

## **Safeguarding Adults & Child at Risk: Policy and Procedures**

This policy and procedure applies to all working within Manor Gardens Welfare Trust, and is ratified by the Board of Trustees on an annual basis.

Lead responsibility for the policy and procedure: Katy Porter, Chief Executive Officer, Manor Gardens Welfare Trust.

### **MGWT Designated Safeguarding Lead:**

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### **MGWT Designated Safeguarding Officers:**

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### **MGWT Designated Safeguarding Lead for Board of Trustees:**

Nick Tait, MGWT Council of Trustees Tel. 020 7561 5263

**Please note: MGWT manages and delivers Early Years education, and due to the nature of this provision specific and agreed safeguarding policies are available for these settings.**

### **Manor Gardens Nursery Designated Safeguarding Lead:**

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<b>Actions</b>	<b>Key dates</b>	<b>Responsible lead</b>
Date adopted and Dates of previous reviews	December 2016	Phillip Watson , CEO
Date and Type of Last Review and Consultation Process	December 2017 March 2019 (update to DSL, DSO & Trustee lead)	Policy Review Group Managers Meeting (March 2019)
Type of Service user Involvement/Consultation e.g. <i>Consultation: forum or individual</i> <i>Response to survey</i> <i>Policy Review group member</i> <i>Committee membership</i> <i>Other</i>	Policy Review Group (Dec 2017)	Katy Porter, CEO (chair of group)
Ratified by SMT member	April 2018	Katy Porter, CEO
Date updated on MGWT shared drive	April 2018	Norma Parsad, Centre Administrator
Suggested frequency of review (Note: this is subject to significant operational and legislative changes)	<b>Annual</b> / 3 years / 5 years  March 2019	

Indicated date of next review		
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## 1. Introductions & Policy Statement:

Manor Gardens Welfare Trust (MGWT) believes that safeguarding the welfare of adults and children is of paramount concern, and is the responsibility of everyone within the Organisation. We are committed to providing a place of excellence in the provision of support and specialist services.

MGWT will uphold the principles that all adults and children at risk have the right to grow up and live in safe environments and to be protected from all forms of harm and abuse.

We will do this by ensuring that we have appropriate arrangements in place to:

- Engage Adults and Children at Risk in understanding and managing their own safety and risks so that they are better equipped to keep themselves and others safe from harm
- Provide safe environments in which Adults and Children at Risk can thrive and reach their potential and aspirations
- Be proactive and take appropriate action when a safeguarding concern arises and support any individuals who raise or disclose a concern
- Ensure that our safeguarding arrangements place the welfare of the Adult or Child at Risk at the centre of the process, ensuring that they are involved as far as possible in decision-making and their views and concerns are taken seriously
- Ensure our staff are trained in Safeguarding including being aware of the signs and indicators of harm and abuse, including self-harm, Child Sexual Exploitation and Domestic Abuse, and that these staff are supported by a named Designated Safeguarding Officer and overseen by the overall Designated Safeguarding Lead.
- Take prompt action and, as necessary, disciplinary action where we have identified acts of negligence, failure to report, failing to report through omission or intentionally not following the Safeguarding Policy and Procedures
- Provide Adults and Children at Risk with information regarding; definitions of abuse and consent, how to report a safeguarding concern, how information must be shared and the support available.
- Ensure that confidential, detailed and accurate records of all safeguarding concerns are maintained and securely stored.
- Ensure our Policy and Procedures are annually reviewed, comply with legislation and are aligned with best practice.

Adults and Children at risk are safeguarded only when all relevant agencies and individuals accept responsibility and cooperate with each other. MGWT will work and co-operate fully with other agencies and organisations to ensure the well-being and protection of all Adults and Children at Risk.

We will monitor and review our Safeguarding arrangements and processes at least quarterly, in consideration of incidents, data, and practice issues, and identifying actions and learning.

### 1.1 Scope:

This policy applies to all staff of Manor Gardens Welfare Trust employees, volunteers, students, trustees, and provides procedures and processes to safeguard adults and children (those under 18 years) at risk. This applies where a safeguarding concern is suspected or exists, and is regardless of whether the individual at risk is a direct recipient of a service from MGWT or not. For example, it is applicable if we learn from a service user that their friend or a family member is at risk. The policy is intended to support all in their roles and responsibilities related to safeguarding and ensure the necessary actions are taken where a child or an adult with care and support needs is deemed to be at risk.

## 1.2 Definition:

**Safeguarding is the process of protecting children and adults with care and support needs from abuse or neglect.**

Children and Adults at Risk:

The legal definition of a 'Child' is 'a person under the age of 18'.

The Care Act 2014 applies to adults aged 18 and over, including those who have been in receipt of children's services until they are 19-25 years old (i.e. in transition from children to adult services).

An 'Adult at Risk' is therefore an adult aged 18 years or over who:

- Is or may be in need of community care services by reason of mental or other disability, age or illness; and
- Who is or may be unable to take care of themselves, or is unable to protect him/ herself against harm or exploitation (Department of Health 2000).

An Adult at Risk may include people with a wide range of disabilities and circumstances, who may be experiencing conditions that reduce their choice and control, their ability to make decisions or to protect themselves from harm and exploitation. An Adult at Risk may therefore be an individual who:

- Has a learning disability
- Has a mental health/ mental capacity issue
- Misuses substances or alcohol
- Is frail due to ill health

In the context of safeguarding adults, the vulnerability of the Adult at Risk is related to how able they are to make and exercise their own informed choices free from duress, pressure or undue influence of any sort, and their ability to protect themselves from harm including - abuse, neglect or exploitation.

'Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's well-being is promoted including, where appropriate, having regard to their views, wishes, feelings, and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear, or unrealistic about their personal circumstances.' (Care and Support Statutory Guidance, Department of Health, updated February 2017)

What is a “Care and Support Need”?

“The adult’s needs arise from or are related to a physical or mental impairment or illness. Local authorities must consider...if the adult has a condition as a result of either physical, mental, sensory, learning or cognitive disabilities or illnesses, substance misuse or brain injury...a formal diagnosis of the condition should not be required” (Care Act statutory guidance)

### **1.3 Legislation and Statutory Guidance:**

Further information and guidance can be found in **Appendix A** on the legal and external policy framework for safeguarding.

#### **Working Together (2015)**

Working Together (2015) is statutory guidance issued by the government, regularly updated, which outlines the legislative requirements and expectations on individual services to safeguard and promote the welfare of Children (and Adults) at risk. Working Together states that:

‘Whilst Local Authorities play a lead role, safeguarding Children and Adults at Risk, and protecting them from harm is everyone’s responsibility. Everyone who comes into contact with children, Adults at Risk, and families has a role to play, and that safeguarding and promoting the welfare of Children and Adults at Risk is defined for the purposes of the guidance as:

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

MGWT fully endorse and are committed to these principles.

There is clear distinction between safeguarding and protection:

**Safeguarding** is everybody’s responsibility and includes measures to prevent or minimise the potential of harm or abuse occurring, including timely reporting of concerns, by raising safeguarding alerts.

**Protection** is a statutory responsibility in response to individual cases where risk of harm has been identified.

#### **The Care Act (2014)**

Under the Care Act 2014 Part 1, changes to safeguarding adults came into effect from April 2015.

The changes include:

- The guidance No Secrets was replaced by the Care Act
- Safeguarding Adults Boards and safeguarding adult enquiries became a statutory duty
- ‘Adult at risk’ is the new terminology replacing ‘Vulnerable Adult’
- The Care Act applies to adults aged 18 and over, including those who have been in receipt of children’s services until they are 19 or 25 years old

- There is a new definition of adult abuse and neglect, which has been considered and is included in the 'forms of abuse' section in this document.

Under the Care Act, safeguarding duties for local authorities apply to an adult aged 18 and over, who:

- Has needs for care and support even if they do not have care services
- And is experiencing or is at risk of abuse and neglect
- And as a result of their care and support needs is unable to protect themselves from the risk or experience of the abuse or neglect

Making Safeguarding Personal (MSP), and promoting wellbeing are core principles of the Care Act, and purpose of adult care and support. This means safeguarding cases should be person-led and outcome-focused. The individual should be involved in identifying how best to respond to their safeguarding situation by giving them more choice and control, as well as improving quality of life, wellbeing and safety.

### **Female Genital Mutilation Act 2003 as amended by the Serious Crime Act 2015**

The World Health Organisation defines Female Genital Mutilation (FGM) as: 'all procedures (not operations) which involve partial or total removal of the external female genitalia or injury to the female genital organs whether for cultural or other non-therapeutic reasons'. The age at which girls are subject to FGM varies, and can be shortly after birth to any time up to adulthood.

FGM is illegal in England and Wales under the Female Genital Mutilation Act 2003 as amended by the Serious Crime Act 2015.

The Female Genital Mutilation Act 2003 now includes:

- An offence of failing to protect a girl at risk of FGM
- Extra-territorial jurisdiction over offences of FGM committed abroad by UK nationals and those habitually (as well as permanently) resident in the UK
- Lifelong anonymity for victims of FGM
- FGM Protection Orders which can be used to protect girls at risk
- A mandatory reporting duty which requires specified professionals to report known cases of FGM in under 18s to the police.

The legislation requires regulated health and social care professionals and teachers in England and Wales to make a report to the police where, in the course of their professional duties, they either:

Are informed by a girl under 18 that an act of FGM has been carried out on her; or

Observe physical signs which appear to show that an act of FGM has been carried out on a girl under 18.

In April 2016, the government issued Multi Agency Statutory Guidance on Female Genital Mutilation that states:

'While the duty is limited to specified professionals described above, non-regulated practitioners still have a general responsibility to report cases of FGM, in line with wider safeguarding frameworks. If a non-regulated professional becomes aware that FGM has been carried out on a girl under 18, they should still share this information with their local safeguarding lead, and follow their safeguarding procedures.'

MGWT is committed to working together with other agencies to protect and support those at risk of, or who have undergone, FGM.

Where a girl is thought to be at risk of FGM, practitioners need to act quickly before the girl is abused through the FGM procedure in the UK or taken abroad to undergo the procedure. Any information or concern that a girl is at immediate risk of, or has undergone, FGM should result in a child protection referral to Islington's Children's Social Care, 020 7527 7400.

For supplementary guidance please refer to the London Safeguarding Children Board Safeguarding Children at Risk of Abuse through Female Genital Mutilation (2017): [http://www.londoncp.co.uk/chapters/sg\\_ch\\_risk\\_fgm.html](http://www.londoncp.co.uk/chapters/sg_ch_risk_fgm.html)

MGWT delivers services for survivors of FGM, and therefore has significant expertise within the organisation which is accessible to staff and can assist with training and understanding.

## **2. Procedures for Safe Practice**

### **2.1 Safer Recruitment of Staff**

We are committed to recruiting, selecting, appointing and supervising staff in accordance with all relevant legislation. MGWT Safer Recruitment and Selection Policy and Procedures incorporates and reflects Islington Council's Safer Recruitment guidance, and this is intended to assess suitability as well as understanding and experience of implementing safeguarding practices when recruiting staff to MGWT.

We work towards an equal opportunities employment policy, seeking to offer job opportunities equally to both women and men, with and without disabilities, from all religious, social, ethnic and cultural groups.

MGWT will ensure that people unsuitable to work with Children and Adults at risk are not appointed. All staff contracted into employment are subject to the full range of pre-employment checks to ensure suitability. This includes taking up references, and, where applicable, Disclosure and Barring Service (DBS) checks every three years as a minimum standard. We will also ensure all staff have the right to work in the UK.

Documents related to checks and employment are held and appropriately stored by MGWT, in accordance with GDPR requirements.

### **2.2 Induction, Support and Development of staff:**

All staff will undergo an induction, and this will be documented, overseen by the MGWT line manager. Safeguarding training is part of the Induction process.

Induction includes familiarisation with the following:

- MGWT Code of Conduct for all staff
- Safeguarding and Child Protection Policy, including relevant supporting guidelines, including Whistleblowing
- Introduction to key people and understanding of designated lead roles
- Lone working guidance and procedures for reporting of concerns

Training and ongoing support:

MGWT will assess training needs of staff during induction and on an ongoing basis through supervision and appraisal. Undergoing safeguarding training is a compulsory requirement of all staff, and ongoing support will ensure that staff are aware of their safeguarding responsibilities. In the case of the short-term employment or use of temporary staff through an external agency, confirmation of completion of relevant training will be sought.

All DSLs and staff will receive regular updates on safeguarding at least annually through policy updates, team meetings and staff briefings.

Safeguarding can raise difficult and emotional issues for all people involved. At MGWT we want to ensure that appropriate support is available to employees, students, trainees, volunteers and Trustees. This will include one-to-one support from the Line Manager, advice and guidance from the DSL/DSOs, support through supervision, case reviews, team meetings and team de-briefs, access to the free Employee Assistance Helpline (available 7 days a week, 24 hours a day) and access to the internet to identify further information and sources.

### **2.3 Additional personnel**

Volunteers:

Volunteers, including Trustees, will undergo checks commensurate with their role and work. People on volunteer placement will comply with our volunteer policy and as part of their induction will be briefed on safeguarding policies and procedures.

Students:

MGWT recognise that the quality and variety of our work makes an ideal place for students on placement. Students are welcomed on the following conditions:

- The needs of the service users are paramount.
- Students must be confirmed by their tutor as being engaged in a bona fide course that deems to provide necessary background understanding of our delivery and activities.
- Any information gained by the students about our service users must remain confidential. A confidentiality agreement will be signed.

Vetting procedures apply to students and there is a requirement for the education provider to confirm references and DBS clearance.

Visitors, including contractors:

Visitors, external to staff of MGWT, are asked to sign in and confirm their purpose for attending. MGWT employees are responsible, where necessary with the guidance of a manager, in taking decisions on the level of observation and supervision required of visitors.

### **3. The Categories of Abuse; signs and indicators**

All staff should be aware that abuse, neglect and safeguarding issues are rarely stand-alone events that can be covered under one definition; in most cases multiple issues will overlap and result in a level of complexity.

Abuse and neglect are forms of maltreatment of a child or adult at risk; someone may cause abuse or neglect by inflicting harm on a child or adult at risk, or failing to act to prevent harm. Children and Adults at Risk may be abused

in a family, institutional, or community setting by those known, or more rarely, unknown to them (consideration of use and contact through the internet). They may be abused by an adult, a group of adults, or other children.

Staff should consider wider safeguarding issues, and behaviours that can be linked to drug and/or alcohol use, truanting, and sexting, which can put children in danger.

The categories of abuse and neglect are detailed in **Appendix B**; this provides information on the main forms of abuse and examples of the possible signs and indicators. This extends to considerations of radicalisation and the PREVENT duty.

#### **4. Prevention and Empowerment**

The most effective way to safeguard Children and Adults at Risk from abuse is to enable them to safeguard themselves. For Children under the age of 16, this is very much dependent upon their age, development and ability to understand and articulate risks. However, whilst this may vary greatly, using age appropriate materials, resources and language will help. Therefore, the following activities will be provided by everyone at MGWT who works directly with Children and Adults at Risk.

- Helping Children and Adults at Risk to understand and be Aware of abuse, harm or exploitation of which they may be at risk (for example, through being involved in any risk assessment or by discussions with staff)
- Know how they can reduce the risks (for example, avoiding individuals who have harmed them in the past; keeping their money safe, not carrying excess cash, keeping their personal information safe, screening/ not responding to strangers online)
- Know how they can report abuse, harm or exploitation
- Receive support during and following a disclosure or Safeguarding investigation

MGWT will support this through a range of methods including:

- Providing regular keyworking, as applicable, and developing/ reviewing risk assessments and support plans
- Working in partnership with specialist agencies and delivering one to one and group work to help promote understanding of risks and safer behaviour
- Developing resources and campaigns to improve safety and through using and promoting relevant external campaigns.

#### **5. Role of Designated Safeguarding Lead and Designated Safeguarding Officers**

The Organisation has one Designated Safeguarding Lead (DSL) and two deputies as named Designated Safeguarding Officers (DSO). Additionally, the Board of Trustees has a Designated Safeguarding Lead. All relevant contact details can be found in **Appendix C**, which is displayed within Manor Gardens Welfare Trust. This also includes information and contact details for external advice, guidance and reporting, recognising that MGWT works across different boroughs within London.

*Please note: Pre-school has a separate Safeguarding Policy and named Safeguarding Designated Lead and Officers.*

Concerns must be brought to the attention of the Designated Safeguarding Lead or, in their absence, a Designated Safeguarding Officer. The procedure related to raising concerns and referrals is detailed in section 7.

The Senior Management Team (SMT) at MGWT is responsible for reporting to the Board of Trustees; safeguarding concerns reported to the Chief Executive Officer will be reported to the Board of Trustees Designated Safeguarding Lead (DSL) within 24 hours. The Board of Trustees DSL will be kept updated of all concerns and ongoing cases; recognising safeguarding is confidential and on a need to know basis. Safeguarding is a standard agenda item at the weekly SMT meeting to ensure practice is up-to-date and there is a monitoring of reported concerns; the detail of individual cases will not be discussed.

It is not the role of the individual making the report or the Designated Safeguarding Officers or Leads to decide whether a child or adult at risk has been abused or not. This is the task of Children and Adults Social Services who have the legal responsibility, but it is the responsibility of the Designated Safeguarding Officers and Leads to ensure that concerns are shared and appropriate action taken.

The DSL/DSO should be updated on key developments in cases in real time and in particular:

- The decision of the Local Authority to investigate (or not) and any lack of response
- Any further involvement from MGWT in safeguarding activities.

The Designated Safeguarding Lead and Officers are responsible for ensuring:

- Consultation and advice should a safeguarding concern arise
- Receipt and record of information regarding safeguarding concerns
- The incident or safeguarding concern is reported internally as required
- Assessment of received information promptly and carefully, clarifying information as necessary and possible
- statutory protection agencies have been consulted and informed as necessary
- the individual raising the concern, and the child/adult/family at risk are supported
- If a formal referral is made to the statutory protection agency, this is completed accurately and within defined and required timescales
- Information and understanding of policy and procedure by all MGWT staff, and their own working knowledge of prevention, assessment, and response to safeguarding concerns.

All Designated Safeguarding Leads and officers will receive training every three years, as minimum, and will receive regular updates via email, staff meetings and publications.

Professionals at the Adult or Children's Services Team will advise whether referral and request for service form needs to be completed (See **Appendix D** for details)

## **6. Confidentiality, Consent and Information Sharing**

MGWT acknowledges that it is often difficult for anyone to make a disclosure of abuse, ill treatment, neglect or exploitation, and the consequences of such a disclosure is likely to have profound effect on the individual and other family members and support networks. It could therefore be difficult for their agreement to be obtained for a referral to be made to statutory services.

All Children and Adults at Risk involved with MGWT must, from the outset, be made aware and helped to understand that complete confidentiality is *not* possible when there is risk of harm to themselves or another person.

If a child or Adult at Risk has not consented to sharing information and the decision is taken to make a referral to statutory services, then the reasons need to be clearly explained to them so that any ongoing/future supportive relationship can be as far as possible maintained. Where a child or Adult at Risk disengages from a service or a support worker because they are upset about the decision to disclose the Service Manager should pro-actively offer alternative support from within the staff team where possible and on a temporary basis or aim to make contact to connect with appropriate support.

Staff must comply with any request from Children's / Adult at Risk's Services for information in connection with an assessment of the need for protection under Section 47 of the Children Act 1989 and should consult their Manager in the first instance.

An adult's legal right to consent marks a key distinction between approaches in safeguarding adults and safeguarding children. Empowerment is a foundation block for all safeguarding, and may enable the adult at risk to develop the skills to reduce the risk of future abuse. Empowerment involves a proactive approach to seeking consent, maximising the individuals 'involvement in decisions about their safety and protection –and this includes decisions regarding whether to investigate an allegation or concerns.

An individual's wishes should be respected wherever possible but an individuals' right to make choices about their own safety must be balanced with the rights of others to be safe. An Adult at Risk may refuse their consent for the police, social services or local safeguarding body to be informed or for their information to be shared with another agency. There are however times when their wishes may need to be over-ridden .In taking that decision, we will consider the following factors:

- Whether a criminal offence has occurred
- The seriousness and pervasiveness of the threat of/ suspected/ abuse
- The ability of the individual to make decisions/ their general mental capacity
- The effect of the abuse on the individual in question and upon others
- Whether there is a need for others to know (e.g. to protect others who may not be involved in the immediate situation).

Everyone at MGWT must report threat of/ suspected abuse to a MGWT manager even if the adult has refused their consent for information to be shared. This must be followed up alerting the relevant MGWT Designated Safeguarding Officer (DSO) and by recording the concern, incident or safeguarding case as soon as possible.

Decisions about sharing information must be clearly recorded with reasons clearly stated and these decisions must be open and explicitly discussed at every stage.

In all cases Children and Adults at Risk must be as involved as possible in decisions affecting them and in planning how the issue should be taken forward, and they must be kept fully informed at every stage in the process.

## **7. Procedures for reporting and responding to disclosure, suspicion or an allegation of abuse**

Concerns which staff have should be raised and discussed immediately, and will be taken seriously.

### **7.1 Reporting and raising concerns**

Even if you have heard only rumours of abuse or you have a suspicion but do not have firm evidence, you must still report your concerns.

The process below shows how MGWT employees, trainees, students and volunteers including Trustees must respond to a disclosure, suspicion or allegation of abuse. It is imperative that everyone at MGWT familiarises themselves with these reporting procedures and follows them accordingly. If there is any doubt as to whether they should be followed, then guidance should be sought immediately from either your Line Manager or the Designated Safeguarding Officer (DSO) and Lead (DSL).

Harm or abuse is disclosed, suspected, discovered or a concern has been raised by a third party.

- Immediate assessment of danger and risk, and required response, including the need for medical attention.
- If there is immediate danger or harm, emergency services may need to be called. Act first by calling 999, and then immediately contact your line manager or the Designated Safeguarding Officer or Lead. If emergency services attend, fully cooperate with their requests and instructions.

Inform and clarify with your line manager and the Designated Safeguarding Officer and/or Lead

- The purpose of the discussion between you, your line manager, and the DSO/DSL is to clarify the cause for concern and to decide whether there are sufficient grounds to refer to the Local Safeguarding Authority (LSA).
- Whilst we advise all staff to discuss their concerns with a manager, the decision to refer is made at a service level; therefore, no child or adult at risk will potentially be abused or harmed due to delay in waiting for a manager or DSO/DSL to authorise a referral. You must, however, inform your line manager and DSO/DSL when a referral is made. This must be within 24 hours of the concern.

Refer and report within required timeframe

- Identify the relevant LSA to make referral; contact should initially be made by phone, and should be done within 24 hours of the concern.
- Written information/referral will be requested from the LSA and must be provided within 48 hours (unless otherwise specified) of the telephone contact.
- Record and follow the guidance following referral by the LSA.

## 7.2 Making a decision to refer

It is rarely straightforward when dealing with concerns of abuse; in some cases the behaviour or an injury may suggest abuse. In some situations, however, the signs will not be clear cut and decisions to refer a case can be difficult.

There can at times be a reluctance to refer because there is a fear that if the suspicions are unfounded, the ensuing investigation might be upsetting and negatively affect the professional relationship. If staff have checked out their suspicions and are still concerned, it is important to trust their judgement rather than fear over-reaction.

When considering if an alert or concern is to be referred to the LSA, the following factors should be considered:

- Is the person affected a Child or Adult at Risk and are they at risk?
- Is there a person responsible for the (alleged) harm/ abuse because of something they did or did not do?
- Did the abuse/ harm occur due to a failure in care, a breach of policy and procedure, or a breach of professional code of practice?
- Has the person been harmed?
- Is there a potential risk of significant harm to them or another person?
- Is there a breach of law?
- Do the persons involved not have sufficient mental capacity?

If any of the above applies, a Safeguarding Referral must be made to the relevant LSA or follow localised procedures. Where it is unclear whether any abuse or harm has occurred, possible courses of action may include further internal fact-finding and discussion of the matter with the local safeguarding team.

## 7.3 Responding to disclosure, suspicion or allegations

The guidance below outlines how MGWT staff must respond to a disclosure, allegation or suspicion of abuse. All staff are expected to familiarise themselves with this approach and follow accordingly.

### Receive

- Listen carefully and take the information seriously; do so without signs of shock or disbelief.
- Repeat their words to clarify if necessary and to assist in accurate recall.

### Reassure

- Remain calm and reassuring, accepting of what is said, but without making any specific promises ('I'll stay with you', 'It's all alright now').
- DO NOT promise that you can keep the disclosure/alleged abuse a secret

### React

- DO NOT attempt to investigate the matter yourself as this could jeopardise any future legal proceedings, and it is potentially a statutory responsibility to investigate fully.
- DO NOT express any opinion on the information being disclosed but do confirm that you have heard what has been said and reassure by stating 'I believe you'/'I am glad you told me'

- If you need to clarify the concern, do not ask leading questions; aim to gather and record factual information, for example, ask 'can you tell me/describe what happened', rather than 'what did he/she do next'.
- Explain and give some information, as appropriate, as to what you will do next and who you will talk to.
- Continue to support the person.
- DO NOT contact or confront those alleged to be involved or make comments regarding the alleged perpetrator to the child/person making disclosure.

#### Record

- Keep a brief and accurate note immediately, during or following the conversation, and quickly record your notes into the appropriate form/log. Record the actual words used by the person/child disclosing information, along with the date/time/location of the disclosure.
- Ensure all records are kept, recognising that these are likely to be required for investigation and are of a highly sensitive nature and need to be stored appropriately.
- Also note the behaviour and observations of the child/person disclosing at the time, and if helpful, use a drawing/body map to indicate the position of any injuries/bruising/marks.

#### Report

- Follow this policy and procedure in making the appropriate internal and external notifications, as outlined.

### 7.4 Referrals

If a decision is made to make a referral to the LSA, you must follow the local procedure; contact details are available in Appendix C. However, these are not exhaustive to all London Boroughs and further information may need to be sourced from Local Authorities.

When making the referral you will need to state clearly that this is a Child Protection or Adult at Risk referral and be prepared to provide the following information:

- Your own details
- Known information about the child or young person
- The Child's/ Adult at Risk's name, address, DOB and other primary information
- Details of the concern
- The source of the information
- The parent's or carer's response to the concerns, if aware
- Whether the Child/ Adult at Risk or their family are already aware of the referral or have asked you to make it
- Dates and any other relevant facts or sources.

When making the referral you should record the name and job title of the Social Worker to whom details have been passed. If you are in doubt as to whether to inform the Child or Adult at Risk or their family members that you are making the referral because of concern that it may increase risk to the victim or others, you seek advice from the Duty Officer of the Social Care Assessment Team.

It is a legal requirement that all referrals should be confirmed in writing to the LSA within two working days. MGWT requires that this obligation be adhered to by all employees, students, trainees, volunteers or Trustees.

It is the responsibility of the person who made the referral to contact the Safeguarding Authority after reporting the case in order to find out what action has been taken and to record this (If this is not possible, e.g. because of staff leave or departure of staff member, this responsibility must be clearly handed over).

If you consider their response is unsatisfactory, you must inform your Line Manager and the DSO in order to agree whether to escalate the issue by reporting concerns to a senior manager within Children's/ Adults' Services.

### **7.5 Recording**

It is the staff's duty to write down all observations, discussions, decisions and actions taken, and is a tool of professional accountability. Reports should be documented in a timely manner; as near to the event or concern as is possible to assist with recall and accuracy, and events, however, seemingly minor should be noted as this can contribute to an emerging understanding of potential risk or patterns of behaviour or concerns.

Charity Log, MGWT's database and case management system, must be used to accurately record risk assessment, concerns, incidents and safeguarding. Safeguarding alerts must be recorded on the system to enable accurate oversight of case management by the manager and DSO/DSL and organisational reporting and monitoring. In the event of any issues or concerns related to this being included on to the database this must be discussed with the DSO/DSL; for example, in the event of whistleblowing, and guidance will be provided on appropriate record keeping.

It is the responsibility of each Manager to ensure that information is recorded in a timely and accurate manner for all cases. The Manager is also expected to contribute to recording of training of staff, including staff meetings and supervisions which supports understanding of safeguarding.

### **7.6 Suspicion and allegations about staff and/or volunteers**

MGWT's primary concern is to ensure the safety of Children and Adults at Risk, so it is essential in all cases of suspected or alleged abuse that action is taken quickly and professionally. Anyone who has or becomes aware of, any concern, suspicion or allegation that could indicate abuse by an employee, student, trainee, volunteer or Trustee, must report it. All reports made will be taken seriously and thoroughly investigated. MGWT acknowledges that this will be a distressing and stressful situation for all involved, and will support all parties involved throughout the process.

MGWT assures all staff that it will fully support and protect anyone who in good faith reports their concerns about a colleague's practice. Allegations against employees or volunteers may also be raised through the Grievance and/ or Whistleblowing Policy and Procedures. They may also arise in Disciplinary Proceedings. If this is the case, Safeguarding Procedures will take precedence and other procedures will be suspended whilst any statutory safeguarding investigation is completed. Anyone raising a concern will be supported in line with MGWT's Whistle Blowing Policy and Procedures. Employees, trainees, students, volunteers and Trustees against whom allegations are made, will be given copies of this Policy and Procedure, kept informed throughout the process as appropriate, and reminded of MGWT's Employee Assistance Helpline.

If any employee, student, trainee, volunteer or Trustee suspects any other colleague of abusing a Children or Adult at Risk, it is their responsibility to bring these concerns to the Designated Safeguarding Officer. Such concerns might arise if an employee, student, trainee, volunteer or Trustee appears to have:

- Behaved in a way that has harmed or may harm a Child or Adult at Risk;
- Committed a criminal offence against or related to a Child or Adult at Risk; or
- Behaved towards a Child or Adult at Risk in a way that indicates s/he may be unsuitable to work with these groups.

Primary Consideration must be given to:

- Supporting the Child or Adult at Risk or the person making the allegation and, if necessary, in reaching a decision about suspension and disciplinary action being taken. In such cases suspension will be used as a neutral act which is designed both to protect the Child or Adult at Risk and the employee, student, trainee, volunteer or Trustee.

If the allegation concerns a Designated Safeguarding Officer, the matter should be discussed with the Chief Executive Officer.

If the allegation concerns the Designated Safeguarding Lead and/or the Chief Executive Officer, the matter should be discussed with the Director of Finance and Administration and the Chair of the Board of Trustees.

### **Process**

The Designated Safeguarding Lead/Chief Executive Officer, who has lead organisational responsibility, must be immediately informed of allegations of harm or abuse involving an MGWT employee, student, trainee, volunteer or Trustee.

The DSL will assess if the allegation threshold is criminal, constitutes abuse (including negligence), or contravenes local or professional codes of conduct, and whether to immediately report the matter to the Police and/or LSA. When making a referral, this will be dealt with by a LADO (Local Authority Designated Officer). The role of the LADO is set out in Working Together to Safeguard Children (2015), and is governed by the Authority's duties under section 11 of the Children Act 2004. The LADO is responsible for:

- Providing advice, information and guidance to employers and voluntary organisations around allegations and concerns regarding paid and unpaid workers
- Managing and overseeing individual cases from all partner agencies
- Ensuring the Child's/ Adult at Risk's voice is heard and that they are safeguarded
- Ensuring there is a consistent, fair and thorough process for all adults working with Children and Adults at Risk against who an allegation is made
- Monitoring the progress of cases to ensure they are dealt with as quickly as possible
- Recommending a referral and chairing the strategy meeting in cases where the allegation requires investigation by police and/or social care.

The LADO is involved from the initial phase of the allegation being made through to the conclusion of the case. The LADO is available to discuss any concerns and to assist you in deciding whether you need to make a referral and/or take any immediate management action to protect a Child or Adult at Risk.

In such cases, the DSL may delegate this responsibility to the DSO, but must oversee it being undertaken and holds ultimate responsibility for it being reported. The DSL will also assess, in consultation with the Senior Management Team, if suspension and/ or disciplinary procedures should be applied. In addition, DSL will undertake or delegate any follow up actions requested by the Police or the Local Authority Designated Officer (LADO) 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 LADO will offer advice on the management of the process and will arrange for a strategy meeting/discussion to be held, if required.

The LADO is not the investigating officer, but will provide advice and guidance on the management of the investigation. The LADO should be approached prior to a decision on suspension. If there is the possibility of a criminal investigation, then the Police and Contract Commissioner, where applicable, must be consulted before the person who is the subject of the allegation is informed. This will enable consideration of any previous allegations known to the authorities.

Disciplinary procedures may be suspended at the request of the Police or the LSA if there are concerns that internal investigations and procedures may impede a statutory or criminal investigation. The CEO must inform MGWT's insurers if this is agreed to be appropriate by the SMT.

If following allegations against a MGWT staff member, a subsequent Adult at Risk or child protection investigation by Children's Social Care / Police results in no further action, MGWT may nevertheless still need to process the matter through its internal disciplinary or capability procedures.

On conclusion of MGWT's investigations, should the allegations of serious professional misconduct involving abuse be upheld, we reserve the right to report our findings to any professional body the employee may belong to or report the matter to the Independent Safeguarding Authority (ISA). Where an employee, student, trainee, volunteer or Trustee resigns or leaves prior to the conclusion of an investigation or disciplinary action relating to a safeguarding/protection issue or is dismissed as a result of a safeguarding/ protection investigation or disciplinary action, the investigation must be completed and the findings recorded on their personnel file as well as referred to the ISA, if required.

Any detailed information about a case will be confined to the DSO, the CEO (if not involved in the allegations), parents/ guardians /carers and the relevant statutory authorities.

## **8. Specialist considerations**

### **8.1 Mental Capacity & Consent**

The Mental Capacity Act 2005 (Amended by the Mental Health Act 2007) states that Mental Capacity is defined as the ability to make a decision. This includes:

- The ability to make a decision that affects daily life – such as when to get up, what to wear and whether to see a doctor if feeling ill, and

- More serious decisions that may have wider or legal consequences – such as agreeing (or not) to medical treatment
- Anyone at MGWT may find themselves working with a Child or Adult at Risk who may lack the capacity to make decisions for themselves. It may be necessary for decisions to be made on their behalf, and such decision-making must be taken with regard to the provisions of the Mental Capacity Act (MCA) and its associated code of practice.
- The primary purpose of the MCA in relation to Children or Adults at Risk is to promote and safeguard decision-making within a legal framework. It does this by empowering those Children or Adults at Risk to make decisions for themselves, wherever possible, and by protecting them by providing a flexible framework that places individuals at the heart of the decision-making process. (For the purposes of the MCA an adult is anyone aged 16 upwards.)

Capacity and consent are crucial to deciding whether an act or relationship is abusive.

Capacity means that the individual must be able to comprehend and retain information, weigh it up and arrive at a decision. A person with capacity has the right to make his/her own decisions –even if seemingly unwise, risky or irrational ones.

If there is no real ‘choice’ because a relationship is unequal, (e.g. family relationships, authority, threat, power imbalance), then consent is not meaningfully given.

Capacity is a pre-requisite of consent.

MGWT acknowledges that Children and Adults at Risk have legal, social and moral rights to self-determination within their lives. We will work with Children and Adults at Risk to:

- Respect their rights to make choices about their activities and relationships
- Provide information and guidance to them around the issues of abuse. This may involve accessing specialised groups or support for individuals
- Work with them to make changes to their situation
- Support them to recognise where they may have been a victim of a crime. Assist their recourse to justice if required within the criminal and justice systems
- Employees, students, trainees, volunteers and Trustees, will constantly review their understanding of someone’s ‘capacity’ to decide whether an act or relationship is abusive.

## **9. Monitoring and Review**

Safeguarding will be reviewed on a minimum quarterly basis by both the MGWT Senior Management Team and Board of Trustees through reports which will provide trend analysis information. These will be reviewed in order to ensure MGWT’s Policies, Procedures and Strategies are relevant and effective. Information reviewed will include;

- The nature of the abuse and/or risk factors
- How quickly the concern was reported to the DSO and/or the Lead Officer in relation to the required reporting timescales

### **9.1. Governance**

MGWT acknowledges the role of all, including the Board of Trustees, in their responsibility to safeguard children and adults at risk. It is acknowledged that concerns and allegations related to abuse are distressing and stressful for all involved and will seek to support all parties throughout robust process and investigation.

### **9.2 Continuous improvement**

This Policy and procedures will be reviewed annually to assure continued relevance, effectiveness, and appropriateness. There may be a requirement to assess this prior due to significant organisational change, recommendations of auditors or assessors, or as a result of legislative changes.

## Appendix A: Policy and Legislative Framework

MGWT Policy Framework: additional related MGWT & MGWT Pre-school Policies and Procedures:

- Staff Code of Conduct (MGWT)
- Health & Safety Policy (MGWT)
- Record Keeping and Assessment Procedures (MGWT)
- Confidentiality & Data Protection Policy (MGWT)
- E-Safety and Acceptable Use Policy (MGWT)
- Valuing Diversity and Promoting Equality (MGWT)
- Safeguarding Children Policy (MGWT Pre-school)
- Safer Recruitment and Selection Policy (MGWT)
- Whistleblowing Policy (MGWT)

Legal Framework:

- Children Act (1989) – Section 17 (1), 17 (10), 47 (1)
- Protection of Children Act (1999)
- The Children Act - Every Child Matters (2004) – Section 10, 11
- The Care Act 2014 (<https://www.scie.org.uk/care-act-2014/safeguarding-adults/>)
- Safeguarding Vulnerable Groups Act (2006)
- Sexual Offences Act (2003)
- Criminal Justice and Court Services Act (2000)
- Equalities Act (2010)
- Data Protection Act (1998) and General Data Protection Regulation 2018

Reference is made for further Guidance to:

- London Safeguarding Children Board (<http://www.londonscb.gov.uk/>)
- London Safeguarding Adults (<https://londonadass.org.uk/safeguarding/>) – this includes link to the London Safeguarding Procedures.
- Islington Safeguarding Adults (<https://www.islington.gov.uk/social-care-health/adult-abuse-or-neglect>)
- Islington Safeguarding Children's Board (ISCB) (<http://www.islingtonscb.org.uk/pages/default.aspx>)
- Working Together to Safeguard Children March 2018 (<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2> )
- Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers July 2018 ([https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/721581/Information\\_sharing\\_advice\\_practitioners\\_safeguarding\\_services.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721581/Information_sharing_advice_practitioners_safeguarding_services.pdf))
- Disclosure and Barring Service (<https://www.gov.uk/government/organisations/disclosure-and-barring-service/> )

## Appendix B: The Categories of Abuse; signs and indicators

The main categories of abuse are **physical, sexual, psychological/emotional, and financial abuse, and neglect**. Institutional abuse can also be a category of abuse. The abuse, or possible abuse, of a child/young person may come to your attention in a variety of ways. There may be aspects of the child's/young person's behaviour or presentation that lead you to suspect that they may be at risk. These possible signs should be shared with your Named Child Protection Person. They may then decide to refer the child/young person to care agencies for further enquiries to be made.

The possible signs of **abuse/neglect** include:

- Someone else expresses concern about their welfare
- Changes in behaviour, for example, becoming quiet, tearful, withdrawn or aggressive
- Loss of weight without a medical explanation, and/or eating problems, for instance, overeating or loss of appetite

**Physical Abuse is non-accidental harm to a person caused by the use of force**, and may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm. This results in pain, injury or a change in a person's physical state.

Some possible signs of physical abuse:

- Unexplained injuries, for example, bruising, bite marks, burns and fractures, particularly if recurrent.
- Improbable explanations given for injuries.
- Several different explanations provided for an injury.
- Refusal to discuss injuries.
- Untreated injuries.
- Withdrawal from physical contact.

**Sexual Abuse** involves forcing or enticing a child or adult at risk to take part in sexual activities, not necessarily involving a high level of violence, and to which the adult at risk has not, or cannot consent. 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 involvement in looking at, or in the production of, sexual images, watching sexual activities, being encouraged to behave in sexually inappropriate ways, or grooming 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.

Some possible signs of sexual abuse:

- Acting in a sexual way inappropriate to their age.
- Continual or excessive masturbation.
- Asking if you will keep a secret if they tell you.
- Unexplained sources of money, sweets or presents.
- Reluctance to changing for an activity.
- Chronic ailments such as stomach ache or headaches.

- Involving other children in sexual activity
- Self-harm.

**Psychological or Emotional Abuse** is behaviour that has a harmful effect on the person's emotional health and development. It may involve conveying to the person that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person or inappropriate expectations of the individual in terms of their age or development. This can include the use of threats, humiliation, intimidation, coercion, or verbal abuse and bullying.

Some possible signs of emotional abuse:

- Withdrawal Nervousness Aggressive behaviour

Emotional abuse may be difficult to recognise as the signs are usually behavioural rather than physical. The manifestations of emotional abuse might also indicate the presence of other kinds of abuse.

**Financial abuse** involves an individual's funds or resources being inappropriately used by a third person. It may include theft, fraud, exploitation, the withholding of money or the inappropriate or unsanctioned use of a person's money or property.

**Neglect** is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of health or development. It can include failing to provide adequate food, clothing and shelter; or neglect of, or unresponsiveness to emotional needs. This can also include the failure to protect a child or adult at risk from harm. Neglect of an unborn child is also possible, for example, through maternal substance misuse.

Forms of neglect also include self-neglect; which can manifest in lack of physical hygiene, failing to eat, and social isolation.

**Institutional abuse** is the collective failure of an organisation to provide an appropriate and professional service to children and adults at risk. It includes failure to ensure the necessary safeguards are in place, and it may be part of the accepted 'custom, culture and practices' within an organisation.

**Organised or multiple abuse** involves:

- Abuse involving one or more abusers and a number of related or unrelated abused Children and Adults at Risk;
- In some cases, the abusers concerned are acting collectively to abuse Children and Adults at Risk, sometimes acting in isolation, or they may be using an institutional framework or position of authority to recruit for abuse;
- Organised and multiple abuse occur both as part of a network of abuse across family or community and within institutions such as residential homes or schools. Such abuse is profoundly traumatic for the Children and Adults at Risk who become involved. Its investigation is time-consuming and demanding work requiring specialist skills from both police and social work staff.
- MGWT recognises the NSPCC definition of 'sexual exploitation' which states, 'Child sexual exploitation (CSE) is a type of sexual abuse in which Children and Adults at Risk are sexually exploited for money, power or status. Children and Adults at Risk may be tricked into believing they're in a loving, consensual

relationship. They might be invited to parties and given drugs and alcohol. They may also be groomed online. Some Children and Adults at Risk are trafficked into or within the UK for the purpose of sexual exploitation. Sexual exploitation can also happen to those involved in gangs'.

**Domestic Abuse, Stalking and “Honour-based” Violence.** Domestic abuse is defined as *“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”*. Some Children and Adults at Risk may be at particular risk of forced marriage, female genital mutilation or “honour-based” violence.

Children and Adults at Risk may suffer significant harm by seeing or hearing the ill treatment of others (Children Act 2004). It is important to be mindful of any exposure to domestic abuse, even where they are not the immediate victims.

**Modern Slavery** is the term used within the UK and is defined within the Modern Slavery Act 2015. The Act categorises offences of Slavery, Servitude and Forced or Compulsory Labour and Human Trafficking.

### **Forms of modern slavery**

Purposes of exploitation can range from forced prostitution and forced labour to forced marriage and forced organ removal. Here are the most common forms of modern slavery.

- Forced labour – any work or services which people are forced to do against their will under the threat of some form of punishment.
- Debt bondage or bonded labour – the world’s most widespread form of slavery, when people borrow money they cannot repay and are required to work to pay off the debt, then losing control over the conditions of both their employment and the debt.
- Human trafficking– involves transporting, recruiting or harbouring people for the purpose of exploitation, using violence, threats or coercion.
- Descent-based slavery – where people are born into slavery because their ancestors were captured and enslaved; they remain in slavery by descent.
- Child slavery – many people often confuse child slavery with child labour, but it is much worse. Whilst child labour is harmful for children and hinders their education and development, child slavery occurs when a child is exploited for someone else’s gain. It can include child trafficking, child soldiers, child marriage and child domestic slavery.
- Forced and early marriage – when someone is married against their will and cannot leave the marriage. Most child marriages can be considered slavery.

**Discriminatory abuse** occurs when values, beliefs or culture result in a misuse of power that denies mainstream opportunities to some groups or individuals. It includes discrimination based on race, culture, gender, sexuality, faith/ religion or disability.

**Radicalisation or Influenced by Extremism** is a very real threat to Children and Adults at Risk who may be susceptible to radicalisation from a number of sources. Although recently commonly associated with religious factors, Children and Adults at Risk may also be subject to radicalisation from other sources such as far right-wing organisations.

The Prevent Strategy, which is one of the 4 elements of 'CONTEST'; the Governments counter terrorism strategy, is a strategy that involves a wide range of sectors (including education, criminal justice, faith, charities, online and health) where there are risks of radicalisation. Part of the strategy is to identify those people who are vulnerable to being radicalised and provide support to prevent radicalisation and the potential draw into terrorism.

### **Signs and Indicators of Abuse and Radicalisation**

Below is not a definitive list and the presence of one or more of the indicators is not proof that abuse is taking place or has occurred. It is not the responsibility of anyone at MGWT to decide if abuse has occurred or is occurring, but it is their responsibility to act on any concerns by reporting them.

#### **Signs and Indicators of abuse**

Some of the more obvious signs of abuse may include the following:

- Unexplained or repeated injuries such as bruising, cuts or burns, particularly if situated on a part of the body not normally prone to such injuries
- An injury for which the explanation seems inconsistent
- Someone else expresses concern about their welfare
- Unexplained changes in behaviour (e.g. becoming very quiet, withdrawn or displaying sudden outbursts of temper)
- Appearing anxious or frightened or emotional distress
- Engagement in sexually explicit behaviour
- Difficulty in making friends or prevented from socialising with others.
- Displays variations in eating patterns including overeating or loss of appetite.
- Loses weight for no apparent reason; frequently hungry
- Becomes increasingly dirty or unkempt.
- Very low self esteem
- Self-harming behaviour
- Lack of respect is shown to a specific individual
- Has difficulty making friends or is prevented from socialising with others
- Unexplained changes in income or expenditure, e.g. pocket money/ ability to pay bills

#### **Signs and Indicators of Radicalisation**

Some of the more obvious signs of radicalisation may include the following:

- Expressed opinions such as; support for violence and terrorism or the values of extremist organisations
- Possession of extremist literature; attempts to access extremist websites and associated password protected chat rooms; possession of material regarding weapons, explosives or military training.

- Behaviour and behavioural changes such as; withdrawal from family and peers; hostility towards former associates and family; association with prescribed organisations and those that hold extremist views.
- Personal history claims or evidence of involvement in organisations voicing violent extremist ideology or attendance at military/terrorist training.

#### **Examples of External Factors which Influence the Risk of Abuse and Radicalisation Occurring**

- Substance misuse
- Domestic violence
- Social exclusion and isolation
- Stigma and discrimination
- Being the focus of anti-social behaviour (and bullying)
- Overcrowded living arrangements
- Insecure living conditions
- Homelessness
- Poverty
- Economic insecurity

## Relevant Contact Details

### Contact Details in Manor Gardens Welfare Trust (MGWT), including Early Years settings

#### The Designated Safeguarding Leads (DSLs):

##### Manor Gardens Welfare Trust (MGWT)

Alex Britten, Operations Manager, 6-9 Manor Gardens, London N17 6LA, Tel. 020 7561 5263, e-mail:

[Alex@manorgardenscentre.org](mailto:Alex@manorgardenscentre.org)

##### Manor Gardens Nursery

Shade Arowolo, Nursery Manager, 6-9 Manor Gardens, London N17 6LA, Tel. (direct line) 020 7561 5261, e-mail:

[Shade@manorgardenscentre.org](mailto:Shade@manorgardenscentre.org)

##### Hornsey Road Children's Centre

Yasmin Omar, Nursery Manager, 8 Tiltman Place, London N7 7EN, Tel. 020 7527 2005 , email:

[Yasmin@manorgardenscentre.org](mailto:Yasmin@manorgardenscentre.org)

#### The Designated Safeguarding Officers (DSO):

In the absence of the DSL for MGWT the deputies are:

Susan Fajana-Thomas, Service Manager email: [Susan@manorgardenscentre.org](mailto:Susan@manorgardenscentre.org)

Ros Jerram, Service Manager email: [Ros@manorgardenscentre.org](mailto:Ros@manorgardenscentre.org)

MGWT Designated Trustee for Safeguarding:

Nick Tait, MGWT Board of Trustees, Tel. 020 7561 5263 email: [safeguarding@manorgardenscentre.org](mailto:safeguarding@manorgardenscentre.org)

All these staff members undertake regular training and keep updated on safeguarding issues, including reporting procedures. They are the first point of contact for advice and support if a safeguarding issue arises in MGWT.

### Key telephone contact numbers and addresses to contact when making a referral

Please note: MGWT works across different Local Safeguarding Authorities in London and therefore contact details may be required in addition to those listed below. The Local Safeguarding Authority where the person resides, or in the event of a LADO case, where the staff member works, will indicate the Authority to inform and notify.

The Access Service

Tel. 020 7527 2299 (Mon-Fri 9am-5pm)

Email – [access.service@islington.gov.uk](mailto:access.service@islington.gov.uk)

Emergency Duty Team

Tel. 020 7226 0992 (Mon-Fri 5pm-9am, all day Sat, Sun and bank holidays)

Referral to Islington Children's Services Contact Team:

222 Upper Street,

Tel. 020 7527 7400

FAX: 020 7527 7042

Other children and families:

Local Authority Designated Officer (LADO)

Tel. 020 7527 8066

**Referral in other boroughs:**

London Borough of Camden:

020 7974 4000 (Access and Support Team), out of hours phone: 020 7974 4444

<http://camden.gov.uk/ccm/content/contacts/council-contacts/social-care-and-health/contact-the-access-and-response-team/>

London Borough of Hackney:

Hackney Service Centre

Tel 020 8356 5782

Tel 2020 8356 2300 (out of hours)

Email: [adultprotection@hackney.gov.uk](mailto:adultprotection@hackney.gov.uk)

London Borough of Haringey :

First Response Team (adult social services):

Telephone: 020 8489 1400

SMS: text IAT to 80818

Email: [firstresponseteam@haringey.gov.uk](mailto:firstresponseteam@haringey.gov.uk)

London Borough of Newham:

Professionals must complete the Safeguarding Adults Form and return to

[Accessto.AdultsSocialCareTeam@newham.gov.uk](mailto:Accessto.AdultsSocialCareTeam@newham.gov.uk)

24 hour Safeguarding helpline: 0203 373 0440 (for general public)

**Relevant Organisations for Advice and Support:**

NSPCC, Child Protection Helpline:

Tel. 0808 800 5000

Child Line, Confidential Telephone Counselling Helpline for Children:

Tel. 0800 1111

Local Police Station, 284 Hornsey Road, London N7 7QY,

Tel. Control Room 020 7704 1212, or Community Contact Officers Tel. 020 7421 0645/0517.

**Appendix D : Raising a safeguarding concern (MGWT procedural steps)**

You are informed or become aware of possible abuse or neglect or have concerns regarding someone’s safety and wellbeing

Gather basic information to be able to outline to your line manager or the Designated Safeguarding Lead or Officer (DSL/DSO) your concerns. Inform them and seek further advice. If possible and if it does not increase risk, ask: How does the service user/adult at risk wish for the concern to proceed  
 What changes/support would they like as a result of this concern being raised?  
 Please note if no-one is available to provide advice and there is immediate risk, alert should be made to the Local Authority. The following steps should then be undertaken as soon as possible.

**RESPOND**

Assess immediate risk of harm, and if there is potential danger, take action to ensure the immediate safety and welfare of the adult (and any other person/child at risk)

Consider:

- Does medical attention need to be organised? (dial 999)
- Is urgent police presence required? (dial 999)

**REPORT**

In reporting to the DSL or DSO, consideration will be made of required actions; including has a crime been committed? If so, does it need to be reported?

- dial 101 unless there is an immediate risk, in which case dial 999 (Note: preserve forensic evidence, if any)

**REFER**

With the DSL or DSO, decide whether to raise a safeguarding concern, and if so, take action

Do this:

- Immediately where the concern is urgent and serious
- Within the same working day/24 hours for any other concerns

**RECORD**

Document the incident and any actions or decisions taken. Charity Log will be used to record safeguarding incidents, but where this is not available, paper record must be maintained and provided to the DSL/DSO

**REFER**

The DSL/DSO will, with the line manager and person raising the concern, ensure key people are informed:

- For example, MGWT Trustee with responsibility for Safeguarding, Charity Commission, Ofsted. commissioning teams

**SUPPORT**

Provide support or feedback for the person identifying the safeguarding concern  
 Continue to monitor, record and report safeguarding actions.