

SAFEGUARDING CHILDREN AND YOUNG PEOPLE POLICY

1. INTRODUCTION

ISHA/Lien Viet (ISHA) has a duty to ensure that it acts in response to any concerns that a child or young person is at risk of abuse, neglect or maltreatment. This document sets out ISHA's approach to safeguarding children and young people.

It relates to all ISHA's customers including tenants, leaseholders, shared owners, other household members and their visitors and members of the community.

It applies to all ISHA staff, agency staff, volunteers, placements, board members, contractors and other persons representing ISHA.

2. AIMS

- To provide a clear statement that ISHA will not tolerate, or collude with, any form of abuse of any child or young person
- To promote and safeguard the welfare of all children and young people with whom ISHA has contact and to be proactive in responding to any allegation or suspicion of abuse
- To empower our customers by ensuring they are fully aware of what constitutes abuse of children and young people and how to report it
- To stop abuse wherever possible, prevent harm and reduce the risk of abuse to children and young people
- To ensure that everyone is clear about their individual and corporate roles and responsibilities in preventing and responding to abuse
- To provide support and protection for victims and witnesses affected by abuse
- To provide training and support for staff to enable them to identify the types and causes of abuse, the role they play in prevention and how to respond to abuse
- To work in partnership with ISHA's partners and stakeholders to promote and safeguard the welfare of children and young people and respond to allegations or suspicions of abuse
- To deal promptly with allegations of abuse and share information appropriately where there is potential risk to others
- To ensure enquiries are carried out promptly and with sensitivity, and appropriate action taken

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3. STATUTORY AND REGULATORY FRAMEWORK

Relevant legislation:

Children's Acts 1989 and 2004
 Children and Social Work Act 2017
 Human Rights Act 1998
 Disability Discrimination Act
 Working together to Safeguard Children 2015
 Equality Act 2010
 Housing Act 1996
 Anti-Social Behaviour, Crime and Policing Act 2014
 Mental Capacity Act 2005
 Public Interest Disclosure Act 1998
 Protection of Freedoms Act 2012

4. DEFINITIONS

<p>Safeguarding children and young people A term used to promote the welfare of children and young people and to protect them from harm</p>
<p>Child or young person Anyone up to the age of 18 years</p>
<p>Perpetrator(s) or Accused The person(s) accused of causing harm, neglect, maltreatment or abuse.</p>
<p>Child Abuse Any action by another person - adult or child - that causes significant harm to a child</p>
<p>Neglect A form of significant harm that involves the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development</p>
<p>Significant Harm The threshold that justifies compulsory intervention in family life in the best interests of children. Physical abuse, sexual abuse, emotional abuse and neglect are all categories of significant harm. Harm is defined as the ill-treatment or impairment of health and development. It includes impairment suffered from seeing or hearing the ill treatment of another.</p>
<p>Hate crime Any crimes targeted at a person because of hostility or prejudice towards their disability, race or ethnicity, religion or belief, sexual orientation or transgender identity. This can be committed against a person or property. A victim does not have to be a member of the group at which the hostility is targeted.</p>
<p>Concern An expression of concern, suspicion or allegation that a child or young person is or may be a victim of abuse, maltreatment or neglect.</p>

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Alerter The person who raises a concern that a child or young person is being, has been, or is at risk of being abused, maltreated or neglected. Anyone can be an alerter - the person themselves, paid staff, volunteers, a carer, friends, family, neighbours or members of the public/community.

Local Safeguarding Children Board (LSCB) Made up of senior representatives from key agencies with duties and responsibilities for protecting children and young people in their area. The Board has to develop effective inter-agency working to safeguard and protect children and ensure that clear local procedures exist to inform and assist anyone who has concerns about a child.

5.WHAT IS SAFEGUARDING CHILDREN AND WHY DOES IT MATTER?

5.1 Safeguarding children is the action we take to promote the welfare of children and protect them from harm. It is everyone's responsibility and everyone who comes into contact with children and families has a role to play.

5.2 Safeguarding and promoting the welfare of children is defined by Government as:

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

6.PRINCIPLES OF SAFEGUARDING WORK

6.1 ISHA's Safeguarding Children and Young People Policy is based on the following principles:

- ensuring suitable and appropriate staff are recruited
- ensuring effective management of staff through regular supervision, support and training
- sharing information about concerns with agencies who need to know, including social services and the safeguarding authority
- involving and supporting children appropriately and, wherever possible, respecting their choice in the range of agencies they may wish to work with
- sharing information about child protection and good practice with customers, staff, partner organisations and carers
- ensuring action is sensitive to and takes account of the child's gender, age, disability, stage of development, religion, culture and race

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7.FORMS AND TYPES OF CHILD ABUSE, MALTREATMENT AND NEGLECT

7.1 Abuse is the violation of an individual's human or civil rights. Any or all types of abuse may be perpetrated as the result of deliberate intent, negligence or ignorance.

7.2 The abuse may be the result of a direct act, or omission of an act, or both. Abuse can take different forms, and it may be the case that two or more types of abuse are occurring simultaneously. Furthermore, staff should not be constrained in their view of what constitutes abuse or neglect, and should always consider the circumstances of the individual case.

7.3 Forms of child abuse include:

- **Physical Abuse:** a form of significant harm which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. It may also be caused when an adult fabricates the symptoms of, or deliberately induces illness in a child
- **Sexual Abuse:** a form of significant harm which involves forcing or enticing a child to take part in sexual activities, whether or not the victim is aware of what is happening. The activities may involve physical contact, including penetrative or non- penetrative acts. They may also include non-contact activities, such as involving children in looking at, or in the production of sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males - women and other children can also commit acts of sexual abuse.
- **Emotional/psychological abuse:** the use of threats, humiliation, bullying, swearing and other verbal conduct, or any other form of mental cruelty, that results in mental or physical distress. It includes the denial of basic human and civil rights, such as choice, self-expression, privacy and dignity.
- **Neglect and acts of omission:** a form of significant harm which involves the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of their health or development. Neglect may occur during pregnancy as a result of maternal substance misuse. Once a child is born, neglect may involve a parent or carer failing to provide adequate food and clothing, or shelter, including exclusion from home, or abandonment; failing to protect a child from physical and emotional harm or danger; failure to ensure adequate supervision including the use of inadequate care providers; or the failure to ensure access to appropriate medical care or treatment. It may also take the form of neglect of, or unresponsiveness to a child's basic emotional needs.

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- **Online Abuse:** any type of abuse that happens on the web, whether through social networks, playing online games or using mobile phones. Children and young people may experience cyberbullying, grooming, sexual abuse, sexual exploitation or emotional abuse. They can be at risk of online abuse from strangers and people they know. Online abuse may be part of abuse that is taking place in the real world or it may only happen online.
- **Child sexual exploitation:** a type of sexual abuse in which children are sexually exploited for money, power or status. They may be tricked into believing they are in a loving, consensual relationship. They might be given drugs and alcohol. they may also be groomed online. Some children and young people are trafficked into or within the UK for the purpose of sexual exploitation. Sexual exploitation can also happen to young people in gangs.
- **Female genital mutilation (FGM):** a collective term for all procedures that involve partial or total removal of the external female genitalia or other injury to the female genital organs for cultural or non-medical reasons. FGM is a criminal offence in the UK and is a criminal offence for UK nationals or permanent UK residents to carry out FGM abroad, or to aid, abet, counsel or procure the carrying out of FGM abroad, even in countries where the practice is legal.
- **Domestic abuse:** including psychological, physical, sexual, financial, emotional abuse; so-called 'honour' based violence, forced marriage and female genital mutilation. Witnessing domestic abuse is child abuse and teenagers can suffer domestic abuse in their relationships. Domestic abuse can seriously harm children and young people.
- **Modern slavery:** encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment. Children can be trafficked into the UK from abroad and also from one part of the UK to another.
- **Forced marriage:** a marriage in which one or both spouses do not or cannot consent to the marriage and duress is involved. Duress can include physical, psychological, financial, sexual and emotional pressure. It is a criminal offence to force someone to marry.

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- **Bullying:** the intentional hurting of one person by another, where the relationship involves an imbalance of power. Usually repetitive or persistent, although some one-off attacks can have a continuing harmful effect on the victim. The main types are physical e.g. hitting, kicking, theft; verbal e.g. racist or homophobic remarks, threats, name calling; and emotional e.g. isolating an individual from social activities or acceptance of their peer group.
- **Grooming:** when someone builds an emotional connection with a child to gain their trust for the purposes of sexual abuse or exploitation. Grooming can occur in the real world and online, by a stranger or someone a child knows e.g. a family member, friend or professional. groomers can be male or female and of any age. Many children and young people don't understand that they have been groomed or that what has happened is abuse.

7.4 Types of abusive behaviour

Complex abuse: (organised or multiple abuse) may be defined as abuse involving one or more abusers and a number of related or non-related victims. The abusers concerned may be acting together to abuse, sometimes acting in isolation or using an institutional framework or position of authority to recruit children for abuse. It may range from isolated incidents to continuing ill-treatment.

Patterns of abuse can vary and include:

- serial abusing in which the perpetrator seeks out and 'grooms' individuals. Sexual abuse sometimes falls into this pattern.
- long-term abuse in the context of an ongoing family relationship such as domestic or persistent psychological abuse.

8.WHO ABUSES AND NEGLECTS CHILDREN AND WHERE CAN IT HAPPEN?

8.1 Children can suffer abuse by a range of possible perpetrators including relatives, carers, friends, acquaintances, other children, 'trusted adults' (for example a professional who works with them), neighbours, other customers, and strangers.

8.2 Abuse can happen anywhere: in someone's own home, in a public place, in hospital, in school or nursery, in a care home, in a youth offenders institute or in college

9. SIGNS AND SYMPTOMS OF ABUSE AND NEGLECT

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9.1 Whilst allegations of abuse may be raised directly by the child through them disclosing abuse to a member of staff, there may be occasions where the victim is unwilling or unable to disclose.

9.2 All staff must be aware and mindful of possible indicators of abuse, such as:

- doesn't cry or respond to parent or carer's presence or absence from an early age
- reaches developmental milestones late, with no medical reason
- persistently wets or soils the bed
- becomes secretive and reluctant to share information
- reluctance to go home after school
- unable to bring friends home or reluctant for professionals to visit the family home
- unexplained changes in mood or behaviour
- nervousness or watchfulness
- inappropriate relationships with peers
- inappropriate sexual language
- changes in appearance or hygiene
- scavenging or compulsive stealing
- persistent fatigue
- running away or absconding
- injuries inconsistent with an explanation given
- injuries at different stages of healing
- lack of consideration or respect for factors such as race, age, gender or sexuality of the individual
- controlling relationships between professionals and child
- malnutrition resulting from poor diet
- untreated medical problems
- talks of being left home alone or with strangers
- poor bond or relationship with parent
- acts out excessive violence with other children
- lacks social skills and has few if any friends

(This is not intended to be an exhaustive list, but an illustrative guide to potential signs and symptoms of abuse.)

10.SAFE WORKING PRACTICES

10.1 ISHA's staff, representatives and contractors must avoid placing themselves in positions that may cause children, parents or carers to feel uncomfortable and which could lead to questions and/or false accusations of abuse. While this policy cannot cover every eventuality, they must not:

- meet with customers' children outside of work or work-related activities
- enter the home of a customer where no adult is present
- smack or discipline children
- restrain children
- make unnecessary physical contact with children
- do things of a personal nature for children
- engage in or tolerate any bullying
- allow children to use inappropriate language unchallenged

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- make sexually suggestive remarks or discriminatory comments about or to children
- trivialise or take part in child abuse
- let allegations made by a child go unrecorded or unaddressed, including any made against themselves.

10.2 ISHA expects all staff to abide by the Code of Conduct in order to avoid situations where their actions could be mistakenly interpreted and perhaps lead to allegations of abuse. Good practice will reduce the possibility of anyone using their position to gain access to children in order to abuse them. Staff must also ensure their actions are sensitive to customer needs.

10.3 ISHA staff will always:

- listen to children
- value and respect children as individuals, regardless of their gender, ethnicity, disability or sexual identity
- as appropriate, involve children in decision-making processes
- empower customers with the necessary information to make informed decisions.

11. WHISTLEBLOWING

11.1 If a member of staff suspects that a child is being abused by another member of ISHA's staff or a representative, they should immediately speak to their line manager, the Head of Service, Lead Safeguarding Officer or the Head of People and Organisational Development.

11.2 Where there is a failure to respond appropriately to allegations of abuse, or where staff have concerns that a colleague or superior is responsible for the abuse, staff must follow ISHA's Whistleblowing Policy. The Public Interest Disclosure Act (1998) protects workers from detrimental treatment or victimisation from their employer if they blow the whistle on wrongdoing, such as the abuse of customers. Staff who whistle blow can remain anonymous. However, this cannot necessarily be guaranteed if it results in a criminal enquiry.

12. SUPPORT FOR THOSE REPORTING ABUSE

12.1 All those making a complaint or allegation or expressing concern, whether they be children, staff, volunteers, customers, carers or members of the public, should be reassured that:

- they will be taken seriously
- their comments will usually be treated confidentially but their concerns may be shared if they or others are at significant risk
- if customers, we will work with relevant partners to give immediate protection from the risk of reprisals or intimidation

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- if staff or volunteers, they will be given support and afforded protection if necessary
- they will be dealt with in a fair and equitable manner and;
- they will be kept informed of action that has been taken and its outcome
- employees and volunteers who speak out (whistle blow) against their employers/ manager/directors in such circumstances are protected by law from being discriminated against as a result (The Public Interest Disclosure Act 1998); please refer to the Whistleblowing Policy.

13.CONFIDENTIALITY AND CAPACITY

13.1 Due attention must always be paid to confidentiality when working with children and customers. All staff must be familiar with ISHA's Data Protection Policy and Confidentiality Policy.

13.2 In accordance with the Children's Acts, staff should always try to discuss the raising of a safeguarding concern with the child or young person and their parents/guardians as long as doing so will not place the child or young person in further danger.

13.3 The reasons for their concerns should be discussed and agreement sought from the parties involved for raising the concern. However, there may be instances where those parties do not want a concern to be raised.

13.4 Where a child is less than 16 years of age, if staff become aware of abuse, or the possibility that abuse may be occurring, a concern must be raised regardless of the child's wishes.

13.5 For young people aged 16 or 17, if it is believed that they are suffering, or at risk of suffering significant harm, a concern should be raised whether they consent to it or not and whether or not they have the capacity to make informed decisions. This should be explained to them and the local authority must be informed of the child's wishes when the safeguarding concern is raised with them.

13.6 The Mental Capacity Act (2005) was created to enable people, aged 16 and over, receiving support to make their own decisions, and to offer protection for those individuals charged with making decisions on the behalf of those lacking capacity. The Act has 5 main principles:

- Every individual has the right to make their own decisions unless it can be shown they are incapable of doing so.
- Individuals should be supported to make their own decisions where possible.
- A person has the right to make decisions even if others regard the decisions made as being inappropriate or 'unwise'. A decision deemed as inappropriate does not in itself mean the client should be deemed incapable.
- A person making decisions on behalf of someone lacking capacity must do so in their best interests.

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- Decisions made by a third party on behalf of someone lacking capacity should always be the option which is least restrictive on their basic rights and freedoms.

13.6 Where staff have concerns about a young person's ability to make an informed decision that relates to an abuse allegation or concerns around abuse, they must request that social services, the local Community Mental Health Team or NHS Trust arrange for an assessment to take place. Where the customer has an allocated social worker or care coordinator they should be contacted in the first instance. This assessment will consider:

- The individual's views.
- Their past and present wishes, feelings, beliefs and values.
- Any written statement they've produced.
- Anyone they have requested be consulted.
- The views of family, friends or support staff who have an interest in their welfare.
- The views of any independent advocates

14. INFORMATION SHARING

14.1 Working in partnership with statutory and other relevant agencies is a key element of enquiries into suspected abuse. The wishes of the child or family in relation to what information should be shared, and with whom, should be respected where possible. However, where there is a concern that the child may be suffering or is at risk of abuse or neglect, their safety must be the over-riding priority. Information must be shared with statutory authorities where there is any indication of abuse or neglect. The following points must be considered as part of this process:

- It should be explained openly and honestly to the child and or parent what information will have to be divulged to statutory authorities and any other third parties, how it will be divulged and to whom.
- Information should not be shared with other non-statutory third parties where it would increase the risk to the child or undermine the prevention, detection or prosecution of a crime.
- Information shared must be accurate and up-to-date, necessary for the purpose for which it is being shared, and shared only with those who need to know.

15. DISINCENTIVES TO REPORTING ABUSE

15.1 ISHA recognises that it is often difficult for victims of child abuse to disclose or report instances of abuse. This may be for several possible reasons, such as:

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- fear
- stigma
- not realising it is abuse
- not knowing how to report it
- thinking they won't be taken seriously
- learned helplessness
- not being able to see any solutions
- feeling ashamed
- not wanting to get someone else into trouble
- lacking capacity or experiencing poor mental health

15.2 Overcoming these barriers is key to ensuring that no abuse goes unnoticed or unaddressed, and ISHA aims to achieve this by:

- Regularly exploring barriers to reporting abuse with customers during information sharing and consultation events, in newsletters etc. This includes discussing example cases and promoting awareness and reporting processes.
- Using team meetings, training and supervision to ensure staff are aware of how to recognise and respond to abuse, and how to empower and encourage customers to report it.
- Encouraging services to learn from each safeguarding concern by including the need for service improvements, including overcoming barriers, to be recorded as part of every safeguarding enquiry.

16.HEALTH AND SAFETY

All staff working on safeguarding cases will adhere to ISHA's lone working policy.

17.EQUALITY AND DIVERSITY

17.1 This document sets out how ISHA will deal with children and young people at risk of abuse; adjustments will have to be made to take account of issues relating to capacity.

17.2 Where required we will translate information for customers who require it.

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18.TRAINING

ISHA will provide safeguarding training for all staff whose work includes contact with children or young people and ensure they remain up to date with any changes in legislation and good practice.

19.DATA PROTECTION CONSIDERATIONS

All records and logs relating to safeguarding concerns will be kept in locked storage. Safeguarding reports will be kept for 12 months or for as long as advised by the Local Authority Safeguarding Boards.

20.MONITORING

Performance information will be collated and shared with relevant stakeholders. Performance data will be monitored by the Head of Customer Neighbourhoods and reported annually to Housing Services Sub Committee.

21.REVIEW

This policy will be reviewed every two years or in response to changes in legislation, regulatory guidance, good practice or changes in other relevant ISHA policy.

22.ASSOCIATED DOCUMENTS

Related ISHA Policies:

Domestic Violence Policy
Safeguarding Adults Policy
Data Protection Policy
Confidentiality Policy
Complaints Policy
Whistleblowing Policy
ASB Policy
Codes of Conduct

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