

**Wellingtonia Child and
Vulnerable Adult Child Protection
and Safeguarding Policy**



Overley Hall

Wellingtonia

Approved by	Anna Davies/Steve Butler
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To be reviewed by	09.03.24

WELLINGTONIA Child and Vulnerable Adult Child Protection and Safeguarding Policy:

Safeguarding Personnel			
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Details of person to contact if allegation is regarding the DSL / Registered Manager	Catherine Cooil (Responsible Individual)	01952 740262	catherinecooil@overleyhall.com

1. Definitions:

1.1 A child:

The Children's Act 1989 and 2004 respectfully define a child as anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age and is living independently or in further education does not change his or her entitlement to protection under the Children Act 1989.

The children at Wellingtonia are children first and foremost and have a range of disabilities. Any child with a disability is by definition a 'child in need' under s17 of the Children Act 1989.

Equality Act 2010 define a disabled person as someone who has:

"a physical or mental impairment which has a substantial and long term adverse effect on his or her ability to carry out normal day to day activities"

1.2. A Vulnerable Adult:

An adult is someone who has reached their 18th birthday; a person who is 18 or over.

The Care Act 2014 defines a vulnerable adult as an individual where reasonable cause to suspect that an adult:

- has needs for care and support (whether or not the authority is meeting any of those needs),
- is experiencing, or is at risk of, abuse or neglect, and
- as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

1.3. Safeguarding:

Safeguarding is the action that is taken to promote the welfare of children and vulnerable adults and protect them from harm.

Safeguarding means:

- protecting children and vulnerable adults from abuse and maltreatment
- preventing harm to children and vulnerable adult's health or development
- ensuring children grow up with the provision of safe and effective care
- ensuring the provision of safe and effective care for vulnerable adults
- taking action to enable all children and vulnerable adults to have the best outcomes.

1.4. Child and vulnerable Adult Protection:

Child and Vulnerable Adult protection is part of the safeguarding process. It focuses on protecting individuals identified as suffering or likely to suffer significant harm. This includes child and vulnerable adult protection procedures which detail how to respond to concerns about a child.

1.5. Designated Safeguarding Lead:

Designated Safeguarding Leads; hereon referred to as DSLs take the lead role in safeguarding and child and vulnerable adult protection in the home. They provide advice and support to staff about safeguarding issues and are the first point of contact where staff have concerns about a child or vulnerable adult. Their role is vital in creating and promoting a culture of safeguarding, vigilance and safer recruitment.

1.6. Safer Recruitment:

The DSL and Deputies are responsible for ensuring that Wellingtonia maintain high standards of staff recruitment and all staff are vetted, checked and employed knowing to the best of our abilities that they are a safe and appropriate member of staff.

Safer Recruitment is designed to protect vulnerable adult and children's welfare at every point where they come into contact with professionals in a safeguarding role. The overall purpose of Safer Recruitment is to help identify and deter or reject individuals who are deemed to be at risk of abusing children.

The safer recruitment policy details in full the checks which are implemented.

1.7. Child or Vulnerable Adult Abuse, Maltreatment and Harm:

In 1999, the WHO Consultation on Child Abuse Prevention drafted the following definition: Child abuse or maltreatment constitutes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power.

1.8. Exploitation:

Exploitation is opportunist or premeditated, unfairly manipulating someone for profit, personal gain, for example: modern slavery, human trafficking, and radicalisation, including online and online sexual exploitation.

2. Signs and Symptoms of Maltreatment, Abuse and Harm:

Due to the varying needs and disabilities of the children and vulnerable adults who live at Wellingtonia, individuals may not present with the typical signs and symptoms of abuse, maltreatment and harm. Although staff must consider the typical signs, they should also be vigilant to unusual or out of character behaviour which may indicate something is distressing or concerning the child or vulnerable adult. These concerns must be discussed with the DSL without delay and behaviour plan / risk assessments will be amended accordingly.

2.1. Physical Abuse:

Physical abuse may involve hitting, shaking, throwing, poisoning, burning, scalding, drowning, suffocating or otherwise causing harm to a child or vulnerable adult.

Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in the child or vulnerable adult.

Signs and symptoms of physical abuse may include, but are not limited to:

- Unexplained recurrent injuries or burns
- Improbable excuses or refusal to explain injuries
- Wearing clothes to cover injuries, even in hot weather
- Refusal to undress for an activity
- Bald patches
- Chronic running away
- Fear of medical help or examination
- Self-destructive tendencies
- Aggression towards others
- Fear of physical contact – shrinking back if touched
- Admitting that they are punished, but the punishment is excessive
- Fear of suspected abuser being contacted.

2.2. Emotional Abuse:

Emotional abuse is the persistent emotional maltreatment of a child/vulnerable adult such as to cause severe and persistent adverse effects on the child's/vulnerable adults emotional development. It may involve conveying to children/vulnerable adult that they are worthless or unloved or inadequate. It may include not giving the

child/vulnerable adult opportunities to express their views, deliberately silencing them or making fun of what they say. It may feature age or developmentally inappropriate expectations being imposed on children/vulnerable adult. It may also involve serious bullying causing children/vulnerable adult to feel frightened or in danger or the exploitation or corruption of them.

Signs and symptoms of emotional abuse may include, but are not limited to:

- Physical, mental and emotional development lags
- Sudden speech disorders
- Continual self-depreciation ('I'm stupid, ugly, worthless, etc.')
- Overreaction to mistakes
- Extreme fear of any new situation
- Inappropriate response to pain ('I deserve this')
- Neurotic behaviour (rocking, hair twisting, self-mutilation)
- Extremes of passivity or aggression.

2.3. Sexual Abuse:

Sexual abuse involves forcing or enticing a child/vulnerable adult to take part in sexual activities whether or not the child/vulnerable adult is aware of what is happening. The activities may involve physical contact, assault by penetration or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. It may also include non-contact activities such as involving children/vulnerable adults in looking at sexual images, watching sexual activities; encouraging children/vulnerable adults to behave in sexually inappropriate ways or grooming a child/vulnerable adult in preparation for sexual abuse.

Signs and symptoms of sexual abuse may include, but are not limited to:

- Being overly affectionate or knowledgeable in a sexual way inappropriate to the child's age or vulnerable adults understanding.
- Medical problems such as chronic itching, pain in the genitals, venereal diseases
- Other extreme reactions, such as depression, self-mutilation, suicide attempts, running away, overdoses, anorexia
- Personality changes such as becoming insecure or clinging
- Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys
- Sudden loss of appetite or compulsive eating
- Being isolated or withdrawn
- Inability to concentrate
- Lack of trust or fear of someone they know well
- Starting to wet again, day or night/nightmares
- Become worried about clothing being removed
- Suddenly drawing sexually explicit pictures
- Trying to be 'ultra-good' or perfect
- Overreacting to criticism.

2.4. Neglect:

Neglect is the persistent failure to meet a child's/vulnerable adult's basic physical and/or psychological needs to the extent that it is likely to result in the serious impairment of their health or development. Neglect may involve a parent or carer failing to provide adequate food, clothing and shelter; failing to protect a child/vulnerable adult from physical and emotional harm or danger; failing to ensure adequate supervision or failing to ensure access to appropriate medical care.

Signs and symptoms of neglect may include, but are not limited to:

- Constant hunger
- Poor personal hygiene
- Constant tiredness
- Poor state of clothing
- Emaciation
- Untreated medical problems
- No social relationships
- Compulsive scavenging
- Destructive tendencies.

2.5: Sexual Exploitation (CSE: Child Sexual Exploitation / Adult Sexual Exploitation)

Sexual exploitation involves exploitative situations, contexts and relationships where children or vulnerable adults receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. It affects both genders and people who are sexually exploited do not always perceive that they are being exploited. In all cases those exploiting the child or vulnerable adult have power over them by virtue of their age, gender, intellect, physical strength, and/or economic or other resources. There is a distinct inequality in the relationship.

Signs of sexual exploitation in vulnerable adults:

- Not being able to speak to the adult alone,
- Observation of the adult seeking approval from the exploiter
- The person exploiting the adult answering for them and making decisions without consulting them.
- Change in physical appearance
- Sending sexually explicit content via phone/social media
- Sexually transmitted infections
- Developing inappropriate/unusual relationships/associations.

Signs of sexual exploitation in Children:

- Unhealthy or inappropriate sexual behaviour.
- Being frightened of some people, places or situations.
- Being secretive.
- Sharp changes in mood or character.
- Having money or things they can't or won't explain.

- Physical signs of abuse, like bruises or bleeding in their genital or anal area.
- Alcohol or drug misuse.
- Sexually transmitted infections.
- Pregnancy.

2.6: Domestic Abuse:

The Home Office (March 2013) defines domestic abuse as: Any incident or pattern of incidents of controlling, coercive or 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. This can encompass but is not limited to the following types of abuse: Psychological; Physical; Sexual; Financial; Emotional. Domestic Abuse includes controlling and coercive behaviour.

2.7: Financial Abuse:

The use of a person's assets and/or financial resources other than for purposes directed by her/him, and/or other than in her/his best interest. Financial abuse includes theft, exploitation, pressure in connections with wills, property, inheritance, or financial transactions, or misappropriation of property, possessions or benefits.

The children and adults at Wellingtonia do not have the capacity to recognise when financial abuse may occur and therefore this must be It must be recognised that financial abuse could easily occur at Wellingtonia. Staff must ensure they follow correct recording procedures for supporting the children and adults to spend their money.

2.8. Female Genital Mutilation (FGM):

According to the NSPCC, Female Genital Mutilation (FGM) is the partial or total removal of external female genitalia for non-medical reasons and it can be known as female circumcision, cutting or 'Sunna'. Sometimes, religious, social or cultural reasons are put forward for this happening but it is abuse and a criminal offence, to a woman or child. The term covers all harmful procedures to the female genitalia for non-medical purposes. There are four types of FGM and all are illegal and have serious health risks. FGM ranges from pricking or cauterising the genital area, through partial or total removal of the clitoris, cutting the lips (the labia) and narrowing the vaginal opening. FGM is usually performed by someone with no medical training and no anaesthetic or antiseptic treatment is used. Victims are often forcibly restrained and cutting is made using instruments such as a knife, pair of scissors, scalpel, glass or razor blade and serious health problems are common.

Warning signs of imminent FGM:

- A relative or someone known as a 'cutter' visiting from abroad.
- A special occasion or ceremony takes place where a girl 'becomes a woman' or is 'prepared for marriage'.
- A female relative, like a mother, sister or aunt has undergone FGM.
- A family arranges a long holiday overseas or visits a family abroad during the summer holidays.

- A girl has an unexpected or long absence
- A girl struggles to keep up in school.
- A girl runs away – or plans to run away - from home.

Symptom indicators that FGM may have already taken place may include:

- difficulty walking, sitting or standing and may even look uncomfortable.
- spending longer than normal in the bathroom or toilet due to difficulties urinating.
- spending long periods of time away from activities with bladder or menstrual problems.
- frequent urinary, menstrual or stomach problems.
- prolonged or repeated absences from school or college, especially with noticeable behaviour changes (e.g. withdrawal or depression) on the girl's return.
- reluctance to undergo normal medical examinations.
- confiding in a professional without being explicit about the problem due to embarrassment or fear.
- talking about pain or discomfort between her legs.

2.9: Radicalisation:

At Wellingtonia the children and vulnerable adults receive a high level of supervision and the likelihood of them becoming victim to radicalisation is low, however it is important to recognise that this may be an issue.

Radicalisation 'refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism' (Prevent HM Govt. 2011). Wellingtonia recognises that there is a threat of terrorism and understands that many terrorists are radicalised in the course of their contact with others. The UK government Prevention strategy (2011) which is a key aspect of safeguarding outlines the commitment to be made by the healthcare sector in ensuring that threats of this kind are understood and responded to. In addition, 'Channel' is a supportive multi-agency process, designed to safeguard those individuals who may be vulnerable to being drawn into any form of terrorism.

Signs a child or vulnerable adult may be becoming radicalised:

- cutting ties with friends and family
- starting to support violence
- being un-interested in activities they previously liked to do
- researching extremist material on a computer or phone
- following or speaking to extremists on social media

2.10: Children and Vulnerable Adults Missing From Care:

Children and adults missing from Wellingtonia are always considered as a safeguarding and child protection issue. Please refer to the Missing From Care Policy.

2.11: Peer on Peer Abuse:

This occurs when there is any kind of physical, sexual, emotional or financial abuse or coercive control exercised between children. Wellingtonia also includes vulnerable adults who live at the home within this. It includes bullying, cyberbullying, sexual violence, harassment, upskirting and sexting.

It should be recognised that the behaviour in question is harmful to both the perpetrator (who is a child or vulnerable adult) and the victim. Behaviour may be intimate or non-intimate.

2.12: Forced Marriage:

Forced Marriage became a criminal offence in June 2014. It is a form of child, adult and domestic abuse. A forced marriage is where one or both people do not (or in cases of people with learning disabilities or reduced capacity, cannot) consent to the marriage as they are pressurised, or abuse is used, to force them to do so. It is recognised in the UK as a form of domestic or child abuse and a serious abuse of human rights.

The pressure put on people to marry against their will may be:

- physical – for example, threats, physical violence or sexual violence
- emotional and psychological – for example, making someone feel like they are bringing ‘shame’ on their family
- Financial abuse, for example taking someone’s wages, may also be a factor.

2.12: County Lines Abuse:

At Wellingtonia the children and vulnerable adults receive a high level of supervision and the likelihood of them becoming victim to county lines is low, however it is important to recognise that this may be an issue.

Wellingtonia are aware of and commit to preventing County Lines Exploitation.

County Lines guidance: Home office September 2018 defines county lines as:

A term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of “deal line”. They are likely to exploit children and vulnerable adults to move and store the drugs and money and they will often use coercion, intimidation, violence (including sexual violence) and weapons.

Some potential indicators of county lines involvement and exploitation are listed below, with those at the top of particular concern:

- persistently going missing from school or home and / or being found out-of-area;
- unexplained acquisition of money, clothes, or mobile phones
- excessive receipt of texts / phone calls and/or having multiple handsets
- relationships with controlling / older individuals or groups
- leaving home / care without explanation

- suspicion of physical assault / unexplained injuries
- parental concerns
- carrying weapons
- significant decline in school results / performance
- gang association or isolation from peers or social networks
- self-harm or significant changes in emotional well-being.

2.13: Modern Slavery and Human Trafficking:

At Wellingtonia the children and vulnerable adults receive a high level of supervision and the likelihood of them becoming victim to modern slavery or trafficking is low, however it is important to recognise that this may be an issue.

There are many different characteristics that distinguish slavery from other human rights violations, however only one needs to be present for slavery to exist. Someone is in slavery if they are:

- Forced to work through mental or physical threat
- Owned or controlled by an 'employer', usually through mental or physical abuse or the threat of abuse
- Dehumanised, treated as a commodity or bought and sold as 'property'
- Physically constrained or has restrictions placed on his/her freedom of movement.

Contemporary slavery takes various forms and affects people of all ages, gender and races. Adults who are enslaved are not always subject to human trafficking, however recent court cases have found adults with a learning difficulty restricted in their movements and threatened to hand over their finances and work for no gains.

2.14: Hate Crime and Discrimination:

The children and vulnerable adults who live at Wellingtonia are particularly vulnerable to discrimination and hate crime. The police define Hate Crime as 'any incident that is perceived by the victim, or any other person, to be racist, homophobic, transphobic or due to a person's religion, belief, gender identity or disability'. It should be noted that this definition is based on the perception of the victim or anyone else and is not reliant on evidence. **In addition, it includes incidents that do not constitute a criminal offence.**

For example, a hate crime has taken place if any of the children or young adults at Wellingtonia are victimised, abused, called names, excluded by another person because they have a disability. This must be reported to the DSL.

2.15: Restraint, Deprivation of Liberty:

In extreme circumstances, unlawful or inappropriate use of restraint may constitute a criminal offence. Someone is using restraint if they use force, or threaten to use force, to make someone do something they are resisting, or where an adult's freedom of movement is restricted, whether they are resisting or not. Restraint covers a wide range of actions. It includes the use of active or passive means to

ensure that the person concerned does something, or does not do something they want to do, for example, the use of key pads to prevent people from going where they want from a closed environment or chemical restraint.

At times it may be agreed for Deprivation of Liberty to be in place to safeguard an older child or vulnerable adult from harm. In such cases a Deprivation of Liberty application must be made or a written order made through the courts, a copy of the application or / and court order must be stored on the child or vulnerable adult's file at all times.

All applications must be discussed and agreed with a child or vulnerable adults placing authority, legal guardian and registered manager.

Wellingtonia recognise that due to the disabilities of some children and vulnerable adults at the home restrictions may be agreed as part of their day to day care, to safeguard them from harm, such as:

- Mechanical restraint to limit self-injurious behaviour
- Continuous staff supervision
- Preventing them from leaving a residential home or school premises
- Chemical Restraint (Healthcare Professional prescribing and monitoring)

Any devices or approaches will be implemented by persons with the correct level of experience, qualifications and skills. A written record of the specialist's involvement, prescribed use and reviews is in place on the child or adult's records. All staff supporting the child or vulnerable adult must have a full awareness of the Deprivation of Liberty agreed, why it's agreed, when to use, how to use and for what length of time. These deprivation of liberties and agreed safeguards must be regularly reviewed and overseen by the Registered Manager.

3. Safeguarding and Child Protection Ethos and Responsibilities:

3.1. Wellingtonia's Commitment to Safeguarding and Child Protection:

Wellingtonia are committed to safeguarding and promoting the welfare of all Children and vulnerable adults who live at the home. Children and vulnerable adult's welfare is of paramount importance and the adults working within the home take all aspects of safeguarding seriously and encourage the children and vulnerable adults to share concerns both internally and externally. We recognise that they may be especially vulnerable to abuse and we will always take a child focused and sensitive approach which supports the individual needs of all our children and vulnerable adults. Wellingtonia ensures each young person has an advocate.

3.2: Children and Vulnerable Adults with Disabilities:

Children with a disability are children first and foremost, and deserving of the same rights and protection as other children. The vulnerable adults who live at Wellingtonia are adults first and foremost, and deserving of the same rights and protection as other adults.

Research suggests that children with a disability may be generally more vulnerable to significant harm and at Wellingtonia we believe this is also true for the vulnerable adults, this may be through physical, sexual, emotional abuse and / or neglect for a number of reasons:

- an increased likelihood of being socially isolated with fewer outside contacts than non-disabled children or adults;
- Their dependency on parents and carers for practical assistance in daily living, including intimate personal care, increases their risk of exposure to abusive behaviour;
- They have an impaired capacity to resist or avoid abuse;
- They may have speech, language and communication needs which may make it difficult to tell others what is happening;
- They often do not have access to someone they can trust to disclose that they have been abused; and/or
- They are especially vulnerable to bullying and intimidation.

Further to this children and vulnerable adults at Wellingtonia are particularly susceptible to possible abuse because of their additional dependency on residential staff for day to day physical care needs. Some examples of poor residential care practice are:

- Force feeding;
- Unjustified or excessive physical restraint;
- Rough handling;
- Extreme behaviour modification, including the deprivation of liquid, medication, food or clothing;
- Misuse of medication, sedation, heavy tranquillisation;
- Invasive procedures against the persons will;
- Deliberate failure to follow medically recommended regimes;
- Misapplication of policies and procedures;
- Ill fitting or inappropriate equipment.
- Undignified age or culturally inappropriate intimate care practices.

Wellingtonia recognises that all children and vulnerable adults have the right to freedom from abuse regardless of their age, gender, disability, culture, language, racial orientation, religious beliefs or sexual orientation. All children and vulnerable adults are also entitled to receive every opportunity to:

- Achieve physical and emotional health and well-being;
- Receive a high-quality education;
- Live in a safe environment and be protected from harm;
- Feel respected, valued and supported by a network of reliable, positive relationships;
- Be supported in increasing their independence and coping with everyday living;
- Have a positive self-image and a secure sense of identity;
- Develop interpersonal skills and confidence in social situations to the best of their abilities.

3.3. Key principals:

Wellingtonia expects all staff to adhere to the key principles of safeguarding and promoting the welfare of all children and vulnerable adults in our care. All staff will:

- Treat all children / vulnerable adults and their welfare with the utmost respect in line with the ethos of the organisation and Statement of Purpose;
- Be alert to potential indicators of abuse and neglect;
- Be alert to the risks that potential abusers may pose to children/vulnerable adult and be alert to situations in which potential abusers may operate;
- Be alert to the potential grooming behaviours in others (including other staff) that may indicate a threat or potential threat, such as staff always requesting to be on duty with a particular child/vulnerable adult, staff texting them on mobile telephones, staff not consistently implementing agreed boundaries and strategies, staff developing friendships with families, staff leaving letters for children/vulnerable adults or taking them on frequent trips out;
- Be aware of the effects of abuse and neglect on children/vulnerable adults;
- Co-operate fully as required by DSL and/or external agencies

3.4. Documentation:

Wellingtonia provides a library of policies and procedures which highlight best practice and expectations upon staff in order to maintain the highest standard of safeguarding for children and vulnerable adults. Staff are updated when amendments are made and policies and procedures are revisited through supervision, training and appraisal. The policy library can be found On the care drive.

Wellingtonia specifically provides staff with a Whistleblowing Policy to enable them to escalate concerns regarding safeguarding within the home. The Policy must be followed and should staff wish to discuss this independently, they can contact an NSPCC Whistleblowing Advice Line on: 0800 028 0285 or Email help@nspcc.org.uk.

3.5. Record Keeping:

Wellingtonia understands the key role which good record keeping can play in order to ensure safeguarding and child protection is effectively documented.

Wellingtonia commits to:

- Keeping clear written records of all child safeguarding and child protection concerns.
- Ensuring appropriate language is used and clear concise recording is undertaken
- Keeping a concise chronology of what has occurred
- That notes and records are kept in a secure location which cannot be tampered with.
- That the record is dated and signed

3.6: Training

Wellingtonia are committed to providing high quality training to ensure the highest standard of safeguarding for children and vulnerable adults in our care.

These include:

Training course	How often training takes place
Team Teach	Intermediate every 2 years. Advanced-Annually.
First Aid	3 Years
Child Protection/safeguarding	Annually
Health and safety	3 Years
Fire safety	3 Years
Attachment training	3 Years
Care planning/Key working training	3 Years
CSE and Vulnerability training	Annually
DSL Training	3 Years
Food Hygiene	3 years
Online safety	3 Years

3.7. Staff Responsibilities:

The Protection of Children Standard highlights the importance of protecting children from harm and enabling them to keep themselves safe; Wellingtonia embraces this standard and extend this to include vulnerable adults. All staff have an equal responsibility to safeguard the children and vulnerable adults in their care and must always ensure they:

- Assess whether each child/vulnerable adult is at risk of harm, taking into account information in the child's/vulnerable adult's relevant plans, and share their concerns with the DSL.
- Help each child/vulnerable adult to understand how to keep safe;
- Have the skills to identify and act upon signs that a child/vulnerable adult is at risk of harm;
- Manage relationships between children/young people to prevent them from harming each other;
- Understand the roles and responsibilities in relation to protecting children/vulnerable adults that are assigned to them;
- Take effective action whenever there is a serious concern about a child's/vulnerable adult's welfare;
- Be familiar with, and act in accordance with, Wellingtonia's child protection policies;
- Ensure that Wellingtonia's day-to-day care is arranged and delivered so as to keep each child/vulnerable adult safe and to protect them effectively from harm;
- Ensure that the premises used for the purposes of the home are maintained to a good standard so children/vulnerable adults are effectively safeguarded

from avoidable hazards and report any concerns as soon as is practicably possible.

- Ensure that any gaps in safeguarding knowledge are shared with their supervisor.
- Ensure any visitor to the home is indeed allowed access to the home.
- To respond in accordance with the home's procedures to every case of alleged abuse or neglect.
- Without delay refer any allegation, suspicion or incident of abuse to the DSL or deputy in their absence.
- To record all details of their involvement in child protection investigations;
- Co-operate fully in the process and provide evidence as directed;

3.8: Senior Management and Registered Manager Responsibilities:

- Assess whether each child/vulnerable adult is at risk of harm, taking into account information in the child's/vulnerable adult's relevant plans, and, if necessary, make arrangements to reduce the risk of any harm to the child/vulnerable adult;
- Ensure staff are aware and actively supporting each child/vulnerable adult to understand how to keep safe;
- Have the skills to identify and act upon signs that a child/vulnerable adult is at risk of harm;
- Manage relationships between children/young people to prevent them from harming each other;
- Understand the roles and responsibilities in relation to protecting children/vulnerable adults that are assigned to them;
- Take effective action whenever there is a serious concern about a child's/vulnerable adult's welfare;
- Be familiar with, and act in accordance with, Wellingtonia's child protection policies;
- Ensure that Wellingtonia's day-to-day care is arranged and delivered so as to keep each child/vulnerable adult safe and to protect each child/vulnerable adult effectively from harm;
- Ensure good communication is embedded within the home;
- Ensure that the premises used for the purposes of the home are located so that children/vulnerable adults are effectively safeguarded;
- Ensure that the premises used for the purposes of the home are designed, furnished and maintained so as to protect each child/vulnerable adult from avoidable hazards to their health;
- Ensure that the effectiveness of the home's child protection policies is monitored regularly and shared with staff.
- Ensure staff receive regular safeguarding training, supervision and appraisal.
- Ensure any visitor to the home is appropriately vetted and allowed accesses within the home appropriately.
- To follow stringently the guidelines within safer recruitment policy to minimise risk of child / adult protection or safeguarding issues when recruiting new staff.

3.9: Responsibility of the Designated Safeguarding Lead (DSL):

Wellingtonia has appointed a Designated Safeguarding Lead and a number of deputy Designated Safeguarding Leads who are named at the start of this document.

The responsibilities of the DSL are:

- Ensuring that all staff who have direct contact with children/vulnerable adults are provided with safeguarding and child protection training;
- Promptly notifying the external safeguarding representative, of all reported concerns;
- Informing all staff of their roles and responsibilities in recognising and acting upon indicators that a child/vulnerable adult's welfare or safety may be at risk and implementing agreed procedures;
- Advising and supporting all staff when they encounter a child protection issue and acting as the first point of contact for all child protection matters;
- Informing the accused person (if the person is a member of staff) about the allegation as soon as possible after consulting with the external safeguarding representative. However, if a strategy discussion is needed or it is clear that the police or children's social care may need to be involved, this should not be done until those agencies have been consulted and have agreed what information can be disclosed to the person;
- Attending and contributing to any strategy discussion and any further investigations and suspending a member of staff from duty in cases where the external safeguarding representative, children / adult's social care and the police consider this to be necessary;
- Ensuring that placing authorities are informed of all child protection incidents and advising and informing the registered individual of all child protection events;
- Monitoring the child protection case until a conclusion is agreed by all parties and ensuring that accurate written records are kept;
- If the complaint or allegation is about a member of staff and is such that it is clear that investigation by the police or social care is not necessary the designated person will discuss next steps with the external safeguarding representative. Options may include taking no further action, instigating disciplinary proceedings following investigation or deciding not to use a person's services in future;
- Where a case has been concluded and an allegation against a member of staff has been substantiated, the designated person will discuss with the external Safeguarding representative as to whether a referral to the Disclosure and Barring Service is required;
- At the conclusion of a case the designated person will review the circumstances of the case to determine whether there are any improvements to be made to help prevent similar events in the future;
- The designated person will monitor the home's safeguarding and child protection policies and procedures on an annual basis.

4. Child and Vulnerable Adult Protection Procedures:

4.1. A Duty to Report:

Safeguarding and promoting the welfare of children and vulnerable adults and in particular protecting them from abuse and harm is a shared responsibility and depends on effective joint working between agencies and professionals.

The Telford and Wrekin Safeguarding Partnership is responsible for making sure that children and adults are kept safe in their area. Following a review, the Telford and Wrekin Safeguarding Children Board has changed and the new partnership includes Telford & Wrekin Council, West Mercia Police, and Telford & Wrekin Clinical Commissioning Group (the NHS) as well as a wide range of other partners.

All staff have a duty to report safeguarding and child/ vulnerable adult protection concerns and Wellingtonia expects staff to report such concerns in accordance with the homes procedures WITHOUT DELAY. Staff who do not report concerns are complicit in allowing concerns to continue and therefore become part of the concern themselves.

4.2: Child and Vulnerable Adult Protection Concerns Staff Actions:

If a staff member has a safeguarding or child protection concern (excluding allegations) they must WITHOUT DELAY:

- Report the concern to the DSL or deputy in their absence immediately or inform on call if this is out of hours.
- Record the concern in writing using the concern form and ensure this is passed to the DSL or deputy in their absence.
- If the concern relates to an incident that has taken place then the report needs to be completed before you exit the building. In exceptional circumstances and if unable to complete a report before leaving, staff members must inform their line manager or a senior manager that they intend to write the incident report at the beginning of their next shift.
- Ensure you have signed and dated the document.

4.3: Child and Vulnerable Adult protection concerns Registered Manager / DSL actions:

The Designated Safeguarding Lead or deputy in their absence will always take child and vulnerable adult protection concerns seriously and will action any concerns in accordance with the Telford and Wrekin Safeguarding Partnership. The Safeguarding Partnership is responsible for both the protection of Children and Adults. All missing from care episodes for both children and adults will always be considered under child protection procedures.

The DSL will assess each concern individually and will:

- Firstly ensure the young person is safe and depending on the severity, notify the safeguarding board or phone Sam Swan (LADO) For advice. All referrals to the LADO should be made through Family Connect on 01952 385385.

- Notify the young person's parents and social worker/EDT at the earliest chance.
- Investigate the concern either internally or formally. Follow instruction from the Telford and Wrekin Safeguarding Partnership and document any instruction from them accurately.
- Ensure an accurate written record has been made, dated and signed.
- Any concern referred to family connect must then be followed up by a regulation 40 once there has been an outcome. (online notification to Ofsted)

*** Telford and Wrekin Safeguarding Partnership referral form link:

<https://webforms.telford.gov.uk/form/198>

4.4: Staff reporting of Allegations:

ALL ALLEGATIONS AGAINST A MEMBER OF STAFF WORKING AT THE HOME
MUST BE REPORTED IMMEDIATELY.

Should you feel uncomfortable reporting a concern to Anna Davies, please report to Catherine Cooil Director of care

If a staff member reports an allegation regarding a child or vulnerable adult they must:

- Not report the concern to any other staff member other than the DSL or deputy in their absence.
- If the allegation is regarding the DSL or a deputy this must be reported to the Registered Manager or Responsible Individual.
- Ensure an accurate written record of the allegation is documented, signed and dated.
- Staff must not under any circumstances discuss the allegation with anyone except for the DSL or Deputy in their absence.

4.5: Allegation Registered Manager / DSL actions:

The Designated Safeguarding Lead or deputy in their absence will always take any allegation seriously and will action any concerns in accordance with the Telford and Wrekin Safeguarding Partnership.

The DSL will assess each concern individually and will:

- Ensure an accurate written record has been made, dated and signed.
- Telephone the Telford and Wrekin Safeguarding Partnership Local Authority Designated Officer (LADO) and discuss the allegation in the first instance. All referrals to the LADO should be made through Family Connect on 01952 385385.
- Follow instruction from the Telford and Wrekin Safeguarding Partnership's Designated Officer and document any instruction from them accurately.

- Should be allegation require any further medical examination or questioning the DSL should insure that the appropriate support is available for the child or adult as instructed by the safeguarding partnership.
- If any concern is formally referred to Family Connect, the Deputy or registered Manager will notify Ofsted via regulation 40 report.

4.6. Whistleblowing:

Where there are concerns about the way that safeguarding or allegation is carried out, staff should refer to the Whistleblowing Policy, which highlights how concerns can be escalated should the they feel the issue is not being actively addressed.

Links to Safeguarding Information:

Telford and Wrekin Safeguarding Partnership:

<https://www.telfordsafeguardingboard.org.uk/site/index.php>

Allegation information:

https://www.telfordsafeguardingboard.org.uk/site/scripts/documents_info.php?categoryID=13&documentID=8

Telford and Wrekin Safeguarding Partnership Policy/ Procedure page, including guidances and links to making referrals:

https://www.telfordsafeguardingboard.org.uk/site/scripts/documents_info.php?categoryID=13&documentID=20

Telford and Wrekin Safeguarding Partnership concern form:

<https://webforms.telford.gov.uk/form/198>

Appendix 2: