



The Maddie's Miracle Charity: Safeguarding Policy

Maddie's Miracle's Safeguarding Statement

Introduction

Maddie's Miracle has a statutory duty to ensure that it makes arrangements to safeguard and promote the welfare of babies, children, and vulnerable adults that reflect the needs of the children we may come into contact with and to protect vulnerable adults from abuse or risk of abuse; Maddie's Miracle, as a provider of professional support to parents during the perinatal period and related services, values all people we work with, including children and vulnerable adults and is committed to their development, safeguarding, and wellbeing. Maddie's Miracle believes that it is always unacceptable for an individual to experience abuse of any kind and that their welfare takes precedence over any other situation.

All children and vulnerable adults, regardless of protected characteristics as defined by the Equality Act 2010 (age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity) have a right to equal protection from all types of harm and abuse. We recognise our responsibility to prevent the physical, sexual, emotional abuse and neglect of these groups and to report any concern discovered or suspected.

We share this responsibility with others with whom we work and will always seek to ensure that correct practices are in force.

We will endeavour to help safeguard children and vulnerable adults by valuing, listening and respecting them. Maddie's Miracle commits to providing a safe and nurturing environment for all those who encounter our work, especially children and vulnerable adults. At all times, the welfare of children and vulnerable adults take precedence over any other situation, which might occur in the fulfilling of the Charitable Objectives of Maddie's Miracle.

Maddie's Miracle is committed to exercising due care and diligence in recruiting, supervising, supporting, resourcing and training all employees and volunteers who work with children and vulnerable adults. Maddie's Miracle follows Safer Recruitment practice, ensuring all employees and volunteers undertake a DBS check (and those working directly with children and vulnerable adults undertake an enhanced DBS check) to prevent unsuitable people working with babies, children and vulnerable adults. Maddie's Miracle promotes and contributes to effective partnership working between all those involved in providing services to babies, children and vulnerable adults.

Scope of The Policy

This Policy applies to all employees, the Board of Trustees, volunteers, freelance contractors, agency workforce, students and anyone working on behalf of Maddie's Miracle. The aim is to ensure that Maddie's Miracle does not put beneficiaries inadvertently at risk; that systems are in place to



proactively safeguard and promote the welfare of babies, children, vulnerable adults and support vulnerable adults from abuse, or the risk of abuse and to support volunteers and workforce in fulfilling their obligations:

- To protect babies, children and vulnerable adults who receive any service from or engage with Maddie's Miracle to prevent impairment of children's mental and physical health or development. The welfare of babies, children and vulnerable adults is paramount, all children and vulnerable adults have a right to freedom from abuse and to be treated with respect and dignity. All work with babies, children and vulnerable adults will be informed by equal opportunities and anti-oppressive practice and will reflect diversity of need.
- To provide employees, freelance contractors and volunteers with the overarching principles that guide Maddie's Miracle's approach to safeguarding and child protection. It is the responsibility of all adults to safeguard and promote the welfare of babies, children and vulnerable adults and protect people from harm wherever they are able to do so. All employees, freelance contractors and volunteers have a right to be treated with respect and dignity. Where concerns are raised about contractors or volunteers, the adult concerned should be treated fairly and honestly and provided with support.

The Policy is supported by the Maddie's Miracle Safeguarding Procedure, which all Maddie's Miracle workers whether employee, freelance contractors or volunteers, should read in conjunction with this Policy.

Contact Details

Maddie's Miracle's designated Trustees(s) are responsible for overseeing the content and any updates to this Policy, whilst the Designated Safeguarding Leads (DSL) are responsible for the Safeguarding Procedure. The Board of Trustees will review this Policy annually, prior to approval.

Contact details

Designated Safeguarding Lead (DSL):

Christine Chapman,

Mob: 07787 532159.

Deputy Safeguarding Lead (DDSL)

Zohar Marer

Mobile: 07539284238

Maddie's Miracle offices: CE10-12 The Grainstore, Shaftesbury Lane, Blandford Forum, Dorset, DT11 7EG

Email: office@maddiesmiracle.org.uk

christine@maddiesmiracle.org.uk

Registered Charity Number

Maddie's Safeguarding Policy & Procedure V2 May 2023



zohar@maddiesmiracle.org.uk

Designated Trustees:

Sally-Ann Camsel, Maddie McMahon

Email: sally@maddiesmiracle.org.uk Email: maddie@maddiesmiracle.org.uk

Legal Framework

This Policy has been drawn up on the basis of law and guidance that seeks to protect children and vulnerable adults, namely:

- [United Convention of the Rights of the Child 1991](#)
- [Children Act 1989](#)
- [Care Standards Act 2000](#)
- [Children \(Leaving Care\) Act 2000](#)
- [Adoption and Children Act 2002](#)
- [Children Act 2004](#)
- [Education Act 2002](#)
- [Education and Inspections Act 2006](#)
- [Safeguarding Vulnerable Groups Act 2006](#)
- [Children and Young Persons Act 2008](#)
- [Equality Act 2010](#)
- [Human Rights Act 1998](#)
- [Children and Families Act 2014](#)
- [Children and Social Work Act 2017](#)
- [Data Protection Act 2018](#)
- [Domestic Abuse Act 2021](#)
- [Sexual Offences Act 2003](#)
- [Protection of Freedom Act 2012](#)
- [Working together to Safeguard Children: 2018](#)
- [Keeping Children Safe in Education \(DfE\) 2021](#)
- [Information Sharing: Advice for Practitioners. Gov.Uk](#)



Maddie's Miracle's Principles, Safeguarding Values and Commitment

In developing this policy Maddie's Miracle recognises that we all have a responsibility to safeguard children and vulnerable adults and need to ensure effective joint working at a local level between Maddie's Miracle (volunteers and workforce) and local agencies and professionals. Our different roles and expertise are required to protect vulnerable groups in society from harm. In order to achieve effective joint working, there must be constructive relationships at all levels, promoted and supported by:

The commitment of all volunteers, Workforce and the Charity Trustees to safeguarding children and vulnerable adults.

Clear guidance on accountability within the organisation for work on safeguarding.

- Valuing, listening to, respecting and representing babies, children and vulnerable adults and vulnerable adults. Maddie's Miracle recognises that good lines of communication with a trusted adult can help with the prevention of abuse and other forms of harm.
- Maddie's Miracle workforce will strive to establish and maintain an ethos whereby children and vulnerable adults feel secure, are encouraged to talk and are listened to in a non-judgemental manner
- Appointing a Designated Safeguarding Lead (DSL), at least one Deputy DSL and one or more Trustees with specific oversight and assurance responsibilities for safeguarding
- Adopting and implementing child protection and safeguarding practices through Maddie's Miracle's Safeguarding Procedure and Code of Conduct for those working with children and vulnerable adults.
- Using the Safeguarding Procedure to:
 - ❖ Ensure employees, freelance contractors and volunteers understand and apply best practice in safeguarding.
 - ❖ Manage any allegations against employees, freelance contractors and volunteers, as appropriate
 - ❖ Share concerns and relevant information with agencies who need to know, and involving children and vulnerable adults, parents, families, carers and school student support personnel, as appropriate
 - ❖ Ensuring that Maddie's Miracle provides a safe physical environment for babies, children and vulnerable adults, workforce and volunteers, through a Health and Safety Policy, in accordance with the law and regulatory guidance
 - ❖ Creating and maintaining an emotionally safe & supportive environment where people can learn and develop. Addressing any behaviours that could harm e.g. bullying, harassment, harmful sexual behaviours or discrimination and ensuring that incidents of this nature are dealt with effectively.

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- ❖ Recruiting workforce and volunteers using the latest safe recruitment guidance and ensuring that all necessary checks are made and updated appropriately
- ❖ Ensuring that all Maddie's Miracle policies and procedures for safeguarding children and vulnerable adults are in line with national and local standards and procedures, and are easily accessible for volunteers and workforce throughout the organisation.
- ❖ Ensuring that all Maddie's Miracle breastfeeding counsellors and other post holders receive and read the code of conduct which will give an overview of the organisation and ensure they know its purpose, values, services structure and policies.
- ❖ Ensuring that all Breastfeeding Counsellors and Lactation Consultants have regular Safeguarding training.
- ❖ Providing effective management of workforce and volunteers through supervision, support, training and quality assurance measures
- ❖ Ensuring that all volunteers in contact with children and vulnerable adults in the course of their normal duties are competent to be alert to the potential indicators of abuse or neglect for children and vulnerable adults and know how to act on those concerns in line with local guidance.
- ❖ Encourage breastfeeding counsellors running face to face groups to develop links with and cooperate with the Statutory Partners operating the Local Safeguarding Children's Partnerships.
- ❖ Ensuring enhanced monitoring for children and vulnerable adults identified as more vulnerable to facilitate and record regular reviews with Breastfeeding Counsellors and Lactation Consultants (frontline Practitioners)
- ❖ Developing and implementing an effective E-safety policy and related procedures
- ❖ Recording and storing information in a professional and secure manner
- ❖ Sharing information, as appropriate, about safeguarding and good practice with families, workforce and volunteers via website, updates and/or one-to-one discussions.
- ❖ Promoting and facilitating multi-agency working with partner organisations for the benefit of supporting children and vulnerable adults and vulnerable adults
- ❖ Ensuring that Maddie's Miracle has effective External Complaints and Whistleblowing policies and measures in place.

Role and Responsibilities of Designated Safeguarding Lead (DSL)

The DSL must ensure that:

- ❖ Maddie's Miracle has an effective Safeguarding Policy and Procedure, which is applied consistently across the organisation.
- ❖ Any safeguarding concerns are raised directly with the workforce and Safeguarding is discussed at all relevant meetings.
- ❖ Escalated safeguarding concerns are efficiently received, ensuring that they are progressed according to best practice.
- ❖ All safeguarding related incidents are reviewed, reports raised with action taken, as appropriate and progress monitored accordingly.
- ❖ Safeguarding record keeping is adhered to and priority cases monitored regularly.



- ❖ Support is provided to anyone working with a safeguarding issue.
- ❖ Encourage BFC to develop links with and cooperate with the Local Authority in the operation of the Local Safeguarding Children Board (LSCB) and Local Safeguarding Adult board (LSAB)
- ❖ Safeguarding updates and reports for the Trustee Board Meetings are made available.
- ❖ Appropriate training programmes are provided for all Maddie's Miracle workforce and volunteers
- ❖ A Safeguarding training log is maintained and updated to track training status for all workforce and volunteers
- ❖ Safeguarding training opportunities are conveyed to workforce and volunteers
- ❖ Maddie's Miracle's Safeguarding Policy and Procedures are reviewed annually or as guidance changes, ensuring they comply with Government regulations at all times.



Maddie's Miracle Safeguarding Procedure

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1. Introduction

This Procedure underpins Maddie's Miracle's Safeguarding Policy and describes the system of protective measures that Maddie's Miracle takes to protect babies, children and vulnerable adults in the course of our work with them.

It is vital that all that work for Maddie's Miracle adhere to this Procedure, which protects not only babies, children and vulnerable adults, but also the adults working with them.

This Procedure document is structured with the main body describing Maddie's Miracle's principles and requirements, giving detailed guidance, contact information, and forms. Associated relevant policies and guidelines are referenced and should be read as required.

2. Scope of Procedure

These Procedures apply to all working for Maddie's Miracle. The workforce must be fully conversant with the procedures that relate specifically to their contract of services. If necessary, clarification regarding their role and responsibility should be sought from the Charity Manager



Where Maddie's Miracle is working in partnership with another organisation, the Manager with responsibility for that partnership must ensure agreement and understanding of which safeguarding policy and associated practices are to be adhered to.

3. Linked Policies & Procedures

This Procedure should be read in conjunction with the following Maddie's Miracle Policies and Procedures accessible to all workforce on the shared Google Drive:

- ❖ Code of Conduct Policy
- ❖ Reporting and Monitoring Safeguarding Concerns Procedure
- ❖ Risk Management Policy, Risk Assessment & Management Plan
- ❖ Health & Safety Policy
- ❖ Lone Working Procedure
- ❖ External Complaints Policy
- ❖ Whistleblowing Policy
- ❖ Data Protection Policy
- ❖ E-Safety Acceptable Use Procedure
- ❖ Equality, Diversity and Inclusion Policy
- ❖ What to do if you are worried a child is being abused (HM government) ([here](#))
- ❖ Working Together to Safeguard Children 2018 (HM government) ([here](#))
- ❖ Charity Commission strategy for dealing with safeguarding issues ([here](#))

4. Identifying Types of Abuse – What Indicators to Look For

a. What are the main types of child abuse?

The NSPCC outlines child abuse as: when a child is intentionally harmed by an adult or another child. It can occur over a period of time but can also be a one-off incident.

Abuse can happen in person or online and includes failing to act to prevent harm occurring to a child. It is about the misuse of power and control that one individual holds over another.

The four main categories of abuse are Physical, Sexual, Emotional and Neglect. A baby or child may experience one or multiple abuses simultaneously. It is important to note, however, that the following signs do not always indicate that a baby or child is being abused, but if you are concerned about the welfare of a baby or child then it is imperative that you must act accordingly and without delay.

The Workforce should be aware that babies and young children may not be able or know how to tell someone that they are being abused, exploited or neglected. The Workforce should strive to be professionally curious and always speak to the DSL if they have concerns about a baby or child.



Physical abuse: Physical abuse is the deliberate physical hurting of a child. It may take a variety of forms, including (but not restricted to) hitting, pinching, shaking, throwing, poisoning, burning or scalding, drowning or suffocating a child. It can happen in any family by anyone, but children may be more at risk if their parents have problems with drugs, alcohol and mental health, or if they live in a home where domestic abuse happens. Babies and disabled children also have a higher risk of suffering physical abuse. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child. Physical abuse can also occur outside of the family environment.

Key signs to look out for include:

- ❖ - Unexplained injuries
- ❖ - Injuries on certain parts of the body, primarily on soft tissue
- ❖ - Injuries on babies under 10 months
- ❖ - Injuries that reflect an article used
- ❖ - Flinching when approached
- ❖ - Behavioural extremes
- ❖ - Wanting their arms and legs covered, even in hot weather
- ❖ - Similar injuries on both sides of the body, such as both feet or both wrists.

Sexual abuse: Sexual abuse encompasses any sexual activity with a baby or child. This 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 under or outside clothing. It can also include non-contact activities such as involving babies or children in the production of sexual images, forcing children to look at sexual images or watch sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including via the internet). Sexual abuse can be perpetrated by adult males, adult females, non-binary adults and other children. Children may not understand what is happening and may not even understand that it is wrong.

Key signs to look out for include:

- ❖ - Age inappropriate sexual behaviour/knowledge/promiscuity
- ❖ - Wary of adults/running away from home
- ❖ - Unexplained gifts/money
- ❖ - Stomach pains when walking or sitting
- ❖ - Bedwetting
- ❖ - Sexually transmitted diseases

Emotional abuse: Emotional abuse is also sometimes known as psychological abuse and can have severe and persistent adverse effects on a baby's/child's emotional development. It may involve serious bullying, including online bullying e.g. through social networking sites, online games or through mobile phones. It may include not giving a child the opportunity to express their views, deliberately silencing them or 'making fun' of what they say or how they



communicate. It may also involve deliberately telling a child that they are worthless, unloved or inadequate.

Key signs to look out for include:

- ❖ - Attention seeking
- ❖ - Over ready to relate to others
- ❖ - Low self esteem
- ❖ - Regularly humiliating a child
- ❖ - Constantly shouting at, threatening, or demeaning a child

Neglect: Neglect occurs when a person's basic physical and psychological needs are persistently left unmet. This includes the provision of adequate food, clothing, shelter, hygiene, supervision, appropriate medical care or treatment or protecting an individual from physical harm or danger. The result of this is often a detrimental impact on an individual's health and/or development.

Neglect may occur if a parent becomes physically or mentally unable to care for a child. A parent may have an addiction to alcohol or drugs, impairing their ability to keep their child safe by failing to prioritise the child's immediate needs. Neglect can occur during pregnancy as a result of maternal drug or alcohol abuse. Neglect is not straightforward to identify, and it is important that practitioners remain alert and do not miss opportunities to take timely action. Children who are neglected often suffer from other types of abuse also.

Key signs to look out for include:

- ❖ - Constantly hungry or stealing food
- ❖ - Overeats when food is available
- ❖ - Being regularly left alone or unsupervised
- ❖ - Dressed inappropriately for the weather condition
- ❖ - Ill equipped for school
- ❖ - Untreated medical conditions
- ❖ - Poor/late attendance
- ❖ - Unkempt appearance

Other specified types of child abuse:

- ❖ Domestic Abuse (can be psychological, physical, sexual, financial or emotional and can impact babies, children and vulnerable adults through seeing, hearing or experiencing the effects). Be aware of the increased risk of domestic abuse in pregnancy, and the relation to child protection for children under the age of two. (for more information see Appendix 1)
- ❖ Child on Child abuse
- ❖ Female Genital Mutilation
- ❖ Radicalisation
- ❖ Modern Slavery



- ❖ Child Sexual Exploitation (including child trafficking and grooming)
- ❖ Child Criminal Exploitation “County Lines”

b) Vulnerable adults abuse

Physical abuse

Key signs to look out for include

- ❖ Unexplained or inappropriately explained injuries including:
- ❖ Cuts or scratches to mouth, lips, gums, eyes or external genitalia.
- ❖ Bruising to the face, torso, arms, back, buttocks, thighs, in various stages of healing.
- ❖ Collections of bruises that form regular patterns which correspond to the shape of an object or which appear on several areas of the body.
- ❖ Burns on unlikely areas of the body, e.g. soles of the feet, palms of the hands, back, immersion burns from scalding in hot water/liquid, rope burns, burns from an electrical appliance.
- ❖ Fractures at various stages of healing to any part of the body.
- ❖ Exhibiting untypical self-harm.
- ❖ Medical problems that go unattended.
- ❖ Evidence of over/under-medication.
- ❖ Flinching at physical contact.
- ❖ Appearing frightened or subdued in the presence of particular people.
- ❖ Asking not to be hurt or repeating what the person causing harm has said such as – “Shut up or I’ll hit you”.
- ❖ Reluctance to undress or uncover parts of the body or wearing clothes that cover all parts of their body or specific parts of their body.

Sexual Abuse

This includes rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

Denial of a sexual life to consenting adults is also considered abusive practice as is any sexual relationship that develops between adults where one is in a position of trust, power or authority in relation to the other by, for example, a teacher or tutor, social, residential, care or health worker etc.

Key signs to look out for include;

- ❖ Depression.
- ❖ Withdrawal from regular activities, unusually subdued, or poor concentration.
- ❖ Unexplained fear or anxiety.
- ❖ Urinary tract infections, vaginal infections or sexually transmitted diseases that are not otherwise explained.



- ❖ Experiencing pain, itching or bleeding in the genital/anal area.
- ❖ Exhibiting significant changes in sexual behaviour or outlook.
- ❖ Torn, stained or bloody clothing and/or underclothing.
- ❖ A woman who lacks the mental capacity to consent to sexual intercourse becomes pregnant.

Domestic Abuse (for more details see Appendix 2)

Key signs to look out for:

- ❖ Physical injuries (as described above in physical abuse).
- ❖ Making excuses for frequent injuries.
- ❖ Stress, anxiety or depression.
- ❖ Absence from work and/or social occasions.
- ❖ Personality changes such as being jumpy or nervous.
- ❖ Low self-esteem.
- ❖ Lack of self-respect or self-worth.
- ❖ Lack of independent communication.
- ❖ Self-blame.
- ❖ Increased alcohol or drug use.
- ❖ Lack of money.
- ❖ Damage to property.

Emotional and psychological abuse

Emotional and psychological abuse can be just as destructive as physical abuse. Like physical abuse, they are primarily a means of control and a way for the abuser to feel superior.

Key signs to look out for;

- ❖ Change in appetite.
- ❖ Low self-esteem.
- ❖ Deference.
- ❖ Passivity and resignation.
- ❖ Unexplained fear.
- ❖ Defensiveness.
- ❖ Ambivalence.
- ❖ Emotional withdrawal.
- ❖ Sleep disturbance.
- ❖ Self-harming behaviours.

Neglect

This is caused by an adult, supervisor or caregiver failing to provide food, proper health or sanitary care, clothing or sufficient care.



Key signs to look out for;

- ❖ Unexplained weight loss or malnutrition.
- ❖ Untreated medical problems.
- ❖ Bed sores.
- ❖ Confusion.
- ❖ Over-sedation.
- ❖ Poor personal hygiene.
- ❖ Deprivation of meals which may constitute “willful neglect”.

Self neglect

This covers a wide range of neglecting behaviours such as care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding. A decision on whether a response is required under safeguarding will depend on the adult’s ability to protect themselves (mental capacity) by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support.

Key signs to look out for;

- ❖ Poor personal hygiene.
- ❖ Poor domestic hygiene.
- ❖ Disregard for personal health issues.
- ❖ Hoarding.
- ❖ Obsessional behaviour.

For many people, self-neglect becomes a lifestyle choice and careful attention is needed to avoid long-term harm.

Financial or Material Abuse

This form of abuse has similarities to identity theft. There are cases where a person’s bank cards have been abused when details are entrusted to a caregiver, but there are also cases where entire estates have been lost via a power of attorney.

The elderly are often the main victims of this kind of abuse, but that is not to say younger people are not equally vulnerable. It often takes place where there is an unequal balance of power. Other examples include internet scamming, coercion in relation to an adult’s financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Key signs to look out for;

- ❖ Unexplained withdrawals from the bank.
- ❖ Unusual activity in the bank accounts.
- ❖ Unpaid bills.
- ❖ Unexplained shortage of money.



- ❖ Unexplained or sudden changes to Wills.
- ❖ The person with responsibility for the funds is reluctant to provide basic food and clothes etc. or is evasive or non-responsive.
- ❖ Loss of personal items such as jewellery.
- ❖ Unusual interest shown by family or others in the person's assets.
- ❖ Purchase of items that the person does not require or use.

Modern Slavery

This includes slavery, human trafficking, forced and compulsory labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

Whilst usually associated with organised crime groups, modern slavery is also committed by individual opportunistic perpetrators and even family members. Signs of various types of slavery and exploitation are often hidden, making it hard to recognise potential victims.

Key signs to look out for;

- ❖ Not being in possession of legal documents such as passport, identification and bank account details as they are being held by someone else.
- ❖ Old or serious untreated injuries, and they are vague, reluctant or inconsistent in explaining how the injury occurred.
- ❖ Looking malnourished, unkempt, or appearing withdrawn.
- ❖ Owning few personal possessions and often wearing the same clothes and what clothes they do wear may not be suitable for their work.
- ❖ Being withdrawn or appearing frightened, unable to answer questions directed at them or speak for themselves and/or an accompanying third party speaks for them. If they do speak, they are inconsistent in the information they provide, including basic facts such as the address where they live.
- ❖ Appearing under the control or influence of others, rarely interacting, or appearing unfamiliar with their neighbourhood or where they work.
- ❖ Unable to speak English.
- ❖ Fearful of authorities.
- ❖ Perceiving themselves to be in debt to someone else or in a situation of dependence.

Organisational Abuse

Abuse of power in care homes, hospitals and a variety of other institutions often comes from those entrusted most to provide care. It can stem from inflexible and non-negotiable policies, systems and routines that override the needs of those they are created to help, or they are let down by the people that are there to care for them.

When an institution compels individuals to sacrifice their preferred lifestyle and cultural diversity to the needs of that institution, by for example, requiring everyone to eat together at

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specified times, limiting bathing to times to suit staff, not providing doors on toilets, the institution could be abusing its power over individuals.

Key signs to look out for;

- ❖ Lack of respect shown to individuals.
- ❖ Lack of adequate physical care, an unkempt appearance.
- ❖ Sensory deprivation, for example denial of use of spectacles or hearing aids.
- ❖ Denial of visitors or phone calls.
- ❖ Restricted access to toilet or bathing facilities.
- ❖ Restricted access to appropriate medical or social care.
- ❖ Failure to ensure appropriate privacy or personal dignity.
- ❖ Lack of flexibility and choice, for example mealtimes and bedtimes, choice of food.
- ❖ Lack of personal clothing or possessions.

Discriminatory Abuse

This form of abuse can be experienced as violence, harassment, insults or similar actions due to race, religion, gender, gender identity, age, disability and sexual orientation (protected characteristics), and is often referred to as a “hate crime”.

Discriminatory abuse can also link into all other forms of abuse when values, beliefs or culture result in a misuse of power or denial of mainstream opportunities to some groups or individuals because of their protected characteristics. Excluding a person from activities or services on the basis they are “not liked” is also discriminatory abuse.

Key signs to look out for;

- ❖ Signs of a sub-standard service offered to an individual.
- ❖ Deliberate exclusion from rights afforded to others.
- ❖ Rules or arrangements in place that apply to everyone, but that put someone with a protected characteristic at an unfair disadvantage.
- ❖ Unequal treatment.
- ❖ Inappropriate use of language.
- ❖ Lack of respect.
- ❖ Verbal abuse.
- ❖ Slurs.
- ❖ Bullying and harassment.

5. Operating in various places and partnerships

a) Working in Partnership with other Agencies

Where Maddie's Miracle is working in partnership with another agency, the Maddie's Miracle Manager responsible for that partnership will ensure a documented decision is taken as to which agency is taking the lead on safeguarding to ensure clarity of lead responsibility.



Actions taken must be in accordance with the local Children's and Adults Safeguarding procedures.

The Manager will ensure that all people working within the partnership are aware of which policy and procedure to follow.

Each partner will ensure that Designated Safeguarding Leads from each partnership are notified of safeguarding concerns and incidents. The lead partner will take responsibility for involving the appropriate statutory bodies where necessary, keeping appropriate partners informed of progress.

b) Running Activities, Groups and Managing Incidents

All activities run by Maddie's Miracle should be planned and approved using the **risk assessment**. All plans must address the potential risks and other implications for the safeguarding of children, vulnerable adults and Maddie's miracle Workforce involved.

A risk assessment must be prepared and signed off by an appropriate manager, ahead of the activity commencing. Risk Assessment forms and guidance are provided in the **Risk Management Policy / Risk Assessment & Management Plan**. Particular attention should be paid to Maddie's Miracle Workforce ratio appropriate to the activity and for the need for a first aider.

The leader of the activity is responsible for ensuring that the requirements of this Procedure are fully understood and adhered to by all concerned, and for taking the relevant contact, action lists and templates to the activity in the event of an incident occurring.

6. Procedure for Dealing with Incidents and Near-Misses

A Critical Incident may be defined as a single incident or sequence of incidents which are sudden and unexpected; contain real or imagined threats to a person; overwhelm usual coping mechanisms; cause severe disruption; are traumatic to anyone.

If an incident or emergency occurs, the following procedures must be followed to ensure an adequate response is provided:

- ❖ All incidents should be reported according to the safeguarding reporting process
- ❖ The risk assessment and controls should provide guidance in dealing with the incident that has occurred
- ❖ All safeguarding incidents or near-misses should be reported to the DSL within 24 working hours.
- ❖ An incident report form must be completed no later than within 2 days of the incident.



- ❖ Health and Safety near misses should be reported by email to the Charity Manager. An incident report form must be completed no later than within 2 days of the incident.
- ❖ Depending on the incident, it may be necessary to inform parents, involve emergency services or statutory services, report safeguarding incidents to local services, inform police etc. The DSL will advise as required.

7. Reporting a concern and Storage of Safeguarding Information and Reports

a) Reporting a concern

All Workforce must be aware of and follow Maddie's Miracle's **Safeguarding Procedure** for raising and managing safeguarding concerns.

Maddie's Miracle will keep information shared by parents and carers confidential within the organisation and will only share it on a need to know basis in the course of their duties. Information will not be shared with others without the permission of the parent or carer, unless not doing so would endanger a child's welfare. If, following a discussion with the DSL, it is felt appropriate to refer the matter to the local Social Services Children and Families Team this will be done, if possible, with the knowledge of the parent /carer and, if possible, with their permission. Very rarely, where the concern is very serious and further discussion with a parent or carer might put a child at further risk, the parent or carer may not be told of a referral to Social Services until after a Strategy Discussion between Maddie's Miracle, Social Services and the Police. Confidentiality of data is vital to ensure trust is preserved, however it is recognised that Workforce Members will need to share data to ensure the safeguarding of babies and children. Safeguarding overrides the General Data Protection Regulation (GDPR) and therefore it is vital that all relevant information is shared in accordance with Maddie's Miracle's safeguarding reporting procedures if the safety of a baby, child, young person or vulnerable adult is at risk

If you are concerned about the welfare or safety of a child:

Always:

- ❖ Seek appropriate advice and support.
- ❖ In the case of a disclosure make it clear you cannot keep the information confidential
- ❖ Discuss concerns with the DSL.
- ❖ Write information down as soon as possible.
- ❖ DSL will make contact with local Social care for advice if necessary

Never:

- ❖ Do nothing.
- ❖ Assume that someone else or another agency or professional will act or is acting.
- ❖ Fail to discuss your concerns with one of the Nominated DSL's or safeguarding trustees
- ❖ Attempt to resolve the matter yourself.

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If you are worried that something is wrong, please don't keep it to yourself. Unless you tell the DSL, the chances are we may find out too late that your concern was justified. Please raise any worries while they are still just a concern – we won't ask you to prove it:

- ❖ Keep it in perspective – there may be an innocent explanation.
- ❖ Stay calm – you're doing the right thing.

Information Sharing

This guidance is about sharing information for the purposes of safeguarding and promoting the welfare of children. It should be read in conjunction with the [data protection policy](#). Sharing of information amongst professionals working with children and their families is essential. In many cases it is only when information from a range of sources is put together that a child can be seen to be in need or at risk of Significant Harm. It is important that you:

- ❖ Understand what information is and is not confidential, and the need in some circumstances to make a judgement about whether confidential information can be shared, in the public interest, without consent.
- ❖ Understand what to do when you have reasonable cause to believe that a child may be suffering, or may be at risk of suffering, significant harm and are clear of the circumstances in which information can be shared where they judge that a child is at risk of Significant Harm.
- ❖ Understand what to do when you have reasonable cause to believe that an adult may be suffering, or may be at risk of suffering, serious harm and that you are clear of the circumstances in which information can be shared where they judge that an adult is at risk of serious harm.
- ❖ Are supported in working through these issues.
- ❖ Are aware that problems faced by those with responsibilities as parents are often likely to affect children and other family members. However this information is not always shared and opportunities to put preventative support in place for the children and the family are missed. Where an adult receiving services is a parent or carer, sharing information with colleagues in Children's Social Care could ensure that any additional support required for their children can be provided early. Are aware that where a professional has concerns that a child may be at risk of Significant Harm, it may be possible to justify sharing information without consent - the circumstances in which this can happen are set out below.

Rules of Information Sharing

- ❖ Remember that the Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.



- ❖ Be open and honest with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
- ❖ Seek advice if you are in any doubt, without disclosing the identity of the person where possible.
- ❖ Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case. See also the section below about the need for consent.
- ❖ Consider safety and well-being: Base your information sharing decisions on considerations of the safety and wellbeing of the person and others who may be affected by their actions.
- ❖ Necessary, proportionate, relevant, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
- ❖ Keep a record of your decision and the reasons for it - whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

Confidential information is:

Personal information of a private or sensitive nature; and information that is not already lawfully in the public domain or readily available from another public source; and information that has been shared in circumstances where the person giving information could reasonably expect that it would not be shared with others. This is a complex area and you should seek advice if you are unsure.

Do you have Consent to Share?

Consent issues can be complex and lack of clarity about them can sometimes lead us to make incorrect assumptions that no information can be shared.

What Constitutes Consent?

Consent must be 'informed' - this means that the person giving consent needs to understand why information needs to be shared, what will be shared, who will see their information, the purpose to which it will be put and the implications of sharing that information.

Whose Consent should be Sought?

You may also need to consider whose consent should be sought. Where there is a duty of confidence it is owed to a person who has provided the information on the understanding it is to be kept confidential. It is also owed to the person to whom the information relates, if different from the information provider. A child or young person who has the capacity to understand and make their own decisions, may give (or refuse) consent to sharing.

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When not to Seek Consent:

There will be some circumstances where you should not seek consent from the individual or their family, or inform them that the information will be shared, for example where to do so would:

- ❖ Place a child at increased risk of Significant Harm; or place an adult at risk of serious harm - see Multi-Agency Risk Assessment Conference (MARAC), Processes for managing risk and Domestic Abuse; or
- ❖ Prejudice the prevention, detection or prosecution of a serious crime (i.e. a crime involving Significant Harm to a child or serious harm to an adult); or
- ❖ Lead to unjustified delay in making enquiries about allegations of Significant Harm to a child or serious harm to an adult.

You should not seek consent where you are required by law to share information through a statutory duty or court order. In these situations, subject to the considerations above, you should inform the individual concerned that you are sharing the information, why, and with whom.

If for whatever reason you are worried about raising an issue internally to the Maddie's Miracle team, then you can also report concerns directly to your local Children's Social Services. This also applies if you feel your concerns have not been dealt with appropriately within Maddie's Miracle.

Children missing education

If you discover a child within a family you are supporting is not receiving any form of education you should notify the Children Missing Education Officer. Information on missing education is available from Ofsted.

b) Retention of Information

Maddie's Miracle's policy governing the retention, storage and destruction of data is outlined in the **Data Protection Policy**. **Specific** Retention periods for safeguarding related documents are:

- ❖ 7 years for records relating to Safeguarding concerns
- ❖ Records relating to Safeguarding concerns will only be kept within this timeframe and will not contain any unnecessary or excessive information that may be deemed irrelevant or inappropriate
- ❖ The reason why, how and for how long such records should be kept, in addition to how they will be safely destroyed need to be outlined and known by all relevant parties, including families, children and vulnerable adults.
- ❖ Records containing confidential or sensitive data should be kept secure and away from anyone who does not need to be aware of the information.



- ❖ If confidential information is carried by a member of the Workforce from one point of work to another, including home, the information must always be secure. Leaving information unattended or in a car overnight is a breach of this policy and may lead to a termination of contract of services if breached.
- ❖ Access to Maddie's Miracle's databases where confidential safeguarding information is recorded will be only granted to specific workers as and when required.
- ❖ Electronic copies should only be stored on Maddie's Miracle's designated and secure databases for storing beneficiaries information. Where it is necessary to share information with external organisations, to promote Safeguarding through a multi agency approach, protocols for information sharing with consent will be followed with the understanding that Safeguarding overrides this requirement where there is a risk of harm to a baby, child or young person.
- ❖ Where a Safeguarding concern has been shared with an external organisation and the practitioner believes that no appropriate action has been taken, this will be escalated by the DSL / DDSL with management Workforce within the appropriate agency.

8. Monitoring and Management of Safeguarding Concerns

Maddie's Miracle's procedure for monitoring and managing safeguarding concerns is laid out in the **Reporting and Monitoring Safeguarding Concerns Procedure** and should be followed by all workforce where there are concerns or disclosures regarding a baby, child or young person's safety.

Maddie's Miracle's primary method for monitoring the safeguarding and welfare of the baby, children and vulnerable adults supported is through liaison with the DSL by:

- ❖ Ensuring all reported safeguarding concerns are recorded on the Maddie's Miracle database, marked as Safeguarding Reporting – Cause for Concern
- ❖ The safeguarding Workforce will arrange a review meeting to discuss the circumstances with the frontline practitioner and the DSL to discuss concerns and agree if/when it is appropriate to take further action.
- ❖ A record of this review meeting will be uploaded to Maddie's Miracle's database, marked as Safeguarding Reporting.

9. Training and Supervision of workforce

This section outlines the way in which Maddie's Miracle trains and supports the workforce who work with babies, children and adults who may be vulnerable..

a. Recruitment

- ❖ All contractors must follow guidance as described in the **safeguarding policy**



- ❖ All contractors undertaking regulated work with babies and children will complete an Enhanced DBS disclosure (plus additional appropriate checks where the individual has lived or worked outside the UK). Frontline contractors (such as BFC's or IBCLC's) will not be able to start work until the DBS is received. A freelancer may be able to work with families if they have an enhanced child and adult workforce DBS which is dated within 3 years. The charity manager should complete a Risk Assessment in advance of commencement of any such activity that will be recorded on the contractors record.
- ❖ On appointment, as part of onboarding, all contractors are required to sign that they have read and understood this **Safeguarding Policy and Procedure** document and related policies, demonstrating their duty of care to babies, children and vulnerable adults and will undertake and record the training required.
- ❖ DBS Disclosure certificates will be renewed at a maximum of every 3 years, with those registered for automated updates completed every 2 years.
- ❖ A full declaration of any new convictions, County Court judgements and cautions since the DBS check was completed must be made to the Charity Manager at the earliest opportunity. If a full disclosure is not made, or is subsequently found to be inaccurate, action may be taken which could lead to termination of contract of services.
- ❖ Should an applicant have a criminal record, the Founder and DSL will together assess the risk this places on the families we support and make a joint decision as to the suitability of the applicant for the role.
- ❖ Managers need to allow a reasonable period of induction for new contractors to ensure all policies are read and relevant training completed before they engage directly with families and babies.

b. Training

- ❖ Upon commencing work with The Maddie's Miracle Charity, all contractors, trustees and volunteers are required to complete safeguarding training in the form of a remote learning programme (NSPCC) based on national standards outlined in the **Working Together to Safeguard Children 2018** paper, if they do not already have appropriate training and certification. This training must be completed within 3 months of commencement of role and for frontline contractors, before any face to face or online work is undertaken. Successful completion of this training will be confirmed by the issue of a certificate of completion by the DSL and will be recorded on a central safeguarding training document in addition to individual Workforce records in the shared drive. All contractors are required to repeat this training every three years to update and refresh knowledge. Any member of the Workforce taking an extended period of leave (for example a break in volunteering, maternity leave etc) will be required to refresh their safeguarding training before recommencing face to face or online work.



- ❖ The charity Manager is responsible for identifying any additional safeguarding training needs of their Workforce and ensuring update training is completed as required. Members of the Safeguarding Workforce, including DSL/DDSL and Safeguarding trustees will be trained to Level 3/DSL requirements.
- ❖ The Maddie's Miracle DSL must update training continually and attend DSL update training every two years as a minimum.
- ❖ Trustees must complete NSPCC Safeguarding training within 3 months of joining the organisation, if appropriate training is not already held..

c. Supervision

- ❖ All frontline contractors should have regular supervision meetings with the Charity manager or through external supervision, during which safeguarding concerns are discussed for all families supported by that practitioner.
- ❖ It must be ensured that appropriate time is dedicated to discussing safeguarding issues if required with agreed outcomes and actions recorded
- ❖ Where concerns or incidents about a baby, child, young person or vulnerable adult are identified from these meetings, they should be captured on the Maddie's Miracle safeguarding log,, alongside an email to christine@Maddie's Miracle.org.uk to be assessed by the DSL and escalated accordingly.

10. Keeping Maddie's Miracle Workforce Safe

All Maddie's Miracle Workforce members should take care not to place themselves in a vulnerable position with a child, by following the **Health & Safety Policy and Lone Working Procedure**.

a. Lone working

If lone working with families is being undertaken, the **Lone Working Procedure** must be followed. The Charity manager must always be made aware in advance by contractors intending to work in a lone environment. The freelancer working alone must arrange for a colleague/buddy to make contact at an agreed time to ensure safety. The designated colleague/buddy needs sufficient information to raise an alarm if a freelancer has failed to report their safety at a pre-agreed time.

b. Social Media and Phones

In all instances, Maddie's Miracle workforce should not disclose anything on social networking sites that is related to or could be related back to their work or which could bring Maddie's Miracle into disrepute and affect the professionalism of the charity. All Workforce members hold the responsibility to maintain public confidence in their ability to safeguard the welfare and best interests of babies, children and vulnerable adults

Contractors should not give their personal contact details to families met through Maddie's Miracle work, including email, home or personal mobile telephone numbers, or contact via



any personal social media. All communication between contractors and families should be transparent and open.

If social media accounts are necessary for Maddie's Miracle work, contractors should only work within the specific account and profile of Maddie's Miracle. Contractors must personally ensure that their personal media accounts do not link to Maddie's Miracle's open social media accounts.

After Maddie's Miracle has stopped working with a family, the boundary on sharing personal information or contact via social media should remain in place.

11. Safeguarding Concerns and Allegations made about the Workforce, including Volunteers and Freelance Contractors

- ❖ Should an allegation be made against a member of the Workforce, this must be reported **only** to Maddie's Miracle DSL. Should any parents/carers or vulnerable adults share any concerns about anyone who is working with babies and children, the Workforce member must report the information to Maddie's Miracle DSL.
- ❖ An allegation against a member of the Workforce can include neglect or failure of their duty to protect babies, children and vulnerable adults.
- ❖ In all instances where there is an allegation against a member of the Workforce, the Maddie's Miracle DSL must be informed immediately.

Managing Low Level Concerns

- ❖ Where a 'low level' allegation or concern is made (e.g. humiliating a baby, child or young person) that does not meet the 'harm threshold' as laid out in the Children's Act 1989, the DSL will meet with the individual concerned to discuss the reported unprofessional behaviour and offer support to correct this. This meeting will be recorded and details held on the Workforce members' personnel record.
- ❖ If there is any doubt as to whether the information shared about a low-level concern does meet the harm threshold, the DSL will consult with the Local Authority Designated Officer (LADO).

Managing Concerns that meet the Harm Threshold

- In all instances where there is an allegation against a member of the Workforce that meets the 'harm threshold', Maddie's Miracle DSL must contact the LADO within 24 hours of the allegation, to report and seek advice regarding how an investigation should proceed.
- Maddie's Miracle DSL should only gather evidence and confirm facts prior to consulting with the LADO, not commence investigation
- Investigation into the allegation will then be undertaken, following advice from the LADO, and referring to the procedures and timescales detailed within the Maddie's Miracle **Whistleblowing Policy** and the Maddie's Miracle **External Complaints Policy**



- All discussions will be treated with confidentiality and the person reporting their concerns will be advised of any further steps that will be taken. Further guidance can be sought from the **Whistleblowing Policy**.
- Following an initial discussion with the LADO, if concerns remain about the behaviour or actions of an individual/s, the allegation will be investigated. This investigation is likely to be undertaken by the DSL.
- The outcome of the investigation will result in one of 5 categories being determined:
- Substantiated – there is sufficient evidence to prove the allegation that a baby, child or young person has been harmed or there is a risk of harm
- Malicious – there is sufficient evidence to disprove the allegation and there has been a deliberate act to deceive
- False – there is sufficient evidence to disprove the allegation, however, there is no evidence to suggest there was a deliberate intent to deceive
- Unsubstantiated – there is insufficient evidence to either prove or disprove the allegation
- Unfounded – where there is no evidence or proper basis which supports the allegation being made
- A report will be submitted to the LADO confirming the relevant outcome of the investigation and including any lessons learnt or improvements to be made.

Following investigation, the person who reported the incident will be advised of the outcome and any further steps to be taken within 20 working days of receipt of the allegation. Steps which could be taken include:

- An informal discussion with the individual/s against whom the allegation has been made.
- A formal discussion which is recorded in writing, where the individual/s against whom the allegation has been made is advised that their behaviour/actions were inappropriate or unsafe.
- The individual/s against whom the allegation has been made may be required to undertake appropriate interventions as advised by Maddie's Miracle DSL to ensure they fully understand and commit to the requirements and expectations of them in their role.
- Where a serious incident is found to be substantiated, this may result in dismissal/termination of contract of services from The Maddie's Miracle Charity.
- Where it is considered that the individual has engaged in conduct that harmed (or is likely to harm) a baby, child or young person, a report may be made to the Disclosure & Barring Service regarding the individual/s and the outcome of the investigation, following advice from the LADO

12. Support for Maddie Miracle workforce

- ❖ Regular supervision sessions, particularly with frontline contractors are an essential part of the support environment that Maddie's Miracle provides. Individuals should feel free to discuss openly with the charity manager or their clinical supervisor any



concerns they have over their own capability and vulnerability in dealing with abuse cases or incidents.

- ❖ If individuals are involved in a safeguarding disclosure or incident, they will be offered supervision to support their wellbeing as well as professional development through the incident. This may be a follow up discussion/s with the DSL, other appropriate person, or counselling. After a critical incident or serious safeguarding concern, a debriefing process should happen, initiated by the DSL.
- ❖ Following an individual/s making an allegation or following the **Whistleblowing Policy** the individual/s will be offered support through Maddie's Miracle. Maddie's Miracle can arrange for support for the individual/s involved as requested. The identity of the individual/s who made the initial allegation or who whistle-blew will be kept strictly confidential unless there is a legal obligation to make them known.

13. Audit and Monitoring

The effectiveness of this Safeguarding Policy and Procedure and the compliance of the Maddie's Miracle Workforce will be assured through one of the following audit processes:.

- ❖ Audit against the standards for voluntary sector organisations identified by the SAFE Network (NSPCC).
- ❖ WTTSC 2018 directs charities to the Charity Commissions 'Strategy for dealing with safeguarding issues in charities' and requires Charities to follow charity commission guidance on charity compliance.

A comprehensive audit of this procedure should take place at a maximum of every 3 years. More specific and detailed audits of individual aspects of safeguarding e.g. supervision and management, use of procedures, DBS checking, etc. should be chosen for **review on an annual basis**.

An Annual Report on Safeguarding will be prepared and reported to Trustees detailing:

- ❖ Any changes in national policy and guidance
- ❖ Any new areas of concern
- ❖ The number of safeguarding disclosures
- ❖ The number and type of safeguarding incidents- non-compliance with policy procedures and guidance, complaints, concerns and grievances raised by Workforce members in relation to safety, whistle blowing activity
- ❖ Any allegations against a workforce member.
- ❖ Safeguarding updates should be recommended by the DSL and approved by the Senior Leadership Workforce and the Board via the appointed oversight Trustees. Workforce members are encouraged to raise issues to improve this Policy and Procedure and may use the **Whistleblowing Policy** if they have serious concerns that are not addressed in a timely manner.





Appendix 1

Domestic violence

(including 'Honour'-Based Violence and Forced Marriage) [this is a summary only]

Introduction:

Domestic abuse is a complex issue which affects every one of us and reaches every corner of our society. It is also called Domestic Violence. Domestic abuse is a serious crime and should be treated as such. It does not recognise class, race, religion, gender, sexuality, culture or wealth and its effects on family life are devastating. In the overwhelming majority of reported instances the abuser is male and the victim is female, although there are attacks by women on men and between two people of the same gender, whether current or ex-partners or family members.

Definition:

Domestic abuse is any incident or threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are, or have been, intimate partners or family members, regardless of gender and sexuality. It also includes Forced Marriage, Honour-Based Abuse and Female Genital Mutilation.

Impact on Children and vulnerable adults:

Prolonged and / or regular exposure to domestic abuse can have a serious impact on a child's development and emotional wellbeing, despite the best efforts of the victim's parent to protect the child. Domestic abuse has an impact in a number of ways. It can pose a threat to an unborn child, because assaults on pregnant women frequently involve punches or kicks directed at the abdomen, risking injury to both mother and foetus. It can also lead to other possible risks, such as foetal death, low birth weight, early birth, infection etc. Older children may also suffer blows during episodes of abuse. Children are likely to be greatly distressed by witnessing the physical and emotional suffering of a parent or other family member. Both the physical assaults and psychological abuse suffered by adult victims who experience domestic abuse can have a potential impact on their ability to look after their children. The negative impact of domestic abuse is exacerbated when the abuse is combined with drink or drug misuse as this can increase the severity of the attacks. Children's exposure to parental conflict; even where abuse is not present, can lead to serious anxiety and distress among children, particularly when it is routed through them. Children may suffer both directly and indirectly if they live in households where there is domestic abuse. Domestic abuse is likely to have a damaging effect on the health and development of children, and it will often be appropriate for such children to be regarded as a Child in Need. All those working with families and children should be alert to the frequent inter-relationship between domestic abuse and the abuse and neglect of children. When there is evidence of domestic abuse, the implications for any children in the household should be considered, including the possibility that the children may themselves be subject to abuse or other harm. Conversely, where it is believed that a child is being abused; those involved with the child and family should be alert

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to the possibility of domestic abuse within the family. Domestic Abuse is a child protection issue. In relation to the impact of domestic abuse on children, the amendment made in section 120 of the Adoption and Children Act 2002 to the Children Act 1989 clarifies the meaning of "harm" in the Children Act, to make explicit that "harm" will include, for example, "impairment suffered from seeing or hearing the ill-treatment of another." This is now also specifically included in the definition of Emotional Abuse.

Action to Safeguard Children:

The Police are often the first point of contact with families in which domestic abuse takes place. The children may be the subject of a Child Protection Plan. Normally, one serious or several lesser incidents of domestic abuse where there is a child in the household indicate that Children's Social Care should carry out an Initial Assessment of the child and family, including consulting existing records. Children who are experiencing domestic abuse may benefit from a range of support and services, and some may need safeguarding from Significant Harm. Often, supporting a non-violent parent is likely to be the most effective way of promoting the child's welfare. The Police and other agencies have defined powers in criminal and civil law that can be used to help those who are subject to domestic abuse. Health visitors and midwives can play a key role in providing support, and need access to information shared by the Police and Children's Social Care. There is an extensive range of services for women and children, delivered through refuge projects operated by Women's Aid, and Probation Service provision of Women's Safety Workers, for partners of male perpetrators of domestic abuse, where they are on a domestic abuse treatment programme (in custody or in the community). These services have a vital role in contributing to an inter-agency approach in child protection cases where domestic abuse is an issue. There are a number of services available to everyone suffering domestic abuse; links to some of these can be found in the local contacts domestic abuse services. Your area may have an Independent Domestic Violence Advisers (IDVAs) and/ or a Multiagency Risk Assessment Conference (MARAC) coordinators/ administrators. <http://www.homeoffice.gov.uk/crime/violence-against-women-girls/idva/>

Roles of Agencies: we may be alerted to the possibility of Domestic Abuse involving children in a number of different ways. The most important thing to do is not to ignore your concerns. Talk to the DSL who will contact the Designated or Named Professional, Nurse / Designated Teacher.



Appendix 2 Definitions - Including Scotland

Children

In this policy, as in the Children Act 1989 and 2004, a child is anyone who has not yet reached their 18th birthday. 'Children' therefore means children and vulnerable adults throughout.

Safeguarding children is defined in the Joint Chief Inspectors' report Safeguarding Children (2002) as:

- ❖ all agencies working with children, young people and their families take all reasonable measures to ensure that the risks of harm to children's welfare is minimised; and
- ❖ Where there are concerns about children and young people's welfare all agencies take all appropriate actions to address those concerns, working to agreed local policies and procedures in partnership with other agencies.

Vulnerable adult

The definition of a vulnerable adult is that which is used within the Safeguarding Vulnerable Groups Act 2006; for the purpose of this policy a vulnerable adult is any person over the age of 18 years who is receiving any form of healthcare (including treatment, therapy or palliative care) and 'who needs to be able to trust the people caring for them, supporting them and/or providing them with services.

Adult at risk

1. A person aged 18 or over and who:

- ❖ is eligible for or receives any adult social care service (including carers' services) provided or arranged by a local authority; or
- ❖ receives direct payments in lieu of adult social care services; or
- ❖ funds their own care and has social care needs; or
- ❖ otherwise has social care needs that are low, moderate, substantial or critical or
- ❖ falls within any other categories prescribed by the Secretary of State And

2. Is at risk of significant harm, where harm is defined as ill-treatment or the impairment of health or development or unlawful conduct which appropriates or adversely affects property, rights or interests (for example theft, fraud, embezzlement or extortion). Note: this definition is suggested by Law Commission and under review. For the purpose of this policy the term adult at risk can be used interchangeably with vulnerable adult.

Scotland

In Scotland there are some differences in terms. The term protected adult is used now instead of vulnerable adult. Protected adult in Scotland is aged 16 or over. Protection of



Vulnerable Groups (Scotland) Act 2007 Child – is defined as an individual aged under 18 years.

Protected adult is defined as an individual aged 16 or over who is provided with (and thus receives) a type of care, support or welfare service. This definition of protected adult supersedes the definition of “adult at risk” used for the purposes of eligibility for enhanced disclosure. To be classified as an adult at risk, an individual had to meet three criteria: having a condition, in consequence of which they had a disability and received a care service. Section 94 replaces these three criteria with a test linked to the type of services being received by the individual. Protected adult is therefore a service based definition and avoids labelling adults on the basis of their having a specific condition or disability.

Child and protected adult overlap It is possible for 16 and 17 year-olds to be both children and protected adults. The assessment as to whether or not they are protected adults is no different to that undertaken in respect of any other adult.

Role of Local Authority Designated Officer (LADO)

The role of the LADO is set out in Working Together to Safeguard Children 2018 and is governed by the local authorities’ duties under section 11 of the Children Act 2004.

The LADO must be contacted within one working day in respect of all cases in which it is alleged that a person who works with children has:

- ❖ behaved in a way that has harmed, or may have harmed a child;
- ❖ possibly committed a criminal offence against or related to a child; or
- ❖ behaved towards a child or children in a way that indicates they may pose a risk of harm to children.

There may be up to three strands in the consideration of an allegation:

- ❖ a police investigation of a possible criminal offence;
- ❖ enquiries and assessment by children’s social care about whether a child is in need of
- ❖ protection or in need of services;
- ❖ consideration by an employer of disciplinary action in respect of the individual.

Regulated Activity

The new definition of regulated activity in relation to children comprises, in summary:

- i. unsupervised activities: teach, train, instruct, care for or supervise children, or provide advice/ guidance on well-being, or drive a vehicle only for children;
- ii. work for a limited range of establishments (‘specified places’), with opportunity for



contact: e.g. schools, children’s homes, childcare premises. Not work by supervised volunteers;

Work under (i) or (ii) is regulated activity only if done regularly

The definition of Regulated Activity for adults defines the activities provided to any adult as those which, if any adult requires them, will mean that the adult will be considered vulnerable at that particular time. These activities are: the provision of healthcare, personal care, and/or social work; assistance with general household matters and/or in the conduct of the adult’s own affairs; and/or an adult who is conveyed to, from, or between places, where they receive healthcare, relevant personal care or social work because of their age, illness or disability.

The position of trustee of a vulnerable groups’ or children’s charity is not a regulated activity in itself. It is only if trustees have close contact with these vulnerable beneficiaries that they would fall within the scope of regulated activity and be eligible to obtain an enhanced DBS check and barred list check. A trustee of a charity who no longer falls within the definition of regulated activity would be eligible to obtain an enhanced DBS check (but without a barred list check) .

Version No	Approved By	Approval Date	Main Changes	Review Period
1.0	Board	April 2019	approved	Annually
2.0	Quorate Board	August 2023	approved	Annually