



Fairfield
Farm
Trust

Charity No. 273924

Child Protection Policy

Policy number	New or Reviewed	Date of next review	Responsibility
P002	November 2020	November 2022	Principal

'Providing outstanding opportunities for people with learning difficulties to be successful'

Statement: Fairfield Farm Trust operates a policy of zero tolerance towards any type or form of abuse directed at residents.

1. Introduction

1.1. This is statutory guidance from the Department for Education (the department) issued under Section 175 of the Education Act 2002, the Education) Regulations 2014, and the Non-Maintained Special Schools (England) Regulations 2015. Schools and colleges in England must have regard to it when carrying out their duties to safeguard and promote the welfare of children. For the purposes of this guidance children includes everyone under the age of 18 and up to 25 with an EHCP. This policy can be read in conjunction with our other policies; in particular:

- Protection of Vulnerable Adults
- Whistle Blowing
- Safeguarding
- E Safety and Online Protection

1.2. This policy is formulated in recognition that abuse of children is widespread, but frequently unrecognised in our society. Abuse can take place in any situation, care setting, education setting or college, as well as at home. Perpetration of abuse may be by someone in position of trust, power or authority that uses his or her position to the detriment of the health, safety or welfare and general well-being of a child. The perpetrator may be a family member, relative or friend or those charged with a voluntary or professional care role, another service user or a total stranger.

1.3. The prevention of abuse of children is a collective responsibility of all sections of society. However, staff including volunteers at Fairfield Farm Trust (FFT) who are in contact with children (residents under 18 years of age) hold a particular responsibility to ensure their personal safety and to facilitate the prevention and early detection of abuse from whatever quarter, thus ensuring that appropriate protective action can be taken.

2. What to do if you suspect a child is being or has been abused (residents under 18 years of age)

Follow the guidance on the Wiltshire Safeguarding Children Board flowchart – an up to date copy of this should be displayed in offices and staff rooms across Trust premises.

2.1. If there are any concerns regarding child abuse even without evidence, disclosure, or allegation, discuss this with the Designated Safeguarding Lead, or in their absence, a Manager or the Principal. The report will be investigated and a notification made if necessary. The report will be kept on file in any event for future reference. The process of recording is through the SchoolPod online system. Full training and directions will be given in each case.

3. What to do if you know a child has been abused or a disclosure or allegation has been made to you

3.1. In a case of known abuse, an allegation or a disclosure, immediately inform the Designated Safeguarding Lead, a Manager or the Principal. Complete a Safeguarding Incident on SchoolPod as soon as possible, preferably within 24 hours.

4. Notification

- 4.1. When abuse is confirmed or suspicions are substantial and serious the Designated Safeguarding Lead or, in their absence, a designated deputy or manager will notify:
- The Multi-agency Safeguarding Hub (MASH) on 0300 456 0108 or out of hours the Emergency Duty Team on 0300 456 0100
 - If the allegation is against a member of staff, trustee or volunteer at the Trust it must be reported to the Designated Officer for Allegations (formerly known as LADO) within one working day on 01225 718079 (direct line) or 01225 713945
 - If the child is at immediate risk dial 999 and ask for police assistance
- 4.1.2. If appropriate - the Registered Manager or designated manager will report this to The Care Quality Commission, following their statutory notification procedures as outlined on the CQC website.

5. The Designated Safeguarding Lead

- 5.1. The nominated Safeguarding Lead is Dr.Graeme Athey.

6. Philosophy Statement

- 6.1. All staff, including volunteers across the FFT are required to support the following philosophy statement in accordance with the principles contained within the European Convention on Human Rights and the Human Rights Act 1998 and Safeguarding Children in Education September 2004:
- all individuals have the right to live their lives free from coercion, intimidation, oppression and physical, sexual, emotional or mental harm.
 - all individuals have a right to a family life and privacy.
 - all individuals have a right to a safe learning environment
 - all individuals have a right to confidentiality in respect of personal information, if this does not infringe the rights of other people.
 - all individuals have the right to access information relating to them and their circumstances
 - all individuals have the right to make informed choices about their circumstances.
 - all individuals have the right to the protection of the law and access to the judicial process.
- 6.2 Abuse is a violation of an individual's human and civil rights by any other person or persons. The risk of being abused depends upon the situation, the environment and the perpetrators, not on the behaviour of victims. Many incidents of abuse are criminal offences.
- 6.3 Recognising that inequality, disadvantage and discrimination exist in society, all FFT staff must accept the responsibility to ensure that all residents, regardless of their ethnic origin, religion, language, age, sexuality, gender or disability, have equal opportunity to access services and information designed to protect them from abuse and to promote their welfare.
- 6.4 FFT will ensure that any necessary measures e.g. advocacy, are taken or provided, to support and empower individuals to decide what action, if any, will be taken. Where a resident does not have the capacity to consent to actions taken to protect them, it should be clarified who, if anyone, has the power to act on their behalf.

6.5 Staff and volunteers are not to physically intervene or use physical restraint in conflict situations unless there is a real and immediate risk of serious injury to the resident, themselves, or others and they have completed accredited training as outlined in the Positive Behaviour Support Policy.

7. Staff Recruitment

- 7.1. Applicants are asked to declare convictions on the application form prior to interview. The interview process includes a question to ascertain awareness of child/adult protection issues. Staff complete DBS check forms on appointment and these are processed by an umbrella organisation i.e. Wiltshire Council.
- 7.2. New staff may commence work prior to DBS clearance providing they shadow a colleague and do not have unrestricted or unsupervised access to residents. Volunteers are DBS checked and are supervised when undertaking any activities with residents.

8. Staff Training

- 8.1. Appropriate training regarding the awareness, prevention and reporting of abuse will be provided for all staff during induction, and updated annually. The training should follow the guidance given in this policy. The Designated Safeguarding Lead completes the Advanced Child Protection Training, Specialist Online Safety Training; CHANNEL and PREVENT Training and works as part of a Safeguarding Team overseen by Trustees.

9. Definitions

- 9.1. Under this policy, a resident may still be defined as a child if aged under 18 years when they are either resident or attending the STEPs programme or on a short-break (including assessment periods).
- 9.2. Abuse is defined and may include one or more of the following types:
- **discriminatory abuse** - including that based on a person's ethnic origin, religion, language, age, sexuality, gender, disability, and other forms of harassment, slurs, or similar treatment
 - **sexual abuse** - including rape and sexual assault, contact or non-contact sexual acts to which the child (aged 16 and 17) has not consented, or could not consent or was pressurised into consenting
 - **psychological abuse** - including emotional abuse, threats of harm or abandonment, deprivation of contact or communication, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks
 - **financial or material abuse** - including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits
 - **neglect or acts of omission** - including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating
 - **physical abuse** - including hitting, slapping, pushing, kicking, misuse of medication, inappropriate restraint or inappropriate sanctions
 - **institutional abuse** - indicated by repeated instances of unsatisfactory professional practice, pervasive ill treatment or gross misconduct indicating an abusive climate

9.3. Abuse can be defined in one of the following forms:

- **deliberate abuse** – where the abuser knows they are abusing. It is pre planned and is often systematic, e.g. bullying, restraint
- **spontaneous abuse** – an isolated incident without premeditation, can occur when someone is frustrated and unable to manage challenging behaviour appropriately, e.g. shouting, pushing, swearing
- **unintentional abuse** – abuse that can arise through poor practice, neglect or inadequate resources, when the abuser is unaware of the impact of their behaviour

10. Principles

10.1. The following principles are endorsed by FFT as fundamental to the protection of children. Therefore, all staff including volunteers at FFT will:

- actively work within the procedures, guidance, protocols and other Trust policies in order to promote safe operating systems and challenge poor and unsafe practice
- contribute to effective partnership working between all those involved with providing services for individuals
- actively support the rights of the individual to lead an independent life based on self-determination and personal choice
- identify instances in which there are grounds for concern about an individual's welfare and initiate/take appropriate action to keep them safe
- recognise that the right to self-determination and independence can involve risk and ensure such risk is recognised and understood by all concerned, and minimised whenever possible
- work to government guidance on safeguarding children
- ensure that when the right to an independent lifestyle and choice is at risk, the individual concerned receives appropriate advocacy, including advice, protection and support from relevant agencies
- have an awareness of the law and statutory requirements and use that knowledge appropriately so that individuals receive the protection of the law and access to the judicial process
- identify others who may be at risk of harm, including children, and effect immediate referral to the appropriate authority
- prevent unsuitable people working with and having access to children and vulnerable adults.

10.2. In addition, as the employer, FFT will:

- actively promote an organisational culture within which all of those who express concern will be treated seriously and will receive a positive response from managers
- ensure rigorous recruitment practices are in place to deter those who actively seek children to exploit or abuse
- ensure that all agencies working with children are familiar with this policy and the agreed procedures, guidance and protocols
- ensure that confidentiality and information sharing, related to protection of children, and perpetrators of abuse in a multi-agency context, are maintained with the agreed protocols
- ensure that all staff responsible for managing and conducting investigations within these procedures receive the appropriate training and support.
- provide regular and comprehensive staff training to ensure that all staff and volunteers understand what abuse is, how to recognise the signs of abuse, how to minimise the risk of abuse and how to report abuse.

10.3. This policy will be made freely available to users of the services, their families and carers, and to all staff including volunteers at FFT.

11. Recognition of abuse

11.1. Perpetrators of abuse are not confined to any section of society, and may be people who hold a position of trust, power or authority in relation to a child. A person who abuses may be:

- a member of staff, proprietor or service manager
- a member of a recognised professional group
- volunteer or member of a community group such as a place of worship or social club
- a service user, vulnerable adult or another child
- a spouse, relative or member of the person's social network
- a carer, i.e. someone who is responsible for an assessment under the Carers (Recognition and Services) Act 1996
- a neighbour, member of the public or stranger
- a person who deliberately targets children.

11.2. As well as its responsibility to the person who has been abused, FFT may have a responsibility in relation to the perpetrators of abuse. Its powers and duties will vary depending upon the role of the perpetrator in relation to the Trust.

12. Abuse situations

12.1. Abuse can take place in any situation, for example:

- where the person lives, either alone or with someone else
- within the college, including residential settings and across the HNC site
- in hospital
- in custodial situations
- where support services are being provided
- in public places.

13. Patterns of abuse/abusing

13.1. Patterns of abuse vary and reflect very different dynamics. These include (but are not limited to):

- serial abusing in which the perpetrator seeks out and “grooms” children over a period of time. Sexual abuse usually falls into this pattern as do some forms of financial abuse
- long term abuse in the context of an on-going family relationship such as domestic violence between spouses or generations
- situational abuse which arises because pressures have built up and/or because of difficult or challenging behaviour
- neglect of a person's needs because those around him or her are not able to be responsible for their care e.g. the carer has difficulties attributable to debt, alcohol, mental health problems or learning disabilities
- institutional abuse such as poor care standards, lack of positive responses to needs, rigid routines, inadequate staffing and insufficient knowledge base within the service
- unacceptable “treatments” or programmes which include sanctions or punishments such as withholding food and drink, seclusion
- unnecessary and unauthorised use of control and restraint or over medication

- prevention or failure to allow access to healthcare, dentistry, opticians
- misappropriation of benefits and/or inappropriate use of person's money by others (e.g. parents, relatives, carers, staff)
- fraud or intimidation in connection with wills, property or other assets
- failure to address racist and discriminatory attitudes, behaviour and practice and violence.

13.2. Assessment of the environment and context within which abuse occurred is important because exploitation, deception, misuse of authority, intimidation or coercion may render a child incapable of making his or her own decisions. It may be important for the child to stay away or be removed from the sphere of influence of the abusive person or the setting to a safe place, in order to be able to make a free choice about how to proceed.

14. Indicators of possible abuse

14.1. Indicators of abuse should be seen as suggestive of, not proof of, abuse as they rarely prove abuse has occurred. Any one or group of indicators could arise from other causes other than abuse. However, recognition of a number of factors or symptoms in any one individual should give rise to concern and lead to further assessment or investigation.

14.2. If a member of staff sees one or more indicators in an individual, then discuss this with the Designated Safeguarding Lead or, in their absence, a Manager or the Principal. It could be the case that several staff are seeing some of these signs and that by sharing their observations, the Designated Safeguarding Lead may become aware of a fuller picture. It is important to bear in mind that abuse may be perpetrated as a result of deliberate intent, negligence or ignorance.

14.3. The following sections lists abuse indicators. These are not exhaustive and need to be used as a tool in the assessment of vulnerability and risk. Some of these abuse indicators may relate to more than one type of abuse: It is important to recognise that Online abuse and protection is increasingly important and an area for specialist training and support and is the responsibility of all staff.

Indicators of discriminatory abuse include:

- lack of respect shown to an individual
- failure to respect dietary needs
- failure to respect cultural and religious needs
- signs of a substandard service offered to an individual
- exclusion from rights and services afforded to citizens eg health, education, employment, criminal justice and civic status.

Indicators of physical abuse include:

- any injury not fully explained by the history given
- injuries inconsistent with the lifestyle of the child
- bruises and/or welts on face, lips, mouth, torso, arms, back, buttocks, thighs
- burns, especially on soles, palms or back, immersion in hot water, friction burns
- rope or electrical appliance burns
- marks on the body, including slap marks, finger marks
- medication misuse
- inappropriate restraint.

Indicators of sexual abuse include:

- pregnancy in a young woman who is unable to consent to sexual intercourse
- wetting or soiling
- signs of withdrawal, depression and stress
- full or partial disclosure or hints of sexual abuse
- overly sexualised language
- unusual difficulty in walking and sitting
- pain or itching, bruises or bleeding in genital area
- sexually-transmitted disease, urinary tract/vaginal infections
- psychosomatic disorders - stomach pains, excessive period pains.

Indicators of psychological abuse include:

- change in appetite
- low self-esteem, deference, passivity and resignation
- unexplained fear, defensiveness, ambivalence
- emotional withdrawal
- person managing care uses bullying, intimidation or threats to induce desired behaviour
- person managing care has punitive approach to bodily functions or incontinence.

Indicators of financial abuse include:

- recent acquaintances expressing sudden or disproportionate affection for a person with money or property
- lack of records and accounting of where money is spent
- power of attorney or enduring power of attorney obtained when person is unable to comprehend and give consent
- with-holding money
- unusual interest shown by family or others in the person's assets
- person managing financial affairs is evasive or uncooperative
- selling or offering to sell possessions of or to a child who does not have the capacity to consent or know the full value of those possessions.

Indicators of neglect include:

- sensory deprivation, not allowed to have spectacles or other aids to daily living
- physical condition is poor e.g. bed sores
- clothing in poor condition e.g. unclean, wet, ragged
- inadequate diet
- untreated injuries or medical problems
- inconsistent or reluctant contact with health or social care agencies
- failure to engage in social interaction
- failure to give/offer prescribed medication
- poor personal hygiene.

Indicators of institutional abuse include:

- inappropriate or poor care
- misuse of medication
- inappropriate restraint
- sensory deprivation e.g. denial of use of spectacles, hearing aid
- lack of recording on client files
- lack of respect shown to person

- denial of visitors or phone calls
- restricted access to toilet or bathing facilities
- restricted access to appropriate privacy or personal dignity
- lack of flexibility and choice e.g. mealtimes and bedtimes, choice of food
- lack of personal clothing and possessions
- lack of privacy
- lack of adequate procedures e.g. for medication, financial management
- controlling relationships between staff and service users
- poor professional practice
- lack of response to complaints.

15. Alerting and reporting abuse suspicions

- 15.1. All staff including volunteers must be aware of the potential for child abuse. Any member of staff who has a suspicion or a concern that abuse may have taken place, or might take place if no preventative measures are taken, must report it to the designated Safeguarding Lead or, in their absence, a Manager or the Principal. The Designated Safeguarding Lead must report alleged abuse to the Local Safeguarding Children Board, Trowbridge. Advice will be sought from the child's social worker if necessary. Staff concerned about possible abuse by a Designated Safeguarding Lead should inform a senior manager. Alternatively, in the case of residents they may inform the Care Quality Commission (CQC) directly on 03000616161.
- 15.2. It is essential that any allegation of abuse is taken seriously however insignificant it may seem. The suspected abuser should not be confronted by anyone other than the manager acting as Investigating Officer and this should only be with express authority and guidance of the Local Safeguarding Children Board.

16. Making an alert

- 16.1. The managers and staff at FFT must co-operate with a multi-agency investigation of the allegation, managed by the Wiltshire Safeguarding Children Board. Where appropriate, designated managers will participate in an Early Strategy Meeting and case conference and contribute to the Child Protection Plan.

17. Reporting

- 17.1. Guidance for reporting includes:
- where a person is in immediate danger or in need of medical attention, the appropriate emergency services must be contacted
 - wherever possible, you must act in accordance with the wishes of the child
 - in some situations, a safe place may be needed for the child before an investigation can begin, such as an alternative placement
 - do not ask investigative questions. Offer support and reassurance that the matter has been reported and that someone will contact them
 - where abuse may have taken place, ensure that the person has the protection and support they need at all times
 - record accurately and in detail, what has been said to you using the child's own words and what action you have taken on the SchoolPod Safeguarding Report. Please complete all sections where appropriate.
 - if there is any possibility that forensic evidence still exists, preserve it; do not clean it up

- information should only be shared on a “need to know” basis. Disclosures of abuse may be made to a trusted member of staff with a request that the information is kept confidential. Staff cannot agree to be bound by such a request and must explain to the child that they will have to inform someone else. This should be done sensitively with an assurance that only those who need to know in order to keep them safe will be informed
- only factual information should be recorded, not opinion
- the names and contact details of any witnesses to an incident must be recorded
- if the allegation is against a member of staff, trustee or volunteer at the Trust it must be reported to the Designated Officer for Allegations (formerly known as LADO) within one working day
- where an allegation concerns a member of staff (who may also be a colleague) it is still the clear duty of staff to report the matter
- it is essential that any threat of abuse recurring is removed immediately.

18. Alleged abuser

- 18.1. Unless the alleged abuser openly confesses to an act of abuse to the investigating officer, then it will not yet be a disciplinary issue. Instead, that person will be the subject of an external investigation which could take some time to be resolved.
- 18.2. Clearly, it would be inappropriate for the alleged abuser to remain at work pending the result of this investigation. The alleged abuser must be informed that, pending the outcome of the external investigation, s/he must remain on paid leave and should not visit any of the company's properties or attempt to discuss the allegations with any resident.
- 18.3. Discussions/contact should not take place with any member of staff without prior agreement from the police or the investigating team. The suspended staff member will be kept informed as far as is practicable of the progress of the investigation. Support will be offered by managers of FFT to the suspended staff member.

19. Disciplinary procedures

- 19.1. Disciplinary action by FFT against the alleged abuser must be in accordance with the Trust's disciplinary procedure (see employee handbook). If the alleged abuser confesses to an act of abuse, or there is reasonable belief that an act of abuse may have occurred, or following external investigation abuse is proven, then it would amount to an act of gross misconduct and would result in summary dismissal without notice or payment in lieu of notice.
- 19.2. A member of the Senior Leadership Team and the HR Manager should obtain advice about the correct procedure from Lloyds Employment Law Consultancy. The Independent Safeguarding Authority will be informed in such cases for consideration under the Vetting and Barring Scheme.

BY ORDER OF THE BOARD

Dr Tina Pagett

Principal

November 2020