

STONEWATER ZEN ADULT AND CHILD SAFEGUARDING POLICY

ADULT SAFEGUARDING POLICY

Introduction

StoneWater Zen (SWZ) recognises that it has a duty of care to prevent or address harm to all adults who attend any of our activities, including adults who may be at risk of harm or have care and support needs. Anyone can be at risk of abuse and people are at risk at different times and in different situations.

The purpose of this policy

It aims to provide:

- Protection for adults attending any activity (groups, events and sessions) organised by SWZ, including those who may be at risk of harm or have care and support needs.
- Advice as to what to do if harm is suspected or experienced.

What is safeguarding?

Safeguarding adults is defined as 'protecting an adult's right to live in safety, free from abuse and neglect.' Adult safeguarding is about preventing and responding to any concerns of abuse, harm, or neglect.

All adults should be:

- Safe and able to protect themselves from abuse and neglect.
- Treated fairly and with dignity and respect.
- Given regard for their views, wishes, feelings and beliefs.
- Protected from abuse and neglect.
- Signposted or referred to the support, protection and services required.

The Care Act 2014 provides the legal basis for adult safeguarding. Under it, adults with care and support needs at risk of or experiencing abuse and unable to prevent it themselves must be supported. Please see appendix 1 for types of abuse or neglect.

Definition of an Adult at Risk (AAR)

Safeguarding adult duties only apply to individuals over 18 years of age who:

- have needs for care and or support.
- as a result of care and support needs are unable to protect themselves from abuse.

These people are known as Adults At Risk.

Adults at risk may:

- have a mental or physical illness.
- have a learning disability.
- have addiction problems.
- be frail.

Whether an adult is at risk or not is something which changes with their circumstances – it's not fixed.

Not all adults fall under the definition of an adult at risk (AAR). Many adults may be vulnerable due to their personal circumstances e.g., domestic abuse, social isolation, depression, but do not meet all the criteria in the AAR definition outlined above and are therefore not an adult at risk.

Making Safeguarding Personal (MSP)

Adult safeguarding should be person-led and outcome-focused. It's a conversation about how best to respond to a person and their situation in a way that enhances their involvement, choice and control as well as improving their quality of life, wellbeing, and safety.

Mental Capacity Act (2005)

Everyone has the right to make decisions for themselves and everyone experiences problems making decisions from time to time, but Mental Capacity Act is about more than that. It is there for situations where someone is unable to make a decision because of the way their brain works. This could be due to illness, brain injury, learning disability, mental health problems, or the effects of drugs or alcohol.

People who cannot make a decision for themselves, are said to 'lack capacity'. In law, a person is said to lack capacity if they cannot do one or more of the following things:

- Understand the information given to them.
- Retain that information long enough to be able to make a decision.
- Weigh up the information available to make a decision.
- Communicate their decision.

Someone may have capacity to make some decisions and not others. If they do lack mental capacity to make a particular decision it must be made in their 'best interests', considering the person's wishes, feelings, beliefs and values.

Vulnerability

Vulnerability and resilience can vary throughout a person's life. People might find themselves in a more vulnerable position after a life event such as a bereavement, serious illness, or breakdown of a relationship. There will also be people with psychological issues such as depression and anxiety which might make them more vulnerable to abuse. This does not necessarily make them an Adult at Risk.

Procedure for responding to concern about adults at risk

If an adult at risk (AAR) discloses to a fellow SWZ practitioner, group leader or trustee about possible abuse (that has happened during a session or within a group or at an SWZ event, or has happened at some point in the past) it is important to:

- Listen carefully and stay calm.
- Do not 'interview' the person, but question normally and without pressure, to be sure that you understand what the person is telling you.
- Do not put words into the person's mouth.
- Ask the person what they would like to happen.
- Inform the person that you have a duty to pass the information on, but only those that need to know about it will be told. Tell them about who you will report the matter to.
- Note the main points carefully.
- Make a detailed note of the date, time, place, what the person said, did and questions asked.
- Notify the Safeguarding Leads as soon as possible or if the person is in immediate danger phone the police.

The Safeguarding Leads are Sarah Thwaites and Emily Oliver and can be contacted on safeguardingstonewater@gmail.com

Adult not at risk raising safeguarding concerns

If a person who does not come within the definition of an Adult At Risk raises safeguarding or other concerns the response is the same in terms of listening to the allegation but it will not fall under Safeguarding legislation. If a person has capacity to make their own decisions they will be signposted to the police and possibly specialist services.

Reporting safeguarding concerns or incidents

People are encouraged not to try and resolve a safeguarding issue or carry a concern on their own. A person who has any safeguarding concerns is encouraged to speak to the Safeguarding Leads directly. As part of a conversation, details will be taken including:

- Name, DOB and address.
- The nature and extent of the concerns
- The length of the abuse
- The impact of the abuse on the individual
- The potential person alleged to have caused harm.
- The risk of repeated incidents or the individual and others.
- The feelings, views and wishes of the individual.
- What the individual wants to happen.
- Any immediate safety concerns.
- Any involvement that statutory services could make i.e. the Police and Local Authority Social Care.

Responding to safeguarding concerns or incidents

After discussing the allegation, concern or issue the Safeguarding Leads will explore the adult at risk's (AAR) wishes, views, and desired outcomes. If they have the capacity to make a choice the response may include:

- Encouraging and supporting the AAR to contact the police and/or local authority safeguarding team.
- Encouraging and supporting the AAR to contact relevant support agencies.
- Discussion with SWZ Chair or Secretary regarding any organisational action/response required.
- In a case where the risk to the AAR or organisation is felt to be so high but they do not consent to a referral being made or information shared, or they lack mental capacity to make a choice, there may be a duty of care to refer or take any necessary action. The individual will be informed of any action to be taken.

Raising an adult safeguarding concern without consent

It is very unusual to raise an adult safeguarding concern without consent. The following are examples of when a decision to raise a safeguarding concern may still be appropriate, even without the consent of the adult:

1. It is in the public interest, for example if:

- There is a risk to other 'adults at risk'.
- A crime has been committed.
- The concern is about organisational or systemic abuse.
- The adult lacks mental capacity to consent and a decision is made to raise a safeguarding concern in the adult's 'best interests' (Mental Capacity Act 2005).

2. An adult is subject to coercion or undue influence, to the extent that they are unable to give consent.

3. It is in the adult's vital interests (to prevent serious harm or distress or in life threatening situations).

Any actions taken without the consent of the adult should be proportionate to the risk of harm. The adult should ordinarily be informed of the actions being taken, unless to do so may place the adult or others at further risk of harm.

Record-keeping

SWZ has a responsibility for secure and careful record-keeping. The Safeguarding Lead will keep a detailed log of all Safeguarding-related incidents as well as conversations, actions, and the reasoning behind them. These will be accessible only to the Safeguarding Lead, Chair and Secretary.

Data protection and information sharing

The General Data Protection Regulation (GDPR) and the Data Protection Act 2018 contains the principles governing the use of personal data. It should be noted that the GDPR and the Data Protection Act 2018 place great significance on organisations being accountable and transparent in relation to their use of personal data. All organisations, including SWZ, handling personal data need to have the proper arrangements for collecting, storing, and sharing information. Personal information in relation to safeguarding will often be sensitive and is likely to be classed as what is called 'special categories of personal data' under the GDPR, which means extra care will need to be taken when handling such data. Nevertheless, it is important to be aware that the Data Protection Act 2018 includes specific reference to processing data in relation to the 'safeguarding of children and individuals at risk' and allows individuals to share, in certain situations, personal data without consent.

'The GDPR and Data Protection Act 2018 do not prevent, or limit, the sharing of information for the purposes of keeping children and young people safe' and this can equally be said to apply to vulnerable adults.

Confidentiality

Confidentiality and sharing information only on a need-to-know basis is very important. Under data protection legislation nobody has a right to know about an allegation – except, for Safeguarding purposes, those in a position to prevent further harm, and the Chair,

CHILDRENS SAFEGUARDING POLICY

Safeguarding children is everyone's responsibility and children need to be protected from maltreatment of any kind. This policy and procedures recognise the need for SWZ to help protect any child under the age of 18 years who may attend a group or event, and to protect adults who may have contact with children. This policy details practices and procedures contributing to the prevention of abuse of children and gives a course of action to be followed if abuse is suspected.

SWZ recognises that:

- The welfare of the child is paramount.
- All children, regardless of age, disability, gender, ethnicity, religious belief, sexual orientation, or gender identity have the right to equal protection from harm.

Any reports or suspicions about child abuse must be treated seriously.

They may include:

- Something seen.
- Something told about by someone else.
- Behaviour observed in a child.
- Disclosure from a child directly.

Abuse and Neglect

Abuse is a form of maltreatment of a child or young person. Somebody may abuse or neglect a child by causing harm or by failing to take action to prevent harm. Please see appendix 2 for types of child abuse and neglect

Reporting a children's safeguarding concern

Everyone has a duty to respond to a childrens safeguarding concern, and if there is a concern it should be reported. It is important to have factual information on which to report a concern and to inform the child and parents/carers if possible. However, if there is a serious concern it is not necessary to obtain consent.

The Safeguarding Leads are Sarah Thwaites and Emily Oliver and can be contacted on safeguardingstonewaterzen@gmail.com

Appendix 1 - Types of abuse or neglect - Adults.

There are ten categories of abuse or neglect specific to adults at risk recognised by the Care Act 2014:

Physical Abuse - Includes hitting, slapping, pushing, kicking, and misuse of medication, unlawful or inappropriate restraint or inappropriate physical sanctions on a person's freedom.

Domestic Abuse - Is any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence, or abuse by someone age 16 or over who is or has been an intimate partner or family member regardless of gender or sexuality. Domestic violence and abuse may include psychological, physical, sexual, financial, emotional abuse; as well as so called 'honour' based violence, forced marriage and female genital mutilation.

Psychological abuse – Including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks. Exploitation / radicalisation of an adult in order to involve them in violent extremism is another form of psychological abuse

Financial or material abuse – Including theft, fraud, 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.

Modern slavery – Encompasses human trafficking, forced 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.

Discriminatory abuse – Abuse based on a person's race, sex and gender identity, age, disability, sexual orientation, religion, or belief. Includes hate & hate crimes: crimes targeted at a person because of hostility or prejudice.

Organisational abuse – Including neglect and poor care practice within an organisation or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This includes our own organisation. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes, and practices within an organisation. It may involve breach of professional codes of practice/ professional boundaries.

Neglect and acts of omission – Including ignoring medical, emotional, or physical care needs, the withholding of the necessities of life, such as medication, adequate nutrition and heating. It would also include medication errors that result in harm and poor care leading to the development of pressure ulcers.

Self-neglect – This covers a wide range of behaviours such as neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. A safeguarding response in relation to self-neglect may be appropriate where a person is declining assistance in relation to their care and support needs, and the impact of their decision, has or is likely to have a substantial impact on their overall individual wellbeing.

Sexual Abuse - Includes rape, sexual assault, forcing someone to watch sexual acts, forcing or coercing someone to engage in sexual acts to which they have not or could not consent to.

Hate Crime is not a stand-alone category within the Care Act but needs to be considered within these categories as a risk factor. This is a crime whereby someone targets an adult at risk because of their membership or perceived membership of a certain social group or race e.g., Examples of such groups can include, and are almost exclusively limited to: sex, ethnicity, disability, language, nationality, physical appearance, religion, gender identity or sexual orientation.

Appendix 2 – Types of child abuse - Children

Physical Abuse

A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Accidental injuries are not uncommon in children, becoming less common as the child develops and grows.

Emotional Abuse

Emotional abuse is a form of significant harm. Emotional abuse involves the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development and may involve:

- Conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person
- Not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.
- Imposing age or developmentally inappropriate expectations on children. This can include having expectations that are beyond the child's developmental ability or being overprotective and limiting their exploration and learning, or by preventing them from interacting socially with other children and adults.
- The child/young person seeing or hearing the abuse of another for example for example in a domestic abuse situation.
- Serious bullying (including Online Bullying).
- Causing children frequently to feel frightened or in danger.
- Exploiting or corrupting children.
- Some level of emotional abuse is involved in all categories of abuse, though it may occur alone.

Sexual Abuse

Sexual abuse is a form of significant harm which involves forcing or enticing a child or young person to take part in sexual activities. This may not necessarily involve a high level of violence and the child may or may not be aware of what is happening. Sexual activities can include physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. Sexual abuse 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. Sexual abuse can also take place online, and technology can be used to facilitate offline abuse. Sexual abuse can be perpetrated by adults (males and females) or by other children/young people.

Child Sexual Exploitation

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity:

- In exchange for something the victim needs or wants, and/or
- For the financial advantage or increased status of the perpetrator or facilitator.

The victim may have been sexually exploited even if the sexual activity appears consensual.

Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

A child under the age of 13 is not legally capable of consenting to sex (it is statutory rape) or any other type of sexual touching:

- Sexual activity with a child under 16 is also an offence.
- It is an offence for a person to have a sexual relationship with a 16- or 17-year-old if they hold a position of trust or authority in relation to them.
- Where sexual activity with a 16- or 17-year-old does not result in an offence being committed, it may still result in harm, or the likelihood of harm being suffered.
- Non-consensual sex is rape whatever the age of the victim, and
- If the victim is incapacitated through drink or drugs, or the victim or their family has been subject to violence or the threat of it, they cannot be considered to have given true consent; therefore, offences may have been committed.

Child sexual exploitation is therefore potentially a child protection issue for all children under the age of 18 years and not just those in a specific age group.

Neglect

Neglect is defined as:

“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 and development.

Neglect may occur during pregnancy as a result of maternal substance misuse, maternal mental ill health or learning difficulties or a cluster of such issues. Where there is domestic abuse towards a carer, the needs of the child may be neglected.

Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food and clothing, shelter (including exclusion from home or abandonment).
- Ensure access to appropriate medical care or treatment.
- Ensure adequate supervision (including the use of inadequate caregivers).

It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs”.

Working Together to Safeguard Children (2018)

This policy was reviewed in January 26

Next Review date: January 27 or sooner if needed