Safeguarding User Guide

Updated: May 2023

Named Person: Hannah Hardcastle

Deputy Named Person: Rose Kent

1. Introduction

Accessible Arts & Media recognises the need to provide a safe and caring environment for children, young people and vulnerable adults. It also acknowledges that they can be the victims of physical, sexual and emotional abuse, and neglect. Accessible Arts & Media will ensure the safety and protection of all children, young people and vulnerable adults involved in its activities through adherence to the guidelines outlined in this user guide. Accessible Arts and Media ensure a commitment to a zero tolerance of abuse and neglect of children, young people and adults.

Safeguarding should always be in front of our minds when working with children and vulnerable adults.

This guide should be read in conjunction with Accessible Arts & Media's Child and Adult at Risk Safeguarding Policy, Accessible arts & Media's Online Practice Guide, Accessible Arts & Media's Data Management Policy and Privacy Policy and Accessible Arts & Media's Lone Working Policy.

2. Safe practice requirements

All staff, volunteers and trustees should demonstrate exemplary behaviour in order to promote the welfare of children, young people and vulnerable adults; and to reduce the likelihood of allegations being made. Follow these common sense examples of how to create a positive culture and climate.

Planning a project for work involving children, young people and adults at risk means: -

2.1 When planning a project:

- ✓ Undertake, at the outset of project planning, a risk assessment, and monitor risk throughout the project;
- ✓ Identify, at the outset, the people with designated protection responsibility.
- ✓ Engage in effective recruitment, including appropriate vetting of staff and volunteers;
- ✓ Know how to get in touch with and report concerns to local authority, social services and other agencies;
- ✓ Put systems in place to create and manage good relationships with parents and other stakeholders;
- ✓ Be aware of the content of your AAM work and the impact it may have on children, young people or adults at risk
- ✓ Ensure all staff and volunteers are aware of their ongoing responsibilities for the children and adults at risk who participate in AAM projects;
- ✓ Make sure you are working in an open environment;
- ✓ Continuously assess and monitor physical risks throughout the projects.

2.2 Safe practice in interpersonal dealings means: -

- ✓ Treating all children, young people or adults at risk equally, and with respect and dignity;
- ✓ Always putting the welfare of each participant first before achieving goals;
- ✓ Building balanced relationships based on mutual trust which empowers children, young people or vulnerable adults to share in the decision-making process;

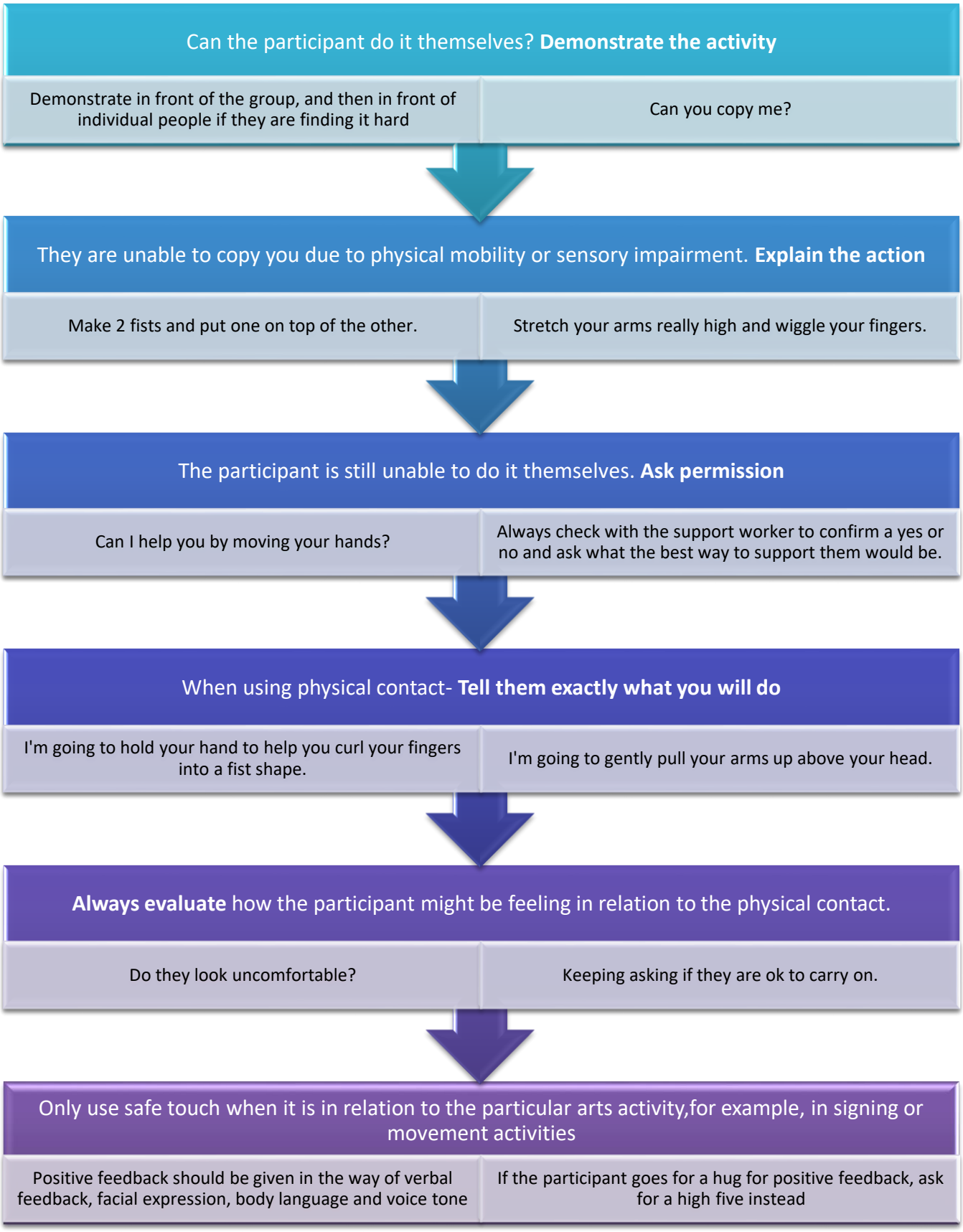
- ✓ Giving enthusiastic and constructive feedback rather than negative criticism;
- ✓ Making the arts fun, enjoyable and promoting equality;
- ✓ Recognising that children or young people with disabilities may be even more vulnerable to abuse than other children or young people;
- ✓ Working to ensure that personal and sexual relationships do not develop between artists/facilitators, volunteers and participating young people/ vulnerable adults, and be alert to potential grooming situations;
- ✓ Ensuring that all young people and adults at risk understand peer relationships and appropriate behaviour towards each other: especially including use of toilets, changing areas;
- ✓ Personal contact details of staff and volunteers will not be shared with children and adult at risk. Social media contact is strictly limited to the requirements of Accessible Arts and Media;
- ✓ Ensuring that Personal Care duties are only carried out by a disabled person's designated support worker. If the disabled person does not have a support worker or a carer with them, only Accessible Arts and Media staff who have a full children and adults at risk Disclosure and Barring Service check are permitted to assist them, and 2 members of staff should assist;

2.3 Safe Touch

When working with children, young people and adults at risk it is important to remember to use safe physical contact. We should only use safe touch when it is in relation to the particular arts activity to ensure they can participate fully, otherwise we should maintain a safe and appropriate distance from participants.

See the flow chart below to maintain safe touch.

2.4 Safe Touch Flow Chart



3. I Suspect Child or Adult at Risk Abuse- What Should I do?

3.1 It is not the responsibility of anyone working in Accessible Arts and Media in a paid or unpaid capacity to decide whether or not abuse has taken place. Under no circumstances should a member of staff or volunteer carry out their own investigation into the allegation or suspicion of abuse. The person in receipt of allegations or suspicions of abuse (sexual, financial, physical, neglect or abuse of position of trust/ grooming) will do the following:

1. Concerns must be reported as soon as possible to the Named Person, Hannah Thompson, who is nominated by Accessible Arts and Media to act on their behalf in dealing with the allegation or suspicion of neglect or abuse, including referring the matter on to the statutory authorities.
2. In the absence of the Named Person, or if the suspicions in any way involved the Named Person then the report should be made to the Deputy Named Person, Rose Kent. If the suspicions implicate both the Named Person and the Deputy Named Person, then the report should be made in the first instance to the Chair of Trustees.
3. In the event of an allegation, referral or disclosure, the Named Person will contact the relevant team in the authority in which they are working.
4. The Chair of the Board of Trustees must be informed that an allegation, referral or disclosure has been made.

3.2 Suspicions must not be discussed with anyone other than those nominated above. A written record of the concerns will be made with the Named Person in accordance with Accessible Arts and Media procedures and kept in a secure place. The role of the Named Person/ Deputy Named Person is to collate and clarify the precise details of the allegation or suspicion and pass this information on to the Social Services Department. It is Social Services' task to investigate the matter under Section 47 of the Children Act 1989.

3.3 Who Needs to Know- Safe Practice

The welfare of the child, young person or adults at risk is the prime concern. Decisions about confidentiality should always be motivated by this statement.

- When possible, let the individual know what you write about them. This can prevent mistrust and helps ensure accuracy.
- Tell the individual who you will pass the information onto and what you will say.
- If you are uncertain or upset and do not want to breach confidentiality, discuss this with your manager/ supervisor. They are there to support you.
- You will probably want to talk to your friends and family about the work you do with children, young people and vulnerable adults. Be aware of what you are saying- we work in communities where everybody knows everybody, especially within the area of disability. It is not enough to change the names and then discuss details of children, young people, adults at risk or their families.
- Help and encourage children, young people and adults at risk to maintain their own confidentiality and their dignity.
- Be wary of hearsay and gossip. Do not join in and if you are concerned about something you are told or overhear, always discuss with your manager or supervisor.
- You will receive information about the child, young person or vulnerable adult who use the service. Keep this information in one place and keep it safe to ensure confidentiality.
- Never promise to keep a secret. You do not know what you are agreeing to and may not be able to honour your promise.

- When dealing with other people's information, ask yourself
  - How do I best keep this child, young person safe or adults at risk safe?
  - How would I feel?
  - Why do I need to know?
  - Who else needs to know?
  - How do I keep myself safe?

3.4 I Have Concerns of Abuse- What To Do

If you have concerns of abuse or a child, young person or adult at risk follow the steps below:

Receipt of concern/ allegation (observed or disclosed)

Listen and do not comment on the information

Make record of the information immediately

Inform the person making the allegation that the information will be passed on to the named person

Pass on information immediately to named person

Named Person will complete a concern form and take advice from children's or adult social services

3.5 A Child or Adult at Risk has Disclosed Information- What To Do

Your reaction is very important when a child or adult at risk has disclosed abuse, as you don't want to frighten them. Remember to:

- Stay calm- don't appear angry or shocked. Keep your feelings under control. In showing your feelings this could cause the person to 'shut down', retract or stop talking.
- Take the child or adult at risk seriously. A child or vulnerable adult could keep abuse secret in fear they won't be believed. They've told you because they want help and they trust you.
- Listen carefully. Avoid expressing your own views on the matter. Don't add your own thoughts or beliefs.
- Be reassuring and tell them they've done the right thing. Reassurance can make a big impact to the person who may have been keeping the abuse secret. Avoid using physical contact.
- Tell the child or adult at risk that it's not their fault.

Getting a clear understanding is very important as this could be the first disclosure. To do this:

- Do not use leading questions. Child and adult at risk protection law is very strict and an abuse case can be dismissed if it appears a person has been led or words have been suggested.
- To clarify what has been said, use their words.
- If you need to ask questions to clarify information, use who, what, where, when, how or 'tell me what happened', or 'explain what happened next' or 'describe what you saw'.

Confidentiality is very important:

- Any information that has been disclosed should only be shared with the Named Safeguarding Person, or Deputy Named Person.
- Do not talk to friends, or other colleagues about the disclosure.
- Explain to the child or vulnerable adult that you can't keep this a secret and that you will need to tell someone else who will be able to help.

After the disclosure has been made you must:

- Report what has been said to your Named Person or Deputy Named Person immediately.
- Immediately record what has been said using their own words. Don't use your opinion or feelings.
- Do not investigate the disclosure yourself. Especially, don't talk to the alleged abuser. This could cause the situation for the child or vulnerable adult to get worse.

Information has been disclosed- What do I do?

Confidentiality is vital. Any information regarding safeguarding should only be discussed with the Named Person, or Deputy Named Person, or Chair of Trustees.

Do not talk to friends, family, or the family and friends of the child or adult at risk about what you have heard- this could compromise the safeguarding case.

Your **reaction** is very important as it may frighten the child or vulnerable adult and may frighten them into not disclosing. Remember to:

Stay calm- don't appear shocked or angry. Keep your feelings under control.

Take the child or adult at risk seriously. Listen carefully and show you believe them.

Listen and observe- don't add your own thoughts.

Be reassuring and comforting, but don't use physical contact to comfort them.

The child/ adult at risk trusts you to tell you, your **task** is to:

Reassure them that they have done the right thing in telling you and that they are not to blame.

Make sure you have a clear understanding of what has been said.

Do not promise confidentiality- reassure the child/ vulnerable adult that you might have to tell other people to stop what is happening.

Report what has been said to your Named Person or Deputy Named Person immediately- they will follow up the disclosure.

Immediatly record what has been said using their own words. Don't use your opinion.

Getting a clear understanding is very important as this could be the first disclosure.

Do not ask leading questions. Child and adult at risk protection law is very strict and an abuse case can be dismissed if it appears a child or adults at risk has been led or words or ideas have been suggested.

If you need to ask questions to clarify information, use

who? what? where? when? how? Or '**tell** me what happened', or '**explain** what happened next,' or '**describe** what you saw'.

3.6 An Allegation Has Been Made Against Me- What Should I do?

It is not your responsibility, in a paid or unpaid capacity to decide whether or not abuse has taken place. Under no circumstances should a member of staff or volunteer carry out their own investigation into the allegation or suspicion of abuse.

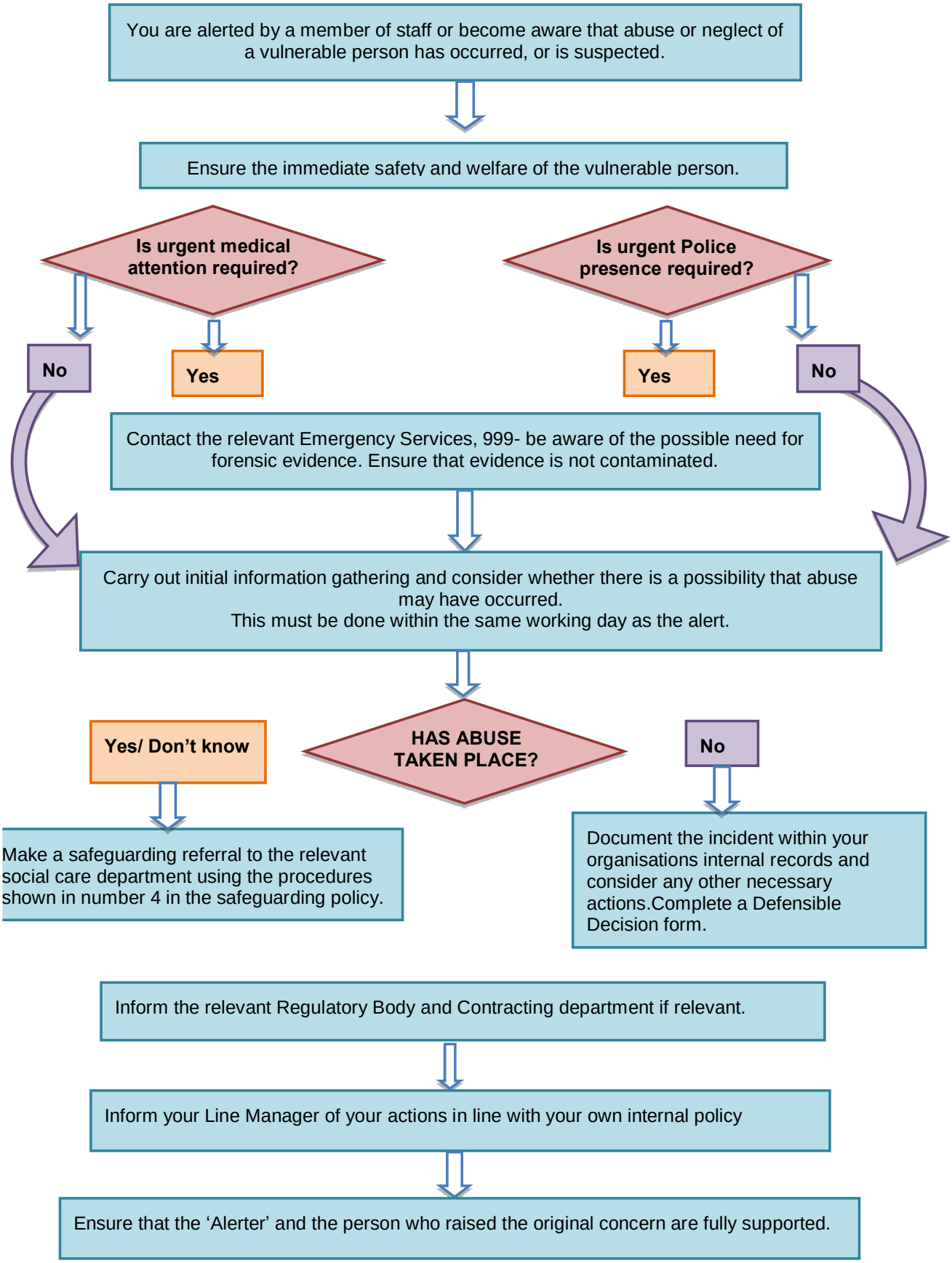
If an allegation has been made against you, you must inform the Named Person or the Deputy Named Person immediately.

In the event of a safeguarding concern or an allegation made about you, the HR subgroup will have full oversight and must be informed immediately. Together with the Named Person, a decision will be made as to whether you may have continued contact with the young people, adults at risk and AAMs work or if they should be suspended without prejudice whilst the allegation is being investigated. AAM will report all such allegations to the appropriate statutory authorities.

3.7 What happens after I have reported concerns or allegations of abuse?

The Named Person, or Deputy Named Person will follow the steps below when a report has been made to them.

3.8 What happens after I have reported concerns or allegations of abuse Flow Chart



Appendix 1: Useful Contact Information

1. Child and Adult Social Care Services Contacts

Authority	Children	Adults at Risk
City of York	Children's Advice and Assessment Service Multi-Agency Safeguarding Hub- https://www.saferchildrenyork.org.uk/ Where appropriate, a referral should be made using the LADO Referral Form. If you do not have secure email contact: **01904 551900 or** mash@york.gov.uk Or if it is out of office hours contact: Emergency duty team: **0300 131 2 131 or** edt@northyorks.gov.uk	Adults Safeguarding and DOLS Team Via Customer Advice Centre on **01904 555111** Out of normal office hours: Emergency Duty Team **0300 131 2131** Use the **Safeguarding Adults 'concern form'**
North Yorkshire	Customer Service Centre: **01609 780780** Outside office hours: **0300 131 2131**	Customer Service Centre: **0300 131 2131** Outside office hours: **0300 131 2131** For more information: http://www.northyorks.gov.uk/article/24309/Safeguarding-vulnerable-adults
Emergency Duty Team: The Emergency Duty Team, which covers out of hours concerns about children and adults for York and North Yorkshire is: **0300 131 2131**		
	If you think a child or vulnerable adult is at immediate risk of harm, call 999 **In non-emergency cases that require police attention, call 101**	

2. AAM Contacts

Named Person:	Deputy Named Person:	Chair of Trustees:
Hannah Hardcastle, Programme Manager Clifton Explore, Rawcliffe Drive, York YO30 6NS Email: hannah.thompson@aamedia.org.uk Tel: 01904 626965 Mob: 07762 428818	Rose Kent Creative Director Clifton Explore, Rawcliffe Drive, York YO30 6NS Email: rose.kent@aamedia.org.uk Tel: 01904 626965 Mob: 07927 570290	Accessible Arts & Media Clifton Explore, Rawcliffe Drive, York, YO30 6NS **NB Please do this in writing clearly marking the envelope 'Private and Confidential'**

Appendix 2: Types of abuse and their symptoms

Abuse can be categorised into distinct types:

1. **Physical Abuse:**
2. **Sexual Abuse:**
3. **Emotional Abuse:**
4. **Physical Neglect:**
5. **Abuse of a Position on Trust**
6. **Financial Abuse**
7. **CSE or Child Sexual Exploitation**

1 Physical Abuse:

This involves physical injury to a child, young person or adult at risk, including deliberate poisoning, where there is definite knowledge or a reasonable suspicion, that the injury was inflicted or knowingly not prevented.

Typical signs of Physical Abuse are:

- **Bruises and abrasions –** especially about the face, head, genitals or other parts of the body where they would not be expected to occur given the age of the child. Some types of bruising are particularly characteristic of non-accidental injury especially when the child's/vulnerable adult's explanation does not match the nature of injury or when it appears frequently.
- **Slap marks –** these may be visible on cheeks or buttocks.
- **Twin bruises on either side of the mouth or cheeks –** can be caused by pinching or grabbing, sometimes to make a child/adult at risk eat or stop them from speaking.
- **Bruising on both sides of the ear –** this is often caused by grabbing a child/vulnerable adult that is attempting to run away. It is very painful to be held be the ear, as well as humiliating and this is a common injury.
- **Grip marks on arms or trunk –** gripping bruises on arm or trunk can be associated with shaking a child/vulnerable adult. Shaking can cause one of the most serious injuries to a child; i.e. a brain haemorrhage as the brain hits the inside of the skull. X-rays and other tests are required to fully diagnose the effects of shaking. Grip marks can also be indicative of sexual abuse.
- **Black eyes** – are mostly commonly caused by an object such as a fist coming into contact with the eye socket. **NB.** A heavy bang on the nose, however, can cause bruising to spread around the eye but a doctor will be able to tell if this has occurred.
- **Damage to the mouth** – e.g. bruised/cut lips or torn skin where the upper lip joins the mouth.
- **Bite marks**
- **Fractures**
- **Poisoning or other misuse of drugs** – e.g. overuse of sedatives.
- **Burns and/or scalds** – a round, red burn on tender, non-protruding parts like the mouth, inside arms and on the genitals will almost certainly have been deliberately inflicted. Any burns that appear to be cigarette burns should be cause for concern. Some types of scalds known as 'dipping scalds' are always cause for concern. An experienced person will notice skin splashes

caused when a child/ adult at risk accidentally knocks over a hot cup of tea. In contrast a child/ adult at risk who has been deliberately 'dipped' in a hot bath will not have splash marks.

2 Sexual Abuse

The involvement of dependent, developmentally immature children, vulnerable adults and adolescents in sexual activities they do not truly comprehend, to which they are unable to give informed consent or that violate the social taboos of family roles. Sexual abuse of children includes both contact sexual activity and exposing children to pornographic images. Grooming of a child under 18 is a criminal offence even if no contact sexual activity takes place (see also Abuse of Position of Trust below.)

Typical signs of Sexual Abuse are:

- **A detailed sexual knowledge inappropriate to the subject's age**
- **Behaviour that is excessively affectionate or sexual towards other children or adults.**
- Attempts to inform by making a disclosure about the sexual abuse often begin by the initial sharing of limited information with an adult. **It is very characteristic of victims of sexual abuse to have an excessive pre-occupation with secrecy** and try to bind the adults to secrecy or confidentiality.
- **A fear of medical examinations.**
- **A fear of being alone** – this applies to friends/family/neighbours/baby-sitters, etc
- **A sudden loss of appetite, compulsive eating, anorexia nervosa or bulimia nervosa**.
- **Excessive masturbation is especially worrying when** it takes place in public.
- **Promiscuity**
- **Sexual approaches or assaults –** on other children or adults.
- The drawing of **pornographic or sexually explicit images.**

3 Emotional Abuse

The severe adverse effect on the behaviour and emotional development of a child/vulnerable adult, caused by persistent or severe emotional ill treatment or rejection. All abuse involves some emotional ill treatment – this category should be used where it is the main or sole form of abuse.

4 Physical Neglect

The persistent or severe neglect of a child/vulnerable adult (for example, by exposure to any kind of danger, including cold and starvation), which results in serious impairment of the child's/ adult at risk's health or development, including non-organic failure to thrive. Persistent stomach aches, feeling unwell, and apparent anorexia can be associated with Physical neglect.
Typical signs of Physical Neglect are:

- **Underweight** – a child/adult at risk may be frequently hungry or pre-occupied with food or in the habit of stealing food or with the intention of procuring food. There is particular cause for concern where a persistently underweight child/adult at risk gains weight when away from home, for example, when in hospital or on a school trip. Some children also lose weight or fail to gain weight during school holiday when school lunches are not available and this is a cause for concern.

- **Inadequately clad** – a distinction needs to be made between situations where children are inadequately clad, dirty or smelly because they come from homes where neatness and cleanliness are unimportant and those where the lack of care is preventing the child from thriving.

Physical Neglect is a difficult category because it involves the making of a judgement about the seriousness of the degree of neglect. Much parenting falls short of the ideal but it may be appropriate to invoke child protection procedure in the case of neglect where the child's/ adult at risk's development is being adversely affected.

5 Abuse of a Position of Trust may take place where a staff member or volunteer engages or attempts to engage a young person or adult at risk in a sexual relationship. In the case of a young person of 16 or 17, this is still a criminal offence even when the child is legally able to consent. Grooming of children under 18 is a criminal offence even if no sexual conduct takes place, but if it can be shown to have been intended.

Sharing of personal mobile numbers or social media contacts must not happen between staff and participants as it can open the way to Abuse of Position of Trust, or lead to accusations therof.

A level of distance in social contact needs to be maintained with project participants, although AAM recognises that this can be difficult when working learning disabled adults, living with a degree of independence. We expect staff to seek guidance from AAM's director or chair of trustees if they are ensure where or how to draw the line.

6 Financial Abuse: Taking money, goods or property without permission. This can include theft, fraud, exploitation or putting pressure on someone to make a will, transfer the ownership of property or carry out other financial transactions.

7 Child Sexual Exploitation (CSE) is a type of sexual abuse in which children are sexually exploited for money, power or status. See Appendix 2 for more information and guidance.

Appendix 3: Child Sexual Exploitation Awareness

Sexual exploitation of children and young people under 18 involves exploitative situations and relationships where young people (or someone close to them) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, or having performed on them, sexual activities. Source: H.M. Government

Child Sexual Exploitation (CSE) can happen in towns, cities and rural areas. It can happen to girls and boys. It exposes children to physical danger and the long-term emotional and health consequences can be very grave. It damages families and the lives of parents, carers and siblings.

Anyone under the age of 18 is a child by law and anyone under 16 cannot legally consent to sex. Children who are sexually exploited should be protected by the law, even if in the perpetrator's eyes they no longer look like children. There is some evidence to suggest that children from 13 are more at risk because from that age they are required to give evidence in court and the fear of doing so may be a disincentive to report their abusers.

The perpetrators of Child Sexual Exploitation often prey on vulnerable young people, taking advantage of their low self-esteem to facilitate the grooming process. Frequently, but not always, drugs are used, both as a grooming tool and to make the victim dependent on the abuser. However not all victims are obviously vulnerable and may not necessarily come from unstable family backgrounds.

Considerable amounts of money change hands as young people are treated as commodities. Organised groups traffic young people to different parts of the country, which makes it more difficult for the young person to escape and find their way to safety. Other perpetrators may see their ability to provide young girls for parties in their criminal community as no different to providing drugs.

Perpetrators of CSE come from all ethnic groups and so do their victims.

Evidence shows that CSE is often organised and its perpetrators part of a network of paedophiles and pimps. Both girls and boys are groomed towards sexually exploitative relationships, usually by men posing as their boyfriends.

Signs of CSE have been identified by parents, carers & agencies:

- The young person suddenly has more money than usual
- They are wearing new clothes
- They have a completely new group of friends and have moved away from their friendship group
- They have a different way of speaking
- They have a new phone, one that nobody seems to have the number for
- They have undergone a sudden change in physical appearance; either looking after their appearance much more or much less
- They have an older partner who is paying for everything
- They are refusing to communicate with key adults, parents or carers
- They have a new street name and are getting phone calls from strangers using this new name
- They are truanting from school
- They are using drugs
- They are suffering from sexually transmitted diseases.

It is important to be aware of the signs and symptoms of CSE but it may be counter productive to try to catch the young person out. After all, many of these behaviours could have another explanation or be a normal part of growing up.

Often the young person will be in denial about what they are doing. In the early stages of grooming they will feel valued, loved and spoiled by the new attention they are getting. But remember, the young person may be being targeted by a ruthless, manipulative criminal who will be well practised in causing as much conflict as possible between the young person and their family or their carers.

If you are concerned, keep a record of what is happening. Research has shown that the most important factor is to have the trust of the young person so that they will open up and talk and so that they know they can come to the parent/carer or key adult if they are worried.

Other young people will often be the first to notice something is wrong and they may have street knowledge of who the CSE target is hanging out with. **It is common for pimps to use peers to bring other young people into exploitative situations.** The teenage community may be aware of this but will have barriers to reporting it or passing it on. It is very important that they know there are confidential channels for them to do this.

Childline: 0800 1111
NSPCC: 0808 800 500
NAPAC: 0808 801 033 http://napac.co.uk/ Supporting recovery from childhood abuse
CROP - the Coalition for the Removal of Pimping supports parents and carers affected by CSE. More information and contact details: www.cropuk.org.uk

Appendix 4: Glossary

Child	In this document, a child is defined as any person under the age of 18.
Criminal Record Bureau	The criminal records bureau used to provide criminal record checks for employers, before the merge to Disclosure and Barring Service.
Disclosure Barring Service	Criminal Records Bureau and Independent Safeguarding Authority have merged to form the Disclosure and Barring Service (DBS). This means there is only one organisation that processes criminal checks and barring decisions. The merge took place December 2012.
Intimate Care	Intimate care is any care which may involve, washing, touching or carrying out an invasive task that a child, young person or adult are unable to carry out themselves because of physical disability, special educational needs associated with learning difficulties, medical needs. Intimate care may involve help with drinking, eating, dressing and toileting.
ISA	The Independent Safeguarding Authority (ISA) has been created to help prevent unsuitable people from working with children and vulnerable adults.
Mental Capacity	The ability to make a particular decision about a particular situation at a particular time. Capacity must always be assumed unless proved otherwise.
Profound and Multiple Learning Disability	There is no accepted definition of profound and multiple learning disabilities, but it is usually associated with significant developmental delay, with additional physical and sensory impairments.
Regulated Activity	Regulated activity is activities that you must not do if you are barred from working with children or vulnerable adults. Activities that are within unsupervised activities, or 'specified places' which happen frequently (at least once a week, or 4 days a month) are classed as regulated activity. Any activity that involves personal care, intimate care, health care or fostering and registered child minding, even if done once, is also classed as regulated activity.
Risk Assessment	Framework and documentation to be used to assess the level of risk of significant harm occurring in the future.
Safeguarding Adults	All work which enables any adult "*who is or may be eligible for community services"* to retain independence, wellbeing and choice and to access their human right to live a life that is free from abuse and neglect.
Safeguarding Adults Board	The body of Safeguarding Lead Officers from Partner Agencies responsible for overseeing the implementation and monitoring of Safeguarding Adults Policy and Procedures.
Total Communication	Total communication is the use of different communication types, such as speech, signs, body language, facial expression, written word, visual prompts and any other means of communication, which allows a message to be received and understood.
Adult at risk	The term 'adult at risk' has replaced 'vulnerable adult'. The term 'adult at risk' is detailed in the new Care Act 2014 and focuses on the situation causing the risk, rather than the characteristics of the adult concerned.
Young person	In this document, a 'young person' is in the upper age ranges of the official definition of a child. The term has no legal status- it acknowledges that people ages 16 or 17 may not think of themselves as 'children'.
Zero Tolerance	Non-acceptance of anti-social and especially criminal behaviour, with an emphasis on dealing effectively with every manifestation of the behavior, however large or small.