



Introduction

Al Manaar is committed to making sure every child and vulnerable adult is safe and protected and we believe that is the responsibility of everyone to maintain and promote the welfare and safety of all children, young people and vulnerable adults. Therefore, the purpose of this policy is:

- To ensure that all members of staff, volunteers and parents & carers, are aware of the procedures in place to make sure every child or vulnerable adult is kept safe and free from any harm.
- To enable everyone to have a clear understanding of their own responsibilities in making sure every child or vulnerable adult is protected.

Child/Young Person

A child or young person means someone who is under 18 years of age, who is or has not reached their 18th birthday.

For us, this could refer to the child/young person we are working with directly or indirectly such as a child of one of these young persons, or of another person, with whom we are in contact with in the course of our work.

When concerns are raised about the child of a service user (child or vulnerable adult), the needs of the youngest takes precedence.

Vulnerable adult at Risk

This policy applies to any 'Adult at Risk', defined by the following:

Any person aged eighteen or over who –

- Is or may be in need of community care services by reason of mental or other disability, age or illness; and
- Is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.

Al Manaar will sometimes be working with an Adult at Risk where a child/young person has reached 18 years and support is continuing, usually short term. Also we will come across adults at risk in the course of their parent support work. There may be occasions when we come across adults at risk within the household of or associating with a child/young person or parent we are working with and we will adopt the Think Family approach, working with adult agencies to meet their needs.



In all instances, our approach to safeguarding Adults at Risk we are in contact with follows the same principles, and safeguarding processes as we do for safeguarding children.

Designated Safeguarding Officer (DSO)

All organisations that work with children, young people and vulnerable adults should have a designated safeguarding officer whose primary responsibility is to manage and maintain the welfare of children and vulnerable adult at risk.

- They have a duty to uphold the safeguarding policy put in place and regularly update the policy if necessary
- Act as the first point of contact for other staff members/volunteers/parents & carers if there are any concerns or incidents that take place
- Liaise with other organisations and authorities such as social services, the council and the police if any concerns need to be passed on.
- Have an understanding and experience working with children, young people and vulnerable adults and have an awareness of the ways in which they need to be protected

Note: Despite there being a designated safeguarding officer, it is still everyone's responsibility to ensure the wellbeing and protection of children, young people and vulnerable adults.

Child Abuse

The Metropolitan Police defines child abuse as '*when anyone under the age of 18 is either being harmed or not properly looked after.*'¹

There are four main categories of child abuse, and it is important to be aware of all of them in order to identify any warning signs that may indicate that a child is being abused,

Physical Abuse – When a child is hurt physically on purpose

Examples may include (but not limited to):

- Hitting, slapping, shaking or throwing
- Burning or scalding
- Drowning, suffocating or choking
- Pushing or kicking
- Inappropriate restraint

Signs of physical abuse may include:

- Unexplained injuries, marks or burns
- Fear of physical contact and shrinking back if touched

¹ <https://www.met.police.uk/advice/advice-and-information/caa/child-abuse/what-is-child-abuse/>



- Wearing clothing to cover injuries even in hot weather

Sexual Abuse – Enticing or forcing a child to take part in sexual activities

Examples may include (but not limited to):

- Encouraging a child to behave in sexually inappropriate ways
- Involving a child in the production of sexual images or photos
- Involving a child in looking at sexual images or photos
- Causing or inciting a child to watch or engage in sexual activities

Signs and symptoms of sexual abuse may include:

- Extreme reactions such as depression, self-harm, anorexia, running away
- Quick personality changes – becoming insecure/clingy
- Becoming isolated or withdrawn
- Medical problems

Emotional Abuse – The persistent emotional maltreatment of child causing long term effects on a child's emotional development

Examples may include (but not limited to):

- Being made to feel worthless, unloved or inadequate
- Being put down constantly
- Being unfairly blamed
- Being made to feel scared or in danger

Signs and symptoms of emotional abuse may include:

- Continual self-depreciation e.g. 'I'm stupid', 'I'm ugly', 'I'm worthless'.
- Inappropriate response to pain e.g. 'I deserve this'
- Reduced physical, mental and emotional development

Neglect – When the basic needs of a child are not being met by their parent or guardian

Examples of basic needs include

- Adequate food, clothing and shelter
- Adequate supervision – not being left at home for prolonged periods of time
- Access to appropriate medical care
- Protection from physical and emotional harm or danger

Signs and symptoms of neglect may include:

- Poor personal hygiene
- Untreated medical condition



- Constant hunger or tiredness
- Lack of social skills or limited social relationships

Other forms of exploitation that come under abuse include:

Child Sexual Exploitation - This is when young people in exploitative situations and relationships are given things such as money, drugs, alcohol and gifts in exchange for partaking in sexual activities.

Young people may often believe they are in loving and consensual relationships, and may not always realise they are being abused, or may be too scared to tell anyone about it.

Signs of sexual exploitation can include:

- Going missing from home, care or education
- Appearing intimidated and fearful of certain people or situations
- Hanging out with groups of older people, anti-social groups, or with other vulnerable peers
- Getting involved in gangs, gang fights or gang membership
- Having older boyfriends or girlfriends
- Having new things such as clothes and mobile phones which they can't or won't explain how and where they got it from
- Unexplained physical injuries

Child Trafficking – Involves recruiting and moving children who are then exploited. Many children are trafficked into the UK from overseas, but children can also be trafficked from one part of the UK to another.

Children who are trafficked can experience many forms of abuse including physical, sexual and emotional, all used to control them.

Children may be trafficked for: Child sexual exploitation/forced marriage/forced labour/criminal exploitation such as transporting drugs, pickpocketing, stealing etc

Signs that a child has been trafficked may not be obvious, but you may notice unusual behaviour that can include:

- Spending a lot of time doing household chores
- Rarely leaving their house
- Isn't sure what country, city or town they are in
- Is unable or reluctant to give details of accommodation or personal details
- Has no documents, or has falsified documents
- Is seen in inappropriate places such as brothels or factories
- Has no access to their parents or guardians



Female Genital Mutilation (FGM) – The partial or total removal of external female genitalia for non-medical reasons. It is also known as female circumcision or cutting.

FGM can happen at various ages, including at birth, childhood, adolescence, just before marriage, or during pregnancy.

Religious, social or cultural reasons are sometimes given to justify FGM. However, *FGM is child abuse and is a dangerous and cruel criminal offence.* There are no medical reasons to carry out FGM, but is instead used to control female sexuality and can cause severe and long term damage to physical and emotional health

Spotting the signs of FGM

A girl at immediate risk of FGM may not know what is going to happen but may talk about or you may become aware of:

- Going on a long holiday abroad or going 'home' to visit family
- Relative or cutter visiting from abroad
- A special occasion or ceremony to 'become a woman' or get ready for marriage
- A female relative being cut – a sister, cousin or an older female relative such as a mother or aunt
- Missing school repeatedly or running away from home

A girl who has had FGM may:

- Have difficulty walking, standing or sitting
- Spend longer in the bathroom or toilet
- Appear withdrawn, anxious or depressed
- Have unusual behaviour after an absence from school or college
- Be particularly reluctant to undergo normal medical examinations
- Ask for help but may not be explicit about the problem due to embarrassment or fear.

Radicalisation - Radicalisation is the way a person comes to support or be involved in extremism and terrorism. It's a gradual process so young people who are affected may not realise what's happening.²

This can include a young person being:

- Groomed online or in person
- Exploited
- Psychologically manipulated
- Exposed to violent material or other inappropriate information
- At risk of physical harm or death through extremist acts

² <https://learning.nspcc.org.uk/safeguarding-child-protection/radicalisation/>



Vulnerability factors are factors that may make a person more vulnerable to extremism, *however these factors will not always lead to radicalisation*

These include:

- Being easily influenced or impressionable
- Having low self-esteem or being isolated
- Experiencing community tension amongst different groups
- Having a strong need for acceptance or belonging
- Experiencing grief such as loss of a loved one

Indicators that a child is being radicalised include:

- Becoming disrespectful and intolerant of others
- Becoming more angry
- Avoiding discussions about their views
- Using words and phrases that sound scripted
- Becoming isolated and secretive
- Not wanting anyone else to know what they are looking at online

If you think a child, or people around them, are involved in radicalisation and there is an immediate risk of harm, you should dial 999 straight away.

If it isn't an emergency, call the police anti-terrorism hotline on 0800 789 321.

In addition, more advice and support can be found on the Prevent website:

<https://www.lta.gov.uk/what-is-prevent/>

Disclosures

A child or vulnerable adult may start to open up and share their experiences of abuse or any other problems with a person they trust, known as a disclosure. This may happen over a long period of time, or in one conversation. Not all disclosures made will lead to a formal report of abuse, however all disclosures should be taken seriously as it can take a lot of courage for a child or vulnerable adult to open up.

How to respond to disclosures

- *Listen* – Above all the young person must know they have your full attention otherwise they may be less likely to properly share any information.
- *Show you care* – Be compassionate and understanding, and reassure them that their feelings are important



- *Report it to your Designated Safeguarding Officer* – Any disclosure made should be made known to your DSO, who then has the responsibility to decide how to deal with the matter. You should not share any information with other members of staff except the DSO. Once the disclosure has been shared with the Designated Safeguarding Officer you might not actually find out the outcome due to confidentiality reasons.
- *Never offer confidentiality* – You cannot promise a child that you will keep what they have to say between you, as you will need to inform your designated safeguarding officer who may then need to inform other authorities. It is important that the child knows this from the beginning of the conversation, as it may prevent them from talking to you.
- *Don't ask leading questions* – It is important that you allow the child to tell their story instead of asking closed questions to gather information. For example, instead of asking a closed question such as 'did it happen at home?', a better question would be 'where did it happen?'. This allows space for the child to open up and say things in their own way, rather than suggesting information on their behalf.
- *Write it down* – After a disclosure has been made, it is important that you keep an accurate and detailed account of the conversation. This should include the child's details and what was said. You should make it as factual as possible, and not include any of your own opinions or inferences. It should ideally be written down as soon as the disclosure has been made while it is still fresh in mind. It would also be best to have an already created template of a disclosure form that can be easily accessed if necessary.

Reporting Allegations/Concerns

- Any allegation or concern you have should be reported immediately to the designated safeguarding officer. If the DSO is not available, it should be reported to another senior member of staff.
- The Local Authority Designated Officer (LADO) should then be informed within one working day of all allegations that come to attention including any made directly to the police.
- The LADO should also be informed of any assessments/allegations made about a professional which may suggest they are a risk to the children or vulnerable adults they are working with.
- All cases will then be subject to a joint evaluation between the LADO and other agency's where appropriate including the police, children's social work services, employers and regulatory bodies.



- The protection of the child/young person will be the most important consideration in the process with the LADO ensuring that the child's voice is heard through including them in the process and giving them support where necessary.

Staff and Service user Protection

Policies and procedures must be established for all staff and volunteers to ensure the protection of both service user (children and vulnerable adults) and workers.

- Any person applying to work with children or vulnerable adults must have a DBS check (Disclosure Barring Service) that checks criminal records to see if a candidate is suitable and will not be of any harm to a child or vulnerable adult.
- Two references must be provided by people outside of Al Manaar to confirm the ability of the person to work with children or vulnerable adult.
- All members of existing staff should have regular safeguarding training, either online or face to face.
- Staff should be familiar with the safeguarding policy in place and know what procedures to follow if a disclosure is made, or signs of abuse are spotted.

Good practice when working with children or vulnerable adult

It is important to establish and maintain appropriate boundaries when working with children or vulnerable adult in order to protect them and also yourself.

- Avoid being alone with a child or vulnerable adult and as much as possible keep everything public.
- Even if you need to talk to a child or vulnerable adult 1:1, when a disclosure is being made, do it in the presence of other people.
- Avoid unnecessary physical contact with the child or vulnerable adult. Touching (e.g. hugging), should generally be initiated by the child rather than the worker.
- Don't give out too much of your personal details
- Take responsibility for monitoring other members of staff's interaction with young people and vulnerable adult.

Ensuring activities are safe

Measures should be put in place to make sure that any activity being run for young or vulnerable people is safe and will not put them in any harm.



- *Risk Assessments* – Every event and activity being held must first be risk assessed to ensure the safety of all children. There should be fully developed plans detailing how the children are going to be kept safe, with measures in place to avoid/respond to any dangers that may occur. Risk assessments should be made and written down for legal purposes as well.
- *Parental Consent Forms* – It is important that consent is given for every person under the age of 18 by their parents or carers. This should include whether they are happy for photos to be taken, emergency contact details, any medical needs or conditions, dietary requirements or allergies.
- *First Aid* – There must be adequate numbers of people who are first-aid trained, and there should also be up-to-date first aid kits that are readily available.
- *Health and safety*- Fire procedures/Food hygiene/First aid
- *Supervision of children* – There should be an appropriate ratio of adults to children to ensure the safe supervision of all children.

Sharing and storing information

Sharing information about a child or vulnerable adult can be crucial in maintaining their wellbeing and helping to keep them safe from any harm. It can ensure a child or vulnerable adult receives the right help and has access to any services they may need. However, sharing sensitive information of a child or vulnerable adult may also be damaging if it is not shared to the right people in the right way.

There are a number of reasons as to when information should be shared:

- If a child or vulnerable adult has made a disclosure to you, and you need to report it to the DSO
- If you are concerned that a child or vulnerable adult or another family member is at harm
- If someone has asked you for further help
- For legal reasons

When deciding what information to share you should consider:

- How much information actually needs to be shared
- The safety and wellbeing of the child or vulnerable adult and anyone else affected by the situation
- The accuracy of the information you are sharing
- The speed in which the information is shared – the quicker an action is taken, the better the memory of it will be.
- Who you are sharing this information with – does everyone need to know?



Information about a child or vulnerable adult may also need to be stored for administrative purposes such as emergency contacts/name/age/address/medical conditions etc. In addition, more sensitive information may also need to be stored for example if a concern is raised or a disclosure is made.

- Information about a child or vulnerable adult should be properly stored in an organised and clear manner
- Access to information about child or vulnerable adult should not be given to everyone, but on a need to know basis
- Information being held about a child or vulnerable adult should follow GDPR guidelines

Whistleblowing

Whistleblowing is the process of reporting any wrongdoing that is in the public interest. This may be something that has occurred in the workplace, however it is not always the case. In addition, the act may be happening currently or may be something that the whistle-blower is concerned may happen in the future.

You can tell your employer or prescribed person anonymously, however this may make it difficult to take the claim further if not all the information has been provided.

In addition, you may wish to email your concern to the address below, state your name, however request confidentiality. It is then the responsibility of the person who is informed, to make every effort to protect your identity.

The employer or prescribed person will then decide if any action is needed and what this should look like. You will not get a say in how the matter is dealt with, however they may wish to keep you informed in the process.

whistleblowing@mchc.org.uk