



# A guide to Safeguarding Vulnerable Users

October 2017

East Horsley Village Hall is a community organisation with charitable status. It is managed by a Board of Trustees and run by a part-time Manager and full-time, on-site Caretaker.

This policy applies to users of East Horsley Village Hall when they are attending events or seeking our advice around issues.

## Details of Staff and Trustees

**Manager:** Laura Tuohey

**Caretaker:** John Fordham

**Designated Safeguarding Trustee:** Shirley Goodwin

## Vulnerable Persons Policy Statement

All staff and volunteers have a duty to safeguard vulnerable users and those who may come into contact with vulnerable users.

They should respond to any concerns they may have regarding the physical, sexual, emotional or psychological safety of a vulnerable person or concerns relating to discriminatory or financial violation or exploitation of a vulnerable person.

This policy is in place to protect all vulnerable persons regardless of gender, ethnicity, disability, sexuality, religion or faith.

## Principles

The welfare of the child or vulnerable adult is paramount and is the responsibility of everyone. All children and vulnerable adults, without exception, have the right to protection from abuse, whether physical, verbal, sexual, bullying, exclusion or neglect. Bullying, shouting, physical violence, sexism and racism towards children will not be permitted or tolerated.

## Policy Statement

No member of the trustees, helpers or other volunteers or staff will have unsupervised access to children or vulnerable adults unless they have been through the safe recruitment procedure (see box below) and introductory Child Protection or Vulnerable Adults Protection training.

All suspicions or allegations of abuse against a child will be taken seriously and dealt with speedily and appropriately.

All staff and volunteers will be made aware of this policy, child protection, and vulnerable adult issues, and will be offered introductory training.

A copy of the appendices will be provided to all who request it.

There will be a nominated and named Vulnerable Users representative to whom any suspicions or concerns should be reported. This person is Shirley Goodwin who is the Designated Safeguarding Lead (DSL) until 31<sup>st</sup> May 2018. This will be reviewed to ensure that the policy, training and the DSL role is in current and appropriately qualified.

The management committee will endeavour to keep the events safe for use by children and vulnerable adults. The committee recognises that a higher standard of safety is required where use is made by small children, English is not the first language and those who cannot read safety notices and physically disabled adults.

Safe recruitment processes should be used to appoint staff who will be working with children or vulnerable adults in any kind of activity.

These policies and procedures will be reviewed annually and updated as appropriate in the interim periods as required by policy or legislative changes.

## Safe Recruitment

All staff, working directly for East Horsley Village Hall must:

- complete an application form which shows their employment history
- provide at least two references
- should be checked under the Disclosure and Barring System and a copy of the DBS form number kept securely on the file.

Any volunteers working for East Horsley Village Hall and having unsupervised access to vulnerable users (e.g. running children's entertainment) may also be required to go through these procedures.

## Reporting Incidents

The nominated Child Protection and Vulnerable Adult representative will have responsibility for reporting concerns that arise, as a matter of urgency, to the local authority Child Protection and Vulnerable Adult lead agency. The representative may choose to have a confidential discussion with others in order to clear up any misunderstandings or to corroborate and support any suspicions before reporting a concern to the lead agency.

The nominated person should:

- know who to contact at the local authority
- know who to contact in Social Services for advice and referrals
- know about help lines and other sources of help for children and young people and vulnerable adults
- ensure that there is an environment in which staff have the opportunity to raise any child protection or vulnerable adult protection concerns.

## Useful Procedures

1. All trustees, volunteers and staff will be given information about child protection and should attend introductory level Child Protection training and Safeguarding Adults training where possible.
2. An annual review will take place following the AGM to allow for any required up-date of policies and or procedures. New trustees, volunteers and staff must be given an induction to this policy and understand their responsibilities.
3. A copy of the policy will be displayed for the attention of all in East Horsley Village Hall and is available on the website and made available on request to members and the public.

## Guide to Appendices

### Appendix A – Forms and signs of abuse (children)

This appendix gives guidance on how to recognise the signs of abuse in children. If you are not in regular contact with children or young people some of these signs will be harder to detect. This

guidance will probably be most useful as a reminder for those who have had some basic or introductory child protection training.

Appendix B – Forms and signs of abuse (vulnerable adults)

Appendix C - Guidelines for dealing with abuse or signs of abuse

This gives a list of do's and don'ts on what to do if someone reports, or you suspect abuse towards a child.

## Appendix A: Forms and signs of abuse

### Ways to recognise child abuse and neglect

#### Physical abuse

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

#### **Visible Signs:**

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

#### **Behavioural Signs:**

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

#### **What to listen for:**

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

**Consider:**

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

## Emotional abuse

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

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

**Watch for parent/carer behaviours:**

- poor attachment relationship with the child
- unresponsive or neglectful behaviour towards child's emotional or psychological needs
- persistent negative comments about the child
- inappropriate or inconsistent developmental expectations of the child
- parental problems that supersede the needs of the child
- dysfunctional family relationships including domestic violence

**Watch for child behaviours:**

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

## Sexual abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of, or consents to, what is happening. The activities may involve physical contact, including penetrative acts such as rape, buggery or oral sex or non-penetrative acts such as fondling. Sexual abuse may also include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways. Boys and girls can be sexually abused by males and/or females, by adults and by other young people. This includes people from all different walks of life.

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

### **Physical signs:**

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

### **Behavioural signs:**

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

### **Neglect:**

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs. It may involve a parent or carer failing to provide adequate food, shelter and clothing; failing to protect a

child from physical harm or danger; or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Indicators of neglect are recognisable in the child, in the parent/carers' behaviours and within the home environment.

**Physical signs:**

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

**Behavioural signs:**

- attachment disorders
- indiscriminate friendliness
- poor social relationships
- poor concentration
- developmental delays
- low self esteem

**Environmental signs:**

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

## Appendix B: Categories and predisposing factors of adult abuse.

### Predisposing factors

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

#### The Individual:

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

#### The Environment:

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

#### Relationships (in particular with carers):

- unequal power relationships
- increased dependency of vulnerable adult

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

### Discriminatory abuse:

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

#### Potential indicators:

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

## Physical abuse:

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

### Potential indicators:

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

## Sexual abuse:

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

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

### Potential indicators:

- significant change in sexual behaviour or attitude

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

### Psychological abuse:

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

#### Potential indicators:

- change in appetite
- low self-esteem, deference, passivity, and resignation
- unexplained fear, defensiveness, ambivalence
- emotional withdrawal
- sleep disturbance

### Financial abuse:

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

#### Potential indicators:

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

## Neglect and Acts of Omission:

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

### Potential indicators:

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

## Institutional Abuse:

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

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

## Appendix C: Guidelines for responding to abuse or suspicion of abuse

### DO

- Do treat any allegations extremely seriously and act at all times towards the child and adult as if you believe what they are saying.
- Do tell the child and adult they are right to tell you.
- Do reassure them that they are not to blame.
- Do be honest about your own position, who you have to tell and why.
- Do tell the child and adult what you are doing and when, and keep them up to date with what is happening.
- Do take further action – you may be the only person in a position to prevent future abuse – tell your nominated person immediately.
- Do write down everything said and what was done (see notes on recording).
- Do seek medical attention if necessary.
- Do inform parents/carers unless there is suspicion of their involvement.

### DON'T

- Don't make promises you can't keep.
- Don't interrogate the child or adult – it is not your job to carry out an investigation – this will be up to the police and social services, who have experience in this.
- Don't cast doubt on what the child and adult has told you, don't interrupt or change the subject.
- Don't say anything that makes the child and adult feel responsible for the abuse.
- Don't Do Nothing – make sure you tell your nominated child/ adult protection person immediately – they will know how to follow this up and where to go for further advice.