

H & F Mencap

Child Protection and Safeguarding Adults at Risk Policy and Procedure

Policy Statement

This policy applies to all staff, including senior managers and the board of trustees, paid staff, volunteers and sessional workers or anyone doing work on behalf of HF Mencap.

HF Mencap believes that no child, young person or adult should never experience abuse of any kind. Our organisation provides a range of services for people with learning disabilities and their parents and carers. We recognise the vital role the organisation can play in safeguarding and promoting the welfare of the individuals we support. As a provider of services to adults, young people and children with a learning disability and/or autism, we acknowledge that people we support are at an increased risk of experiencing abuse. Therefore we have a duty of care to protect them from harm, and to act on concerns where they come to our attention. We are committed to practice in a way that protects the individuals we support.

As a health and social care organisation, we have a responsibility to follow the six safeguarding principles enshrined in the Care Act 2014.

These six key principles underpin all adult safeguarding work:

Empowerment – Personalisation and the presumption of person-led decision making and informed consent.

Prevention – It is better to take action before harm occurs.

Proportionality – Proportionate and least intrusive response appropriate to the risk presented.

Protection- Support and representation for those in greatest need.

Partnership – Local solutions through services working with their communities.

Communities have a part to play in preventing, detecting and reporting neglect and abuse.

Accountability – Accountability and transparency in delivering safeguarding.

(See point 8 for additional key legislation underpinning child protection and safeguarding at-risk adults)

HF Mencap has considerable contact with vulnerable individuals through our paid staff and volunteers. All of our work, whether voluntary or paid, is based on our core values and on supporting people to advocate for themselves as far as possible. HF Mencap is committed to ensuring that the organisation, its staff, volunteers and the people who use its services are aware of the issues surrounding abuse and their responsibilities and rights as part of this Child Protection and Safeguarding Adults at Risk Policy and Procedure.

HF Mencap strives to adopt a pro-active approach to Child Protection and Safeguarding Adults at Risk. This means we will work to prevent abuse as well as to respond effectively when it occurs. When an allegation or suspicion of abuse does occur, our staff and volunteers have a responsibility to take the matter seriously and to deal appropriately with the issues. It is essential therefore that there are guidelines in place in how to deal with incidents of suspected abuse. The policy lays out a framework to support trustees, staff and volunteers in their roles and clarifies the organisation's expectations and legal responsibilities. All staff and volunteers must be vetted and police checked to ensure they do not pose a risk to the safety of children, young people or adults who use our services. All staff and volunteers are given appropriate levels of training and given regular supervision, if staff do not engage with this training then disciplinary measures may be taken.

HF Mencap will not employ known child abusers. All adult workers will have an enhanced Disclosure and Barring (DBS) check before they will be allowed to work at HF Mencap. All adult applicants who work with HF Mencap as a staff member or volunteer will be interviewed before an appointment is made. All applicants will be asked to provide at least two independent references normally including current or most recent employer or educational establishment. For young volunteers, this will include a school reference. All such references will be taken up. In the case of

applicants with unexplained gaps in their employment history, or who have moved rapidly from one job to another, explanations will be sought.

Aims

The aims of this policy are:

- To ensure that the need to safeguard and promote the welfare of children, young people and adults at risk is embedded in all aspects of HF Mencap's work.
- To ensure all trustees, staff and volunteers at HF Mencap understand the importance of safeguarding and how to respond appropriately and effectively to concerns raised or suspected.
- To ensure HF Mencap understands and fulfils its role in working with other agencies to safeguard and promote the welfare of children, young people and adults at risk.
- To ensure HF Mencap complies with legal, regulatory and contractual responsibilities in regard to child protection and adults at risk safeguarding.

1. Definitions.

1.1 An Adult at risk is:

“Any person who is aged 18 years or over and at risk of abuse or neglect because of their needs for care and or support. Where someone is over 18 but still receiving children's services and a safeguarding issue is raised, the matter should be dealt with as a matter of course by the adult safeguarding team” (Care Act, 2014).

1.2 Child protection:

Relates to any child (under 18) who has suffered from or may be at risk of physical injury, neglect and emotional or sexual abuse. Children may be abused or neglected through the infliction of harm or through the failure to act to prevent harm.

1.3 The definition of abuse is:

‘Abuse is the violation of an individual’s human or civil rights by any other person or persons. Abuse may be a single act or a series of acts.’ (No Secrets Act, 2000).

- Abuse can be a single event, a repeated act or a collection of acts.
- It is the feelings and consequences for the victim that determines if an act is abusive, not the intentions behind the act.
- An act that was intended to be abusive or experienced as being abusive must be treated as abuse.
- Abuse can occur in any situation where someone is dependent on another person for physical, emotional or social support.

1.4 Capacity:

The Mental Capacity Act 2005 is underpinned by five key principles:

- A presumption of capacity – every adult has a right to make his or her own decisions and must be assumed to have the capacity to do so unless it is proved otherwise.
- Individuals being supported to make their own decisions – a person must be given all practicable help before anyone treats them as not being able to make his or her own decisions.
- Unwise decisions – people have the right to make decisions that others might regard as unwise or eccentric.
- Best interests – anything is done for or on behalf of a person who lacks mental capacity must be done in their best interest.
- Less restrictive option – someone making a decision or acting on behalf of a person who lacks capacity must consider whether it is possible to decide or act in a way that would interfere less with the person’s rights and freedoms of action, or whether there is a need to decide or act at all.

The staff member and volunteer should also exercise vigilance and good judgement and continue to offer support and monitor the situation. If staff and volunteers have concerns about a service user’s capacity with regards to certain decisions they are

making then a capacity assessment must be undertaken. If they are then seen to lack capacity around those certain decisions the best interests meeting must be held to decide the best way forward. This would be held alongside other health and social care professionals, for example, the learning disabilities team (Social Services).

It is important that staff and volunteers understand these principles when dealing with possible incidents of abuse. It must be understood that in situations where an individual has the capacity to make his or her own choices they can refuse help from staff and volunteers. In these circumstances staff and volunteers will be expected to inform their manager, reporting the wishes of the client for example refusal of medication and further action should be taken if required (e.g for medication decline, the next of kin is to be contacted if the individual does not live independently or GP/111 for advice).

1.5 Safeguarding Adults Board (SAB).

The 2014 Care Act gives a legal framework for safeguarding adults. Each Local Authority must have a Safeguarding Adults Board (SAB) that includes the local authority, NHS and police. SABs must meet regularly, develop shared safeguarding plans and publish an annual review of progress. SABs will carry out Safeguarding Adults Reviews in some circumstances relating to safeguarding failures. The Act also introduces a responsibility for Local Authorities to make enquiries and take any necessary action if an adult with care and support needs could be at risk, even if that adult isn't receiving local authority care and support. See Department of Health & Social Care factsheet 7: www.gov.uk/government/publications/care-act-2014-part-1-factsheets for further information.

1.6 Local Safeguarding Children Boards (LSCB).

Each local authority is legally required to have a Local Safeguarding Children Board (LSCB) for their area and specifies the organisations and individuals (other than the local authority) that should be represented on LSCBs. LSCBs are responsible for developing policies and procedures for safeguarding and promoting the welfare of children in the area of the authority by scrutinising local arrangements (Local Safeguarding Children Boards Regulations 2006 and Children Act 2004).

See <http://www.workingtogetheronline.co.uk/> for further information.

2. Designated leads for child protection and adults at risk safeguarding.

2.1 The designated safeguarding leads are Dean Ashby (Director of Business and Operations), Rebecca Bone (Executive PA to the C.E.O of HF Mencap) and Amanda Davis (MyLife Support Service Manager).

2.2 Any member of staff or volunteer who is concerned about a child or adult should contact a safeguarding lead, in their absence, another manager or supervisor should be contacted.

2.3 The designated leads are responsible for:

- Offering consultation and support to staff and volunteers with a child protection or adult safeguarding concern.
- Liaising with other organisations on individual cases of suspected or identified abuse.
- Acting as a contact for HF Mencap.
- Co-ordinating action within HF Mencap on protection or safeguarding issues.
- Liaising with staff and volunteers on a need to know basis so that the child's or adult's right to privacy is protected.
- Ensuring that staff and volunteers are aware of HF Mencap's Child Protection and Safeguarding Adults at Risk Policy and Procedure.
- Raising awareness about child protection and safeguarding Adults at Risk through arranging training for staff and volunteers.

3. The Responsibility of Individual Staff or Volunteers.

3.1 Everybody involved with HF Mencap has a responsibility when it comes to the prevention of abuse and the reporting of incidents of abuse.

3.2 Everybody has a duty of care to report any incidents, suspicions or concerns of abuse. Someone does not have to be known to the local authority for alleged abuse to be reported.

3.3 Clear evidence of abuse may not be present and so raising concerns about possible abuse is very important.

3.4 No one who is involved with HF Mencap should ever prevent or persuade another person from raising concerns, suspicions or presenting evidence.

3.5 There may be occasions when people feel it is appropriate to raise their concerns in a confidential way e.g. where there are concerns about a senior manager, they are concerned about reprisals from an alleged perpetrator. In this case, HF Mencap's Whistleblowing procedure should be used.

3.6 People should never use the Safeguarding Children and Adults at Risk Policy and Procedure or the Whistleblowing procedure for malicious purposes.

3.7 Failure to report possible abuse or preventing someone from reporting possible abuse amounts to gross misconduct and staff could be dismissed for this and volunteers will no longer be able to volunteer for HF Mencap.

3.8 As well as the above Operational Managers, Service Managers, Supervisors and Coordinators, should also do the following:

- Encourage staff, volunteers and service users (where they have contact) to raise their concerns and always respond in a positive and constructive manner.
- Provide staff, volunteers and service users (where they have contact) with information on how to report their concerns should they implicate someone in a senior role.
- Observe the right of confidentiality of all parties when an allegation or investigation has been raised, recognising that failure to adhere to this prevents staff, volunteers and service users from raising concerns in the first place.
- Understand that how they interact with staff and volunteers has a direct impact on the lives of service users.

3.9 As well as the above staff and volunteers that have direct contact with service users, should also do the following:

- Pay attention to the physical and emotional well-being of the people they are supporting and report anything that seems unusual or out of character.
 - Immediately report any incidents, suspicions or concerns of abuse to the appropriate senior member of staff.
 - Understand the impact of all aspects of their work/volunteering on the lives of the people they support, ensuring that this impact is always positive and creating a culture that prevents abuse from taking place.
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- 4. Types and Indicators of Abuse.
 - 4.1 Abuse can take many forms. Individuals should not be constrained in their view of what constitutes abuse or neglect; cases should always be viewed on the individual circumstances.
 - Physical Abuse – Including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
 - Sexual Abuse – Including rape and sexual assault or sexual acts to which the adult has not consented too or was pressured into consenting too. Child sexual abuse may include contact (physical touching etc.) or non-contact (e.g Internet grooming or sexual exploitation)
 - Psychological/Emotional Abuse – Including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, harassment, verbal abuse, isolation or unreasonable and unjustified withdrawal of services or support networks.
 - Modern Slavery/Human Trafficking – This can include (but not limited to) forced: prostitution, begging, labour, domestic servitude, marriage. If children are trafficked no violence, deception or coercion needs to be involved, simply bringing them into exploitative conditions constitutes trafficking.
 - Financial/Material Abuse – Including theft, fraud, exploitation, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

- Discriminatory Abuse – Including discrimination on grounds of race, gender and gender identity, disability, sexual orientation, religion, and other forms of harassment, slurs or similar treatment.
- Domestic Violence – is officially classified as “any incident of threatening behaviours, violence or abuse between adults who are or have been in a relationship together, or between family members, regardless of gender or sexuality”. Age has been reduced to classify individuals of 16 years old.
- Institutional or Organisational Abuse – Including neglect and poor care practice within an institution or specific care setting like a hospital or care home, e.g this may range from isolated incidents to continuing ill-treatment.
- Neglect and acts of omission- Including ignoring medical or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of necessities of life, such as medication, adequate nutrition and heating.
- Self – neglect – This covers a wide range of behaviour neglecting to care for one’s personal hygiene, health or surrounding and includes behaviour such as hoarding. It is important to consider capacity when self-neglect is suspected. Also, consider how it may impact on other family members and whether this gives rise to a safeguarding.
- Female genital mutilation (FGM) – comprises all procedures involving partial or total removal of external female genital organs or other injuries to the female genital organs for non –medical reasons. FGM is most often carried out on young girls aged between infancy and 15 years old. It may also be referred to as ‘cutting’, ‘female circumcision’, ‘initiation’, ‘Sunna’ and infibulation’. It is a form of child abuse and is against the law in the UK. It is an offence to make arrangements for FGM to be undertaken within the UK OR plan to take a child outside of the UK for the purpose of FGM.
- Mate crime - Vulnerable people may be groomed by those pretending to be their friend. Individuals may be put in situations that could lead them to be arrested or put in harm's way or abused.
- Radicalisation - Government introduced “the prevent strategy” in 2011 which is responsible for “contest” the UK’s counter-terrorism strategy. This focuses on working with vulnerable individuals who may be at risk of being exploited

by radicalisers and subsequently drawn into terrorist-related activity. If there is concern that a vulnerable individual is being exploited in this way, it should be reported accordingly as a safeguarding concern.

- ***Self-harm is any deliberate behaviour that inflicts physical harm on someone's own body and is aimed at relieving emotional distress. It is not abuse in itself however it may indicate a level of emotional distress (include abuse). Self-harm can include (but is not limited too): cutting themselves, scratching themselves, burning or scalding their body, banging and bruising themselves. Please refer to HF Mencap's Policy and Procedure on Self-Harming for further information.***

4.2 It is important to remember that it is not unusual for several types of abuse to occur at the same time and that the signs and indicators of abuse will vary from person to person.

4.3 All abuse should be taken seriously; even if it appears to be a minor act the effects of even the smallest abuse can be devastating for the victim.

4.4 Minor acts of abuse can often be a sign of more serious and hidden forms of abuse.

5. Prevention

5.1 Creating and promoting the right culture at HF Mencap will prevent abuse and ensure any potential problems are detected early and acted upon. Findings from serious case reviews have sometimes stated that if professionals or other staff had acted upon their concerns or sought more information, then death or serious harm might have been prevented.

5.2 Every member of staff and volunteer throughout HF Mencap has a part to play in creating this culture.

5.3 The following are key points that help to promote a culture of child, young person and adult protection. All staff and volunteers should seek to implement these and expand on them where they can.

- **Openness:** Organisations that are open to change and frequently examine their own practice are more likely to detect and tackle abuse early and less likely to foster abusive behaviour. It is therefore important that we ensure we enable staff and volunteers to reflect on their work and that as an organisation as a whole we are open to change. External parties, new staff and volunteers can often come with good ideas and insight. It is important that we also welcome and respond to external input as well.
- **Positive Approach to Complaints:** HF Mencap has a written procedure outlining how a person using our services or someone acting on their behalf can complain. Comments and complaints from people are a valid and valuable way to learn and improve services and no one should be expected to tolerate a service that he or she is not happy with. It is important, therefore, that all people who use our services should be made aware of how to use the complaints procedure and actively supported to access it when required.
- **Zero Tolerance:** An acceptance by staff and volunteers of low levels of abuse, from whatever source, will ultimately lead to a culture that will foster and hide more serious abuse. Therefore, staff, managers and volunteers must operate a zero-tolerance policy in relation to all acts of low-level abuse. This includes incidents between service users or between members of staff. Zero tolerance means that any abusive behaviour between any persons connected with HF Mencap will be responded to and preventative/disciplinary measures used where appropriate.
- **Person Centred Planning and Promoting Service User Involvement:** The services we provide are far more likely to meet and individuals need if people who use our services are involved fully in the planning, delivery and management of it. Decisions should always be made with people rather than

for them regardless of the level of their disability. Staff, management and volunteers should ensure that the people using services are fully involved in planning activities both through formal and informal consultation.

- **Advocacy:** Independent advocacy support should be accessed to help promote people's rights. This could be for groups of people or for people on an individual basis.
- **Staff and Volunteer Supervision and Support:** All HF Mencap staff and volunteers are given regular, structured supervision. This ensures that staff and volunteers are supported in carrying out their role within the organisation and given the opportunity to raise problems or concerns, in particular with regards to any issues concerning the safeguarding of adults or child protection.
- **Recruitment:** HF Mencap's recruitment procedure ensures that all paid and voluntary positions with access to vulnerable adults or children are subject to DBS checks.
- **Monitoring:** Senior staff in the organisation monitor all HF Mencap services. Monitoring the services helps to ensure that regulatory standards are met and provide good quality support. Senior staff will take action when standards are below that expected by HF Mencap.
- **Training:** The provision of regular training to all staff and volunteers is essential to both tackling and preventing abuse. All HF Mencap staff and volunteers are required to complete a comprehensive induction process and an ongoing training programme that includes specific training on awareness, responding to abuse and this policy.

6. Confidentiality and Information Sharing

6.1 All staff and volunteers should follow clear principles of confidentiality in relation to their service users. However, there will be occasions when it is appropriate to

share information about our clients in order to protect their best interests and, therefore, you should never give assurance of absolute confidentiality.

6.2 It is a legal requirement that agencies and professionals work together around safeguarding issues.

6.3 It is important that each service should ensure they have contact details for all other professionals in your clients' support networks.

6.4 HF Mencap has clear policies and procedures on information sharing and around working with other agencies. Each occasion should be assessed on a case by case basis.

6.5 Information on a 'need to know' basis and when it is in the best interests of your service users.

6.6 Staff and volunteers should always try to obtain informed consent from your clients before sharing information, however, if this is not possible it may be necessary to override this requirement (e.g limited communication abilities or understanding) – especially if other children, young people or adults are at risk. Where an individual refuses to give consent or is unable to consent around an issue of abuse, the Crime and Disorder Act 1998, Section 115 gives a person the power to report a suspected crime to the police, probation service, local authority or health authority who then have a duty to respond.

6.7 Staff should seek management support to decide whether to share information without consent.

6.8 The General Data Protection Regulations (GDPR) allows organisations to share special information (the GDPR term for sensitive information) about clients without their consent in some limited circumstances. They are:

- To protect the vital interests of an individual – the vital interest's condition also extends to any other individual who might be impacted by the abuse. Where the

individual lacks the capacity to give meaningful consent. Where the use of information for the provision of social care, treatment, system and services.

6.9 Note: In addition to GDPR all personal information is subject to the principles of the Freedom of Information Act 2000, the Data Protection Act 1998, the Human Rights Act 1998 and common law.

6.10 These Data protection laws allow us to have a 'common sense' approach to handling information and ensures that we do this in a sensible way.

6.11 The principles of any information that is shared should be based on the following:

- A need to know basis, which is in the best interests of the person concerned.
- Confidentiality is not secrecy.
- That informed consent is always sought at the beginning of the process to share information.
- That the why, what, how and whom the information will or could be shared with is explained to the person.
- That there may be situations where this consent cannot be sought e.g. where the person is at serious risk or a crime may have been committed.
- That advice is always sought from a senior manager where there is doubt about disclosing the identity of an individual.
- Making sure that the information to be shared is necessary for the purpose.
- That the information you share is only with those that need to know.
- That the information shared is relevant, accurate and up to date.
- That the information is shared in a timely fashion and in a secure way.

6.12 Where information is shared without the consent of the individual details about the information shared, the reasons why the decision to share the information was taken, who authorised the sharing of the information and the person/s with whom the information was shared must be recorded.

6.13 Good practice dictates that the person who withheld consent must be informed that information has been shared without consent. However, there may be circumstances where this is not possible or where caution needs to be exercised around the timing of such an action e.g. in very complex safeguarding situations.

7. Storage of Records

7.1 All records relating to a child, young person or adult welfare concerns will be kept at the HF Mencap office and the file will be held in a secure method.

7.2 Records relating to welfare will remain on file as long as the individual is associated with HF Mencap.

7.3 Records must be kept in such a way that cumulative evidence of possible abuse might be clearly determined, i.e. a record of behaviour or appearance related to the individual's welfare must be systematically recorded so that progress can be detected or patterns established.

8. Additional key Legislation relating to child protection and safeguarding of adults at risk.

- Human rights act 1998
- MCA 2005
- DoLS 2007
- Equality Act 2010
- Care and support statutory guidance 2014
- Health and Safety Care Act 2008
- The Counter-Terrorism and Security Act 2015
- Children Act 1989/2004
- United convention of the rights of the child 1991
- Sexual offences Act 2003
- Safeguarding vulnerable groups Act 2006
- Protection of Freedoms Act 2012
- Children and Families Act 2014

Child Protection and Safeguarding Adult at Risk Procedure

There may be times during the course of their work/volunteering that a member of staff or volunteer is party to a disclosure of abuse from someone they are supporting. In these circumstances, staff or volunteer should respond in the following way and then follow the Reporting Incidents or Suspicions of Abuse section of this policy.

Do:

- Stay calm.
- Listen carefully to what the person says. You may be the only person that they have talked to about the issue and you must show them that it is OK to talk by listening very carefully.
- Reassure the person that they have done the right thing by telling you and that you are taking the information seriously.
- Reassure the person you are going to report this to the appropriate senior member of staff and that if the matter is serious enough they will have to report it to Social Services.
- Write down an accurate account of what the person tells you. If it is not possible to take detailed notes at the time, they must be made immediately after the conversation and any notes taken, attached to the Record of Disclosure form (Appendix 3) when this is filled in. You must record what the person said and what you said in response. Use the Record of Disclosure Form to do this and a Body Map form (Appendix 2) if injuries have been sustained.
- Follow the Reporting Abuse section of this policy.

Do NOT:

- Promise to keep secrets.
- Appear shocked, horrified, disgusted or angry.
- Ask leading questions (it is not your job to investigate).
- Make any judgements.
- Stop someone from freely recalling events.
- Confront the alleged abuser.
- Destroy any evidence of abuse such as torn or soiled clothing.

- Fail to report the incident to a senior manager.

How Abuse Might Come To Your Attention:

- A child, young person or adult might tell you that they have been abused
- Someone else might tell you that an individual has told them they have been abused
- An individual might show signs of physical injury for which there appears to be no satisfactory explanation
- An individual's behaviour may indicate that it is likely that she or he is being abused
- Something in the behaviour of a worker, parent or carer or the way they relate to an individual may alert you
- You may observe one individual abusing another

Reporting Incidents or Suspicions of Abuse.

NB: If emergency medical attention is required call for help and provide first aid. If it is clear a criminal offence has occurred call the Police and other emergency services if needed

If any member of staff or a volunteer has any concerns, suspicions or evidence of abuse they should report it in the following way:

REPORT:

- Inform a senior member of staff immediately.
- Do not try to investigate anything before you report the matter to a senior member of staff.
- If you think your line manager may be responsible for the abuse then you must inform someone more senior than them.
- If you feel it is not appropriate to report your concerns inside HF Mencap you can go directly to the local authority.

RECORD:

- Record what you have seen, heard or what you suspect using the Record of Alleged Abuse Form (Appendix 1) and the Body Map (Appendix 2) if necessary.
- **NB: it is important that this recording takes place within 24 hours of the incident. Anything longer than 48 hours may not be admissible in court.**
- Record facts not opinions.
- Record what you did in response to the situation.

FOLLOW UP:

- Ensure that there has been a response to the alert you raised.
- If there has not been a response you should report to someone more senior than the person you initially raised your concern with.

Responding to a Report of Abuse.

A senior manager should always respond to alerts immediately. It should never take more than 24 hours to respond to an alert. Upon receiving an alert of abuse senior staff should do the following:

IMMEDIATE ACTION:

- If the person is not injured but abuse may have taken place – make sure the alleged victim is reassured either by staff, volunteer or yourself.
- If the person is injured or in immediate danger – make sure that the emergency services have been called and that first aid has been administered by staff. Attend the scene yourself if possible.
- Prevent further abuse if possible. This may involve moving the alleged perpetrator and alleged victim to different areas. It may involve the suspension of a staff member or volunteer (the C.E.O, Director and Operational/Service Managers are the only people who can suspend staff or volunteers).
- Reassure anyone who saw or heard the incident that you have responded.

RECORD AND REPORT:

- Report the disclosure to an Operations Manager/Service Manager. They will be responsible for deciding who takes what action.
- Record the information about the disclosure and any action you have taken to date on the Record of Disclosure Form.
- Report the alleged abuse to the relevant Local Authority on the Local Authority – Abuse Alert Form within 24 hours of the allegation.

The relevant Manager or supervisor/ coordinator must inform the Director of business and operations any alleged incidents of abuse and in their absence the Chief Executive Officer.

In deciding who takes what action should be taken the lead must consider:

WHAT IS THE CURRENT SITUATION:

- Is the situation urgent?
- Has a crime been committed and reported to the police? If it has then no further action should be taken without their guidance.
- Does a staff member or volunteer need to be suspended? If they do then the Director of business and operations must be informed in the case of a staff member being suspended.

ESTABLISH BASIC FACTS:

- Ensure that all of the paperwork has been completed and that all disclosure forms, body maps, alert forms etc have been completed.
- If there are others who have witnessed or were present, ensure they fill in a disclosure form.
- If appropriate talk to the alleged victim and record any information given on a disclosure form.
- Collect together any other relevant information e.g. risk assessments, care plans, daily logs rotas etc. Remember – You are not investigating what happened, merely collating information.

All staff and volunteers to participate in any local authority/police investigation as required.

Reporting Allegations or Suspicions of Abuse**Informing next of Kin**

Parents, family or carers are normally the first point of contact. If a suspicion of abuse is recorded, they are to be informed at the same time as the report is made, except where guidance of the LSCB/SABs does not allow this. This will usually be the case where the parent, family member or carer is the likely abuser. In these cases the investigating officers will inform parents.

Support to Families

- HF Mencap takes every step in its power to build up trusting and supportive relations among families, staff and volunteers in the group.
- HF Mencap continue to welcome the individual and the family or carer whilst investigations are being carried out.
- Confidential records kept on a individual are shared with their legal guardian only if appropriate under the guidance of the LSCB or SABs.
- With the proviso that the care and safety of the individual is paramount, we will do all in our power to support and work with the individual's family or carers.

Allegations/Concerns against Staff and Volunteers

The name and contact details of the designated safeguarding lead will be available to all parents, staff and volunteers if they have any anxieties about the running of a service. Parents, families and carers will be encouraged to voice any concerns in the first instance to a supervisor or manager as soon as appropriate, unless they are implicated. The primary concern of the staff and adult volunteers must always be for the safety of the children, young people or at risk adults (including young volunteers).

- HF Mencap will ensure that all parents, families or carers and clients know how to complain about staff or volunteers, which may include allegations of abuse.
- We follow the guidance of the LSCB/ ASBs when investigating and recording any complaint that a member of staff or volunteer may have abused an individual. This will include reporting to the Local Authority, all allegations that a child, young person or adult may have been harmed or that a criminal offence may have been committed involving a child, whether or not it is believed to be valid.
- We acknowledge that referral to the Local Authority may result in various outcomes including: no action if manifestly untrue; referral back to Hammersmith and Fulham Mencap disciplinary or complaints procedures; social care investigation and police investigation.
- We will suspend staff or volunteers during the process if formal social care or police investigation is instigated.
- We will follow up all allegations and will not enter into any compromise agreements involving resignation
- We will seek to identify appropriate support for any child and family involved in the allegation.

Additional guidance

Unwanted Attention and/or Behaviours that Challenge towards Staff/Clients

Please refer to Positive Behaviour Management Policy

Touching of Clients

In touching, staff and volunteers should always be aware of the possibility of invading a child or adults privacy and should respect their wishes and feelings. Such actions can be misconstrued when taken out of context. Both staff and volunteers must be alert to this possibility.

However touch is important in communicating with, guiding, comforting and encouraging a child or adult. Therefore Hammersmith and Fulham Mencap do not have a 'no touch policy'. But it is paramount that touch is there for the benefit of the individual NEVER for the benefit of the staff member or volunteer.

Prevent Abuse by Means of Good Practice – Children

Children will be encouraged to develop ways of making choices and expressing their feelings to help them to resist inappropriate approaches.

However, adults will be aware that many of the children are very vulnerable because of their special needs and will work together to ensure that situations which could allow abuse do not arise as far as possible.

Staff and volunteers will not work if they are on medication that they believe may affect their ability to care for HF Mencap children. They will seek medical advice and only work if the advice is that the medication is unlikely to affect their ability to care for the child(ren).

Staff or volunteers will not be left alone with any child(ren) for long periods. An adult who needs to take a child into a quiet room (e.g. after a seizure) will leave the door ajar and be regularly checked by the Play or session leader or senior member of staff.

Children who need support with personal care will be accompanied by two members of staff when care is carried out.

The layout of the room will permit constant supervision of all children.

Parents will always be welcome to stay for any part of a session though we do in

general encourage children to be independent and parents to take their respite.
There will be no smoking or drinking on the premises and Staff/volunteers will not work under the influence of alcohol or any other illegal substance.