



Full Circle Horsemanship (FCH) Safeguarding and Child Protection Policy

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Policy Statement

FCH recognises our responsibility to safeguard and protect the welfare of all children, young people and adults at risk of harm, and is committed to practice which protects them.

This policy has been produced with reference to the WSVPP.

Contacts

FCH's designated Safeguarding Officer (SGO) is our Alexandra Campos-Martyn. For any safeguarding concerns the SGO can be contacted on 01305 819669 or by emailing ????????????

FCH trustee Justine Davie holds safeguarding responsibility at board level. She can be contacted at.

If concerns need to be raised outside the organisation, there is a single point of contact in Wiltshire for CYP: Childrens Advice and Duty Service 01305 228558, email: Integratedfrontdoor@wiltshire.gov., (phone number for the public: 03004560108) out of hours for children 03004560100 and for adults, In the Wiltshire Council area contact Adult Access ⇨, andcontact@wiltshire.gov.uk Out of Hours - Social Services Evenings and Weekends: ⇨ 03004560100

If you believe someone is in immediate danger, then please call 999.

Definitions, Safeguarding Training Levels and Supervision requirements
(duplicated in SR policy)

Staff and Volunteers

Staff: an adult who is employed to work for us in a paid capacity. All staff must go through our full safer recruitment process, including DBS checks and references and must complete level 3 safeguarding training before working unsupervised, updated every 3 years. Our designated Safeguarding Officer must in addition have safer recruitment training and update training every 2 years.

Our supported volunteering leader will undertake MCA (Mental Capacity Act) Training.

Volunteer: an adult who is donating their time to work for us in an unpaid capacity. We differentiate between types of volunteers as follows:

- Hands (Independent Adult Volunteers): These volunteers have been through the entire safer recruitment process including references and DBS checks and internal level 2 safeguarding and safer culture training (updated annually), before they can work unsupervised. They have minimal contact with young people, Participants or Wellies and any contact they have is supervised.
- Wranglers (Supervisory Volunteers) are adult volunteers who have suitable training, qualifications, and/or experience to supervise Wellies. They have been through our full safer recruitment process, including references and DBS checks and internal level 2 safeguarding and safer culture training (updated annually), before they can work unsupervised. They will typically have contact with young people whilst working alongside staff with Level 3 safeguarding training. If as part of their role their level of contact with young people becomes more frequent or is regularly unsupervised for significant periods of time, they will be required to undertake Level 3 training.
- Trustees are members of the community or ex-participants who sit on our board, governing all aspects of the organisation. They have been through our full safer recruitment process, including DBS checks. Those who will ONLY have supervised contact with Participants or Wellies have Level 1 safeguarding training, updated annually; those who have unsupervised contact with CYP must undertake level 2 training, and the designated Safeguarding Trustee must have level 3 safeguarding training, updated every 2 years and will have a strong professional connection with safeguarding (e.g. Doctor, Social worker).

Visitors and Service Users

- Wellies: (adults or children over 8yrs) helping with yard, pasture or garden management as a way of improving their wellbeing or employment skills. Wellies are supervised at all times by Staff or a Wrangler. All Wellies (adults and children) will undertake internal level 2 safeguarding and safer culture

training within 1 month of first attendance, updated annually. Wellies may be:

- Service users seeking to progress and give back;
- Community members wanting to be useful whilst improving their own wellbeing;
- Visiting groups (e.g. Corporate CSR) engaged in a self-contained project;
- Those who have applied to be a Hand but have not yet completed all the safer recruitment processes, and trainings.

NB. Only adults can apply to progress from Wellies to Hands.

- Participants: service users (adults or children over 8yrs) receiving intensive staff support. Participants are supervised at all times by a member of Staff.
- Children: any child or young person under the age of 18 years. We require children under 8yrs old to be supervised by a carer at all times. Children and young people from 8-18yrs old are supervised at all times by Staff or a Wrangler.

Group sizes and supervision ratios: Children and young people are always supervised whilst in our care, as are our Participants and Wellies. Our maximum number of participants to Staff/Wrangler is 8:1, or 6:1 if any are under 9yrs, however we would more typically have a 3:1 or 1:1 ratio. Groups are dynamically risk assessed by Staff and Wranglers with managers on a continual basis taking account of individual needs and vulnerabilities, and groupings and/or support are altered accordingly. Individuals with specific vulnerabilities are provided with 1:1 support if a group setting is difficult for them.

Training delivery

Our staff and Wranglers undertake level 3 Safeguarding training delivered by Wiltshire LSCB (or its recommended providers). All other volunteers and Wellies receive level 2 which is delivered in-house by our level 3 Staff or Wranglers. Our level 2 training is based on NSPCC online training with additional safer culture guidance on appropriate friendships, lifts, social media, photographs/video, gossiping and centre-specific information to inform trainees of our policies and processes, who to go to with concerns, how to escalate, whistleblow or complain and the contact information for our local safeguarding organisations. It has been checked by WSVPP and assessed as being Level 2. We train children as well as adults and the slideshow includes photos of the SGO and all members of staff to whom they can report a concern.

SAFEGUARDING CHILDREN

As an organisation we must:

- Be alert to potential indicators of abuse or neglect including extra familial harm
- Be alert to the risks which individual abusers, or potential abusers both inside and outside the home, may pose to children;
- Share and help to analyse information so that an assessment can be made of the child's needs and circumstances;
- Contribute to whatever actions are needed to safeguard and promote the child's welfare;
- Take part in regularly reviewing the outcomes for the child against specific plans;
- Work co-operatively with parents, unless this is inconsistent with ensuring the child's safety.
- Work collaboratively with local partners to identify and prevent extra familial harm

Our procedures are based on the Working Together to Safeguard Children Guidance 2018 and the Keeping children safe in education Guidance which is updated annually). Working Together to Safeguard Children sets out what should happen in any local area when a child or young person is believed to be in need of support. Effective safeguarding arrangements should aim to meet the following two key principles:

- Safeguarding is everyone's responsibility: for services to be effective, each individual and organisation should play their full part; and
- A child-centred approach: for services to be effective, they should be based on a clear understanding of the needs and views of children.

The most up-to-date government definition of Safeguarding is:

- Protecting children from maltreatment;
- Preventing impairment of children's mental and physical health or development;
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- Taking action to enable all children to have the best outcomes.

DEFINITIONS

The Concept of Significant Harm

Some children are in need because they are suffering, or likely to suffer, significant harm. The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children, and gives local authorities a duty to make enquiries (Section 47) to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm.

Additionally, a Court may only make a Care Order or Supervision Order in respect of a child if it is satisfied that:

- The child is suffering, or is likely to suffer, significant harm; and
- The harm, or likelihood of harm, is attributable to a lack of adequate parental care or control (Section 31).

In addition, 'harm' is defined as the ill treatment or impairment of health and development. This definition was clarified in section 120 of the Adoption and Children Act 2002 (implemented on 31 January 2005) so that it may include 'impairment suffered from seeing or hearing the ill treatment of another' for example, where there are concerns of domestic violence and abuse.

There are no absolute criteria on which to rely when judging what constitutes significant harm.

Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation, and the presence or degree of threat, coercion, sadism and bizarre or unusual elements.

Each of these elements has been associated with more severe effects on the child, and/or relatively greater difficulty in helping the child overcome the adverse impact of the maltreatment.

Sometimes, a single traumatic event may constitute significant harm (e.g. a violent assault, suffocation or poisoning). More often, significant harm is a compilation of significant events, both acute and longstanding, which interrupt, change or damage the child's physical and psychological development.

Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long-term neglect, emotional, physical or sexual abuse that causes impairment to the extent of constituting significant harm.

Early Help

The following guidance: Early Help and Eligibility Criteria and Levels of Need for referrals to Children's Social Care Services for Bournemouth and Poole and Thresholds for intervention by Children's Services Social Care for Wiltshire Children's Services Social Care provide effective ways to identify emerging problems and potential unmet needs for individual children and families as well as clear guidance and procedures for all practitioners, including those in universal services and those providing services to adults with children.

Practitioners across Wiltshire are supported through training and supervision to understand their role in identifying emerging problems and sharing information with other practitioners to assist with early identification and assessment such as through the Common Assessment Framework (CAF) or equivalent early help assessments.

The local Threshold documents include information as follows:

- The process for the early help assessment and the type of early help services to be provided;
- The criteria, including the level of need, for when a child should be referred to Children's Social Care for assessment and for statutory services under:
 - Section 17 of the Children Act 1989 (children in need);
 - Section 47 of the Children Act 1989 (safeguarding);
 - Section 31 of the Children Act 1989 (care proceedings);
 - Section 20 of the Children Act 1989 (duty to accommodate a child).

Definitions of Child Abuse and Neglect

The following definitions are based on those identified in Working Together to Safeguard Children 2015:

Abuse

A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (They may be abused by an adult or adults, or another child or children).

Internet Abuse'

Internet abuse relates to four primary areas of abuse to children:

- Sharing and production of abusive images of children (although these are not confined to the internet);
- A child or young person being groomed online for the purpose of Sexual Abuse;
- Exposure to pornographic images and other offensive material via the internet; and

- The use of the internet, and in particular social media sites, to engage children in extremist ideologies or to promote gang related violence.

When communicating via the internet, young people tend to become less wary and talk about things far more openly than they might when communicating face to face.

Both male and female adults and some young people may use the internet to harm children. Some do this by looking at, taking and/or distributing photographs and video images on the internet of children naked, in sexual poses and/or being sexually abused.

Children and young people should be supported to understand that when they use digital technology they should not give out personal information, particularly their name, address or school, mobile phone numbers to anyone they do not know or trust: this particularly includes social networking and online gaming sites. If they have been asked for such information, they should always check with their parent or other trusted adult before providing such details. It is also important that they understand why they must take a parent or trusted adult with them if they meet someone face to face whom they have only previously met on-line.

Children and young people should be warned about the risks of taking sexually explicit pictures of themselves and sharing them on the internet or by text

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.

Assault of children is against the law.; and if any adult causes physical or psychological injury to a child, or mistreats a child, they could be prosecuted for committing a criminal offence.

Emotional Abuse

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

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.

Child Sexual Exploitation

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology

Neglect

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

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

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

Children with special educational needs and disabilities

Children with special educational needs (SEN) and disabilities can face additional safeguarding challenges. Additional barriers can exist when recognising abuse and neglect in this group of children. These can include:

- Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration;
- Being more prone to peer group isolation than other children;
- The potential for children with SEN and disabilities to be disproportionately impacted by behaviours such as bullying, without outwardly showing any signs; and
- Communication barriers and difficulties in overcoming these barriers.

Child on Child abuse

We are vigilant for child on child abuse and adopt an attitude of 'it could happen here'. We provide appropriate supervision of all the young people in our care to prevent it happening; we record allegations in our safeguarding records, and report appropriately; we will offer appropriate support to any victim and will not tolerate abuse or pass it off as "banter", "just having a laugh" or "part of growing up". Concerns must be reported to the FCH Safeguarding officer.

All staff and volunteers must be aware that safeguarding issues can manifest themselves via child on child abuse. This is most likely to include, but may not be limited to:

- Bullying (including cyberbullying);

- Physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm;
- Sexual violence and sexual harassment;
- Sexting (also known as youth produced sexual imagery); and
- Initiation / hazing type violence and rituals

Children who are lesbian, gay, bi, or trans (LGBT)

We will endeavour to reduce additional barriers faced by children who may identify as LGBT and provide a safe space for them to speak out or share their concerns with members of staff.

We are aware that children who are LGBT or perceived by other children to be LGBT can be targeted by other children and diversity and inclusion form a core part of our code of conduct and safeguarding training for our young people.

Bullying

Bullying is defined as 'behaviour by an individual or group, usually repeated over time, which intentionally hurts another individual or group either physically or emotionally' (DfE definition). Repeated bullying usually has a significant emotional component, where the anticipation and fear of being bullied seriously affects the behaviour and well-being of the victim. Under the Children Act 1989 a bullying incident should be addressed as a child protection concern when there is 'reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm'.

Bullying can be inflicted on a child by another child, or by an adult. Bullying can take many forms (including cyber-bullying), and is often motivated by prejudice against particular groups, for example on grounds of race, religion, gender / gender identity, sexual orientation, special educational need or disability or because a child is adopted or has caring responsibilities.

We will create an anti-bullying climate that is conducive to equality of opportunity, co-operation and mutual respect for differences by:

Dealing with incidents of Minor bullying at the earliest sign;

Never ignoring victims of bullying, always showing an interest/concern;

Publicly acknowledging the bullied child's distress;

Organising quality groups/circles, which allow children to work together to identify their own problems, causes and solutions with sensitive facilitators.

We may often be in the position of having to deal with the child who bullies as well as the victims of bullying. It should be borne in mind that bullying behaviour may in itself be indicative of previous abuse or exposure to violence.

It is important when addressing bullying behaviour by another child to avoid accusations, threats or any responses that will only lead to the child being uncooperative, and silent.

The focus should be on the bullying behaviour rather than the child and where possible, the reasons for the behaviour should be explored and dealt with. A clear explanation of the extent of the upset the bullying has caused should be given and encouragement to see the bullied child's points of view.

The child who has been bullied should have the chance to say how they have been affected and opportunity provided for the child doing the bullying to understand the impact of their actions and to make amends.

Both the child engaged in bullying behaviour and those who are the target of bullying should be closely monitored. The times, places and circumstances in which the risk of bullying is greatest should be ascertained and action taken to reduce the risk of recurrence.

Domestic Violence and Abuse

Research analysing Serious Case Reviews has demonstrated a significant prevalence of domestic abuse in the history of families with children who are subject of Child Protection Plans. Children can be affected by seeing, hearing and living with domestic violence and abuse as well as being caught up in any incidents directly, whether to protect someone or as a target. It should also be noted that the age group of 16 and 17 year olds have been found in recent studies to be increasingly affected by domestic violence in their peer relationships and Adolescent Parental Violence is also now recognised.

It should therefore be considered in responding to concerns that the Home Office definition of domestic violence and abuse (2013) is as follows: "Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence and abuse between those aged 16 or over, who are or have been intimate partners or family members regardless of gender and sexuality.

This can encompass, but is not limited to, the following types of abuse:

- Psychological;
- Physical;
- Sexual;
- Financial;
- Emotional.

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.

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."

The issue of domestic violence and abuse will only ever be raised with a child or mother when they are safely on their own and in a private place.

Information from the public, family or community members will be taken seriously. Recent research evidence indicates that failure to do so has been a contributory factor in a significant number of cases where a child has been seriously harmed or died.

We will never assume that somebody else will take care of domestic violence and abuse issues. If we receive a disclosure this may be the child, mother or abusing partner's first or only disclosure or contact with services in circumstances which allow for safeguarding action – we will make the appropriate referral.

Young people can also experience domestic abuse within their own intimate relationships. This form of child-on-child abuse is sometimes referred to as 'teenage relationship abuse'. Depending on the age of

the young people, this may not be recognised in law under the statutory definition of 'domestic abuse' (if one or both parties are under 16). However, as with any child under 18, where there are concerns about safety or welfare, child safeguarding procedures should be followed and both young victims and young perpetrators should be offered support.

Potential Risk of Harm to an Unborn Child

In some circumstances, we may be in a position to anticipate the likelihood of significant harm with regard to an expected baby (e.g. where there is information known about domestic violence, parental substance misuse or mental ill health). We will refer any such concerns.

OUR RESPONSE

Overview

We have a clear Code of Conduct, which is actively promoted and enforced, with a clear commitment to treat everyone fairly and with respect. This includes a commitment that under no circumstances should any staff member or volunteer inflict physical or psychological harm to a child.

We train and continually update staff, trustees and volunteers to take an active role in safeguarding. They must:

- Be alert to potential indicators of abuse or neglect;
- Be alert to the risks which individual abusers or potential abusers, may pose to children;
- Be alert to the impact on the child of any concerns of abuse or maltreatment;
- Be able to identify potential or actual harm to children;
- Record and discuss concerns with our safeguarding lead (able to offer advice and decide upon the necessity for a referral to Children's Social Care or other route).

We will make a referral to Children's social care if there are signs that a child or an unborn baby:

- Is suffering significant harm through abuse or neglect;
- Is likely to suffer significant harm in the future.

The timing of such referrals will reflect the level of perceived risk of harm, not longer than within one working day of identification or disclosure of harm or risk of harm.

Urgent Concerns

Where a child needs immediate protection prompt action will be taken.

We will contact local Children's Social Care or the police about their concerns directly and to complete the appropriate referral form, if there are urgent concerns.

In such circumstances a formal referral to Children's social care, the police or accident and emergency services (for any urgent medical treatment) must not be delayed by the need for consultation with management or the safeguarding children lead, or the completion of an assessment.

In urgent situations, out of office hours, the referral should be made to the police or Out of Hours Social Services.

Hearing and Observing the Child

Whenever a child reports that they are suffering or have suffered significant harm through abuse or neglect, or have caused or are causing physical or sexual harm to others, the initial response from all practitioners should be to listen carefully to what the child says and to observe the child's behaviour and circumstances to:

- Clarify the concerns without questioning the child;
- Offer re-assurance about how the child will be kept safe if this is known and is certain;
- Explain what action will be taken and within what timeframe.

The child must not be pressed for information, led or cross-examined or given false assurances of absolute confidentiality, as this could prejudice police investigations, especially in cases of sexual abuse.

If the child can understand the significance and consequences of making a referral to Children's social care, they should be asked for their views.

It should be explained to the child that whilst their view will be taken into account, we have a responsibility to take whatever action is required to ensure the child's safety and the safety of other children.

Parental Consultation

Concerns which have been raised, should, where practicable, be discussed with the parent and agreement sought for a referral to Children's social care unless seeking agreement is likely to place the child at risk of significant harm through delay or from the parent's actions or reactions; For example in circumstances where there are concerns or suspicions that a serious crime such as sexual abuse, domestic violence or induced illness has taken place. If in doubt, seek advice from Children's Social Care staff.

Where a practitioner decides not to seek parental permission before making a referral to Children's social care, the decision must be clearly noted in the child's records with reasons, dated and signed and confirmed in the referral to Children's social care. Practitioners should consult with their line manager/designated/ safeguarding children lead, if at all practicable, for advice.

When a referral is deemed to be necessary in the interests of the child, and the parents have been consulted and are not in agreement, the following action should be taken:

- The reason for proceeding without parental agreement must be recorded;
- The parent's withholding of permission must form part of the verbal and written referral to Children's social care;
- The parent should be contacted to inform them that, after considering their wishes, a referral has been made.

A child protection referral from a practitioner cannot be treated as anonymous and where any court proceedings may follow, whether criminal or family court, the information may be made available.

Urgent Medical Attention

If the child is suffering from a serious injury, we will seek medical attention immediately from accident and emergency services and must inform Children's social care, and the duty consultant paediatrician at the hospital.

Making a Referral

Any suspicion, allegation or incident should be recorded and discussed with the FCH Safeguarding Officer as soon as possible. If the Safeguarding Officer is not available then the individual must seek guidance from the most senior staff member available or the FCH Trustee responsible for Safeguarding.

It is the responsibility of the Safeguarding Officer or the individual to inform the Childrens Advice and Duty Service without delay if deemed appropriate. The telephone number for this service is 01305 228558.

Referrals should be made to Children's social care for the area where the child is living or is found.

There is no written referral but records of all telephone calls will be kept by the consultant duty social worker. We should keep our own records of referrals we have made to the Childrens Advice and Duty Service.

The Childrens Advice and Duty Service will still work with the MASH to ensure multi agency support.

Children's social care should within one working day of receiving the referral make a decision about the type of response that will be required to meet the needs of the child. This decision will be communicated to the referrer. If this does not occur within three working days, the referrer should contact these services again and, if necessary, ask to speak to a line manager to establish progress. Professional disagreements will be rare but if we do not agree with action taken by the Childrens Advice and duty Service we should follow the multi-agency escalation policy which can be found at:

https://panWiltshirescb.proceduresonline.com/p_escalation.html?zoom_highlight=escalation

Concerns Raised by a Member of the Public

When a member of the public telephones or approaches us with concerns about the welfare of a child or an unborn baby, we will:

- Gather as much information as possible, to be able to make a judgement about the seriousness of the concerns;
- Take basic details:
 1. Name, address, gender and date of birth of child;
 2. Name and contact details for parent/s, educational setting (e.g. nursery, school), primary medical practitioner (e.g. GP practice), practitioners providing other services, a lead practitioner for the child.
- Discuss the case with our safeguarding lead to decide whether to:
 1. Make a referral to Children's social care;
 2. Make a referral to the lead practitioner, if the case is open and there is one;
 3. Make a referral to a specialist agency or practitioner e.g. educational psychology or a speech and language therapist;

Record the referral contemporaneously, with the detail of information received and given, separating out fact from opinion as far as possible.

Offer a face to face meeting or interview to the member of the public to clarify information. The member of the public will also be given the number for their local Children's social care and encouraged to contact

them directly. We will however always make a referral to Children's social care and to the lead practitioner if there is one, in case the member of the public does not follow through (which can happen).

Some people may prefer not to give their name to Children's social care, or they may disclose their identity but not wish for it to be revealed to the parent/s of the child concerned. Wherever possible, we will respect the referrer's request for anonymity. However we will not give referrers any guarantees of confidentiality, as there are certain limited circumstances in which the identity of a referrer may have to be given (e.g. the court arena). Consideration for the referrer's safety may be an issue in some cases.

Thinking about Safeguarding Children whilst working with Adults

We will consider our adult service users' role as a parent. We will consider the impact of the adult's condition or behaviour on:

- A child's development;
- Family functioning;
- The adult's parenting capacity.

If we have concerns about the parent's capacity to care for the child and consider that the child is likely to be harmed or is being harmed, we will immediately refer the child to the police or Children's social care.

Requests for information about a child, from Children's Social Care will be directed to the correct member of staff and not dealt with by administrative staff or intermediaries.

Absence reporting

Where a young person is absent from activities can be a warning sign of a range of safeguarding concerns including sexual abuse, sexual exploitation or child criminal exploitation. If children expected to attend our service are absent, we will make prompt enquiries, and if appropriate liaise with the appropriate agencies, being more vigilant for example where it is a child in care, a child referred by social care, a child known to be high risk (CSE, county lines, DV etc), or a young carer.

Where a young person is with us on a regular basis for Volunteering or for Alternative Provision we will keep a 'Need to Know' record for each individual noting any additional risk factors to inform our response to absences.

SAFEGUARDING ADULTS

The key principles which inform the ways in which we work with adults are as follows:

- Empowerment: people being supported and encouraged to make their own decisions, presumption of person led decisions and informed consent.
- Prevention: wherever possible the aim will be to take action before harm occurs and ensure early engagement with all relevant people.
- Proportionate: response appropriate to the risk presented; least intrusive response where possible
- Protection: support and representation for those in greatest need.
- Partnership: local solutions through services working with the individuals communities. Ensure engagement with local communities to prevent, detect and report abuse.
- Accountability: transparency in delivering safeguarding and of a quality that is worthy of scrutiny, i.e. the Courts or Peer Reviews

'Wellbeing' principle

The Care Act 2014 introduces a duty to promote wellbeing when carrying out any care and support functions in respect of a person. This is sometimes referred to as "the wellbeing principle" because it is a guiding principle that puts wellbeing at the heart of care and support. The wellbeing principle applies to adults with care and support needs and their carers. "Wellbeing" is a broad concept, and relates to the following areas in particular:

- personal dignity (including treating people with respect);
- physical and mental health and emotional wellbeing;
- protection from abuse and neglect;
- control by the individual over day-to-day life (including care and support and the way it is provided);
- participation in work, education, training or recreation;
- social and economic wellbeing;
- domestic, family and personal relationships;
- suitability of living accommodation;
- the individual's contribution to society

Promoting "wellbeing" means actively seeking improvements for the adult with care and support needs (regardless of whether they have eligible needs or not) and informal carers.

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect and the purpose of this document is to ensure we identify and respond appropriately when adults may be at risk of harm, abuse or self neglect.

Definitions

Harm: For the purpose of these Procedures, harm is defined as:

- A single act or repeated acts.
- An act of neglect or a failure to act.
- Multiple acts, for example, an adult at risk may be neglected and also being financially harmed.
- Self neglect

This can mean:

- Ill treatment (including sexual harm and forms of ill treatment which are not physical).
- The impact of not providing care, providing inappropriate care or other actions which are detrimental to health, wellbeing, maintaining independence and choice
- The impairment of, or an avoidable deterioration in physical or mental health and/or
- The impairment of physical, intellectual, emotional, social or behavioural development.
- Allegations against people in positions of trust (see Appendix 1. Glossary)

Intent is not an issue at the point of deciding whether an act or a failure to act is harm; it is the impact of the act on the person and the harm or risk of harm to that individual. Harm can take place anywhere. Harmful acts may also be crimes and informing the Police must be a key consideration.

Categories of Harm

Physical abuse: including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.

Domestic violence and abuse: new definition 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:

- psychological
- physical
- sexual
- financial
- emotional
- Controlling behaviour: 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.
- Coercive behaviour: 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.

Forced Marriage: forcing someone into a marriage and/or luring someone overseas for the purpose of marriage.

Exploitation by radicalisation: encouraging extreme views including justifying political, religious, sexist or racist violence, or to steer them into a rigid and narrow ideology that is intolerant of diversity and leaves them vulnerable to future radicalisation. Contact will be made with Wiltshire Police regarding any individuals identified who present concern regarding violent extremism.

Sexual exploitation: The term "sexual exploitation" means any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes. People with learning disabilities may be led into harm because of perceptions they are being offered friendships.

Psychological abuse: including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

Financial or material abuse: including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements.

Modern Slavery includes; human trafficking, forced labour and debt bondage, sexual exploitation, criminal exploitation, domestic servitude, descent-based slavery, child labour, slavery in supply chains, and forced and early marriage.

Discriminatory abuse: including forms of harassment, slurs or similar treatment because of race, gender and gender identity, age, disability, sexual orientation or religion.

Internet/cyberbullying: can be defined as the use of technology, and particularly mobile phones and the internet, to deliberately hurt, upset, harass or embarrass someone else. It can be an extension of face-to-face bullying, with the technology offering the bully another route for harassing their victim, or can be simply without motive. Cyberbullying can occur using practically any form of connected media, from nasty text and image messages using mobile phones, to unkind blog and social networking posts, or emails and instant messages, to malicious websites created solely for the purpose of intimidating an individual or virtual abuse during an online multiplayer game.

Organisational abuse: including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in a person's own home. This may be a one off incident or on-going ill-treatment.

Neglect and acts of omission: includes ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, equipment, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Self-neglect and hoarding: This includes a broad spectrum of behaviour. The Care Act 2014 statutory guidance defines self neglect as: "a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding". A decision on whether a response is required through safeguarding will depend on an adult's ability to protect themselves by controlling their own behaviour.

Homelessness does not necessarily make people at risk and it is therefore not a defined category of harm. However circumstances such as homelessness may exacerbate other conditions and impact negatively upon individual's ability to care for their health and to protect themselves.

Cuckooing – refers to the relatively recent identification of a new type of controlling and coercive criminal activity. This involves gangs using adults at risk (and children and young people) to move, store and deliver drugs.

When we will raise a concern

A concern will be raised when there is reason to believe an adult at risk may have been, is, or might be the subject of harm, abuse or neglect by any other person or persons. This may include anyone self neglecting where there is a significant risk to their health or wellbeing. Urgent actions will be taken to safeguard anyone at risk of immediate harm if any of the following concerns are apparent:

- active abuse is witnessed, or
- an active disclosure is made by an adult or third party, or
- there is suspicion or fear that something is not right or there is evidence of possible abuse or neglect.

Any suspicion, allegation or incident should be recorded and discussed with the FCH Safeguarding Officer as soon as possible. If the Safeguarding Officer is not available then the individual must seek guidance from the most senior staff member available or the FCH Trustee responsible for Safeguarding.

It is the responsibility of the Safeguarding Officer or the individual to inform the MASH without delay if deemed appropriate.

Urgent Action

In circumstances where there are serious immediate risks a response from Safeguarding Adult services or the police will be provided the same day. Whilst reporting a concern to the local safeguarding team it is important that we also consider if the risk or experience of immediate serious harm is so severe that urgent action is required to prevent this.

Raising a Concern

A concern will be raised when there is reason to believe an adult at risk may have been, is, or might be the subject of harm, abuse or neglect by any other person or persons. Self neglect can be reported as a concern.

Actions to be taken when harm to an adult is directly observed or disclosed by the individual

When harm is directly observed, effort will be made by the observer to ensure the individual is safe and then urgent steps taken to report to the Local Authority. Also the Police if a crime appears to have been committed. It is vital to listen carefully to what the person is saying, reassure them they will be involved in decisions about what will happen and get as clear a picture as possible but avoid asking too many questions at this stage. We must make sure that the individual is safe from harm or any further harm. This may mean contacting any/all of the emergency services.

- Accept what the person is saying – do not question the person or get them to justify what they are saying – reassure the person that you take what they have said seriously.
- Don't 'interview' the person; just listen carefully and calmly to what they are saying. If the person wants to give you lots of information, let them. Try to remember what the person is saying in their own words so that you can make a record.
- You can ask questions to establish the basic facts, but try to avoid asking the same questions more than once or asking the person to repeat what they have said- this can make them feel they are not being believed.
- Don't promise the person or others that you'll keep what they tell you confidential or "secret". Explain that you will need to tell another person but you'll only tell people who need to know so that they can help.
- Reassure the person that they will be involved in decisions about what will happen.
- Do not be judgemental or jump to conclusions.
- If the person has specific communication needs, provide support and information in a way that is most appropriate to them.

Careful consideration will need to be given regarding who else needs to know about the concern. The concern should not be discussed with the person alleged to have caused harm. Your first discussion will normally be with our SGO to analyse whether a referral should be made.

Making a Written Record

As soon as possible on the same day, the referrer of the safeguarding concern should make a chronological written record of what you have seen, been told or have concerns about. Try to make sure anyone else who saw or heard anything relating to the concern also makes a written record.

The written record will need to include:

- the date and time of the disclosure, or when you were told about or witnessed the incident/s,
- who was involved, any other witnesses including service-users and other staff,
- exactly what happened or what you were told, in the person's own words, keeping it factual and not interpreting what you saw or were told,
- the views and wishes of the adult,
- the appearance and behaviour of the adult and/or the person making the disclosure,
- any injuries observed,
- any actions and decisions taken at this point,
- any other relevant information, e.g. previous incidents that have caused you concern.

Remember to:

- Wherever possible and practicable seek the persons consent to raise the concern. Where the person raises objections and there are significant risks, or if other adults or children could be at risk, it may be necessary to override their expressed wish not to consent.
- include as much detail as possible,
- make sure the written record is legible, written or printed in black ink, and is of a quality that can be photocopied,
- make sure you have printed your name on the record and that it is signed and dated,
- keep the record factual as far as possible. However, if it contains your opinion or an assessment, it should be clearly stated as such and be backed up by factual evidence.
- Information from another person should be clearly attributed to them.
- keep the record/s confidential, storing them in a safe & secure place until needed.

When a Crime is suspected

If a crime is suspected it is critical that the Police are informed.

Whistleblowing

Abuse can occur outside of the family and it is important that workers of FCH are aware of this. No member of FCH will:

- Fail to act upon and record allegations that a child makes;
- Visit a child in their home without another adult being present;
- Transport a child in their car unless prior arrangements have been made with a senior member of staff or in case of a medical emergency;

- Make any comments with sexual overtones, even in humour, or partake in any “horse play” with a child;
- Allow a child into their home;
- Engage in rough physical games;
- Engage in sexually provocative games;
- Allow or engage in inappropriate touching in any form;
- Allow children to use inappropriate language unchallenged;
- Do things of a personal nature for a child, that they can do themselves;
- Take photographs of a child without parental consent;
- Use their personal phone/camera/equipment to take/store images of children/at risk adults.

FCH should be informed of all allegations that are made against a member of staff or volunteer. Allegations may be about poor practice rather than abuse. Advice can be sought from MASH.

FCH would like to assure all parents/carers, staff and volunteers that it would fully support and protect anyone who, in good faith, reports his or her concerns that a member of staff or volunteer is or may be abusing a child or at risk adult. Staff and volunteers must take action quickly on their concerns so that problems do not escalate. This would include concerns that they have:

- Behaved in a way that has, or may, cause harm to a child or adults at risk of harm
- Possibly committed a criminal offence against or related to a child or adults at risk of harm;
- Behaved in a way that indicates he or she may pose a risk of harm to children or adults at risk of harms;
- Behaved or may have behaved in a way that indicates they may not be suitable to work with children or adults at risk of harms.

All allegations must be recorded and passed to our SGO.

Primary consideration will be given to supporting the child, young person or adults at risk of harm and the person making the allegation.

It may also be necessary to contact the Local Authority Designated Officer (lado@Wiltshirecouncil.gov.uk) to discuss the concerns – NB: this will not apply in the case of adults at risk of abuse, only children and young people. The Designated Officer must have the management and oversight of any allegations against people who work with children.

Where there is a complaint of abuse against a member of staff there may be three types of investigation.

1. A criminal investigation
2. A child/at risk adult protection investigation
3. A disciplinary or misconduct investigation

There will be circumstances when these procedures may be used concurrently with other procedures such as Disciplinary and Complaints. In these circumstances the safeguarding process takes precedence over the others. Results of the police and social services investigation may well influence a disciplinary investigation, but not necessarily.

Every effort will be made to ensure confidentiality for everyone concerned.

Internal Safeguarding Concern Form

Full Circle Horsemanship Record of Safeguarding Concern			
Name: Name of Reporter:	Position and Location:	Date of concern/disclosure:	Time of concern/disclosure:
Details of concern/disclosure:			
How was the concern/disclosure responded to?			
Persons/organisation the concern/disclosure was reported to?	Outcome:		

Where the person of concern was referred to FCH by a social worker or other professional, they may be the most appropriate first point of contact.