

Kent Liberal Jewish Community – Ohel Rachel (KLJC) Safeguarding Policy

KLJC is a small community, which at present offers no services specifically for children, young people, or vulnerable adults. Children, young people, and vulnerable adults have been, and should be, cared for by their parents/carers whilst attending KLJC. However, it is recognised that safeguarding of children and vulnerable adults is the duty and responsibility of all within KLJC whatever their role, and information and policy procedures will be disseminated throughout the community.

We all have a duty to report any abuse or neglect of which we become aware to the Designated Safeguarding Officer/Chair, external authorities responsible for child protection, adult social work safeguarding teams, and/or to police, regardless of whether that abuse is being perpetrated by those within KLJC or by those outside of it including those from vulnerable adults or the child's family/carers, extended family, their family's extended network or strangers.

Background: Why are procedures necessary?

Children, young people, and vulnerable adults can be abused in any section of our society. Abuse occurs in all ethnic, religious and regional groups and in all classes. Children and vulnerable adults may be abused by family members, (adults, young people and children), family friends, peers, professionals and carers and by strangers.

Abuse comes in many forms and the forms and signs of abuse are outlined in Appendix A for children and young people and for vulnerable adults in Appendix B. This is a guide and abuse may manifest itself in many ways.

In all cases the welfare, well-being and protection of children and vulnerable adults must be paramount. Professionals and volunteers need to be sensitive to the child or vulnerable adult's needs, the distress which investigations may arouse in the family and that the needs of the child or vulnerable adult and their family may conflict.

Responding to and managing suspicions and allegations of abuse of children or vulnerable adults demands much of professionals and volunteers, who should be appropriately supported in this role.

The effective management of protecting children and vulnerable adults requires a multidisciplinary approach supported by sharing information in a timely manner with appropriate professionals.

Sharing information with other professionals is a fundamental aspect of enabling a child or vulnerable adult's safety and protection. No professional should ever intervene alone. All concerns must be shared with others.

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Roles and responsibilities

Safeguarding is the responsibility of everyone within KLJC.

All Trustees, Employees and Volunteers are responsible for:

- Promoting working practices that ensure the welfare of children, young people, and vulnerable adults
- Completing training in safeguarding and protection and vulnerable adults, as relevant to their role
- Ensuring they understand what abuse is and are aware of how to obtain help and advice in relation to protection of children and vulnerable adults
- Ensuring they understand their role and responsibility in relation to Safeguarding and protection of children and vulnerable adults, as laid out in this document
- Understanding that they may need to disclose confidential information in the interests of safeguarding children, young people, and vulnerable adults
- Ensuring they report any disclosure, allegation, or concern regarding child protection or abuse of a vulnerable adult to the Designated Safeguarding Officer or Chair

The Designated Safeguarding Officer for KLJC is Jo Marchant.

Responding to abuse

The aim of this paper is to lay out guidelines and a procedure for dealing with situations where we come into contact with alleged or suspected cases of child or vulnerable adult abuse. It also deals with good practice in our work to protect the children, young people, and vulnerable adults that we are responsible for while in our care and protect ourselves as professionals and volunteers.

Anyone with a concern about the possible abuse of a child or vulnerable adult should contact the Safeguarding Officer or Chair. The Safeguarding Officer will liaise with the duty social worker of the Local Multi-Agency Safeguarding Hub (MASH) where the child or vulnerable adult lives (the telephone number can be found in your local directory), and may also contact the duty social worker at Norwood Ravenswood (020 8954 4555).

Disclosure procedure

If a child, young person, or vulnerable adult asks if they can tell you something or you feel that they are about to disclose:

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1. Never promise you can keep anything secret.
2. If the child, young person, or vulnerable adult then decides not to tell you, don't pressure them - just go and tell the Safeguarding Officer/Chair what happened.

If the child or vulnerable adult accepts that you may have to pass on any information they give you, suggest that both of you go to the Safeguarding Officer. Explain that you would have to tell them anyway and that they would probably want to talk to the child, young person, or vulnerable adult themselves. If what the child, young person, or vulnerable adult has to tell is very distressing it is advisable to try to minimise the amount of times that they have to repeat it. If they prefer to talk to you alone, explain you will have to pass it on to the Safeguarding Officer.

When a child, young person, or vulnerable adult discloses to you, stay calm and be reassuring. In the most appropriate way possible try to convey that:-

1. You are glad the child, young person, or vulnerable adult told you.
2. That you believe what you are being told
3. That you know it is not their fault.
4. That KLJC will do its best to protect and support them.

Child and Vulnerable Adults Protection Procedure: Receive – Reassure – Refer

Receive:

- Listen to what is being said, trying not to display shock or disbelief.
- Accept what is being said but do not comment upon it.
- Do not ask 'leading' questions

Reassure:

- Reassure the child, young person, or vulnerable adult but only so far as is honest and reliable, for example, don't make promises you may not be able to keep, such as, "I'll stay with you", or, "Everything will be all right now".
- **Don't promise to keep what they tell you a secret; you have a duty to refer.**
- **Do** reassure and alleviate guilt, if the child, young person, or vulnerable adult refers to it. For example, you could say: "You are not to blame." "You are not alone, you're not the only one this sort of thing has happened to."
- **Do not** criticise the perpetrator; the child, young person, or vulnerable adult may love them and reconciliation may be possible.
- **Do not** share your personal experiences or opinions.

Record and Refer:

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- As soon as possible all information should be recorded. Record as much detail as possible, including names, address, and contact information.
- Write down the disclosure as it was told to you. Do not include your own language, judgement or assumptions. Stick to what was actually said by the person.
- Note any observations on behaviour/emotional state or injuries and bruising.
- Note time, location and date of disclosure and sign and date the notes.
- **Do not** investigate the matter yourself, merely receive information and be ready to refer.
- Pass this information and a verbal account to the Safeguarding Officer as soon as possible. **It is your duty to refer this information** – you cannot keep it a secret.
- If the Chair or the Safeguarding Officer is not available, refer the information to a Committee member

Procedure in relation to suspicion of the abuse of a child or vulnerable adult

This section addresses what to do if you notice signs and symptoms of abuse, or which you are concerned about, but no disclosure has been made.

Do not approach the child, young person, vulnerable adult, family, carer, or anyone else involved

Record and Refer:

- As soon as possible all information should be recorded. Record as much detail as possible in a clear and objective way.
- Write down the nature of your concerns in an objective way; try to avoid making judgements or assumptions.
- Note any observations on behaviour/emotional state or injuries and bruising.
- Note time, location and date of any incidents or observations and sign and date the notes.
- **Do not** investigate the matter yourself.
- Pass this information and a verbal account to the Chair or Safeguarding Officer as soon as possible. **It is your duty to refer this information** – you cannot keep it a secret.
- If the Safeguarding Officer or the Chair is not available refer the information to a Committee member.

Confidentiality and data protection

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Confidential information is 'information not normally in the public domain or readily available from another source. It should have a degree of sensitivity and value and should be subject to a duty of confidence'.

All Trustees, employees and volunteers have a duty to disclose information where failure to do so could result in a child suffering or vulnerable adult abuse.

Detailed contemporaneous records must be kept by all involved. These should separate fact, reported information and opinion. All records must be submitted within 24 hours, and ideally on the same day, and should be signed and dated.

All records will be submitted to the Safeguarding Officer, and the records will be kept in a safe, designated place specified by the Chair.

A public interest test can be used to make judgements regarding managing confidential information. The public interest in safeguarding children and vulnerable adults overrides the need to keep information confidential. It is in the public interest:

- to protect children and other people from harm;
- to promote the welfare of children and vulnerable adults;
- to prevent crime and disorder;
- alternatively, non-disclosure may also be, in some circumstances, in the public interest.

In sharing information, consideration should be given to the following:

- Is there a legitimate reason to share information?
- Is there a necessity to identify the individual?
- If the information is confidential, has consent been obtained?
- If consent to share information is refused, do the circumstances meet a public interest test?
- Ensure the right information is disclosed appropriately (See Kent and Medway safeguarding children procedures and strategies at <https://www.kscmp.org.uk/procedures/kent-and-medway-safeguarding-procedures>)

Defining vulnerable adult abuse

People's well-being is at the heart of the care and support system under the Care Act 2014, and the prevention of abuse and neglect is one of the elements identified as going to make up a person's well-being. In the context of the legislation, specific adult safeguarding duties apply to any adult who is vulnerable.

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A vulnerable adult can be defined as: “A person aged 18 years or over 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 him or herself against significant harm or exploitation. A vulnerable adult may also be someone who is experiencing a temporary vulnerability due to a particular phase or life event e.g. bereavement, divorce, poor health, employment stress, or any other transitional phase or life event.”

An adult with care and support needs may therefore be:

- an older person
- a person with a physical disability, or a sensory impairment
- a person with a learning difficulty
- someone with mental health needs, including dementia or a personality disorder
- a person with a long-term health condition
- someone who misuses substances or alcohol to the extent that it affects their ability to manage day-to-day living.

This is not an exhaustive list.

Abuse:

May consist of a single act or repeated acts. It may be physical, verbal, or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.’ (No Secrets, Department of Health (2000, Section 2.6, p.9)

Incidents of abuse can be criminal offences and may be multiple, either to one person in a continuing relationship or to more than one person at a time.

Perpetrators of abuse can include relatives and family members, professional staff, paid care workers, volunteers, neighbours, friends and associates, people who deliberately exploit vulnerable people and strangers. It is important to note that abuse may be unintentional, notably where vulnerable adults themselves carry out the abuse. The central concern is always whether a vulnerable person has been, or could be harmed.

Employees and volunteers are legally required to report immediately any allegation or concern of suspected abuse/mistreatment. They should be aware that the suspected abuser may be:

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- a vulnerable person
- an employee or volunteer
- family member
- carer
- other person in contact with the vulnerable person.

Stranger abuse - It is important to keep an open mind about who might abuse a vulnerable person or carer. An abuser may not be known to the person being abused and may be a person who deliberately targets vulnerable people in order to exploit them.

Institutional abuse - Neglect and poor professional practice also need to be taken into account in this policy. This may take the form of isolated incidents of poor or unsatisfactory professional practice, through to long-term ill treatment or gross misconduct. Repeated instances of abuse are referred to as 'institutional abuse'. These might occur in settings such as a Care Home.

Mental capacity act 2005, Summary

Five Statutory Principles

The Act is underpinned by five principles, which are contained within the Act and explained in the Mental Capacity Act Code of Practice (Office of the Public Guardian July 2013):

- a presumption of capacity - every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise
- the right for individuals to be supported to make their own decisions - people must be given all appropriate help before anyone concludes that they cannot make their own decisions
- that individuals must retain the right to make what might be seen as eccentric or unwise decisions
- best interests - anything done for or on behalf of people without capacity must be in their best interests
- least restrictive intervention – before anything is done for or on behalf of people without capacity care must be taken to avoid restricting the person's rights and freedom of action.

There are important statutory and procedural safeguards for adults who lack capacity. You do not have the right to make the decision about whether someone lacks capacity - this is a decision for the authorities and not for KLJC staff or volunteers.

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Appendix A

Recognising Signs of Children and Young People Abuse and Neglect

What is Abuse and Neglect?

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or by a stranger. Abuse can occur in person or via the internet. They may be abused by an adult or adults, or another child or children.

Physical abuse

Physical abuse 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. Symptoms that indicate physical abuse include: bruising, scars of different ages and lengths from untreated wounds, fractures, and marks that repeat.

Emotional abuse

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. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Symptoms may include, but are not limited to: excessive clingy or attention seeking behaviour; low self-esteem; fearfulness; despondency; constantly seeking to please; lack of appropriate boundaries; anxiety; depression, eating disorders, self-harming or other mental health problems.

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Sexual abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities 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 outside of clothing. 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 also includes child sexual exploitation (CSE), where children are sexually exploited for money, power or status. Children or young people may be tricked into believing they're in a loving, consensual relationship. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Symptoms of sexual abuse may include, but are not limited to: genital soreness or discomfort; STD's; sexualised play or behaviour; a child who is sexually provocative; a child talking inappropriately (for their age) about sexual issues; nightmares; going missing from school and home; drug and or alcohol abuse; depression, eating disorders, self-harm or other mental health problems.

Neglect

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, for example, as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers);
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs. Symptoms may include inadequate supervision, being left alone for long periods; lack of stimulation, social contact or education; inadequate nutrition; a child who is constantly hungry, stealing or gorging food; failure to provide adequate standards of hygiene, clothing, and comfort in the home; failure to seek or follow medical advice so that a child's life or development is endangered.

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Appendix B

Recognising signs of vulnerable adult abuse

Even for those experienced in working with vulnerable adult abuse, it is not always easy to recognise a situation where abuse may occur or has already taken place. Most people are not experts in such recognition, but indications that a person is being abused may include one or more of the following:

Physical indicators

- Injuries: lacerations, bruises, fractures, burn marks, finger marks, scalds.
- Any injury that has not been properly cared for at various stages of healing.
- Unexplained, or inappropriately explained, fractures at various stage of healing to any part of the body.
- Signs of hair pulling – absence of hair or bleeding under the scalp.
- Poor skin condition; poor skin hygiene, pressure sores.
- Unattended medical problems.
- Fear; person appears frightened or subdued in the presence of particular people, or flinches at physical contact.
- Reluctance to undress or uncover body parts.
- Excessive drowsiness.
- Change in appetite.
- Psychological or emotional indicators.
- Untypical ambivalence, deference, resignation, becoming passive.
- Person appears anxious or withdrawn, especially in the presence of the alleged perpetrator.
- Person exhibits low self-esteem.
- Person rejects their cultural background and /or racial origin.
- Untypical changes in behaviour, e.g. continence problems, sleep disturbance, depression or fear.
- Person is not allowed visitors or calls.
- Persons locking themselves in their room/home.
- Person is denied access to aids or equipment e.g. glasses, hearing aid, crutches.
- Person's access to personal hygiene and toilet is restricted.
- Person feels isolated.
- Person is exposed to inappropriate stimuli.

Financial or material indicators

It is believed that financial abuse is one of the most common forms of abuse experienced by vulnerable adults. The following indicators should always be reported:

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- unexplained inability to pay bills
- unexplained or sudden withdrawal of money from bank accounts
- disparity between assets and satisfactory living conditions
- extraordinary interest by family members and other people in the person's assets
- family or friends obstructing solicitors, social services, or other service providers and employees and staff visiting from voluntary organisations to discuss financial matters when the person has asked for an appointment.

Indications of neglect or omission

- Poor hygiene e.g. strong body odour
- Malnutrition and dehydration – changes in appetite
- Soiled clothing and bed linen
- Person has inadequate heating/lighting
- Person cannot access medication or medical care
- Person is not offered appropriate privacy or dignity
- Person and/or their carer has consistent or reluctant contact with health and social services
- Callers/visitors are not allowed access to the person
- Fear
- Person is left without access to aids e.g. glasses, hearing aid, crutches.

Discriminatory indicators

Discrimination can manifest itself as:

- physical abuse/ assault
- sexual abuse / assault
- financial abuse/ theft
- neglect
- psychological abuse / harassment.

Indicators of institutional abuse

- Inappropriate or poor care
- Misuse
- Restraint
- Sensory deprivation e.g. denial of glasses, hearing aids etc
- Lack of respect shown for personal dignity
- Lack of flexibility with meal times and bedtimes, choice of food
- Lack of personal clothing or possessions
- Lack of privacy

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- Lack of adequate procedures e.g. for medication, financial management
- Controlling relationships between employees and service users
- Poor professional practice.

Sexual indicators

- Unexplained difficulty in walking or sitting, urinating or defecating
- 'Love bites'
- Frequent complaints of abdominal pain without obvious cause
- Torn, stained or bloody underclothes
- Self mutilation
- Acting out/ aggressive behaviour
- Increased agitation – or, conversely, becoming physically withdrawn
- Recurrent nightmares and sensitivity to touch
- Negative changes in sexual feelings and expression by people who have previously maintained a sexual activity, or increased sexual acting out (e.g. public masturbation)