be aware of how to challenge extremist ideas. In addition, the Designated Safeguarding Leads will be trained in making referrals to the Channel programme.

### Drugs & Alcohol

**Children will not be allowed to leave with a parent or carer who is deemed under the influence of drugs or alcohol. We will do our utmost to contact other carers (Parent or Guardians) from the child's record forms. If this is unsuccessful we will contact social services in line with our Child Protection policy.**

**If there are concerns about the impact of a parent/carer's substance misuse upon the child(ren) outside of the centre, we will follow our Safeguarding policy.**

### Quality Assurance

We will endeavour to complete an annual Safeguarding Audit with Manchester Quality Assurance Team to ensure all information is kept relevant and up to date.

### **Allegations against members of staff**

When allegations arise against a person working with children (including volunteers) the setting will follow the following procedures in line with [Working together to safeguard children 2023: statutory guidance \(publishing.service.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/672223/Working_together_to_safeguard_children_2023_statutory_guidance.pdf)

This means that the procedures will be used when an allegation is made that an adult has:

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

Allegations against staff who are no longer employed should be referred to the police. Historical allegations of abuse should also be referred to the police.

Employers have a duty of care to their employees. We will therefore ensure we provide effective support for anyone facing an allegation and provide the employee with a named contact if they are suspended. It is essential that any allegation of abuse made against a member of staff or volunteer is dealt with very quickly, in a fair and consistent way that provides effective protection for the child/young person and at the same time supports the person who is the subject of the allegation.

## Appendix 1

### Definitions from 'Working together to safeguard children 2018'

**Physical Abuse** - A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

**Emotional Abuse** - The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as

**Sexual Abuse** - Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

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

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers); or
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

## **Appendix 2**

### **The Toxic Trio**

#### **Safeguarding children from substance misuse**

As with all dilemmas in respect of safeguarding children/young people, concerns can never be shared too early and making contact with your line manager/agencies lead officers, the Early Help Hub or Children's Social Care will help you establish an appropriate response.

Safeguarding children must remain on the agenda of all services associated with drug and alcohol misuse, and likewise substance misuse remains on the agenda of all services associated with parenting, family work and childcare.

Substance misuse (legal or illegal drug usage and/or alcohol consumption) by parents and/or carers does NOT on its own automatically indicate that children are at risk of abuse or neglect, although it is essential that practitioners recognise that this is a group for whom the potential associated risks are high.

The GMSP guidance aims to assist all agencies working with children, adults who are parents/carers or pregnant women and their partners in identifying situations where action is needed to safeguard a child or promote their welfare as a result of their parents' alcohol and drug use; this can be found at [greatermanchesterscb.proceduresonline.com](http://greatermanchesterscb.proceduresonline.com).

#### **What is the impact of alcohol and/substance misuse?**

Although there are some parents who are able to care for and safeguard their child/ren despite their substance misuse, parental substance dependence can cause significant harm to children at all stages of development. An assessment is required to determine the extent of need and level of risk of harm for each child in the family.

Children's vulnerability may stem from the impact of substance misuse on parenting capacity as parents may have difficulty in organising their lives. For example, excessive alcohol intake or drug misuse may mean that parents are less attentive to a baby or child's needs and the preoccupation with getting and using drugs means that parents place their own needs above those of their children. Therefore, children are likely to be at increased risk of, or experiencing, significant harm primarily through emotional abuse and neglect. The child/ren may also not be well protected from physical or sexual abuse.

#### **What should you do?**

It is important that arrangements are in place to enable children's social care services and substance misuse (including alcohol) services referrals to be made in relevant cases. Where children may be suffering significant harm because of their own substance misuse, or where parental substance misuse may be causing such harm, referrals need to be made to Community Drug and Alcohol teams or alcohol services, in accordance with multi-agency procedures.

Where parental substance and/or alcohol misuse may be causing a child or young person significant harm referrals need to be made in accordance with local safeguarding procedures. Even where children or young people are not suffering significant harm, parents may find it useful to have additional support therefore referral arrangements also need to be in place to enable children and young people's broader needs to be assessed and responded to.

Professionals in all agencies must recognise that they have a primary duty to safeguard and promote the welfare of the children and young people.

For those children or young people who are suffering, or at risk of suffering, significant harm, joint working is essential to safeguard and promote the welfare of the child (ren). All agencies and professionals should:

- be alert to potential indicators of abuse or neglect;
- be alert to the risks that individual abusers, or potential abusers, may pose to children;
- share and help analyse information so that an assessment can be made of the child's needs and circumstances;
- contribute to whatever actions are needed to safeguard and promote the child's welfare;
- take part in regularly reviewing the outcomes for the child against specific plans;
- work co-operatively with parents, unless this is inconsistent with ensuring the child's safety;
- be alert to the degree of intoxication, withdrawal or drug and alcohol seeking behaviour which may pose a risk to children & young people.

Where children are not suffering significant harm, referral arrangements also need to be in place to enable children's broader needs to be assessed and responded to.

A child may be considered to be at greater risk of harm where substance use is uncontrolled and chaotic, if the parent/carer alternates between states of severe intoxication and periods of withdrawal, especially if substances are mixed i.e. combinations of different drug and alcohol combined with drugs.

Research indicates that the risk factors for the safety and welfare of the child may be heightened during periods of withdrawal – with parents/carers exhibiting a reduced responsiveness to the child's needs and increased levels of anxiety relative to themselves as individuals.