



c/o St John Vianney Phoenix Millennium Centre
386 West Green Road
London N15 3QL

info@haringeymsc.org
07544 078 332

Registered charity 1152227
Regulated by OISC N201500478

Haringey Migrant Support Centre Safeguarding Policies

To access link: Press control and right click on the link

Child Protection Policy

What is Child Abuse?

Indicators of Abuse

What HMSC will do

Appropriate conduct and behaviour for HMSC volunteers, advisers and staff

[What to do](#)

HMSC Child Protection Officer

Contact numbers

Support for volunteers and staff

Monitoring and review

Appendix 1 - Reporting Form for child protection issues

Vulnerable Adults Policy

[Types of abuse](#)

[Indicators of abuse](#)

[What to do](#)

[Contact Numbers](#)

[Support for volunteers and staff](#)

[Monitoring and review](#)

[Appendix 1 – definitions of abuse](#)

[Appendix 2 – indicators of abuse](#)

[Appendix 3 – reporting form for vulnerable adults](#)

Covid 19 Addendum



c/o St John Vianney Phoenix Millennium Centre
386 West Green Road
London N15 3QL

info@haringeymsc.org
07544 078 332

Registered charity 1152227
Regulated by OISC N201500478

Haringey Migrant Support Centre Child Protection Policy

HMSC's Designated Child Protection Officer: Judith Lancet judith@haringeymsc.org ; tel. 07707469840
--

If the designated Child Protection Officer is not available the matter should be raised with the Centre Manager: Madeleine Evans, 07518459923, madeleine@haringeymsc.org

This document is the Child Protection Policy for Haringey Migrant Support Centre, which will be followed by all members of the organisation and followed and promoted by those in the position of leadership within the organisation.

The organisation does not undertake activities with children in the absence of their parents/ carers. Parents/carers remain responsible for their children's welfare throughout all the work undertaken by the organisation. However, staff and volunteers have the opportunity to observe the young person's/child's welfare if they accompany their parent/carer to HMSC (or at an appointment outside of HMSC, or potentially on a home visit).

Being a young person makes them vulnerable to abuse by adults. The purpose of this policy is to make sure that the actions of any adult in the context of the work carried out by the organisation are transparent and safeguard and promote the welfare of all children and young people.

What is child abuse?

[Back to index](#)

Working Together to Safeguard Children (statutory guidance) states:

*'Children may be vulnerable to neglect and abuse or exploitation from within their family and from individuals they come across in their day-to-day lives. These threats can take a variety of different forms, including: **sexual, physical and emotional abuse; neglect; exploitation by criminal gangs and organised crime groups; trafficking; online abuse; sexual exploitation and the influences of extremism leading to radicalisation.** Whatever the form of abuse or neglect, practitioners should put the needs of children first when determining what action to take.'*

Working Together to Safeguard Children (2018)

The statutory guidance makes it clear that safeguarding children is everyone's responsibility:

'Everyone who works with children has a responsibility for keeping them safe. No single practitioner can have a full picture of a child's needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action. In order that organisations, agencies and practitioners collaborate effectively, it is vital that everyone working with children and families, including those who work with parents/carers, understands the role they should play and the role of other practitioners. They should be aware of, and comply with, the published arrangements set out by the local safeguarding partners.'

Working Together to Safeguard Children (2018)

Indicators of abuse

[Back to index](#)

HMSC recognises that child abuse is not always directly witnessed, there is not always a clear instance of disclosure from the child concerned, the signs of abuse are not always obvious and those signs can be misunderstood. In cases of child abuse, particularly neglect, there may be a series of events which in themselves do not necessarily cause concern but are significant if viewed together.

Possible signs of child abuse will depend on the form of abuse, and may include, although are not limited to, the following:

- Delayed development in relation to other children of a similar age or those younger where he/she does not have a physical or learning disability.
- Inappropriate attachment with other adults, i.e. being unusually friendly and repeatedly seeking attention, or unusually shy and fearful.
- Poor bonding/attachment between child and parent/carer.
- Aggressive behaviour towards other children.
- Poor social skills and difficulty making friends with his/her peer group.
- Reports of being left alone at home or with strangers.
- Stealing food.
- Appearing malnourished.
- Not being appropriately dressed particularly for the weather – e.g. clothes that cover excessively when hot (to hide bruises), or not wearing warm clothes when cold.
- Poor hygiene due to being neglected.
- Bruises and injuries that are unexplained or inconsistent with the explanation given, or injuries that are visible on the soft parts of the body where accidental injuries are unlikely
- Delay in seeking medical attention for an injury by the parent.
- Disclosure or other evidence of domestic violence.

- Absence from school/home followed by a change in behaviour, relating to FGM¹

Risk/vulnerability factors

- Parents with mental health difficulties, particularly of a psychotic nature.
- Parental substance abuse.
- Domestic abuse.
- Child with SEND (special educational need or disability).
- Language barriers.
- Child being non-verbal.
- Insecure immigration status.

What HMSC will do

[Back to index](#)

HMSC will ensure that:

- 1) It has a designated Child Protection Officer who has undertaken appropriate training in Child Protection and inter-agency working.
- 2) The Board of Trustees reviews the Child Protection Policy and Procedures, and the efficiency with which they are discharged, annually.
- 3) All trustees, staff and volunteers working with visitors and their children in the drop-in, including sessional staff, receive basic training in Child Protection as part of their induction, and refresher training will be provided periodically.
- 4) All staff, volunteers and trustees:
 - know the name of the designated Child Protection Officer and their role/responsibilities
 - assume personal responsibility for being alert to the signs of abuse and for referring any concerns to the Child Protection Officer
 - recognise that abuse can happen to any child
 - know the procedures identified within this HMSC policy
- 5) All staff, volunteers and trustees know how to respond to a child who discloses abuse.

¹ Female genital mutilation (FGM) is a crime in this country. It is also a crime to take a British national or permanent resident abroad for FGM or to help someone trying to do this. FGM is any procedure that is meant to change or injure a girl's or woman's genital organs for non-medical reasons. It is sometimes called 'female circumcision' or 'female genital cutting'. It is mostly carried out on young girls. FGM procedures can cause severe bleeding, infections and problems with giving birth later in life, including the death of the baby. FGM can also lead to depression and post-traumatic stress disorder. This type of physical abuse is practised as a cultural ritual by certain ethnic groups and there is now more awareness of its prevalence in some communities in England including its effect on the child. Any concerns that a girl may be at risk of FGM will be reported to MASH, or to the police if the child appears to be at immediate risk.

- 6) HMSC works to develop effective links with relevant agencies and co-operate as required with their enquiries regarding child protection matters, including attendance at initial case conferences, core groups and child protection review conferences.
- 7) All safeguarding concerns about children are passed on to HMSC's child protection officer immediately and are recorded (noting the date and time of concern, nature of the concern, name of adult who witnessed it, and action taken).
- 8) Child protection officer refers concerns that meet the local authority threshold to the MASH team (multi-agency safeguarding hub) in the local authority where the child resides.
- 9) All records of safeguarding concerns are filed and stored in a locked cabinet, separate from the main visitor file, and are retained for the required length of time.
- 10) Procedures for dealing with an allegation of abuse against a member of staff, trustee or volunteer are followed. Local Authority Designated Officer (LADO) is contacted within 24 hours of a disclosure or suspicion of abuse by a member of staff, trustee, volunteer or any other professional working for HMSC.
- 12) Appropriate Child Protection checks and procedures are undertaken for any staff member employed by HMSC.
- 13) When recruiting and selecting staff, the following steps are taken:
 - i) applicants are required to submit an application form or a CV and a personal statement
 - ii) candidates are interviewed to assess their suitability
 - iii) Two references are requested
 - iv) a check is made on unspent criminal convictions or cautions: all appointments are subject to a DBS check, and this is specified in vacancy announcements and staff contracts.
14. Staff DBS checks are regularly renewed, at least once every two years.

Appropriate conduct and behaviour for HMSC volunteers, advisers and staff

[Back to index](#)

HMSC volunteers, advisers and staff should endeavour to:

- Use appropriate language with children and challenge any inappropriate language used by a child or other adults at the drop-in.
- Avoid spending any time alone with children. In the unlikely event of having to meet with an individual child or young person outside the drop-in, make every effort to keep this meeting as open as possible and ensure at least two people are present other than the child.
- Avoid any inappropriate physical contact with children. If a child requires physical assistance, for example where a child has limited mobility, staff and volunteers should ask the child's parent to assist the child.
- Be aware that someone might misinterpret actions no matter how well intentioned.

Centre Visitors

- If it is suspected that abuse is being perpetrated by a visitor to HMSC, advice will be sought from MASH team in children's social care on how to proceed. It should be decided on a case-by-case basis whether it is appropriate to discuss the concerns regarding abuse, and any follow-up action taken, with the alleged perpetrator.
- Primary consideration should always be made to the safety of the child.
- Concerns that someone may be a perpetrator of child abuse should not in itself serve as a barrier to them continuing to visit HMSC.

Procedure for reporting allegations or suspicions of abuse

[Back to index](#)

The following procedure refers to abuse or suspicion of abuse of a child that staff and volunteers become aware of during their work at HMSC:

- Any member of staff or volunteer who becomes aware that a child is, or is at risk of, being abused should raise the matter immediately with the Centre Manager or Child Protection Officer. If this is not possible or appropriate, the matter should be raised with a member of the Board of Trustees.
- If a child is believed to be at immediate risk, the police should be called on 999.
- If a child is not believed to be at immediate risk, a record should be made by the Centre Manager/Child Protection Officer with the person who made the observation or received the disclosure.

The form at appendix 1 can be used if desired, but as long as the information listed is included any format is fine.

- The Centre Manager or Child Protection Officer will assess the seriousness of the situation, and take responsibility for passing on concerns to the appropriate child protection body
- If the Centre Manager/Child Protection Officer is not available, or it is inappropriate to approach them, the volunteer/adviser/member of staff with the concern should make direct contact with the relevant organisation themselves and take responsibility for recording the concerns and any action taken.

HMSC's Designated Child Protection Officer: Judith Lancet

judith@haringeymsc.org; tel. 07707469840

If the designated Child Protection Officer is not available the matter should be raised with the Centre Manager: Madeleine Evans, 07518459923, madeleine[@haringeymsc.org](mailto:madeleine@haringeymsc.org)

The HMSC Designated Child Protection Officer must:

[Back to index](#)

- 1) Ensure that all volunteers are aware of what they should do and who they should go to if they are concerned that a child may be subject to abuse or neglect.
- 2) Act as a source of support and advice for volunteers.
- 3) Liaise with the Centre Manager.
- 4) Ensure that any concerns about a child are acted on, clearly recorded, referred within 24 hours to the MASH team in the local authority where the child lives and followed up to ensure the issues are addressed.
- 5) Record any reported incidents in relation to a child or breach of Child Protection Policy and procedure.
- 6) Be trained themselves and ensure that staff and volunteer training is up-to-date.

Contact numbers (Haringey):

[Back to index](#)

Haringey MASH 48 Station Road London N22 7TY	Office hours: Tel: 020 8489 4470 4592 / 5652 / 5762 / 4582 (Monday to Thursday 8.45am to 5pm; Friday 8.45am to 4.45pm) or 020 8489 0000 Out of Office hours (including weekends)
Emergency Duty Social Work Team	020 8489 0000
NSPCC Help line	Tel: 0800 800 500 – 24 hours, Freephone or via text on 88858

Confidentiality

HMSC respects everyone's right to confidentiality; however, the welfare of children has to take priority and we have a duty to disclose concerns about possible abuse to the appropriate agency when necessary. HMSC's Confidentiality Policy may be overridden in these circumstances and reference should be made to the policy.

In breaking confidentiality in a situation of suspected child abuse, effort should be made where appropriate to inform the child that you will need to pass the information on. Reassure them that you will try to offer them support, and as far as possible explain what you have to do and whom you have to tell.

In breaking confidentiality in a situation of suspected child abuse, effort should be made, where appropriate, to inform the child's parent/carer of the situation.

Support for Staff and Volunteers

[Back to index](#)

Making the Child Protection Policy known

- All volunteers and advisers will be given a copy of this policy when they join HMSC.
- This policy applies to all volunteers of HMSC and all contracted advisers.
- All new volunteers will be given training in its application and we will take steps to ensure that existing volunteers understand its application.

All instances of suspected child abuse should be reported to the Board of Trustees, who should also be informed of any action taken and the results of this action.

The Centre Manager/Chair of Trustees should make themselves available to the member of staff or volunteer reporting the incident to talk it through, and offer additional support.

Staff and volunteers may also be subject to allegations of abusing vulnerable people. While support will be offered, HMSC will ensure that Social Care or the police are given all assistance in pursuing any investigation. Suspension and/or the disciplinary procedure may be implemented.

DBS Checks

The Centre Manager and any other staff who may be employed in the future will undergo DBS checks. HMSC does not require volunteers to undergo a DBS check in relation to their contact with children, as volunteers do not undertake direct work with children and all children at the drop-in should always be under the supervision of their parent/carer.

The Centre Manager will also ensure that opportunities for any abuse to take place are minimised. HMSC operates within a controlled premises and all activities are under the supervision of the Centre Manager.

Key Legislation and Resources

[Back to index](#)

Children Act 1989

Children Act 2004

Safeguarding Vulnerable Groups Act 2006

Working Together to Safeguard Children (2018)

NSPCC (www.nspcc.org.uk)

Haringey Social Care / Multi-Agency Safeguarding Hub: <https://www.haringey.gov.uk/children-and-families/childrens-social-care/child-protection>

Haringey LSCB: <http://www.haringeylscb.org/>

Monitoring and Review

[Back to index](#)

Development, monitoring and implementation of the above policy will be the responsibility of the Centre Manager, together with the Board of Trustees. The policy will be reviewed annually by the Board of Trustees.

Policy reviewed: August 2021
Approved by Trustees: 31 August 2021
Date for next review: August 2022

Actions arising: Procedure to be issued to all staff, volunteers and advisers and to be available on the reception desk.

Appendix I – Child protection reporting form

[Back to index](#)

Please include as much information as you can.

This form should be emailed to judith@haringeymsc.org, cc madeleine@haringeymsc.org.

Your Name	Date of Report
Name of Young Person:	
Age:	D.O.B
Home Address	
Name/s and address of parent/s or person/s with parental responsibility (include contact numbers if available)	
Who raised initial concern?	
What prompted concern? Include dates and times of specific incidents	
Has the young person been spoken to? If so, what was said?	
Has any body been alleged to be the abuser? If so, record details	
Matter referred to anyone else? (School, LADO etc..) Provide details	



c/o St John Vianney Phoenix Millennium Centre
386 West Green Road
London N15 3QL

info@haringeymsc.org
07544 078 332

Registered charity 1152227
Regulated by OISC N201500478

Haringey Migrant Support Centre Safeguarding Vulnerable Adults Policy

[Back to index](#)

HMSC's Designated Safeguarding Vulnerable Adults Officer: Judith Lancet
judith@haringeymsc.org; tel. 07707469840

If not available, please contact the Centre Manager Centre Manager: Madeleine Evans,
madeleine@haringeymsc.org

The Haringey Migrant Support Centre aims to provide a safe and welcoming environment.

Section 42 of the Care Act 2014 identifies 'an adult at risk'. An adult at risk of abuse or neglect is defined as any person aged 18 years or over who has needs for care and support, who is experiencing, or at risk of, abuse or neglect and as a result of their care needs is unable to protect themselves. Other legislation (e.g. Safeguarding Vulnerable Groups Act 2006) and frameworks refer to and define 'vulnerable adults'.

The Social Care Institute for Excellence (SCIE) states that:

People with care and support needs, such as older people or people with disabilities, are more likely to be abused or neglected. They may be seen as an easy target and may be less likely to identify abuse themselves or to report it. People with communication difficulties can be particularly at risk because they may not be able to alert others. Sometimes people may not even be aware that they are being abused, and this is especially likely if they have a cognitive impairment. Abusers may try to prevent access to the person they abuse.

HMSC is committed to preventing harm and reducing the risk of abuse or neglect to adults with care and support needs.

Signs of abuse can often be difficult to detect. It is important that people who come into contact with people with care and support needs are helped to identify abuse and recognise possible indicators. Many types of abuse are also criminal offences and should be treated as such.

Types of abuse:

[Back to index](#)

- Physical abuse
- Domestic violence or abuse
- Sexual abuse
- Psychological or emotional abuse
- Financial or material abuse
- Modern slavery
- Discriminatory abuse
- Organisational or institutional abuse
- Neglect or acts of omission
- Self-neglect
- FGM (see note above, p. 2-3)

All trustees, volunteers and staff, including sessional staff, will be instructed to look out for any signs that any such abuse might be taking place and must report any suspicions or allegations to the Vulnerable Adults Officer or Centre Manager.

Possible indicators of abuse

[Back to index](#)

Some people may not realise they are being abused. Often the person being harmed is not able to say what is happening to them. Here are some **warning signs** that you can look for:

- multiple bruising or finger marks
- injuries you cannot give a good reason for
- worsening health for no reason
- weight loss
- withdrawal or mood changes
- tearfulness
- neediness, wanting affection or being clingy
- an unexplained shortage of money
- inappropriate, dirty or inadequate clothing
- a carer who is unwilling to let other people have access to the person

For more information on types and possible indicators of abuse, see Appendix 2.

What to do if you witness or suspect abuse

[Back to index](#)

Staff or volunteers who become aware of, or suspect, abuse of a vulnerable adult (or risk of it) during their work at HMSC must follow these procedures:

- **Raise the matter immediately with the Vulnerable Adults Officer or Centre Manager.** In consultation with them, you should decide whether you feel the person is a vulnerable adult and whether they are at risk of abuse/experiencing abuse. If you feel there is a case of abuse towards a vulnerable adult, you should decide whether you feel it is desirable to inform an outside agency, normally Adult Social Care.
- If appropriate, **discuss the concerns with the vulnerable adult believed to be at risk** and obtain their consent before sharing information or contacting any outside agencies. For adults with mental capacity, information should only be shared *without* consent in the limited set of circumstances outlined in the HMSC Confidentiality Policy.
- **Direct calls to the police should be reserved for incidents of assault and violence where an element of urgency applies.** If you require immediate response and assistance from the police, for example if you cannot stop the incident that is currently happening, or you think that it will re-occur shortly, you should make an emergency 999 call.

If it is suspected that abuse is being perpetrated by a visitor to HMSC, it should be decided on a case-by-case basis whether it is appropriate to discuss the concerns regarding abuse, and any follow-up action taken, with the alleged perpetrator. If there is any doubt, advice should be sought from Adult Social Care in the local authority where the victim lives. Primary consideration should always be given to the safety of the alleged victim. Concerns that someone may be a perpetrator of abuse should not in itself serve as a barrier to them continuing to visit HMSC.

Contact numbers (Haringey):

[Back to index](#)

Safeguarding Adults Referral and Advice Line (office hours)	020 8489 1400
Safeguarding Adults Referral and Advice Line (out of hours)	020 8489 0000
Community Safety Unit (24 hours)	020 8345 1939
Police - Criminal Investigation Department (CID) (evenings and weekends)	020 8345 0832

If the designated Vulnerable Adults Officer is not available, the matter should be raised with the Centre Manager: Madeleine Evans, 07518459923, madeleine[@haringeymsc.org](mailto:madeleine@haringeymsc.org)

Recording

Any suspected incidents of abuse should be recorded in writing as soon as possible after the incident. You can use the form at Appendix 3 if preferred. All records of safeguarding concerns are

filed and stored in a locked cabinet, separate from the main visitor file, and are retained for the required length of time.

Support for Staff and Volunteers

[Back to index](#)

The Centre Manager or the Vulnerable Adults Officer should make themselves available to the member of staff or volunteer reporting the incident to talk it through, and offer additional support.

Staff and volunteers may also be subject to allegations of abusing vulnerable people. While support will be offered, HMSC will ensure that Social Care or the police are given all assistance in pursuing any investigation. Suspension and/or the disciplinary procedure may be implemented. Any allegations made against the Centre Manager will be brought directly to the Chair of Trustees.

All allegations of abuse must be reported to the HMSC Board of Trustees.

Confidentiality

HMSC respects everyone's right to confidentiality, however we believe that the welfare of vulnerable people has to take priority and we have a duty to disclose abuse to the appropriate agency if deemed necessary. HMSC's Confidentiality Policy may be overridden in these circumstances and reference should be made to the policy.

DBS Checks

Centre Manager and any other staff who may be employed in the future will undergo DBS checks. HMSC does not require volunteers to undergo a DBS check as volunteers do not have sustained 'regular' contact with 'vulnerable visitors' and the support provided by volunteers to visitors does not amount to 'care services'.

Centre Manager will also ensure that the opportunities for any abuse to take place are minimised. HMSC operates within a controlled premises and all activities will be under the supervision of the Centre Manager. Volunteers and advisors will as far as possible avoid one-to-one contact with visitors. If any volunteers wish to continue contact with any of the visitors off the premises or outside of the opening times the Centre, they should consult with the Centre Manager, take appropriate precautions and be aware that such contact takes place at their own risk.

For more information, see:

Care Act 2014

Safeguarding Vulnerable Groups Act 2006

Mental Capacity Act 2005

Social Care Institute for Excellence:

<https://www.scie.org.uk/safeguarding/adults/introduction/types-and-indicators-of-abuse>

Monitoring and Review

[Back to index](#)

Development, monitoring and implementation of the above policy will be the responsibility of the Centre Manager, together with the Board of Trustees. The policy will be reviewed annually by the Board of Trustees.

Policy reviewed: August 2021

Approved by Trustees: 31 August 2021

Date for next review: August 2022

Actions arising: Procedure to be issued to all staff, volunteers and advisers and to be available on the reception desk.

Appendix 1: Definitions of abuse (adults)

[Back to index](#)

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 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 it may result in significant harm to, or exploitation of, the person subjected to it. The Social Care Institute of Excellence identifies the following types of abuse:

Physical abuse - including hitting, slapping, pushing, kicking, misuse of medication, or inappropriate use of restraint.

Sexual abuse - including rape, sexual assault, inappropriate touch anywhere, or any sexual activity that the person lacks the capacity to consent to.

Psychological abuse - including enforced social isolation, removing mobility or communication aids, preventing someone from meeting their religious and cultural needs, failure to respect privacy, intimidation, coercion, harassment, use of threats, humiliation, bullying, swearing or verbal abuse, threats of harm or abandonment, cyber bullying.

Financial or material abuse - including theft of money or possessions; fraud; scamming; preventing a person from accessing their own money, benefits or assets; denying assistance to manage/monitor financial affairs; denying assistance to access benefits; false representation, using another person's bank account, cards or documents; exploitation of a person's money or assets.

Neglect and acts of omission - including failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care; providing care in a way that the person dislikes; failure to administer medication as prescribed; refusal of access to visitors; not taking account of individuals' cultural, religious or ethnic needs; not taking account of educational, social and recreational needs; ignoring or isolating the person; preventing the person from making their own decisions; preventing access to glasses, hearing aids, dentures, etc.; failure to ensure privacy and dignity.

Discriminatory abuse - including unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation (known as 'protected characteristics' under the Equality Act 2010); verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic; denying access to communication aids, not allowing access to an interpreter, signer or lip-reader; harassment or deliberate exclusion on the grounds of a protected characteristic; denying basic rights to healthcare, education, employment and criminal justice relating to a protected characteristic; substandard service provision relating to a protected characteristic.

Institutional abuse – including discouraging visits or the involvement of relatives or friends; run-down or overcrowded establishment; authoritarian management or rigid regimes; lack of leadership and supervision; insufficient staff or high turnover resulting in poor quality care; abusive and disrespectful attitudes towards people using the service; inappropriate use of restraints; lack of respect for dignity and privacy; failure to manage residents with abusive behaviour; not providing adequate food and drink, or assistance with eating; not offering choice or promoting

independence; misuse of medication; failure to respond to abuse appropriately; interference with personal correspondence or communication; failure to respond to complaints.

Multiple forms of abuse - Multiple forms of abuse may occur in an ongoing relationship or an abusive service setting to one person, or to more than one person at a time, making it important to look beyond single incidents or breaches in standards, to underlying dynamics and patterns of harm. Any or all of these types of abuse may be perpetrated as the result of deliberate intent and targeting of vulnerable people, negligence or ignorance.

Domestic abuse

The government defines domestic abuse as:

"Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse:

- psychological
- physical
- sexual
- financial
- emotional

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim."

This definition, which is not a legal definition, includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

(Home Office, 2012)

See also: <https://www.womensaid.org.uk/information-support/what-is-domestic-abuse/>

It is important to recognise that vulnerable adults may be the victims of domestic abuse themselves or be affected by it occurring within their household. This is likely to have a serious effect on their physical and mental wellbeing.

Adults experiencing domestic abuse may need extra support to plan their future. The violence or threat of violence may continue after a victim has separated from the abuser. It is important to ensure that all the vulnerable people in this situation have appropriate support to enable them to maintain their personal safety.

A separate Domestic Abuse Protocol is in place between Police, Social Care and Health.

Incidents reported by the police through the domestic abuse protocols will be addressed under the adult protection processes if it is considered that a vulnerable adult may be at risk of abuse. (*See your local authority's joint Police, Social Services and Health protocol for dealing with cases of domestic abuse where vulnerable adults are involved*).

See Home Office guidance and information on how to get support, including for those with insecure immigration status: <https://www.gov.uk/guidance/domestic-abuse-how-to-get-help>

Appendix 2: Possible indicators of abuse

[Back to index](#)

Possible indicators of physical abuse signs

Note: Some ageing processes can cause changes which are hard to distinguish from some aspects of physical assault e.g. skin bruising can occur very easily due to blood vessels becoming fragile.

- A history of unexplained falls or minor injuries
- Bruising in well protected areas, or clustered from repeated striking
- Finger marks
- Burns of unusual location or type
- Injuries found at different states of healing
- Injury shape similar to an object
- Injuries to head/face/scalp
- History of GP or agency hopping, or reluctance to seek help
- Accounts which vary with time or are inconsistent with physical evidence
- Weight loss due to malnutrition, or rapid weight gain
- Ulcers, bed sores and being left in wet clothing
- Drowsiness due to too much medication, or lack of medication causing recurring crises/hospital admissions

Possible indicators of sexual abuse

- Disclosure or partial disclosure (use of phrases such as 'It's a secret')
- Medical problems, e.g. Genital infections, pregnancy, difficulty walking or sitting
- Disturbed behaviour e.g. depression, sudden withdrawal from activities,
- Loss of previous skills, sleeplessness or nightmares, self-injury,
- Showing fear or aggression to one particular person, repeated or excessive masturbation, inappropriately seductive behaviour,
- Loss of appetite or difficulty in keeping food down.
- Behaviour of others towards the vulnerable adult
- Circumstances – e.g. two visitors found in a toilet area, one in a distressed state

Possible indicators of psychological/emotional abuse

- Isolation
- Unkempt, unwashed, smell
- Over meticulous
- Inappropriately dressed
- Withdrawn, agitated, anxious or not wanting to be touched
- Change in appetite
- Insomnia, or need for excessive sleep
- Tearfulness
- Unexplained paranoia, or excessive fears
- Low self esteem
- Confusion

Possible indicators of neglect

- Poor physical condition
- Clothing in poor condition
- Inadequate diet
- Untreated injuries or medical problems
- Failure to be given prescribed medication
- Poor personal hygiene

Possible indicators of financial or material abuse

- Unexplained or sudden inability to pay bills
- Unexplained or sudden withdrawal of money from accounts
- Disparity between assets and satisfactory living conditions
- Extraordinary interest by family members and other people in the vulnerable person's assets

Possible indicators of discriminatory abuse

- Lack of respect shown to an individual
- Signs of substandard service offered to an individual
- Exclusion from rights afforded to others, such as health, education, criminal justice

Possible indicators of domestic abuse or violence:

- Low self-esteem
- Feeling that the abuse is their fault when it is not
- Physical evidence of violence such as bruising, cuts, broken bones
- Verbal abuse and humiliation in front of others
- Fear of outside intervention
- Damage to home or property
- Isolation – not seeing friends and family
- Limited access to money

Possible indicators of other forms of abuse

- Failure to ensure privacy or personal dignity
- Controlling relationships between staff, volunteers and visitors

Appendix 3 – Vulnerable Adult reporting form

[Back to index](#)

Please include as much information as you can.

This form should be emailed to judith@haringeymsc.org, cc madeleine@haringeymsc.org.

Your Name	Date of Report
Name of vulnerable adult	
Age (if known)	
Home Address and contact details	
Who raised initial concern?	
What prompted concern? Include dates and times of specific incidents	
Has the person been spoken to? If so, what was said?	
Has anybody been alleged to be the abuser? If so, record details	
Matter referred to anyone else? (eg Police) Provide details	

Safeguarding and Child Protection Policy

COVID-19 Addendum (August 2021)

[Back to index](#)

HMSC's commitment to the safeguarding of children and vulnerable adults remains the same in the difficult circumstances brought about by the COVID-19 outbreak. During this period the principles and practices of HMSC's Safeguarding Policies will continue to apply.

HMSC had to adapt the way we work and deliver activities and since March 2020 all staff and volunteers have been working remotely, with only occasional face-to-face meetings with visitors where it is essential to an effective delivery of advice and assistance. The service delivery will be further adjusted according to external regulations and the outcome of internal risk assessments.

HMSC recognises that as a result of the pandemic:

- There are fewer opportunities to spot, identify and respond to safeguarding concerns and issues.
- Changes to ways of working, such as contacting families or vulnerable adults on the phone and by video calling, may bring new information to light about their home situation. They may also experience new challenges during the pandemic, for example income loss, mental health problems, domestic violence/abuse, family conflict and difficulty getting food.
- Some young people's and vulnerable adult's mental health may suffer during the pandemic.
- Parents' and carer's mental health will also be affected during the pandemic, potentially affecting children and vulnerable adults.
- There has been a heightened risk of domestic abuse since the start of the pandemic.

As before the pandemic, HMSC will continue to work with families and vulnerable adults, however, the organisation does not undertake activities with children in the absence of their parents/carers.

In practice, the following procedures will apply:

- There will always be a nominated safeguarding officer or deputy officer available, and contactable by phone or email.
- If a staff member or a volunteer has a concern about a child or a vulnerable adult, they should act immediately following our safeguarding and child protection procedures.
- HMSC maintains a record of staff and volunteer contact with visitors, which is aided by the new case management system. Supervision and regular debriefs for volunteers ensure that any concerns about a person's wellbeing can be raised immediately.
- HMSC will work in cooperation with local safeguarding children boards (<https://www.londonscb.gov.uk/london-scb-contacts/>) and local safeguarding adults boards to report any concerns and/or incidents. We will liaise with multi-agency partners to ensure that families and vulnerable adults have the support they need. This could include referrals to the local early help service, children's social care, community food banks, mental health support or other relevant services.
- HMSC will continue to follow safe recruitment practices as well as ensure that volunteers and staff receive appropriate training in safeguarding as part of their induction as well as appropriate refresher training.