




Phoenix

DOMESTIC ABUSE SERVICES

Version:	2024.1
Date of original policy:	10.04.24
Date of updated policy:	10.04.24
Approved by:	 Colette Morgan, Trustee Board
Next review date:	April 2026

Safeguarding

Contents Page

○ Introduction	3
○ Policy ownership	3
○ Scope and application	3
○ Statutory obligations	3
○ Expectations	4
○ Designated safeguarding leads	4
○ Definitions	5-6
○ Part two – procedures	6
○ Concerns of abuse by a worker	7
○ Safeguarding children	7-10
○ Safeguarding adults at risk	10-11

- General guidance 11-12
- Useful links 12-13

1) Introduction

As an organisation, Phoenix Domestic Abuse Services is committed to promoting the rights and wellbeing of individuals and ensuring they have a voice. We engage directly with children, young people and their families and must ensure that we have effective policies and procedures in place for responding to any safeguarding concerns that may arise. It is everyone’s responsibility to safeguard children, regardless of your role or whether you’re paid or a volunteer. We also have a responsibility to safeguard vulnerable adults.

2) Policy ownership

Phoenix Management Committee is responsible for approving this policy and for reviewing its content on a regular basis. The committee is permitted to make changes before the review date in order to comply with changes to legislation and to meet the needs of the service.

3) Scope and application

The purpose of the policy is to outline the organisation’s responsibilities for safeguarding children, young people and vulnerable adults and to provide guidance for all representatives of Phoenix DAS including trustees, staff and volunteers as to how to respond to concerns.

3) Statutory obligations:

Phoenix DAS acknowledges its statutory duty as per Part 7 of the ‘Social Services and Well-being (Wales) Act 2014’ to make the local authority aware if they have reasonable cause to suspect that a child, young person, or vulnerable adult is at risk of harm or abuse.

Other legislation that applies includes, but is not limited to:

- Children Act 1989
- United Nations Convention on the Rights of the Child (UNCRC)
- Data Protection Act 1998
- Care Standards Act 2000
- Adoption and Children Act 2002
- Sexual Offences Act 2003
- Children Act 2004
- Domestic Violence, Crime and Victims Act 2004
- Rights of Children and Young Persons (Wales) Measure 2011
- Social Services and Well-being (Wales) Act 2014
- Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015

4) Expectations

Every representative of the organisation must:

- Be familiar with this policy and understand their safeguarding responsibilities.
- Be able to recognise the signs and indicators of abuse.
- Know how to respond to concerns in line with this policy and statutory guidance.
- Renew their Child Protection and Safeguarding Vulnerable Adults training every two years, to at least level 1. Those working directly with children/young people should be trained to at least level 2.

Trustees of the organisation must:

- Devise a Safeguarding policy and procedure which should be reviewed every two years.
- Devise systems for the recording and monitoring of concerns.
- Appoint a lead person to act as the designated safeguarding officer.
- Maintain safeguarding and child protection knowledge to at least level 2.
- The 'Lead trustee' for safeguarding is Colette Morgan.

- 5) **Designated Safeguarding Lead (Children):** the lead worker currently responsible for Child Protection and Safeguarding is **Linzi Truman (Victim and Family Team Manager)**.

Designated Safeguarding Lead (Adults): the lead worker currently responsible for safeguarding vulnerable adults is **Linzi Truman (Victim and Family Team Manager)**.

6) Definitions

Adult at risk refers to an adult who is experiencing or is at risk of abuse or neglect, has needs for care and support (whether or not the authority is meeting any of those needs), and as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it (Section 126, SSWA 2014).

Child/Young person refers to any person aged 0-18.

Domestic abuse refers to 'any incident of coercive or threatening behaviour, violence or abuse between those aged 16 or over who have been intimate partners or family members' (Home Office, 2013).

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person (NSPCC, 2009).

Harm is defined under Section 31a of the Children Act 1989 and refers to the 'ill-treatment or impairment of health or development, including, for example, impairment suffered from seeing or hearing the ill-treatment of another'.

Neglect is 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. Neglect may occur during pregnancy as a result of maternal substance abuse. 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; failing to protect a child from physical and emotional harm or danger; failure to

ensure adequate supervision including the use of inadequate caretakers; or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs (NSPCC, 2009).

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child or failing to protect a child from that harm. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child (NSPCC, 2009).

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact including both penetrative or non-penetrative acts such as kissing, touching or fondling the child's genitals or breasts, vaginal or anal intercourse or oral sex (NSPCC, 2009).

Self-harm can take lots of physical forms, including cutting, burning, bruising, scratching, hair-pulling, poisoning and overdosing. There are many reasons why children and young people try to hurt themselves. Once they start, it can become a compulsion. Self-harm isn't usually a suicide attempt or for attention. Instead, it's often a way for young people to release overwhelming emotions. It's a way of coping. So whatever the reason, it should be taken seriously (NSPCC).

Part Two Procedures

The 'All Wales Child Protection Procedures 2008' and 'Wales Interim Policy and Procedures for the Protection of Vulnerable Adults from Abuse 2013' offer comprehensive guidance and must be adhered to when responding to concerns about a child, young person or vulnerable adult. It is not the intention of Phoenix DAS to replicate this guidance here, however the following information is intended to supplement statutory procedures, and offer guidance regarding internal processes and procedures.

We acknowledge that the above procedures are currently under review and subject to change due to the implementation of the 'Social Services and Well-being (Wales) Act 2014'. Phoenix DAS will review any amendments when the revised versions become available. Other statutory policies and procedures include:

- Safeguarding children: working together under the Children Act 2004
- Rights to action 2004
- WASPI Guidelines

1). Concerns of abuse by a Worker

Preventative measures:

All workers and volunteers must receive DBS checks prior to their commencement in post and must be updated every three years. If workers and volunteers are waiting on the completion of their DBS check, they must be supervised by a worker who has already gained clearance.

If you are concerned that a worker may pose a risk to children or vulnerable adults:

- o Inform the CEO, Deputy CEO, or member of the Trustee Board as soon as practically possible (must be within 24 hours). An officer should be assigned to investigate the allegation. Social Services should be contacted in this event, and internal disciplinary procedures followed.

2). Safeguarding Children

Possible signs of child abuse

(The following list is by no means exhaustive)

- Bruises or marks for which no appropriate explanation is given.
- You might hear remarks by a child themselves, their friend or by other people that may concern you.
- A child's behaviour might have changed, being more aggressive or withdrawn, clinging, fearful or attention seeking. There could be reasons for this, other than abuse.
- A significant change in the parent or care giver's behaviour that may suggest that they're not coping.
- You may feel that the child is making sexual remarks or understands sexual matters, which are not appropriate for their age. They may be acting in a very sexual way.
- A child may appear neglected. This might be indicated through a lack of cleanliness, or constant hunger.

Parental attitudes & responses:

There are certain parental responses which should cause concern (especially if the child has bruising or otherwise seems in need of medical attention).

These could include:-

- A delay in seeking medical treatment which is obviously needed.
- An unawareness or denial of any injury.
- Inappropriate or varying explanations of any injury.
- An unawareness that a child is inadequately dressed for the prevailing weather conditions.
- Constant complaints about a child (realistic & unrealistic).
- Over-hasty or violent reaction to a child's behaviour.
- Unrealistic expectations of a child.

Responding to a disclosure from a child or young person

DO:

- Let the child/young person tell you in their own words what has happened.
- Listen to the child and accept what the child is saying as the truth.
- Ask open questions, for the purposes of clarification and risk management.
- Inform the child/young person of your concerns and that you may need to pass this information on to the relevant agencies.
- Record word for word what the child/young person has said, even if this is explicit or vulgar.
- Signpost if necessary, such as to Childline or the Samaritans.

DO NOT:

- Imply that you disbelieve the child/young person, or that they are lying. Comments such as "are you fibbing?" "that didn't happen did it?" are strictly forbidden
- Promise confidentiality – it is your responsibility to make the local authority aware if you believe that a child/young person is at risk of harm
- Ask leading or direct questions, such as "did s/he hit you?"
- Keep it to yourself

Fabricated or induced illness (Munchausen's syndrome by proxy) is a rare form of child abuse. It occurs when a parent or carer, usually the child's biological mother, exaggerates or deliberately causes symptoms of illness in the child.

Behaviours include, but may not be limited to:

- persuading healthcare professionals that their child is unwell, when in fact they are perfectly healthy.
- exaggerating or lying about their child's symptoms.
- manipulates test results to suggest the presence of illness - for example, by putting glucose in urine samples to suggest the child has diabetes.
- deliberately inducing symptoms of illness - for example, by poisoning her child with unnecessary medication or other substances.

Why does fabricated or induced illness occur?

The reasons why fabricated or induced illness occurs aren't fully understood. In cases where the mother is responsible, it could be that she enjoys the attention of playing the role of a "caring mother".

A large number of mothers involved have borderline personality disorders characterised by emotional instability, impulsiveness and disturbed thinking. Some mothers have so-called "somatoform disorders", where they experience multiple, recurrent physical symptoms. A proportion of these mothers also have Munchausen's syndrome.

Some carers have unresolved psychological and behavioural problems, such as a history of self-harming, or drug or alcohol misuse. Some have experienced the death of another child.

There have also been several reported cases where illness was fabricated or induced for financial reasons - for example, to claim disability benefits.

(Adapted from NHS. Source: <https://www.nhs.uk/conditions/fabricated-or-induced-illness/>)

Whilst it is normally good practice to inform the parent or carer if you have concerns about their child and intend to make a child protection referral, this does not apply to cases of fabricated or induced illness. The All Wales Child Protection Procedures 2008 advises NOT to inform the parent or carer that you suspect fabricated or induced illness. Instead, you should refer straight to Social Services.

3). Safeguarding Adults at Risk

Adults are deemed to be at risk as per the Social Services and Well-being (Wales) Act 2014 if they have needs for care and support that impair their ability to protect themselves from abuse or neglect. Whilst the legislation no longer refers to the term 'vulnerable adult', it is useful to consider what factors may contribute to vulnerability.

"A vulnerable adult is a person over 18 years of age who is or may be in need of community care services by reason of mental or other disability, age or illness and who is or may be unable to take care of, or protect themselves, against significant harm or exploitation.

This definition may include a person who:

- has learning disabilities;
- has mental health problems, including dementia;
- is an older person with support/care needs;
- is physically frail or has a chronic illness;
- has a physical or sensory disability;
- misuses drugs or alcohol;
- has social or emotional problems;
- has an autistic spectrum disorder"

(Wales Interim Policy & Procedures for the Protection of Vulnerable Adults from Abuse, 2010, p.19).

Mental Capacity Act 2005 ☞ An underlying principle of the Act is that adults deemed to have mental capacity are entitled to make decisions about their lives, even if these decisions are considered unwise. Making unwise decisions does not necessarily indicate that an adult lacks capacity. Adults who have capacity and are able to understand abuse and risk of abuse have the right to refuse intervention (in respect of their own safety and wellbeing) even if this leaves them at risk of

significant harm. However, those working in adult protection may need to act to protect other vulnerable adults from the same abuser.

- **If you have concerns regarding a vulnerable adult who may be at risk of harm or abuse, discuss your concerns with your line manager or Designated Safeguarding Lead (Adults) as soon as is practically possible. They will advise what action should be taken.**

Phoenix DAS has a statutory duty to make the local authority aware if they have reason to believe that an adult is at risk of harm or abuse. Consideration needs to be given to the above factors to determine whether an adult is vulnerable or more at risk than others.

4). General Guidance:

Decision making ☐ the representative must take reasonable steps to discuss their concerns with their line manager or Designated Safeguarding Lead (Currently Vanessa Lewis) who will assist the representative in deciding what action needs to be taken. Concerns can also be discussed in supervision, or case management sessions.

Reporting ☐ representatives of the organisation are permitted to report their concerns to the relevant agencies (Police, Health and Social Services) without the guidance of their line manager in the following circumstances: A) All reasonable steps to discuss concerns internally have been exhausted and the representative has been unable to obtain guidance. B) The representative has concerns for the person's immediate safety. C) The representative has been advised by a duty social worker that a referral needs to be made to the department. D) If the representative feels that by not reporting their concerns, they are not complying with their statutory responsibilities.

If the representative is concerned about a person's immediate safety, they should contact the Police via 999 and Social Services via telephone as soon as is practicably possible. During out of hours, contact the Emergency Duty Team on 0800 328 4432.

Referrals to Social Services should ordinarily be submitted via a 'Duty to Report Form' (DTR). The DTR should be sent via secure email to the appropriate email address.

Best Practice ☐ Phoenix DAS advocates that it is best practice to discuss your concerns with families, when it is safe to do so. Families should be made aware when a safeguarding referral has been made to the local authority. There are exceptions to this, such as in the event that the worker

suspects Fabricated or induced illness. In this case, the worker should refer to Social Services without discussing their concerns with the family.

Recording ? regardless of the action taken, the representative should record the nature of their concerns and the actions taken on the case recording system (Paloma).

Management Committee ? The committee should be informed when a safeguarding referral has been made by Social Services.

Gaining feedback ? The representative should gain feedback from Social Services regarding the actions taken in order that the response is planned and coordinated. The current guidance outlined in the All Wales Child Protection Procedures 2008 states that feedback should be provided by Social Services to the referrer within **10 working days**.

5). Useful Links

- **All Wales Child Protection Procedures 2008**
www.childreninwales.org.uk/wp-content/uploads/2015/09/All-Wales-ChildProtection-Procedures-2008.pdf
- **Childline**
www.childline.org.uk
- **Children and Young People: Rights to Action**
<http://gov.wales/docs/caecd/publications/090415rightstoactionen.pdf>
- **NSPCC**
www.nspcc.org.uk
- **NSPCC: Child Protection Factsheet (2009)**
www.ncl.ac.uk/studentambassadors/assets/documents/NSPCCDefinitionsandsignsofchildabuse.pdf
- **POVA Guidance**
<http://ssiacymru.org.uk/pova>
- **Public Health Wales (2015) ACEs Report**
www.wales.nhs.uk/sitesplus/888/page/88507
- **Safeguarding children: Working together under the Children Act 2004**
<http://gov.wales/topics/health/publications/socialcare/guidance1/safeguardingunder2004act/?lang=en>
- **Samaritans**
www.samaritans.org

- **Social Services and Well-being (Wales) Act 2014**
www.gov.wales/topics/health/socialcare/act/?lang=en
- **South East Wales Safeguarding Children's Board**
<http://www.sewsc.org.uk/index.php?id=1>
- **Wales Interim Policy and Procedures for the Protection of Vulnerable Adults from Abuse (January 2013)**
http://ssiacymru.org.uk/home.php?page_id=8297