

# Safeguarding Policy

*“Maximum Edge CIC recognises the rights of individuals to live a life free from abuse and neglect”*

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\*This Policy refers to the guidelines provided and implemented by the *St Helens (Merseyside)* Local Authority

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## CONTACT DETAILS

**Responsible Officer: David Sheridan, Managing Director**

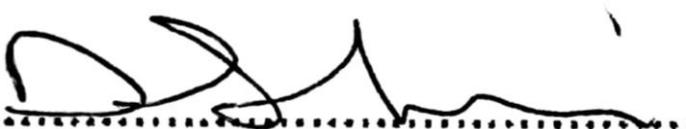
### Next Review Dates:

December 2022, December 2022(or following significant change in guidelines and /or an incident)

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Signed :



Date: 26<sup>th</sup> October 2020

## **1.0 Introduction**

Everyone has the right to:

- Life their life free from violence and abuse
- Be protected from harm and exploitation
- Independence, (with which comes a degree of risk)

Anyone can be the abuser; it can be strangers, someone a person knows, a family member, a neighbour, a paid or informal carer, or a professional such as a nurse, doctor or a bogus worker. It could also be more than one person. It is important to remember that abuse can happen to anyone.

Every adult who works with a child, young person or vulnerable adult has a duty to safeguard and promote their welfare.

- 1.1 This policy applies to all MAXIMUM EDGE workers (paid and voluntary) whose work brings them into contact with children, young people and vulnerable adults.
- 1.2 MAXIMUM EDGE workers will create an atmosphere where children, young people and vulnerable adults feel valued and safe, and a place where their welfare is promoted.
- 1.3 Any safeguarding and child protection concerns will be taken seriously and acted upon appropriately. Attention will be given to what children, young people and vulnerable adults say and feel.
- 1.4 All MAXIMUM EDGE workers involved in service delivery with children, young people and vulnerable adults are obliged to make sure that children, young people and vulnerable adults are safe at all times.
- 1.5 MAXIMUM EDGE is responsible for ensuring that it's workers are competent and confident in carrying out their responsibilities for safeguarding and promoting participant welfare.
- 1.6 MAXIMUM EDGE should ensure that it's their workers are aware of how to recognise and respond to safeguarding concerns.

## **2.0 Policy Statement**

- 2.1 MAXIMUM EDGE considers the safeguarding of all clients, particularly children, young people and vulnerable adults, to be of utmost importance. It is therefore our policy that any information obtained that may identify a safeguarding concern is shared with the appropriate agencies (statutory and non-statutory) to ensure safeguarding responsibilities are met.
- 2.2 MAXIMUM EDGE will be rigorous and vigilant in protecting the children, young people and vulnerable adults accessing its service from abuse, bullying, harassment and intimidation. We will do this through a careful recruitment and selection process, ongoing supervision and training, monitoring arrangements and guidance on appropriate behaviour.
- 2.3 The Managing Director is the lead officer on safeguarding and child protection in MAXIMUM EDGE and is accountable to the Trustees (Directors) for all matters relating to safeguarding within MAXIMUM EDGE.

## **3.0 Legislation and strategy underpinning safeguarding responsibilities.**

Where there is a discrepancy between this policy and relevant legislation, the relevant legislation shall take precedence. This policy has been drawn up on the basis of law and guidance which seeks to protect children and young people, namely:

- HM Government: Working Together to Safeguard Children (2010)
- Safeguarding Vulnerable Groups Act (2006)
- Children's Act (2004)
- United Nations Convention on the Rights of the Child 1991
- Every Child Matters: Change for Children (2004)
- Independent Safeguarding Authority

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- Data Protection Act 1998
- Human Rights Act 1998
- Sexual Offences Act 2003
- Protection of Freedoms Act 2012
- Children and Families Act 2014
- Special educational needs and disability (SEND) Code of Practice:  
0–25 years: Statutory guidance for organisations which work with and support children and young people who have special educational needs or disabilities; HM Government 2014
  - Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers; HM Government 2015
  - Working together to safeguard children: A guide to interagency working to safeguard and promote the welfare of children; HM Government 2015

#### **4.0 General responsibilities**

MAXIMUM EDGE will:

- 4.1 practice in accordance with the relevant local authority Safeguarding Policy and Procedures
- 4.2 Share information appropriately with individuals and agencies in a timely manner and with respect to Data Protection Act 1998
- 4.3 Practice in accordance with relevant legislation associated with Safeguarding Adults from abuse, including Care Act 2014 and Mental Capacity Act 2005
- 4.4 Ensure record keeping is in line with agency and/or professional standards/requirements
- 4.5 Ensure that communication and other special needs are taken into account to enable Adults to participate fully in decision-making and in contributing their view and defining the outcomes they desire
- 4.6 Consider the wider implications for others, particularly in relation to children and young people or young carers who may be at risk
- 4.7 Implement agreed actions within agreed timescales or notify Safeguarding Co-ordinators where difficulties arise
- 4.8 Report additional safeguarding concerns regarding the safety of the Adult and potentially other adults in the same setting

#### **5.0 Checks on workers**

- 5.1 All references for potential MAXIMUM EDGE workers will be taken up before confirming their appointment as a paid worker or their acceptance as a volunteer.
- 5.2 All potential MAXIMUM EDGE workers will be interviewed by a minimum of two people.
- 5.3 All interviewees will be asked to explain inconsistencies or significant gaps in their employment record.
- 5.4 All MAXIMUM EDGE workers will undergo a supervised probationary period. The worker's line manager and/or supervisor will continually assess the length of the probationary period.

#### **6.0 Vetting and Barring**

- 6.1 MAXIMUM EDGE will continue to comply with current and future legislation concerning Vetting and Barring regulations, including appropriate checks through DBS
- 6.2 MAXIMUM EDGE will not employ anyone who is barred from working with children or vulnerable adults.
- 6.3 If a MAXIMUM EDGE worker is dismissed, or would have been dismissed had they not already left the organisation, for reasons to do with safeguarding concerns, MAXIMUM EDGE will inform the relevant authorities.
- 6.4 MAXIMUM EDGE will renew checks, following current best practice guidelines.

6.5 It is expressly forbidden for any MAXIMUM EDGE worker to benefit by means of taking advantage of their working relationship with a vulnerable adult.

## **7.0 Training**

All MAXIMUM EDGE staff and volunteers working with children, young people and/or vulnerable adults will receive relevant training in connection with this policy.

## **8.0 Making a safeguarding or child protection alert**

As soon as is practicable, a cause for concern should be referred to the Managing Director and the process shown in **Appendix 2** strictly followed.

8.1 A referral must be made without delay if:

- Any form of abuse has been identified
- There is clear suspicion of abuse
- A direct disclosure has been made

8.2 A MAXIMUM EDGE worker should only seek permission from a parent or carer before taking any action concerning a child, where such discussion will not:

- Place a child at risk of significant harm or increased risk of significant harm
- Put any other person at risk of harm
- Alert a perpetrator, who may possibly take action to destroy evidence

8.3 Where discussion with a parent or carer **has not** taken place, the referring agency will normally inform the family who has made the referral, unless there are exceptional circumstances. The MAXIMUM EDGE worker making a referral should therefore plan with his/her supervisor how to deal with the situation when contact next takes place with the family.

8.4 Where discussion with a parent or carer **has** taken place but there is no agreement to a referral being made and the MAXIMUM EDGE worker involved considers that there is reasonable cause to suspect that the child is suffering, or at risk of suffering significant harm, the responsibility on the MAXIMUM EDGE worker to make a referral to another agency remains.

## **9.0 Support and further information**

MAXIMUM EDGE will provide workers with support when they have received disclosures of abuse, through

9.1 Supervision

9.2 Access to St Helens Child Protection Procedures laid down by St Helens Safeguarding Children's Board, St Helens Multi-Agency Safeguarding Policy and Procedures.

9.3 Access to the guidance as set out in the HM Government publication "No secrets: guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse".

## **10.0 Making a vulnerable adult safeguarding alert**

10.1 As soon as is practicable, a cause for concern should be referred to the Managing Director and the process shown in **Appendix 4** strictly followed.

MAXIMUM EDGE will:

- Work in collaboration with the local authority and other agencies
- Investigate and take action in accordance with agreed procedures, when a vulnerable adult is believed to have suffered or be suffering abuse
- Disseminate relevant information to staff and service users /carers
- Appoint a lead officer

10.2 MAXIMUM EDGE agree to adopt the following principals in providing services to vulnerable adults:

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- Actively work together
- Recognise that the individual's right to self-determination can involve risk
- Recognise people who are unable to take their own decisions and/or protect themselves and provide appropriate support
- Identify others who may be at risk of harm, including children, and always take immediate action
- Where an adult does not have the capacity to consent to actions taken to protect them, it should be clarified who has the power and ability to act on their behalf
- Recognise the ongoing duty of care to vulnerable adults who intentionally or unintentionally perpetrate abuse, and facilitate any necessary action to address abusive behaviour
- Promote an organisational culture within which all those who express concern will be treated seriously and receive a positive response from management about vulnerable adults

## **11.0 Allegations Management**

- 11.1 All MAXIMUM EDGE workers are vulnerable to accusations being made about their own practice and behaviour, by clients.
- 11.2 The decision to suspend or transfer to alternative duties a worker who is the subject of the allegation is a matter for responsibility of the Managing Director. The LSCB (Local Safeguarding Children's Board) or MASAB (Multi-Agency Safeguarding Adults Board) is able to make a recommendation on this if required. If it is decided that a staff member is to be suspended until the matter has been investigated, the terms of the suspension will be determined by the Managing Director.

### **Supporting those involved**

- 11.3 Parents or carers of a child should be told about the allegation as soon as possible if they do not already know of it. They should also be kept informed about progress whilst an investigation is carried out and informed of the outcome of the investigation into the allegations. Details of any disciplinary action and of the information taken into account in reaching a decision would not normally be disclosed.
- 11.4 MAXIMUM EDGE worker(s) who is/are the subject of the allegations should also be kept informed about progress whilst an investigation is carried out and informed of the outcome of the investigation into the allegations. Appropriate support should be offered whilst an investigation is carried out. MAXIMUM EDGE has a responsibility to provide written information and support to the worker subject to the allegation. This will include a copy of any Information Leaflets, available from the local authority's website.

### **Investigation into the allegation**

- 11.5 Provided no police or other investigation which would take precedence over any internal procedure is ongoing, the organisation has a responsibility to conduct all investigations as speedily as possible.
- 11.6 The fact that a person tenders his or hers resignation or ceases to provide their services must not prevent an allegation from being followed up in accordance with these procedures and a conclusion reached.
- 11.7 If the person is dismissed or has resigned in circumstances in which she/he might otherwise have been dismissed, the organisation may have a duty to refer the individual to a professional body or the Independent Safeguarding Authority to allow them to consider whether to bar the individual from working with children in the future.

### **Record keeping**

- 11.8 MAXIMUM EDGE will retain a record of any investigation into a safeguarding-related allegation on the staff members file until they reach retirement age or for ten years (whichever is the longest). For this reason, the organisation cannot expunge records of disciplinary warnings from the staff members file after a specific period.

## **APPENDIX 1: Recognising child abuse and neglect**

If these signs appear repeatedly or in combination, you should take a closer look at the situation and consider the possibility of child abuse.

### **The Child:**

- Shows sudden changes in behaviour or school performance.
- Has not received help for physical or medical problems brought to the parent's attention.
- Has learning problems (or difficulty concentrating) that cannot be attributed to specific Physical or psychological causes.
- Is always watchful, as though preparing for something bad to happen.
- Lacks adult supervision.
- Is overly compliant, passive or withdrawn.
- Comes to school or other activities early, stays late, and does not want to go home.

### **The Parent:**

- Shows little concern for the child
- Denies the existence of --- or blames the child for --- the child's problems in school or at home.
- Asks teachers or other caretakers to use harsh physical discipline if the child misbehaves.
- Sees the child as entirely bad, worthless or burdensome.
- Demands a level of physical or academic performance the child cannot achieve.
- Looks primarily to the child for care, attention, and satisfaction of emotional needs.

### **The Parent and Child:**

- Rarely touch or look at each other.
- Consider their relationship entirely negative.
- State that they do not like each other.

## **Types of Abuse**

The following are some signs often associated with particular types of child abuse and neglect: physical abuse, neglect, sexual abuse, and emotional abuse. It is important to note, however, these types of abuse are more typically found in combination than alone. A physically abused child, for example, is often emotionally abused as well, and a sexually abused child also may be neglected.

## **Physical Abuse**

Some common forms of physical abuse include:

- Hitting
- Punching
- Shaking
- Throwing
- Poisoning
- Burning
- Scalding
- Drowning
- Suffocating
- On rare occasions parents or carers may either make up symptoms or try to make a child ill

Consider the possibility of physical abuse when the child:

- Has unexplained burns, bites, bruises, broken bones, or black eyes.

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- Has fading bruises or other marks noticeable after an absence from school.
- Seems frightened of the parents and protests or cries when it is time to go home.
- Shrinks at the approach of adults.
- Reports injury by a parent or another adult caregiver.

Consider the possibility of physical abuse when the parent or other adult caregiver:

- Offers conflicting, unconvincing, or no explanation for the child's injury.
- Describes the child as "evil" or in some other very negative way
- Uses harsh physical discipline with the child.
- Has a history of abuse as a child.

### **Neglect**

Neglect is when a child or young person's basic physical or emotional needs are not met if this could result in their health or development being damaged. All children and young people should feel confident that their physical needs will be provided for until they are adults.

Forms of neglect - failure to provide:

- Food
- Shelter
- Safety in the home
- Adequate clothing
- Adequate cleanliness
- Warmth
- Supervision for vulnerable children
- Medical treatment if necessary
- Protection from physical and emotional harm or danger

Consider the possibility of neglect when the child:

- is frequently absent from school.
- begs or steals food or money.
- lacks needed medical or dental care, immunisations, or glasses.
- is consistently dirty and has severe body odour.
- lacks sufficient clothing for the weather.
- abuses alcohol or other drugs.
- states that there is no one at home to provide care.

Consider the possibility of neglect when the parent or other caregiver:

- appears to be indifferent to the child.
- seems apathetic or depressed.
- behaves irrationally or in a bizarre manner.
- is abusing alcohol or other drugs.

### **Sexual abuse:**

Forms of sexual abuse include:

- either forcing a child or young person, or encouraging them, to take part in sexual activities irrespective of whether they are aware of what is happening or not.
- touching a child or young person's genital areas
- making them touch someone else's
- involving them in the production of pornographic material
- making them watch sexual material or behaviour
- making them do sexual things either to themselves or with other people.

Consider the possibility of sexual abuse when the child:

- has difficulty walking or sitting.
- suddenly refuses to change for gym or participate in physical activities.
- reports nightmares or bedwetting.
- experiences a sudden change in appetite.
- demonstrates bizarre, sophisticated, or unusual sexual knowledge or behaviour.
- becomes pregnant or contracts a venereal disease, particularly under the age of 14.
- runs away.
- reports sexual abuse by a parent or another adult caregiver.

Consider the possibility of sexual abuse when the parent or other caregiver:

- is unduly protective of the child severely limits the child's contact with other children, especially of the opposite sex.
- is secretive and isolated.
- is jealous or controlling with family members.

### **Emotional maltreatment**

This is the most insidious and pervasive type of abuse, which affects the child or young person's innate sense of self-esteem and image. It can be inflicted in a number of ways, for example:

- Regular belittling or constantly criticising.
- Regular name calling,
- Expressing a wish they had never been born
- Expecting children and young people to do things that are beyond a level of responsibility they could reasonably be expected to fulfil, e.g. Expecting a young child to supervise or care for their younger siblings
- Demanding that a child meets the caregiver's needs, for example that they prove their love for them or does all the housework
- Seeing, hearing or being aware of domestic violence
- Serious bullying or scape-goating
- Making a child feel frightened or in danger
- Making a child do things and, by so doing, taking advantage of them.
- In contrast, it can also be caused by suffocating love which may exhibit itself by preventing them being involved in normal activities that are age appropriate, such as going out or mixing with other people. This could be either because the caregiver is over protective and anticipates danger in normal social activities; or wants to reduce their social contacts in order that the child remains dependent on them.

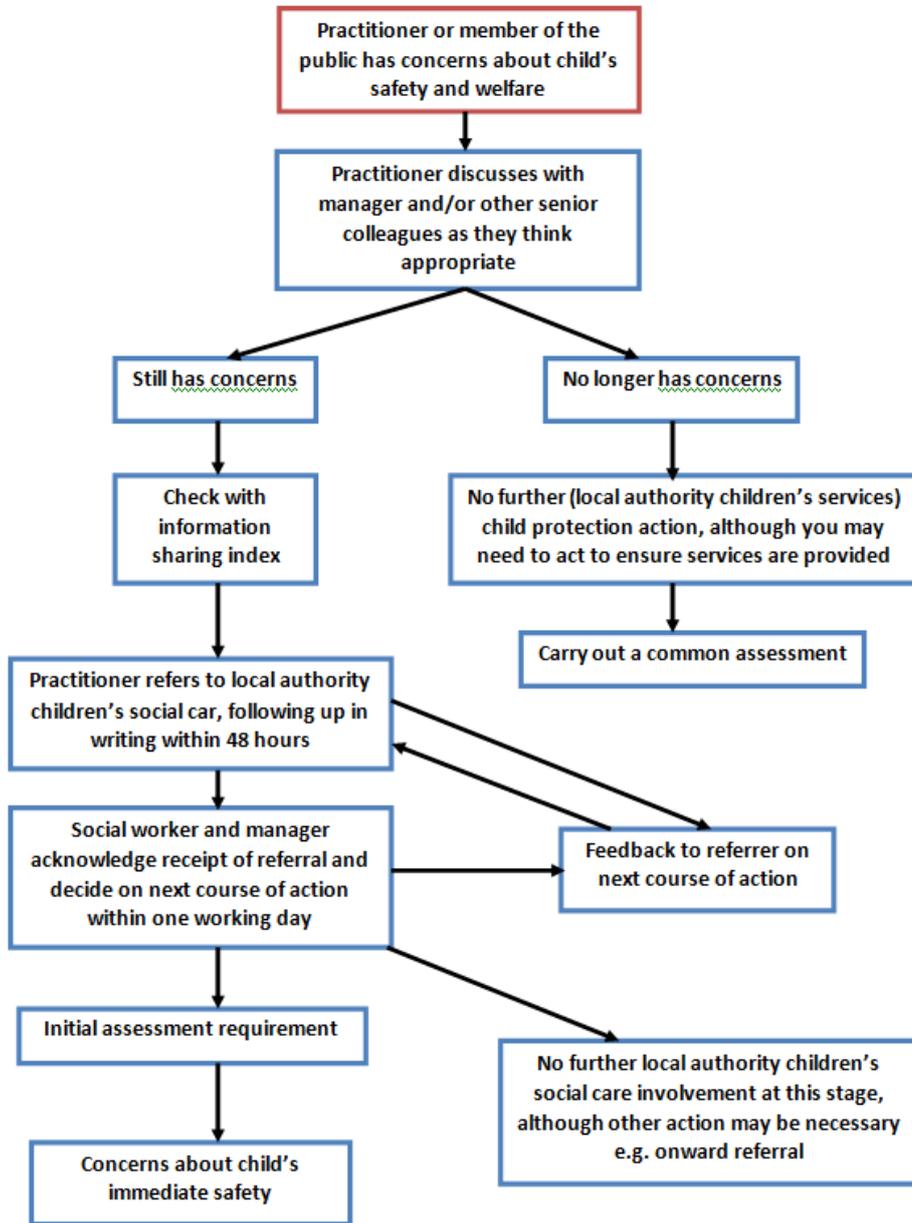
Consider the possibility of emotional maltreatment when the child:

- Shows extremes in behaviour, such as overly compliant or demanding behaviour, extreme passivity, or aggression.
- Is either inappropriately adult (parenting other children, for example) or inappropriately infantile (frequently head-banging, for example).
- Has attempted suicide.
- Reports a lack of attachment to the parent.

Consider the possibility of emotional maltreatment when the parent or other adult caregiver:

- Constantly blames, belittles or berates the child.
- Is unconcerned about the child and refuses to consider offers of help for the child's problems.
- Overtly rejects the child.

**APPENDIX 2 - St Helens Child Protection Guidelines**



## **APPENDIX 3 Recognising vulnerable adult abuse and neglect**

### **Adults who are vulnerable**

- Usually depend on others to care for them.
- Are victims of abuse in places such as their own home, a carer's home, a day centre or care home.

### **People who abuse**

- Are usually well known to their victims but can be strangers.
- may be a husband, wife, partner, child or relative, friend or neighbour, paid or volunteer worker, health or social care worker.
- Sometimes do not realise they are doing it.
- Sometimes do so because of the stress involved in caring and act out of character.

### **Types of abuse**

Adult abuse varies, the most common types are:

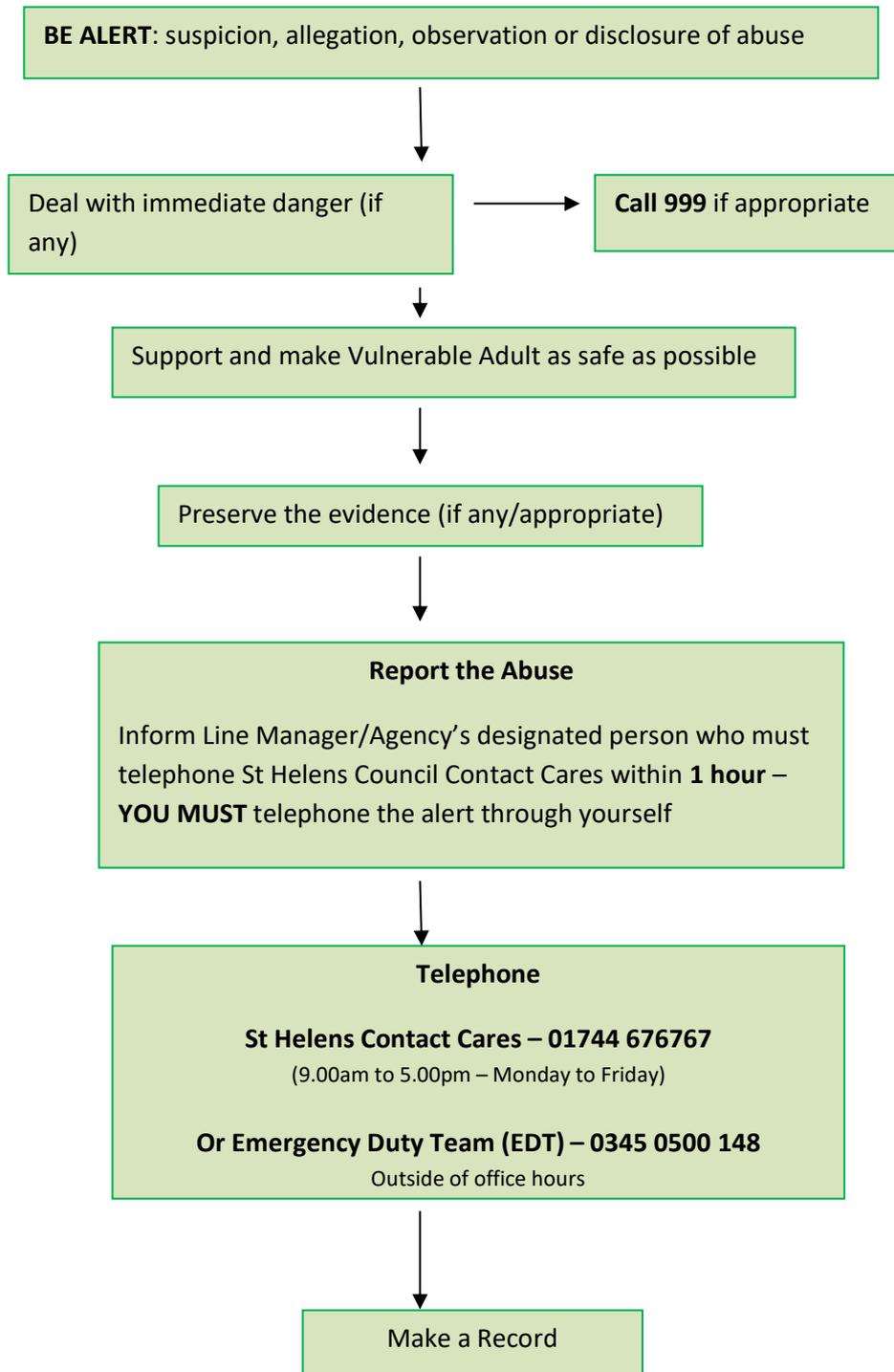
- **Physical abuse:** this is usually the use of force to cause pain or injury. As a result you may see signs such as physical injuries, burns or bruising which cannot be easily explained.
- **Neglect or acts of omission:** this is when basic needs are not being met leading to deterioration in appearance or health. This also includes when someone who is supposed to help an individual does not give adequate food, heating/clothing, or take an individual to the doctors when ill.
- **Sexual abuse:** this is the involvement in sexual activities which are not wanted or understood by the vulnerable adult. Signs of this might be changes in behaviour or physical discomfort.
- **Financial or material abuse:** this is the exploitation of a vulnerable adult for financial gain. This includes when someone takes money or things without asking permission, it also includes not letting an individual know how their money has been spent. Signs of this might be valuables going missing in the home, or a change in the financial circumstances of a vulnerable adult which cannot be easily explained.
- **Emotional abuse:** this is behaviour that has a harmful effect on the emotional health and development of a vulnerable adult. This also includes being threatened or saying bad things that make an individual feel sad or worthless. Signs of this might be fear, confusion or disturbed sleep.
- **Institutional abuse:** this is where a service does not treat people with dignity, respect or ignores people's choices and wishes.
- **Discriminatory abuse:** this includes being treated unfairly because of gender, race, culture, background, age, disability, sexuality or illness.

Aspects of peoples' lives that can explain this increased vulnerability to abuse include:

- Lack of inclusion in protective social networks, including education and employment
- Dependency on others (who may misuse their position) for vital needs including mobility, access to information and control of finances
- Lack of access to remedies for abuse and neglect
- Social acceptability of low standards for care and treatment
- Social acceptability of domestic abuse
- Dynamics of power within institutional care settings

**APPENDIX 4 St. Helens Safeguarding Adults Procedures**  
**(How to Make a Safeguarding Alert in St. Helens)**

**This applies to all residents of St. Helens regardless of setting**



## **Appendix 5: Glossary**

All DRC workers will need to note the definitions below.

**Assessment Framework:** For Children in Need and their Families –was produced by the government as a multi-agency tool, providing guidance on how to assess children’s needs, parental capacity and environmental factors.

**At Risk:** since the Children Act 1989 came into force, the term 'at risk' has generally been used to describe a child believed to be at risk of 'significant harm' and therefore in need of protection by the local authority. When a child is described by someone from social services as being 'at risk', this is still likely to be what they mean. However, during recent years the term has also come to be used more widely, for example to describe children thought to be at risk of social exclusion. Indeed, the term has been used in official guidance to refer to children thought to be at risk of offending, social exclusion, or significant harm.

**Child:** under the Children’s Act 1989 and 2004 a child is anyone who has not yet reached their 18th birthday or a person aged 18, 19 or 20 who has been in care (since the age of 16) or who has a learning disability. Even if a child is 16 and living independently they are still classified as a child.

**Children in Need of Protection:** there is a statutory duty on Local Authorities to promote children’s well-being and safeguard them from significant harm. This duty is discharged by Social Services with the assistance of other agencies by undertaking assessments of children who are identified as being ‘in need’ of protection. Where there is ‘reasonable cause to suspect the child is suffering or is likely to suffer significant harm’ this assessment is carried out under Child Protection procedures. A child is defined as being in need of protection if:

- S/he is unlikely to achieve or maintain or to have the opportunity of achieving or maintaining a reasonable standard of health or development without the provision for him/ her of services, or
- His/ her health or development is likely to be significantly impaired or further impaired without the provision of such services
- S/he is disabled

**Child Protection Plan:** A plan for each child on the Child Protection Register, which should be followed by everyone working with the child and family members

**Commission for Social Care Inspection (CSCI)** – The Government body with responsibilities for overseeing and ensuring that the quality of care provided within residential environments or by domiciliary care agency is of an acceptable standard

**Common Assessment Framework:** Development of a national, common process for assessing and coordinating the needs of children and young people at risk of not meeting their potential. Aims to be a more preventative, effective and multi-agency coordinated process.

**Core Assessment:** A more complex assessment following the Framework for the Assessment of Children in Need and their Families guidelines; completed after an initial assessment, if further concerns or issues are identified.

**Core Group:** Is made up of the agencies and carers with responsibility for carrying out the child protection plan following a conference.

**Direct Payments:** The community Care Act of 1996 gives Local Authorities the power to make cash payments for Community Care direct to individuals who are eligible for a service and wish to manage their own support

**Emergency Protection Order:** A court order under the Children Act 1989, which last for up to eight days. It gives the applicant parental responsibility

**Family Support Unit:** Specialist Police team which conducts child protection, domestic violence and vulnerable adult's investigations

**National Service Framework:** Lays out a series of standards promoting independence and maximising opportunities, person centred care and social inclusion

**Safeguarding Children:** safeguarding is the term used to describe the process of identifying children and young people who have suffered or who are likely to suffer significant harm, and taking the appropriate action to keep them safe.

**Serious Case Review:** An in-depth review of a case following a death or serious life threatening injury of a child, or a child protection issue arises that is likely to be of major public concern

**Single Assessment Process:** Aims to ensure that older people receive appropriate services, resulting in better outcomes and that professional resource are used more effectively. The 'model' of assessment adopted by the Department of Easycare

**Vulnerable Adult:** a vulnerable adult is a person aged 18 years or over who may be unable to take care of themselves, or protect themselves from harm or from being exploited. This may be because they have a mental health problem, a disability, a sensory impairment, are old and frail, or have some form of illness.

**Young Person:** there is no legal definition for a young person since the Children's Act 2004 recognised a child as anyone who has not yet reached their 18th birthday.

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