

MAGNA HOUSING

SAFEGUARDING GUIDANCE AND PROCEDURE

1. Introduction

- 1.1 Magna believes that it is always unacceptable for a child or adult at risk to experience abuse of any kind and recognises its responsibilities to safeguard the welfare of all children and adults at risk, by a commitment to practice which protects them.
- 1.2 The Care Act 2014 requires housing and housing support providers to ensure that they have clear operational policies and procedures in adult safeguarding; to co-operate with local authorities in the exercise of their adult safeguarding functions; and to ensure that colleagues are trained in recognising the symptoms of neglect and abuse, how to respond and where to go for advice and assistance.
- 1.3 This procedure supports Magna's Safeguarding Children and Adults at Risk Policy.

2. Purpose and aim of the guidance and procedure

- 2.1 To provide colleagues with guidance and procedures they should adopt if they suspect a child or vulnerable adult may be experiencing, or be at risk, of harm.
- 2.2 This guidance and procedure applies to all colleagues, including senior managers, paid colleagues, volunteers, agency colleagues, contractors and anyone working on behalf of Magna.
- 2.3 The **Director of Customer Operations** is the accountable person in relation to all aspects of safeguarding at Magna and is responsible for the development and review of the Safeguarding Children and Adults at Risk Policy, ensuring that this meets all regulatory requirements and guidance.

- 2.4 The **Head of Customer and Community Support** and the **Community safety team** are responsible for operational delivery of safeguarding activities, for maintaining accurate safeguarding related data and are responsible for reporting on safeguarding management in line with safeguarding governance arrangements.

3. Definitions

- 3.1 In accordance with the Children Acts 1989 and 2004, a child is anyone who is under the age of 18. This includes those who may be 16 or 17 years old and living independently. Safeguarding children means:

- Protecting children from maltreatment.
- Preventing impairment of children's health or development
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care.

- 3.2 An adult is anyone aged 18 or over. An "adult at risk" is an adult who is or may need community care services because of frailty, learning or physical or sensory disability, or mental health issues, and who is or may be unable to take care of his or herself or to take steps to protect him or herself from significant harm or exploitation.

- 3.3 The Care Act 2014 requires housing and housing support providers to ensure that they have clear operational policies and procedures in adult safeguarding; to co-operate with local authorities in the exercise of their adult safeguarding functions; and to ensure that colleagues are trained in recognising the symptoms of neglect and abuse, how to respond and where to go for advice and assistance.

- 3.4 Safeguarding the welfare of adults at risk means putting processes in place to help keep them safe from harm from themselves or from others.

- 3.5 Abuse is the violation of an individual's rights by any other person or persons. Abuse can take many forms, including mental or psychological abuse, and can range from the small act of not treating someone with proper respect to extreme punishment or torture.

4. Safeguarding children: types of abuse/signs and symptoms of abuse

4.1 Abuse of a child can take five forms, all of which can cause long term damage to a child i.e. physical abuse, emotional abuse, neglect, sexual abuse and sexual exploitation.

Physical Abuse	
<p>Abusive action includes:</p> <ul style="list-style-type: none"> • Hitting, shaking • Scalding or burning, • Poisoning • Drowning • Suffocating • or otherwise causing physical harm to a child. <p>Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.</p>	<p>Signs and symptoms include:</p> <ul style="list-style-type: none"> • Frequent injuries or unexplained bruises, welts or cuts • Is always watchful and on alert, as if waiting for something bad to happen. • Injuries appear to have a pattern such as marks from a hand or belt. • Shies away from touch, flinches at sudden movements, or seems afraid to go home. • Wears inappropriate clothing to cover up injuries, such as long-sleeved shirts on a hot day.
Sexual Abuse	
<p>Abusive action includes:</p> <ul style="list-style-type: none"> • Forcing or enticing a child to take part in sexual activities, including prostitution, whether the child is aware of what is happening. • Activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or non penetrative activities, such as involving children in looking at, or in the production of, sexual online images, watching sexual activities or encouraging children to behave in sexually inappropriate ways 	<p>Signs and symptoms include:</p> <ul style="list-style-type: none"> • Trouble walking or sitting. • Displays knowledge or interest in sexual acts inappropriate to his/her age, or even seductive behaviour. • Makes strong effort to avoid a specific person, without an obvious reason. • Doesn't want to change clothes in front of others or participate in physical activities. • A sexually transmitted disease or pregnancy, especially under the age of 14 • Runs away from home.
Neglect	
<p>Abusive action includes:</p> <ul style="list-style-type: none"> • Failure to provide adequate food, clothing, and shelter (including exclusion from home or abandonment) • Failure to protect a child from physical and emotional harm or danger. • Failure to provide adequate supervision (including the use of inadequate caregivers) • Failure to access appropriate medical 	<p>Signs and symptoms include:</p> <ul style="list-style-type: none"> • Clothes are ill-fitting, filthy, or inappropriate for the weather. • Hygiene is consistently bad (unbathed, matted and unwashed hair, noticeable body odour) • Untreated illness and physical injuries • Is frequently unsupervised or left alone or allowed to play in unsafe

<p>care or treatment.</p> <ul style="list-style-type: none"> • Unresponsiveness to a child's basic emotional needs 	<p>situations or environments.</p> <ul style="list-style-type: none"> • Is frequently late or missing from school.
Emotional Abuse	
<p>Abusive action includes:</p> <ul style="list-style-type: none"> • Conveying to a child they that they are worthless or unloved, inadequate or valued only insofar as they meet the needs of another person. • Age or developmentally inappropriate expectations, including overprotection. • Seeing or hearing the ill treatment of another • Serious bullying • Exploitation • Corruption <p>Some level of emotional abuse is involved in all types of maltreatment of a child.</p>	<p>Signs and symptoms include:</p> <ul style="list-style-type: none"> • Excessively withdrawn, fearful or anxious about doing something wrong • Shows extremes of behaviour (compliant/demanding passive/aggressive) • Doesn't seem to be attached to the parent or care giver. • Acts inappropriately adult. • Acts inappropriately infantile
Sexual Exploitation	
<p>Abusive action includes:</p> <ul style="list-style-type: none"> • Sexual exploitation involves exploitive situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, alcohol, cigarettes, affection, attention, gifts, money) as a result of them performing, or others performing on them, a sexual act or acts. <p>Child sexual exploitation grooming can occur using technology without the child's immediate recognition, eg. Being persuaded to post sexual images on the internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social /economic and/or emotional vulnerability.</p>	<p>Signs and symptoms include:</p> <ul style="list-style-type: none"> • A disrupted family life, separation and being in local authority care • A history of abuse and disadvantage • Problematic parenting - inconsistency and poor relationships • Disengagement from education - exclusion or truancy • Going missing from home or care • Drug and alcohol misuse • Poor health and well-being, low self esteem

5. Risk indicators

5.1 Whilst child abuse and neglect occur in all types of families, even those that look happy from the outside, children are at much greater risk in certain situations. These are set out below:

- **Domestic abuse.** Witnessing domestic abuse, especially violence is terrifying to children and emotionally abusive.
- **Alcohol and drug abuse.** Living with an alcoholic or addict is very difficult for children and can easily lead to neglect and abuse. Substance misuse also commonly leads to physical abuse. County lines/cuckooing may also have occurred within the household which could lead to abuse.
- **Untreated mental illness.** Parents who suffer from depression, anxiety, bipolar, or other mental illness may have trouble looking after themselves, much less their children.
- **Lack of parenting skills.** Some caregivers have never learnt the skills necessary for good parenting, teenage parents for example, may have unrealistic expectations about how much care babies and young children need. Parents who themselves are victims of child abuse may only know how to care for their children the way they were cared for.
- **Stress and lack of support.** Parenting can be a very time-intensive, difficult job. Relationship problems, financial difficulties or caring for a child with a disability or challenging behaviour are extra stressors.
- **Hoarding/property condition.** Parent is not willing to let you into property but is willing to meet up at another location. This could be a sign that the property is in a poor condition.

6. Safeguarding adults: types of abuse/signs and symptoms of abuse

6.1 Abuse of an adult at risk can take many forms including physical, sexual, neglect, psychological, financial, institutional (occurring in a social or health care establishment), forced marriage and discriminatory.

Physical Abuse	
<p>Abusive action includes:</p> <ul style="list-style-type: none"> • Hitting, slapping, pushing, kicking • Scalding or burning • Poisoning • The use of inappropriate restraints, or inappropriate sanction • Misuse or withholding of medication. 	<p>Signs and symptoms include:</p> <ul style="list-style-type: none"> • Unexplained falls or major injuries • Injuries/bruises at different stages of healing • Bruising in unusual sites e.g., inner arms, thighs • Abrasions • Teeth indentations • Injuries to head or face

Sexual Abuse	
Abusive action includes: <ul style="list-style-type: none"> • Sexual assault, • Rape • Sexual acts to which the person has not consented, or could not consent, or was pressurised into consenting. 	Signs and symptoms include: <ul style="list-style-type: none"> • Change in behaviour. • Overt sexual behaviour or language • Difficulty in walking or sitting. • Injuries to genital and/or anal area
Neglect	
Abusive action includes: <ul style="list-style-type: none"> • Acts of omission • Ignoring physical or medical care needs • Failure to provide access to appropriate health, social care or educational services. • Withholding necessities of life e.g., medications, nutrition, heating. 	Signs and symptoms include: <ul style="list-style-type: none"> • Absence of food/heating • Hygiene needs not met. • Clothing • Lack of comfort • Preventing access to services • Isolation
Self Neglect	
Abusive action includes: <ul style="list-style-type: none"> • A refusal or inability to cater for basic needs. • Neglecting to seek assistance for medical issues. • Not attending to living conditions • Hoarding 	Signs and symptoms include: <ul style="list-style-type: none"> • Significant change in appearance over time • Weight gain/loss • Deterioration in cleanliness • Not taking medication or taking too much
Psychological Abuse	
Abusive action includes: <ul style="list-style-type: none"> • Threats of harm or abandonment • Deprivation of contact • Humiliation • Blaming • Controlling • Intimidation • Coercion • Harassment • Verbal abuse • Isolation 	Signs and symptoms include: <ul style="list-style-type: none"> • Withdrawn • Depressed • Fearful • Disturbed sleep patterns • Agitation • Confusion • Weight gain/loss • Changes in behaviour
Financial Abuse	
Abusive action includes: <ul style="list-style-type: none"> • Theft or fraud • Exploitation • Pressure in connection to wills or property, inheritance, or financial transactions. • Misuse or misappropriation of property, possessions, or benefits. 	Signs and symptoms include: <ul style="list-style-type: none"> • Unpaid bills • Basic needs not being met. • Lack of cash on a regular basis
Institutional abuse	
Abusive action includes: <ul style="list-style-type: none"> • Poor care standards • Lack of positive responses to complex needs • Rigid routines 	Signs and symptoms include: <ul style="list-style-type: none"> • Inability to make choices or decisions. • Agitation if routine is broken. • Disorientation

<ul style="list-style-type: none"> • Inadequate training for colleagues • Insufficient knowledge within the service 	<ul style="list-style-type: none"> • Patterns of challenging behaviour (1 - symptom of underlying issues, 2 - deterrent to keep people away and 3 - purposefully challenge)
Discrimination	
<p>Abusive action includes:</p> <ul style="list-style-type: none"> • Negative actions based on a person's race, faith, gender, disability, sexual orientation or age • Failure of agencies to ensure colleagues receive adequate training in anti discriminatory practice 	<p>Signs and symptoms include:</p> <ul style="list-style-type: none"> • Low self esteem • Withdrawal • Fear • Anger

6.2 **Risk Indicators:** There may be additional indicators that abuse is happening:

- Destruction of the physical environment.
- Sleep disturbances and daytime sleeping.
- Chronic incontinence.
- Extreme physical and/or emotional dependence.
- Verbal abuse and aggression towards carers.
- Changes in personality caused by illness and/or medication.
- Non-compliance with carers wishes.
- Obsessive behaviour.
- Wandering/absconding
- Self harm.

6.3 Where these behaviours by the adult at risk are apparent, problems exhibited by the carer as set out below may increase the risk and likelihood of an abusive situation:

- Alcohol or drug dependency
- Mental ill health
- Stress
- Chronic fatigue and Conflicting demands.

6.4 There may also be a variety of other contributing factors such as:

Family History:

- Domestic abuse.
- Child abuse; and
- Previous relationship difficulties.

Housing:

- Financial
- Employment.
- Lack of support; and

- Lack of respite.

7. How to respond to signs or suspicions of abuse

If a person working for or on behalf of Magna is concerned that abuse of a child or adult at risk may occur or has occurred, they must log a concern on their Versaa device or via QL. This will then raise a concern to the community safety team who will advise what further action needs to be taken. Parents or carers should be informed if possible and appropriate. If it is felt that further investigation is necessary in order to protect the individual, the matter must be referred to the appropriate agency by the person the community safety team decides is best placed to do so.

If you do not have access to Versaa or QL you can email safeguarding@magna.org.uk

8. How to respond to a child or adult at risk telling you about abuse

8.1 If a child, adult at risk, or their representative, tells them that he/she is being abused or information is obtained which gives concern that a person is being abused, it is vital that appropriate and immediate action is taken. The person receiving the information needs to respond in a sensitive manner and:

- Allow the child or adult at risk time to communicate; React calmly and remain calm throughout.
- Really listen to the child or adult at risk and reassure them that they have done the right thing in telling someone and that it is not their fault.
- Be honest and inform the child or adult at risk that you have to talk to someone else who can help.
- Keep questions to a minimum.
- You may be the first person that a child or adult at risk has trusted, and it has probably taken a great deal of courage to tell you that something is wrong.
- Do Not show feelings of anger, disgust, and disbelief to the child or vulnerable adult as they may stop talking for fear of upsetting the person further or feel that the negative feelings are being directed towards them.
- Do not Interrupt or make suggestions to the child or adult at risk.
- Do not ask probing or leading questions.
- Do not speculate or make assumptions Make negative comments about the alleged abuser.

- Do not approach the alleged abuser.
- Do not make promises or agree to keep secrets.

9. Making a referral to adult or children safeguarding board

- 9.1 All concerns that a child or adult at risk has been harmed or is at risk must be reported at the earliest opportunity. Any concerns must be raised by using your Versaa device or by using QL. If you have any concerns, then please contact one of the community safety team for further support or assistance. It is not the responsibility of anyone working, or those working with or for Magna, in a paid or unpaid capacity, to take responsibility or to decide whether abuse has taken place. However, there is a responsibility to act on any concerns through contact with the appropriate authorities.
- 9.2 The circumstances that would lead to a need to report outside Magna to the local adult or child safeguarding board are detailed in sections 4 and 6:
- 9.3 In order to raise a concern, the following procedure should be followed:
- 9.3.1 Record the information provided as soon as possible and as accurately as possible, using Versaa or QL. You **MUST** keep a record of your concerns noting dates and incidents; as a minimum you should include any discussions which have taken place (with the child, adult at risk, parents/carers, and managers or third party). Records must be clear, timed, dated, and signed. If you feel concerned or unsure about what to write, please seek help from your line manager or from the community safety team. Absence of information must not delay referral.
- 9.3.3 Once your line manager/duty manager or the Community safety team has been informed, they will confirm and agree if a referral should be submitted, and by who. Any telephone referrals must be followed up in writing within 24 hours (one working day), by raising a concern using your Versaa device or by using Aspire CRM.
- 9.3.4 **If you think a child or adult at risk is in immediate danger – call the police using 999.**
- 9.3.5 If you think a child or adult at risk needs emergency medical attention; seek medical advice using 999 without

delay and report the incident at the earliest opportunity once it is safe to do so.

10. Recording concerns

If any third-party person or organisation has concerns about the welfare or safety of a child or adult at risk, or concerns about the behaviour of a Magna colleague, or someone working on behalf of Magna, it is vitally important to record all relevant details. This is regardless of whether the concerns are shared with either the police or the appropriate Local authority Child or Adult Safeguarding Board. A record must be kept, by the community safety team, of:

- Date and time of incident/disclosure.
- Parties involved, including any witnesses to an event.
- What was said and done and by whom.
- Action taken by the organisation to look into the matter.
- Any further action taken.
- Where relevant, the reasons why a decision was taken not to refer those concerns to a statutory agency.
- Any interpretation/inference drawn from what was observed, said or alleged should be clearly recorded as such.
- Name or person reporting on the concern, name of designation of the person to who the concern was reported, date and time and their contact details; and

10.2 Records may be used for:

- Evidence for investigations and inquiries.
- Court proceedings; and
- Monitoring quality assurance.
- Dated and signed.
- Any concerns must be followed up in writing within 24 hours (one working day), by raising a concern using your Versaa device or by using Aspire CRM.
- Records should readily tell the 'story' of the case and should be chronologically updated.

11. Who should raise a safeguarding concern

It is the responsibility of the person who directly observes or witnesses the event that is being recorded or who has participated in the meeting/conversation, to raise the concern. If the concern is being raised by a customer, the colleague who received the concern will be considered the first point of contact. The person with first-hand knowledge should read and sign the record. There must be clear differentiation between

opinion and fact. Records of decisions must show who has made the decision, the basis for it and the date/time.

12. How to respond to allegations of abuse against a Magna colleague

12.1 Should an allegation of abuse be made against a Magna colleague, the complaints and/or disciplinary procedures will be followed, and appropriate action taken. Allegations against contractors, volunteers, or anyone else working on Magna's behalf will be investigated in a similar way, but Magna's disciplinary procedure will not apply.

12.2 In either case, all allegations of abuse against a colleague/volunteer/contractor must be made to the Community safety team, who will report to the Head of Customer and Community Support.

In cases involving colleagues/volunteers/contractors where there is an allegation of sexual abuse; including the observing, handling or distributing of materials in any media that involve the sexual abuse of children or vulnerable adults, the matter will be immediately referred to the police by the Community safety team.

12.3 Magna recognises that it may be difficult to inform on colleagues but assures all colleagues, volunteers, and contractors that it will fully support and protect anyone who, in good faith (without malicious intent), reports his or her concerns about a colleague's practice or the possibility that a child or vulnerable adult may be being abused or bullied.

12.4 Colleagues may use the Whistleblowing policy and procedure where they have concerns about Magna colleagues. Whistleblowing investigations may run in parallel to other investigations.

13. Confidentiality policy

13.1 It is the duty of everyone, whether they are providing services to adults at risk or children, to place the needs of these individuals first.

13.2 It is recommended that legal advice be sought where there is a concern about the legality of sharing information.

13.3 In general, the law does not prevent individuals sharing information with other practitioners if:

- Those likely to be affected consent.
- The public interest in safeguarding the individual's welfare overrides the need to keep the information confidential; and
- Disclosure is required under a court order or other legal obligation.

14. Safe recruitment

14.1 Magna recognises that anyone may have the potential to abuse children and adults at risk and, as a result, we will ensure that all reasonable steps are taken to ensure that suitable people are recruited for working with children and adults at risk. All recruitment (paid and voluntary) will take place in line with the relevant recruitment procedures.

14.2 For new colleagues, confirmation of employment will be dependent on satisfactory checks. The appropriate Magna policies below apply:

- Recruitment procedure.
- Applications for Disclosures and Barring (DBS); and
- Employment references.

16. Safeguarding training

16.1 Line managers and people team are responsible for ensuring that members and colleagues in relevant posts have the appropriate level of training for their role to ensure that they are well informed, trained, supervised, and supported so that they are less likely to become involved in actions that may cause harm to children or adults at risk or be misunderstood.

16.2 All individuals working with children and adults at risk must have up to date knowledge and an understanding of safeguarding issues. It is acknowledged that the training and knowledge required would vary depending on the level of responsibility and degree of contact an individual has with children and adults at risk. All training must be updated/renewed on a bi-annual basis.

17. Colleagues' induction and probation

17.1 All new colleagues, paid or voluntary, will be briefed on their responsibilities towards children and adults at risk during their induction. This will include health, safety, equality, diversity, and safeguarding.

17.2 The safeguarding element of the induction will include:

- Roles and responsibilities in relation to safeguarding.
- An overview of the safeguarding policy and procedures
- Key contact details.

17.3 All new appointments are conditional on the successful completion of a probationary period.

18. Ongoing training needs

18.1 Line managers may identify additional training needs for their colleagues through the colleague review system. The level to which training is needed will be decided between the colleague, line manager and People. This guidance will be placed on The Hub and all colleagues will be required to read it and understand their responsibility; how to raise a concern and who to ask for help should the need arise.

19. Community safety team training

19.1 The community safety team will be required to attend specialist safeguarding refresher specialist course no less than once in a two-year period.

20. Safe working culture and practice

20.1 The safety of our customers and colleagues is always our main priority. All colleagues must act in accordance with the code of conduct in the colleague handbook. Colleagues working for Magna are recommended to complete and comply with the 'Professional relationships between colleagues and clients. Colleagues are required to demonstrate exemplary behaviour to ensure the protection and safety of children and vulnerable adults.

21. Data Protection, record retention and storage of information

21.1 All information regarding any safeguarding incidents is held within the QL system and only 'authorised' colleagues will have the access to this information. This information is retained in accordance with data protection periods and retention guidelines. The Archive Procedure on The Hub states the retention periods on Documotive (Safeguarding information - adult 10 years and child 7 years after last contact)

21.2 All colleagues and volunteers must also comply with Magna's internet and email procedures.

22. Complaints

22.1 All complaints relating to safeguarding issues will be dealt with in line with Magna's formal complaints procedure. Safeguarding processes may run in parallel.

23. Review

23.1 This process and its associated policy will be monitored and reviewed by the Director of Customer Operations annually.

23.2 The procedure will be considered and approved every three years in accordance with the review of the policy.

Safeguarding Referral Process

