



**The Wish Centre**  
**Blackburn and Darwen District Without Abuse Limited (BDDWA)**

# Safeguarding Policy

Version 1.0  
Reviewed by Board of Trustees in February 2024



Child Protection and Safeguarding  
Policy & Procedures for children, young  
people and vulnerable adults

## 1 Introduction:

- 1.1 This policy is designed to inform and offer guidance to staff and volunteers across The Wish Centre in the management of issues relating to protecting, safeguarding and promoting the welfare of children/young people and vulnerable adults. Whilst we are not a statutory childcare organisation (the police, Children's Social Care and the NSPCC are the only agencies with statutory powers) **all staff and volunteers** have an obligation and responsibility to be aware of and report concerns related to protecting, safeguarding and promoting the welfare of the children/young people and vulnerable adults with whom we work. This policy has been updated to incorporate the statutory guidance introduced in Working Together to Safeguard Children 2023.
- 1.2 It is impossible within the confines of one Policy to offer guidance on specific issues of practice, for example on the safeguarding of disabled children with communication difficulties or the specialist requirements of asylum-seeking children. Working Together to Safeguard Children 2023 states that every charity and voluntary organisation needs to have a safeguarding policy in place. All practitioners working in these organisations and agencies who are working with children and their families are subject to the same safeguarding responsibilities, whether paid or a volunteer.

Staff and volunteers working for the Wish Centre need to be aware of the following guidance:

- An updated Working together statutory framework (PDF), which sets out the legislation relevant to safeguarding [Working together to safeguard children: statutory framework \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/101421/working-together-to-safeguard-children-statutory-framework.pdf)
- The Children's social care national framework, which sets out expectations for senior leaders, practice supervisors and practitioners in local authorities [Children's social care: national framework - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/101421/childrens-social-care-national-framework.pdf)
- Guidance on Improving practice with children, young people and families, which provides advice for local areas on embedding the Working together guidance and the Children's social care national framework in practice [Improving practice with children, young people and families - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/101421/improving-practice-with-children-young-people-and-families.pdf)
- A key addition to the Working Together to Safeguard Children is a shared responsibility. The guidance introduces a set of multi-agency expectations for all practitioners involved in safeguarding and child protection. These expectations aim to ensure that practitioners:
  - share the same goals
  - learn with and from each other
  - have what they need to help families
  - acknowledge and appreciate difference
  - challenge each other

- The protection and safeguarding of children/young people and vulnerable adults are paramount in all the work we undertake.
- All children, young people and vulnerable adults should be afforded the same protection regardless of age, disability, gender, sexual orientation, gender reassignment, race, religion, or belief.
- The Wish Centre has a commitment to anti-discriminatory practice and the needs of minority groups and the barriers they face needs to be recognised.
- Ask for advice and consult at all times with your line manager or other available managers.
- The need for ongoing, up to date and specialist safeguarding/child protection and vulnerable adults training is of paramount importance.

1.3 Valuable sources of information regarding the safeguarding and protection of children, young people and vulnerable adults can be found on the Blackburn with Darwen LSCB (Local Safeguarding Children Board) at <http://www.lscb.org.uk> and LSAB (Local Safeguarding Adults Board) at <http://www.lsab.org.uk>

1.4 Regarding safeguarding children and young people there is an update section that identifies any changes made to the local policies and procedures. See <http://www.lscb.org.uk/category/information-updates/>

In Section 5 of the LSCB Policies and Procedures it refers to 'Children in Special Circumstances' and gives excellent information about safeguarding processes for children vulnerable to particular circumstances, for example children who may be vulnerable to violent extremism, sexual exploitation, county lines, those who go missing from home etc.

1.4 Regarding safeguarding vulnerable adults there is a news section that identifies any points of reference that need noting or utilising. See <http://lsab.org.uk/category/news>

1.5 It is important to ensure we are using the most up to date procedures when making referrals to social care. Always check this out on the respective websites.

1.6 The Trustees of The Wish Centre have a responsibility to ensure all staff and volunteers are able to act in the best interests of children, young people and vulnerable adults and safeguard them when appropriate. This policy and procedures will be regularly reviewed at yearly intervals or at points prior to that where new legislation, guidance etc. requires it.



# **Policy & Procedures**



## 2. Roles and Responsibilities

- 2.1 The Chief Executive Officer (CEO) has overall day to day responsibility for overseeing all matters concerning child protection and safeguarding children and vulnerable adults. In turn, each manager is accountable and responsible for all matters concerning safeguarding and child protection and vulnerable adults abuse which may arise within their teams.

**It is the responsibility of each manager to ensure that their staff are conversant with, sufficiently trained in and able to deliver the procedures set down in this Policy.**

**Contact details for safeguarding leads within The Wish Centre are:**

Shigufta Khan (CEO) [shigufta.khan@thewishcentre.org](mailto:shigufta.khan@thewishcentre.org)



Debbie Springham (Operational Manager) [debbie.springham@thewishcentre.org](mailto:debbie.springham@thewishcentre.org)  
Lynnette Hatton (Refuge Supervisor) [lynette.hatton@thewishcentre.org](mailto:lynette.hatton@thewishcentre.org)

Safeguarding lead from the board of trustees is Pauline Geraghty who can be contacted on [pauline.geraghty@thewishcentre.org](mailto:pauline.geraghty@thewishcentre.org)

Any decision about whether to make a safeguarding referral must not be made by one person in isolation. Discussion with the immediate Line Manager is required.

- 2.2 It is expected that all potential referrals will be preceded by a discussion between the member of staff/volunteer who receives the initial information and the CEO or a line Manager. If it is decided that a referral is not appropriate it is important to document the discussion that has led to this decision. Recording this information needs to take place as soon as possible after the decision has been taken not to refer and certainly within one working day. Recordings will be made on the database.
- 2.3 The Trustees are responsible for maintaining a strategic overview of Safeguarding within The Wish Centre and regularly reviews the policy and procedures relating to all aspects of safeguarding.
- 2.4 Where there are allegations that staff and volunteers may have abused children, young people or vulnerable adults, the CEO must be informed immediately along with the appropriate Trustees. Procedures for managing allegations against people who work with children and vulnerable adults will be overseen by the CEO or if the allegations are in connection with the CEO the appropriate Trustees.
- 2.5 Managers must ensure that all staff undertake the appropriate Safeguarding and Child Protection and Adult Safeguarding training as part of successfully completing their probationary period and in line with their job description and level of responsibility as identified through staff supervision and performance management reviews.

Staff must be encouraged to enhance their knowledge and personal development skills concerning safeguarding children and adults by accessing training and information provided by the LSCB/LSAB and other external provision. This will be determined through regular supervision and appraisals.

LSCB/LSAB Safeguarding training must be renewed every three years and can be accessed via <http://www.lscb.org.uk/training/>

- 2.6 Volunteers who support the work of The Wish Centre must undertake LSCB/LSAB safeguarding training in line with their roles. This must be renewed every three years. The volunteer co-ordinator will ensure this is actioned and recorded on the volunteers file.
- 2.7 All Trustees must undertake LSCB/LSAB safeguarding training in line with

their roles. This must be renewed every three years. This will be recorded on a central register.

**It is the responsibility of all managers to be conversant with this policy and its practice implications and to ensure that all staff and volunteers for whom they are responsible understand the policy and are aware of their responsibilities within it. It is vital that all staff/volunteers are aware of and can access the appropriate sections of the LSCB & LSAB websites to ensure any safeguarding referrals are in line with Blackburn with Darwen local policies and procedures**

### 3. Identification of Abuse

3.1 It is not always easy to identify the signs of abuse in children and often they themselves are unaware that they are suffering abuse. The Domestic Abuse Act 2021 recognises children as victims in their own rights. A child is deemed to be a victim if they

(a) see or hear, or experiences the effects of abuse, and they are related to the people and residing in the place where domestic abuse is taking place.

For the purposes of these procedures' child abuse is defined as any form of maltreatment of a child/young person. Somebody may abuse or neglect a child/young person by inflicting harm, or by failing to act to prevent harm. Children/young people may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child/young person or children/young people. (Working Together to Safeguard Children, 2018)

3.2 Abuse can take many forms, physical, sexual, emotional and neglect. There are many indicators of abuse, for example a poor bond with the parent, acts of violence or aggression by the child/young person, talks of running away, reluctance to go home, being worried or anxious about home life, reluctance to eat or negative coping strategies. Section 3.5 looks more closely at the types of abuse and indicators of abuse.

3.3 Child protection is just one element of safeguarding and deals with identifying and responding to suspected child abuse. It is our responsibility to ensure that any young person who is at risk or who suffered abuse is protected from harm and kept



safe. Safeguarding is broader and covers all those areas that deal with ensuring a child's safety. This means:

- Ensuring that young people are safe and protected from maltreatment, abuse or neglect
- Ensuring that young people have optimum life chances to ensure they have the best chance to make a success of their adulthood
- Preventing anything that might put their health or development at risk.

3.4 **Significant Harm** - As professionals working with children or young people, it is vitally important that we are able to recognise if and when a child with whom we come into contact may be suffering from significant harm, regardless of which category of abuse the harm may indicate.

'Harm' can be defined as interruption or damage to a child's development and incorporates all categories of abuse.

'Significant' is less easy to define, so staff and volunteers should consider:

- Is the harm substantial?
- Is it extensive?
- Is the child young, disabled, unable to communicate, or for any other reason, particularly vulnerable?
- Has ill treatment continued over a long period?
- Has it occurred on more than one occasion?
- Was the ill treatment intentional?
- Was it premeditated?
- Were threats or coercion used?
- Are there any sadistic or bizarre elements to the ill treatment?

If the answer to any of these questions is yes, then the harm is more likely to be significant.

3.5 **Types of Abuse & Neglect:** The possibility of abuse should be considered if a child/young person shows a number of these symptoms, or any of them to a marked degree, or on a regular basis (cumulative evidence). The following examples are not exhaustive.

3.6 **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.

3.7 **Recognising potential Physical Abuse:**

- Unexplained recurrent injuries or burns
- Improbable explanations or refusal to explain injuries
- Wearing clothes to cover injuries, even in hot weather
- Absconding
- Fear of medical help or examination
- Self-destructive tendencies

- Aggression towards others
- Fear of physical contact - shrinking back if touched
- Admitting that they are punished, but the punishment is excessive (such as a child being beaten every night to 'make him study')
- Fear of suspected abuser being contacted
- Bruises seen on parts of the body not normally harmed through play, such as in or around the mouth
- Bruises that appear as a small 'grasp' or finger marks
- Injuries that appear as bite marks, especially when the marks appear to be those of an adult or an older child

3.8 **Emotional abuse:** the persistent emotional maltreatment of a child such as to cause severe and 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 overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur on its own.

### 3.9 **Recognising signs of potential Emotional Abuse:**

- Very low self-esteem, often with an inability to accept praise or trust in adults
- Excessive clinging and attention seeking behaviour
- Over anxious – being excessively 'watchful' (hyper vigilant), constantly checking or being over anxious to please
- Withdrawn / socially isolated
- Physical, mental and emotional development lags
- Sudden speech disorders
- Continual self-depreciation ('I'm stupid, ugly, worthless, etc')
- Overreaction to mistakes
- Extreme fear of any new situation
- Inappropriate response to pain ('I deserve this')
- Neurotic behaviour (rocking, hair twisting, self-mutilation)
- Extremes of passivity or aggression

3.10 **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 or not accessing appropriate antenatal care. 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); protecting a child from physical and emotional harm or danger; ensuring adequate supervision (including the use of inadequate care-givers); or ensuring access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

### 3.11 **Recognising potential neglect:**

- Constant hunger and complaints of tiredness
- Poor personal hygiene
- Poor state of clothing
- Untreated medical problems
- No social relationships
- Compulsive scavenging
- Destructive tendencies
- Below average weight / height
- Reluctant to go home

3.12 **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.

### 3.13 **Recognising potential Sexual Abuse**

- Being overly affectionate or knowledgeable in a sexual way inappropriate to their age, or acting out precocious sexual behaviour with others
- Medical problems such as chronic itching, pain in the genitals, venereal diseases
- Other extreme reactions, such as depression, self-harm, suicide attempts, running away, overdoses, anorexia
- Personality changes such as becoming insecure or clinging
- Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys
- Sudden loss of appetite or compulsive eating
- Being isolated or withdrawn • Inability to concentrate
- Lack of trust or fear of someone they know well, such as not wanting to be alone with a specific person
- Starting to wet again, day or night/nightmares
- Become worried about clothing being removed

- Suddenly drawing sexually explicit pictures
- Trying to be 'ultra-good' or perfect; oversensitive or overreacting to criticism
- Reluctant to go home

- 3.14 **Other types of abuse:** A child may be subjected to a combination of different kinds of abuse. It is also possible that a child may show no outward signs of abuse and hide what is happening from everyone. Many learn to 'manage' their problems, making it hard for others to help. We may observe behaviours / physical presentations that cause concern, however, it is important to remember that the causes of these may not be abuse, but due to other issues such as bereavement, parents separating etc. It is important to be cautious before assuming abuse is the cause. Discuss any concerns with line management.
- 3.15 **Child Sexual Exploitation** is a form of child abuse which involves children and young people receiving something in exchange for sexual activity. Perpetrators of child sexual exploitation are found in all parts of the country and are not restricted to particular ethnic groups.
- 3.16 **Child trafficking** is a very serious issue which can have a devastating and lasting impact on its victims. Children can be trafficked into, within and out of the UK. Trafficking of persons means the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation includes, at a minimum, the exploitation of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery and servitude.
- 3.17 **Domestic Violence:** The cross-government definition of domestic violence and abuse is any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to: coercive control, psychological; physical; sexual; financial and emotional harm.
- 3.18 **Controlling behaviour** is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.
- 3.19 **Coercive behaviour** is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.
- 3.20 **Fabricated or induced illness** - The fabrication or induction of illness in children is a relatively rare form of child abuse. Where concerns exist about fabricated or induced illness, it requires professionals to work together, evaluating all the

available evidence, in order to reach an understanding of the reasons for the child's signs and symptoms of illness.

- 3.21 **Faith Abuse:** includes belief in concepts of witchcraft and spirit possession, demons or the devil acting through children or 'leading them astray' (traditionally seen in some Christian beliefs), the evil eye or djinns (traditionally known in some Islamic faith contexts) and dakini (in the Hindu context); ritual or muti murders where the killing of children is believed to bring supernatural benefits or the use of their body parts is believed to produce potent magical remedies; and use of belief in magic or witchcraft to create fear in children to make them more compliant when they are being trafficked for domestic slavery or sexual exploitation. This is not an exhaustive list and there will be other examples where children have been harmed.
- 3.22 **Radicalisation:** Staff/volunteers should be aware of the need to safeguard children from being drawn into committing terrorist-related activity. It is important to be aware of online radicalisation through social media and the internet. Radicalisation is not solely related to a specific religion but can also be linked to extremist political groups i.e. Britain First or groups that have a single cause i.e. PETA. Staff can refer to the Government's Channel guidance for further information but should report any concerns to line managers.
- 3.23 **Honour based violence (HBV)** is a term used to describe abuse inflicted on a child or adult in order to protect the perceived 'honour' of a family or community. It includes female genital mutilation, forced marriage and other practices such as breast ironing, acid attacks, some domestic violence, deprivation of liberty within the family home.
- 3.24 **Female genital mutilation (FGM)** comprises all procedures involving the partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons. FGM is also sometimes known as 'female genital cutting' or 'female circumcision'. However, circumcision is not an appropriate term to use as it does not communicate the extremely violent abuse that FGM is. Communities tend to use local names for referring to this practice including 'sunna'. FGM is illegal and considered child abuse in the UK and a grave violation of the human rights of girls and women. In all circumstances where FGM is practiced on a child it is a violation of the child's right to life, their right to their bodily integrity, as well as their right to health. The UK Government has signed a number of international human rights laws against FGM, including the Convention on the Rights of the Child. If you have concerns relating to young people possibly affected by FGM, this should be referred to line managers.
- 3.25 **Forced Marriage** is where one or both people do not (or in cases of people with learning disabilities, cannot) consent to the marriage and pressure or abuse is used. The pressure put on people to marry against their will can be physical (including threats, actual physical violence and sexual violence) or emotional and psychological (for example, when someone is made to feel like they're bringing shame on their family).

- 3.26 **Gang Violence** - there are a number of areas in which young people are put at risk by gang activity, both through participation in and as victims of gang violence. The government have produced guidance on gang violence, including Child Criminal Exploitation and County Lines - Criminal Exploitation of children and vulnerable adults - County Lines and Ending gang violence and exploitation.
- 3.27 **Peer on peer abuse** can take many forms, including: sexually inappropriate play; sexually harmful behaviour; bullying / cyber-bullying; grooming; teenage relationship abuse / gender based violence; sexting Although statistically girls are more likely to be victims and boys are more likely to be perpetrators, both genders are vulnerable.
- 3.3 It is important to note that identifying indicators of abuse is not a prerequisite for abuse taking place and there may be many other explanations for a child/young person's behaviour. It is therefore important that any concerns are discussed between practitioners and managers to ascertain if a safeguarding referral is necessary.
- 3.4 Given the work the organisation undertakes with service users we are fully aware that witnessing or living in a household where domestic abuse is occurring can have a significant impact on the child/young person and therefore a referral to children's social care will be needed. Procedures for making a referral to Children's Social Care are detailed in Section 5 of this policy.
- 3.5 Identifying the abuse of a vulnerable adult is dealt with in depth in Section 7 of this policy.

#### **4. Procedure for staff and volunteers in The Wish Centre**

What to do if you identify or receive serious concerns about a child or vulnerable adult.

##### **4.1 Pre-Referral:**

A potential referral can be identified through a child/young person/vulnerable adult talking to a member of staff or to a volunteer. Information can also be received from known or anonymous third parties which may lead to the need to make a referral to statutory services.

Blackburn with Darwen Children's Social Care (MASH) can be contacted on **01254 666400** between 8.45-17.00hrs where an advice and consultation social worker will discuss the case and make a recommendation.

To discuss concerns about a vulnerable adult Blackburn with Darwen Adult Safeguarding Team can be contacted on **01254 585949** between 8.45-17.00hrs.

For Out of Hours referrals see section 4.3



4.2 As stated in paragraph 2.2, if a decision has been made not to make a referral to social care services and the risk to the child(ren)/vulnerable adult is held by The Wish Centre this **must** be recorded to demonstrate why the referral is not being made. A decision on whether or not to refer should never be made by one person in isolation. All referrals and potential referrals are to be discussed with and signed off by the appropriate line manager. **Staff and volunteers should never feel inhibited to seek advice and guidance about concerns for a child's/young person's or vulnerable adult's safety and wellbeing.** It is the responsibility of staff and volunteers to bring such concerns to the notice of their Line Manager, just as it is the Line Manager's responsibility to offer advice and guidance as to what action to take in response to such concerns.

#### 4.3 **Out of hours referrals:**

Where concerns about a child's/young person's or vulnerable adult's safety arise outside of normal working hours advice should be sought from those managers identified as emergency contacts. See section 2.1.

However, staff or volunteers should never delay in taking action (including seeking medical advice) in emergency situations because of the unavailability of a Line Manager.

If necessary, contact should be made in the first instance with **the police on 101**, followed by an immediate referral to Social Care.

The number for Children's Social Care (MASH) during office hours is 01254 666400 and out of hours for the Emergency Duty Team is **01254 587547**. Any such action should be recorded in writing and reported to the Line Manager at the first available opportunity.

For out of hours referrals regarding vulnerable adults the Emergency Duty Team should be contacted on **01254 587547**

4.4 Parents/carers of children/young people or the vulnerable adult should be notified where possible before making a referral about them or their child to another agency, **unless to do so might contribute to placing that child/young person or vulnerable adult at risk of significant harm, or jeopardise any subsequent police/social care investigation.**

It is good practice to inform a child, young person or vulnerable adult that a safeguarding referral concerning them is being made. Whether it is appropriate to do so in every case is, however, dependent on:

- The age and understanding of the child/vulnerable adult, and
- Whether such notification might contribute to placing that child/young person/vulnerable adult at risk of significant harm, or jeopardise any subsequent police/social care investigation.

#### 4.5 Confidentiality:

It is important to recognise that it is not easy for a child/young person or vulnerable adult to make a disclosure of abuse, ill treatment or neglect, and the consequences of such a disclosure are likely to have profound effects on the child/young person or vulnerable adult and other family members. Thus, it may be difficult for their agreement to be obtained for a referral to be made to statutory services.

- 4.6 All children, young people and vulnerable adults involved with The Wish Centre must from the outset be made aware and helped to understand that complete confidentiality is not possible in instances of risk of significant harm to themselves or any other child, young person or vulnerable adult.
- 4.7 If a child/young person/vulnerable adult has not consented to sharing information for the referral then the reasons for the referral need to be clearly explained to them so that any ongoing/future supportive relationship can be maintained as far as is possible.

All information sharing should be in line with the Data Protection Act 2018 and the General Data Protection Regulation 2018.

Any decision to breach or not to breach confidentiality, together with reasons for doing so, must be recorded on the file and the line manager must countersign the record. This should be recorded as soon as possible on The Wish Centre database but within one working day of the action being taken.

- 4.8 If staff members are contacted by Children's Social Care requesting information about a child or family who is known to them, in connection with an assessment of the need for protection under Section 47 of the Children Act (1989), the staff member, in consultation with line management, must comply with such a request for information. Likewise if and adult protection enquiry is being conducted under Section 42 of the Care Act 2014 a request for information, the staff member, in consultation with line management, must comply with such a request for information.
- 4.9 Any decision not to pass on information relating to a child requested under Section 47 or Section 17 of the Children Act 1989 to the police or Children's Social Care is a serious matter. Likewise a decision not to pass information relating to a vulnerable adult under Section 42 enquiries is a significant step. The CEO must sanction this course of action, and the decision and supporting reasons must be recorded on the case file. An ongoing risk management assessment will be required in such instances, to be devised in consultation with appropriate managers.
- 4.10 In certain circumstances, when a child/young person continues to be at risk of serious harm and the "Working Together" arrangements are not safeguarding that child, The Wish Centre staff may request a Child Protection Conference (as set down in 'Working Together'). Such a request, if made in conflict with the Children's



Social Care Department, must be sanctioned by the appropriate manager in consultation with the CEO.

## 5. Making a Safeguarding Children/Young People Referral

- 5.1 A telephone call to the relevant Social Care Department (In Blackburn with Darwen the Children's Social Care MASH team) is usually the first action when initiating a referral they can be contacted on **01254 666400**. It is appropriate and at times necessary to not only share information, but also to seek advice. A written record of who was spoken to, the content of the conversation, time and outcome of the conversation should be logged on the case file. This should be signed and dated by the member of staff/volunteer.
- 5.2 The Request For Service Form (Blackburn with Darwen) or appropriate referral form if the concerns relate to a child/young person from a different Authority needs to be completed by the person initiating the referral immediately following the verbal referral. **Ensure** an up to date request form is used – see LSCB website for most up to date form. It should where possible be:
- **Typed** as it is an external document and typed information is easier to read and less open to interpretation.
  - **Clear** in its recording of information, including differentiation between fact, opinion, third party information and allegation.
  - **Focussed** on the needs of the child/young person.
  - **Countersigned and dated by** the relevant manager.
  - **Emailed or faxed** to the relevant Social Care Service immediately. Use secure email or encryption. **Email to [Cypreferrals@blackburn.gcsx.gov.uk](mailto:Cypreferrals@blackburn.gcsx.gov.uk)**

If a child/young person has an allocated social worker they should be contacted with the referral information rather than a Request For Service Form being completed. If the concerns relate to a child/young person from another Authority ask advice about the process for referral.

### 5.3 What happens next?

Once a referral has been made it is the responsibility of The Wish Centre to pursue feedback from Social Care concerning the outcome. This will usually be the worker who initiated the referral, although it could be another worker who may know the child/young person well, or the relevant manager.

### 5.4 After a Referral is Made

- 5.5 Once Social Care has received the referral there may be a number of outcomes:
- No further action
  - Re-direction to another agency
  - The provision of services

- Fuller assessment of needs and circumstances of the child, which may be followed by Section 17 or Section 47 inquiries.

5.6 Care should be taken to ensure that all involvement, actions and outcomes concerning the protection and safeguarding of a child/young person are fully recorded, signed and dated on the case file. This is especially important not least because a court can order that any of The Wish Centre records be presented in court if, for example, care or criminal proceedings are commenced.

5.7 Staff/volunteers may well be called to give evidence in court to justify what they have written in files. This means that all recording should be done carefully and thoughtfully. It should be clear from reading files when information is *factual*, when it is received from a *third party*, and when it is *opinion*. There is not a problem with writing down information - in fact, children and young people may value being able to look back on the detail of their contacts with The Wish Centre. However, the status of each piece of information must be carefully considered and if it is believed that such information constitutes confidential and/or third party information, advice should be sought from line management.

#### **5.8 Participation in meetings as Professional Practice Representatives of The Wish Centre:**

5.8.1 Depending on the nature of the concerns referred and who makes the referral there are a number of different ways in which The Wish Centre may continue to be involved.

5.8.2 Staff and volunteers should make every effort to participate in strategy discussions or meetings with Children's Social Care in order to plan further child protection inquiries under Section 47 of the Children Act, 1989.

5.8.3 Participation could involve the following:

- Attending informal meetings and discussions in order to plan how best to meet a child's or young person's needs.
- Attendance at Strategy Meetings and any subsequent Child Protection Conferences by staff if they have relevant information about the child/vulnerable adult or their family. A decision about whether a member of staff/volunteer should attend a meeting/conference alone needs to be based in the first instance on their competence, confidence and whether they feel sufficiently comfortable to go unaccompanied.
- Written reports for Strategy Meetings/Conferences etc. should be prepared and countersigned by the appropriate manager and shared with the child/family before the meeting (unless to do so would put the young person/vulnerable adult at further risk of harm or jeopardise any investigation, and it may be appropriate to check with the chair of the meeting before doing so). If there is any doubt about whether to include a piece of information in a report, advice from the

relevant manager should be sought prior to the report being shared with external agencies.

- If the child/young person or another family member disagrees with something in the report and a difference of opinion remains after further discussion, this should be brought to the attention of the conference, either verbally or in writing to the Chair.
- Where it is not possible for a representative to attend a Meeting/ Conference, a written report should be sent.

#### **5.9 Roles and Responsibilities that may arise from involvement in Child Protection Conferences:**

- Staff may agree to be designated members of the Core Group, (convened following an Initial Child Protection Conference) in which case they share responsibility for the implementation of the Child Protection Plan.
- Staff who are already working alongside other child welfare professionals to assess or implement a child protection plan will need to share information with those colleagues on a regular, agreed basis and this should be made explicit to the child/young person (age appropriate) and their family.
- The Wish Centre's employees and volunteers should always consult (unless to do so would endanger the child) with children and young people involved in the child protection process, helping to ensure that they understand this process and are enabled to contribute according to their age and understanding.
- It is important to ensure that the children/young people with whom we work are helped to understand how the child protection process works and the contribution they can make to decisions being made.



## **6. Serious Case Reviews**

- 6.1 The vast majority of children and young people with whom we and other agencies work do not suffer significant harm. There are however exceptions, and children/young people do suffer serious injury, and in some instances death, which is preventable. In these circumstances the local authority is obligated to conduct a Serious Case Review.
- 6.2 If The Wish Centre has been involved with a child or young person who has suffered a serious injury or who has died as a result of injury or neglect, The Wish Centre may be contacted to produce an Individual Management Review (IMR) concerning our involvement with that child/young person for the Serious Case Review (SCR) Panel.
- 6.3 The request will come from the Business Manager of the LSCB. Any requests for The Wish Centre to produce such a report should be addressed to the CEO, as it is she who has overall responsibility for 'sign off' of the IMR.
- 6.4 Should such a request be made directly to the Operational Manager or other staff members the CEO should be notified to ensure all case records relating to the child/young person are immediately secured.

## 7. Vulnerable Adults

7.1 **Definition:** For the purposes of this Policy the following definition applies:

**“A Vulnerable Adult is a person aged 18 years or over who is or may be in need of services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.”** [*Who Decides, Lord Chancellors Department (1997)*]

It should be remembered that having a disability does not mean that a person qualifies as a vulnerable adult. Equally a ‘vulnerable adult’ will not necessarily have a disability.

### 7.2 **Abuse and Abusers: Are the same definitions applicable for a vulnerable adult as a child or young person?**

The answer to this question is in the main ‘Yes’. However, there are differentiations which need consideration.

### 7.3 **Who may be the abuser?**

People who abuse vulnerable adults are often well known to the person and may be in a position of power and authority. An abuser may be:

- A parent
- A paid carer or volunteer
- A partner, relative or friend
- A health, social care or other worker
- A visitor or other contact
- Another vulnerable adult.

### 7.4 **What constitutes Abuse?**

The term abuse can be subject to wide interpretation. For the purpose of this section of the policy the following definition is used:

*“Abuse is a violation of an individual’s human and civil rights by any other person or persons”* (No Secrets DoH March 2000).

Our obligation however, and the consistent framework of this Policy, is to act where we see significant harm.

Abuse may:

- Consist of a single act or repeated acts
- Be physical, psychological or emotional
- Be an act of neglect or an omission to act
- Occur when a vulnerable adult is persuaded to enter into a financial arrangement or sexual relationship to which they have not, or could not have, consented.

Any or all of these categories of abuse may be perpetrated as a result of deliberate intent, negligence or ignorance.

7.5 Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to abuse.

It may consist of isolated incidents or pervasive ill treatment or gross misconduct.

7.6 It can sometimes be difficult to decide whether a particular act or omission is abusive. In particular, it can be difficult deciding between what could be described as neglect and poor professional practice and adult abuse. (In such situations advice should be sought from your Line Manager, Operational Manager or CEO). Advice is also available on the Safeguarding Adults website <http://www.lsab.org.uk/>. The Safeguarding Adults Team can be contacted **01254 585949** 8.45-1700hrs or on **01254 587547** out of hours.

7.7 Incidents of abuse may be, and often are, multiple. They can be either to one person in a continuing relationship or service context, or to more than one person in a continuing relationship.

7.8 It is important to look beyond the single incident or breach in standards to underlying dynamics and patterns of harm.

## 7.9 The Concept of Significant Harm and Vulnerable Adults

In determining what degree of seriousness or extent of abuse justifies intervention, a useful starting point is consideration of the concept of 'significant harm'. In this context the following is definition is useful:

**“not only ill treatment (including sexual abuse and forms of ill treatment which are not physical), but also the impairment of, or an avoidable deterioration in, physical or mental health; and the impairment of physical, intellectual, emotional, social or behavioural development.”**

*[Who Decides, the Lord Chancellor's Department (1997)]*

## 7.10 Confidentiality and Information Sharing Concerning Vulnerable Adults:

The question of confidentiality and information sharing concerning Vulnerable Adults does raise dilemmas for those working with this group of service users. The same principles, however, do generally apply as with any service user, but the following underlying principles may prove helpful:

- Staff and volunteers owe a duty of confidentiality to vulnerable adults. A vulnerable adult has a right to expect that information held on them, in whatever form, will be treated with due regard to the principle of confidentiality.
- Staff and volunteers have a clear duty to report any concerns they have relating to the abuse, or suspected abuse, of a vulnerable adult to their Line Manager at the earliest opportunity.
- The duty of confidentiality owed to individuals is not affected by their vulnerability but by their level of capacity and their wishes should be respected. BUT in certain circumstances their wishes can be overridden – see below.
- Informed consent should be obtained before the sharing of information about a vulnerable adult.
- Where the vulnerable adult does not have the mental capacity to give informed consent a decision to share information should be made, after discussion with the Line Manager, on the basis of their best interests, and a record made of that decision.
- All information sharing should be in line with the Data Protection Act 2018 and General Data Protection Regulation 2018.
- A referral by telephone should be made to Social Care services on 01254 585949 followed by completion of the appropriate **procedural form (SA1)**. To ensure the most up to date referral form is completed please access the Safeguarding Adult Board website on [www.lsab.org.uk](http://www.lsab.org.uk) . In situations of emergency, as with allegations of significant harm against a child or young person, a referral should be made directly to the police on 101.
- The following are examples of exceptional circumstances in which confidential information can be justifiably shared without consent:
  - 1) Immediate risk of or actual occurrence of significant harm to, or exploitation of the service user or another person.
  - 2) A statutory responsibility, e.g. under the Mental Health Act 1983



- 3) Another organisation requires the information in order for them to discharge their statutory functions, e.g. the police require information for prevention or detection of a crime. The judgement would be whether the duty of confidentiality is outweighed by the public duty to prevent a crime.
- 4) There is a duty to report in order to protect others, even if the vulnerable adult does not wish it, in circumstances of mal-practice, abuse or poor professional practice by:
  - A member of staff/volunteer
  - A local authority employee/volunteer
  - A health employee/volunteer
  - A paid/volunteer carer
  - An employee/volunteer of a private care agency, or
  - An employee/volunteer of another organisation.

In this situation the vulnerable adult should be informed of the duty to pass on information, to whom the information is to be passed and the reason for doing so.

## **7.12 Making a Vulnerable Adult Referral**

When making a Vulnerable Adult Referral it is important to refer to Blackburn with Darwen LSAB website for any updated guidance. If the referral is about a person from another Authority please refer to the Safeguarding Board website of the appropriate Authority.

- 7.13 Cross reference with Section 5 Making a Safeguarding Children & Young People Referral.
- 7.14 Where it is necessary to make a safeguarding referral for a vulnerable adult the Blackburn with Darwen Safeguarding Adults At Risk Of Abuse Or Neglect Alert Form needs to be completed. Please refer to the LSAB website to ensure the most up to date form is used. See principles in Section 4 regarding the completion of the referral form.

If the concern regards an adult from another Authority complete the referral form for the appropriate Authority.
- 7.15 An alert can be made by telephone, fax or email. If advice or consultation is required prior to making an alert the Duty Officer within the Safeguarding Adult Team can be contacted.
- 7.16 On receipt of an alert a strategy discussion or meeting will be held to decide whether the alert is referred for investigation or if an alternative course of action is required. If appropriate the Safeguarding Team Manager will arrange a strategy meeting and ensure the involvement of all relevant parties. If the referral proceeds to investigation the case will be allocated to an investigating officer.



- 7.17 A case conference will take place following the conclusion of the investigation. All appropriate parties will be invited. Recommendations will be made relating to the concerns, future risks etc. Written and verbal reports will be required from The Wish Centre staff members. Decisions will be made at the conference with a Protection Plan developed with potentially tasks for The Wish Centre staff members. At the conclusion of the case conference a decision will be taken regarding the need for a review conference. All relevant staff members will take part in case and review conferences as appropriate.
- 7.18 At all times the vulnerable adult referred by The Wish Centre will be supported by appropriate staff or volunteers from the organisation.

## **8. What to do if you receive a Child Protection, Child In Need or Vulnerable Adult disclosure:**

### **8.1 What to do if you receive a referral:**

The following procedures should be followed if you are required to make a referral to Social Care:

It is important to emphasise to anyone seeking assistance from The Wish Centre that we are **NOT** an agency with statutory powers to investigate allegations of child protection/abuse of children/abuse of vulnerable adults. Neither can we remove children or vulnerable adults from abusive situations. **But you need to stress that you will have to pass their details to a manager within The Wish Centre and possibly on to a statutory agency, as we have a responsibility to pass on such information where a child/young person/vulnerable adult is at risk of abuse.** These agencies are:

- Social Care – contact details are in the table at the end of the policy.
- The Police – on 101
- The NSPCC – on 0800 800 5000

## 9. Allegations against staff and volunteers

### 9.1 Guidance for managing allegations against a person in a position of trust (PiPoT) who work or volunteer for The Wish Centre.

If you are aware of a member of staff who works or a person who volunteers for The Wish Centre and has:

- Behaved in a way that has harmed a child /vulnerable adult, or may have harmed a child / vulnerable adult;
- Possibly committed a criminal offence against or related to a child/vulnerable adult; or
- Behaved towards a child / vulnerable adult in a way that indicates s/he may be unsuitable to work with children they should refer their concerns to the Safeguarding Lead within The Wish Centre. The Safeguarding Lead (CEO or Operational Manager in her absence) should discuss their concerns with the appropriate person within Blackburn with Darwen Local Authority following the procedures as outlined in either the Pan Lancashire Policy and Procedures for Safeguarding Children Manual accessible on the LSCB website or the Pan Lancashire Policy and Procedures for Safeguarding adults accessible on the LSAB website

9.2 The CEO/Operational Manager must take care to ensure the correct criteria have been reached to take action. Where there is no evidence of actual or possible significant harm, The Wish Centre should consider if disciplinary action should be instigated.

9.3 All such allegations that reach the category of significant harm should be referred to the appropriate lead within Blackburn with Darwen Local Authority (Pipot Lead) who provides advice and guidance to employers and voluntary organisations, liaises with the police and other agencies and monitors the progress of cases to ensure that they are dealt with as quickly as possible. The Pipot /Safeguarding Lead will offer advice on the management of the process and will arrange for a strategy meeting/discussion to be held, if required.

9.4 The Pipot Lead/Safeguarding Lead is not the investigating officer, but provides advice and guidance on the management of the investigation. The Pipot /Safeguarding Lead should be approached prior to a decision on suspension. If there is the possibility of a criminal investigation then the police, external commissioner, if outlined in the contract, and other relevant personnel must be consulted before the person who is the subject of the allegation is informed. It is important to consider any previous allegations. Those undertaking any

investigations need to be alert to any patterns, which may suggest abuse could be widespread.

### **9.5 Less serious allegations:**

In some instances allegations may be made against a member of staff which do not immediately fall into the category of significant harm but are nevertheless a cause for concern. Where this occurs, the CEO must be informed and the procedures outlined below must be followed. If following allegations against The Wish Centre staff/volunteer a subsequent child protection or vulnerable adult investigation by Social Care/ Police results in no further action, The Wish Centre may nevertheless still need to process the matter through internal Disciplinary or Capability procedures.

### **9.6 Primary consideration must be given to:**

- Supporting the child/young person or vulnerable adult, the person making the allegation and the member of staff/volunteer involved.
- Reaching a decision about suspension without prejudice of the member of staff involved.

### **9.7 Decision making:**

Once a referral has been made to the Position of Trust/Safeguarding Lead and if the allegation appears to have some foundation, and there is reason to believe that a child or vulnerable adult is suffering or is likely to suffer significant harm a strategy discussion will be arranged by the Position of Trust/Safeguarding Lead.

If the allegation is such that it is clear to the Position of Trust/Safeguarding Lead that investigations by police and/or enquiries by Children's Social Care are not necessary the Position of Trust/Safeguarding Lead will discuss the next course of action with the appropriate manager within The Wish Centre.

Where there is disagreement about the course of action to be followed the Position of Trust/Safeguarding Lead should make the final decision which will be guided by what is in the best interests of the child/young person or vulnerable adult

The Position of Trust/Safeguarding Lead must keep and maintain appropriate records which ensure there is a chronology of discussions, decisions and actions taken.

### **9.8 Strategy Meeting**

A Strategy meeting should be organised by the Position of Trust/Safeguarding Lead when the outcome of the initial assessment indicates that there is cause to suspect a child/young person or vulnerable adult is suffering, or is likely to suffer significant harm.

9.9 The Strategy meeting should take as its focus the suspected/actual risk posed by the adult about whom there are concerns/allegations. In addition, records relating to children and young people, vulnerable adults associated with investigations should note details of the nature of the enquiries/investigation and its outcome.

9.10 The child/ren or vulnerable adult should receive support. Staff members and, volunteers should receive support through the mechanisms within The Wish Centre. However, the police, and other relevant agencies must be consulted before informing a person who is the subject of allegations which may possibly require a criminal investigation.

#### **9.11 Substantiated Allegations:**

Where concerns are confirmed, relevant information must be passed by The Wish Centre to the appropriate regulatory and professional bodies.

#### **9.12 Procedures:**

Where a member of staff resigns prior to the conclusion of a child protection or vulnerable adult investigation or disciplinary action relating to a child protection/vulnerable adult issue, or is dismissed as a result of the investigation, it is good practice to consider completing the investigation/action and recording the findings on their personnel file.

## **10. Adverse Childhood Experience (ACE) Enquiries**

10.1 The Wish Centre is committed to enquiring about the adverse childhood experiences that service users may have faced as children so staff members can provide better services for them. All staff members who engage in such enquiries have been trained to do so and understand the importance of acting in a sensitive way when working with service users who may have faced traumatic experiences.

10.2 Staff members who engage in ACE enquiries will ensure that service users understand the process they are engaging in and the reasons why questions are being asked.

10.3 Staff members are fully aware of the support needs that service users may require after disclosing information about childhood trauma and will

endeavour to offer whatever support is required or signpost people to appropriate services.

- 10.4 Staff members who are involved in ACE enquiries will themselves receive appropriate support and supervision to reduce the impact such work has on them.
- 10.5 The purpose of undertaking enquiries is solely to offer better, more tailored services to those women and men who have been victims of domestic abuse.

## **11. Children and Adults in Special Circumstances**

- 11.1 To ensure we are able to manage safeguarding referrals safely and effectively it is important to refer to the Blackburn with Darwen LSCB and LSAB websites so that we are making use of the most up to date referral process. When it has been decided, in consultation with a respective manager, that a referral to children or adult social care is necessary it is imperative the correct procedures are followed.

Refer to the website for the following:

- Female Genital Mutilation
- Child Sexual Exploitation
- Children Who Are Vulnerable to Violent Extremism
- Children and Young People Who May Have Been Trafficked
- Children & Families Who Go Missing
- Children & Young People Who Go Missing From Home.
- Adults Vulnerable to Terrorism
- Modern Slavery
- Forced Marriage
- Honour Based Violence

This list is not exhaustive. Please check the LSCB/LSAB websites for full information.

## 12. Review of Child Protection & Safeguarding Policy

- 12.1 In line with The Wish Centre practice the Child Protection and Safeguarding Policy & Procedures for children, young people and vulnerable adults will be reviewed and approved by the Trustees annually.
- 12.3 Any changes to the Policy & Procedures will be communicated to staff and volunteers by respective line managers as required to ensure the best and safe practice in relation to service users.

<b>Blackburn with Darwen Children’s Social Care – Multi-Agency Safeguarding Hub (MASH)</b>	<b>01254 666400 (Monday – Friday 8.45-17.00hrs)</b>
<b>Blackburn with Darwen Safeguarding Adult Team</b>	<b>01254 585949 (Monday – Friday 8.45-17.00hrs)</b>
<b>Blackburn with Darwen Emergency Duty Team</b>	<b>01254 587547</b>
<b>Police (non-emergency)</b>	<b>101</b>
<b>Police Emergency</b>	<b>999</b>
<b>NSPCC</b>	<b>0800 800 5000</b>