

Safeguarding Children and Vulnerable Adults

The purpose and scope of this policy

Wishing Well Music for Health works with children, young people, and vulnerable adults and commits to providing a safe environment. We understand that we have a duty of care and responsibility to protect those that come in contact with the organisation, its affiliated members and activities.

The purpose of this policy is:

- To protect the children, young people and vulnerable adults we work with.
- To provide participants, parents/carers, musicians, staff, volunteers and the directors with the overarching principles that guide our approach to child protection and safeguarding.
- To outline procedures and policies to report any abuse of power or unintended harm caused.

We understand that power can be predetermined by your race, gender, or socio-economic background, as a result of oppression of certain groups. This privilege is often invisible to people who hold it, but most of us possess some form of it even if we experience hardship or disadvantages in other ways. This is because our society is deeply unequal – there are those who benefit and those who don't. The abuse of this power is a safeguarding concern, and our charity is mindful of the context that we operate in.

Therefore, this policy caters to all those individuals who come in contact with the organisation and applies to **anyone** working on behalf of Wishing Well Music for Health, including staff, musicians, trustees, volunteers, consultants and anyone else working on Wishing Well's behalf.

We believe that:

- We have a moral and legal responsibility to ensure that our charity is welcoming to people of all backgrounds, including the people who work for us
- We are committed to creating an inclusive workforce where people are able to perform at their best
- We have a responsibility to promote the welfare of all children, young people, and vulnerable adults, to keep them safe and to work in a way that protects them
- Children, young people and vulnerable adults should never experience abuse of any kind

We recognise that:

- Not all power dynamics are bad, but understanding them is crucial to realising that our lived experiences shape how we perceive situations and the wider world, and how discrimination can persist – even unintentionally
- The welfare of the child/young person or vulnerable adult is paramount
- Everyone, regardless of age, disability, gender reassignment, race, religion or belief, sex or sexual orientation have a right to equal protection from all types of harm or abuse (Equality Act 2010)
- Working in partnership with children, young people, vulnerable adults, their parents/carers and other agencies is essential in promoting children and young people's welfare

We will seek to keep children, young people and vulnerable adults safe by:

- Valuing, listening to and respecting them
- Appointing a Safeguarding Lead
- Developing safeguarding policies and procedures which reflect best practice
- Using our safeguarding procedures to share concerns and relevant information
- Recruiting staff, and volunteers safely, ensuring all necessary checks are made
- Providing effective safeguarding training, supervision and support for all staff, musicians, trustees and anyone else working on Wishing Well's behalf
- Using our procedures to manage any allegations against anyone working or volunteering on Wishing Well's behalf
- Ensuring we have effective complaints and whistleblowing measures in place
- Recording and storing information professionally and securely

Wishing Well's lead person with overall responsibility for child protection and safeguarding of vulnerable adults is Anisa Dar who can be contacted by email at anisaa.dar@gmail.com

Any musician, staff member or Trustee needing to report a safeguarding concern must immediately contact the CEO who will then report to the safeguarding lead. In the event that CEO is implicated in the safeguarding concern, the incident will be reported directly to the safeguarding lead, which is Trustee, Anisa Dar.

Safeguarding is a rolling agenda item at every Board meeting.

What to do if abuse is suspected

There is no hard and fast rule about how an individual or agency makes a judgement about whether to report a safeguarding concern. However, there are two basic rules which staff, musicians and Trustees should always follow:

1. Do not ignore it
2. Do not work in isolation – always share your concern

What you must do:

If a child or vulnerable adult tells you about an incident of abuse you should listen attentively to what is said and offer reassurance, then talk immediately with a member of staff where you are working, and then to the CEO at Wishing Well. The relevant member of staff where you are working will be your point of contact on your contract. If in doubt find a ward manager for the ward that you are working on.

Be careful! Do not quiz the person or ask leading questions. Be very aware that interviewing children and vulnerable adults about such matters is a matter for a trained police officer or social worker and it may affect a later court case if you are seen as influencing what someone says.

Tell the service user that you must disclose the information. You can decide not to tell them if you have a reasonable belief that in doing so there will be an increased risk of significant harm.

If a concern is raised about any member of the Wishing Well Team (staff, musician, trustee etc) within Wishing Well or in any of our partner organisations, you must inform the CEO before the end of the working day. If the CEO is part of the concern, then report your concern directly to the Safeguarding Lead (Trustee, Anisa Dar)

The safeguarding lead will share information about a concern with relevant agencies as appropriate. This may be with the service where the child or vulnerable adult is receiving care e.g. a school or hospital, or with the local safeguarding hub or police.

Record Keeping:

If a member of Wishing Well team (staff, musician, or Trustee) has a cause for concern in relation to a child or vulnerable adult, they will report their concern to the CEO, Jo White as soon as possible. The CEO will then report to the Safeguarding Lead, Anisa Dar. The person may be asked to write down their concerns, and if this is needed, a clear description of the concern should be recorded. All records will be sent and held securely with

access given to only the Wishing Well CEO and the Safeguarding Lead. The CEO and Safeguarding Lead will respond to any concerns raised and will involve and inform the person who raised the concern.

Legal Framework

Responsibilities for safeguarding are enshrined in international and national legislation. This policy has been drawn up on the basis of legislation, policy and guidance that seeks to protect children, young people and adults in the UK.

The duties and procedures used to inform the Safeguarding Policy are:

- Children Act 1989
- Working Together to Safeguard Children 2018
- Mental Capacity Act 2005
- Keeping Children Safe in Education
- UN Convention on the Rights of the Child
- Care Act 2014

Definitions

Safeguarding is the right of every child and vulnerable individual to be protected from any form of abuse.

Abuse occurs when the child's or vulnerable adults' rights are not respected. Abuse is any behaviour towards a person that deliberately or unknowingly causes them harm, endangers life or violates their rights. It includes not only physical, emotional and psychological ill treatment but also neglect, financial abuse, sexual abuse, and the impairment of physical, intellectual, emotional, social or behavioural development.

A child is anyone who has not yet reached their 18th birthday. We may often prefer to use the words 'young person' to describe teenagers, but this definition does not exist in law. It is important to be clear that any young person up to their 18th birthday is legally regarded as a child and is covered by the Children's Act (2004).

An adult is anyone aged 18 or above. A vulnerable adult is someone of 18 years or over 'who is or may be in need of community care services by reason of mental or other disability, age or illness' and who is or maybe unable to take care of themselves or unable to protect themselves against significant harm or exploitation.

Staff Recruitment, Training and Development

Wishing Well's recruitment and selection procedure requires references, proof of identity, an enhanced DBS check which is checked annually for all staff, musicians and trustees on the online update system. People not on the update system are required to get a new DBS check done every 3 years. All staff, musicians and trustees will work within the procedures that accompany this policy and will receive training on this policy at induction. Training includes but is not limited to the recognition of signs of abuse, and how to respond to concerns. Training is refreshed for the whole 3 every years.

The Safeguarding Lead and CEO will update their safeguarding knowledge annually and will review the safeguarding learning needs of staff, musicians and trustees annually.

The Safeguarding Lead will provide relevant briefings to staff, musicians and trustees on any changes to child protection legislation and procedures, learning from local and national serious case reviews, local service provision and local safeguarding concerns.

Wishing Well will maintain accurate records of satisfactory completion of child protection and safeguarding training by staff, volunteers and trustees.

Staff, Musicians and Trustees will also:

- Have safeguarding training as part of their induction
- Work within the jurisdiction and framework of all cross-county partnership safeguarding hubs
- Work alongside partner services, their Manager and the Safeguarding Lead, in all instances where safeguarding is a concern
- Work to Wishing Well's confidentiality and safeguarding policies and procedures
- Be accountable to Wishing Well's policies regarding complaints and grievances
- Safeguarding Lead will attend Designated Safeguarding Training every two years
- Safeguarding risks are included in the organisational risk register which is reviewed at quarterly board meetings

Confidentiality, Consent and Information Sharing

Wishing Well recognises that all matters relating to child protection and safeguarding vulnerable adults are confidential. Confidentiality is an important principle that enables people to feel safe in sharing their concerns and to ask for help. However, sharing relevant information with the right people at the right time is vital to good safeguarding practice. The Safeguarding Lead will only disclose any information adequate for its purpose about a child or adult to other members of staff on a need-to-know basis and in the best interests of the person it concerns. This is in accordance with GDPR and Data Protection Act 2018, All staff, musicians and trustees must be aware that they cannot promise to keep a secret which might compromise theirs, or someone else's, safety or wellbeing. For further information, please refer to Wishing Well's Confidentiality and Data Protection policies.

Multi-agency Working

Wishing Well will develop and promote effective working relationships with other agencies including but not limited to hospitals and other healthcare settings. Where Wishing Well musicians have an honorary contract or SLA with a partner agency, that agency must be informed of all safeguarding concerns. All partner agencies must adhere to the highest safeguarding standards and procedures.

Safeguarding Children

The procedures that deliver this policy compliment cross county local authority safeguarding procedures and will ensure that all colleagues engaged in delivering our services:

- Are alert to the possibility of abuse of a child
- Know how to recognise abuse
- Understand the need to share information about concerns with agencies that need to know
- Understand professional boundaries
- Know how and where to report concerns
- Are aware of good practice

Our procedures ensure that all staff, musicians and trustees know the arrangements and contact details for reporting concerns.

Staff, musicians and trustees need to be aware of specific safeguarding issues as identified in Keeping Children Safe in Education (KCSIE). KCSIE identifies the following specific safeguarding issues:

- Child missing from education
- Children with family members in prison
- Child sexual exploitation
- Child criminal exploitation: county lines
- Domestic abuse
- Homelessness
- Honour based violence
- FGM and forced marriage

- Radicalisation
- Peer on peer abuse
- Bullying
- Drugs
- Health & wellbeing

Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child such that it causes severe and persistent adverse effects on the child's emotional development. **Emotional abuse may include:**

- Making a child feel worthless, unloved or inadequate
- Only there to meet another's needs
- Inappropriate age or developmental expectations
- Overprotection and limitation of exploration, learning and social interaction
- Seeing or hearing the ill treatment of another, e.g. domestic abuse
- Making the child feel worthless and unloved - high criticism and low warmth
- Serious bullying (including cyber bullying)
- Exploitation or corruption

Neglect

Neglect is the persistent failure to meet a child's basic physical or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance misuse. **Once a child is born, neglect may involve a parent/carer failing to:**

- Provide adequate food, clothing and shelter, including exclusion from home or abandonment
- Protect a child from physical and emotional harm or danger
- Ensure adequate supervision, including the use of inadequate care givers
- Ensure access to appropriate medical care or treatment
- Ensure regular school attendance

It may also include:

- Neglect of, or unresponsiveness to, a child's basic emotional needs.

Physical Abuse

Physical abuse is not solely perpetrated by adults. Children/young people can also commit acts of physical abuse. **Physical abuse may involve:**

- Hitting, shaking, throwing, poisoning, burning, scalding, drowning, suffocating, or otherwise causing physical harm to a child.

Physical abuse may also be caused:

- When a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. **Sexual abuse may involve:**

- Physical contact, including penetration of any part of the body, or non-penetrative acts.
- Non-contact activities, such as involving children looking at or in the production of sexual images, including on the internet, watching sexual activities, encouraging children to behave in sexually inappropriate ways.

Child sexual exploitation is also sexual abuse; it involves children and young people receiving something, for example accommodation, drugs, gifts or affection, as a result of them performing sexual activities, or having others perform sexual activities on them. It could take the form of grooming of children, e.g. to take part in sexual activities or to post sexual images of themselves on the internet.

Safeguarding Adults

The Care Act is a significant part in safeguarding adults who are experiencing, or are at risk of, abuse or neglect, and are unable to protect themselves. The Care Act safeguarding duties apply to an adult who:

- Has needs for care and support (whether or not the local authority is meeting any of those needs)
- Is experiencing, or at risk of, abuse or neglect
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

The procedures that deliver this policy compliment cross county local authority safeguarding procedures and will ensure that all staff, musicians and trustees engaged in delivering our services:

- Are alert to the possibility of abuse of an adult
- Know how to recognise abuse relating to adults
- Understand the need to share information about concerns with agencies that need to know
- Understand professional boundaries
- Know how and where to report concerns
- Are aware of good practice

The aims of adult safeguarding are to:

- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
- Stop abuse or neglect wherever possible
- Safeguard adults in a way that supports them in making choices and having control about how they want to live
- Promote an approach that concentrates on improving life for the adults concerned
- Raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect
- Provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or wellbeing of an adult

The application of this policy recognises the key principles of the Mental Capacity Act 2005 which sets out the right for everyone covered by the Act to make decisions and for any decision made on their behalf to be in their best interests. This includes young people over 16 years. Staff, musicians and trustees will always act in accordance with the principles of that Act when they believe that someone is being abused and in determining how to report that abuse.

From Social care Institute of Excellence: Safeguarding Adults

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.

Types of abuse:

- 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
- Signs of malnutrition

Evidence of any one indicator from the following lists should not be taken on its own as proof that abuse is occurring. However, it should alert practitioners to make further assessments and to consider other associated factors. The lists of possible indicators and examples of behaviour are not exhaustive, and people may be subject to a number of abuse types at the same time.

<u>Domestic violence and abuse</u>

<p>Domestic violence and abuse include 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. It also includes so called 'honour' -based violence, female genital mutilation and forced marriage.</p>	
<p><u>Coercive or controlling behaviour is a core part of domestic violence.</u> <u>Coercive behaviour may include:</u></p> <ul style="list-style-type: none"> • Acts of assault, threats, humiliation and intimidation • Harming, punishing, or frightening the person • Isolating the person from sources of support • Exploitation of resources or money • Preventing the person from escaping abuse • Regulating everyday behaviour 	<p><u>Possible indicators of domestic violence or abuse:</u></p> <ul style="list-style-type: none"> • 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
<p><u>Sexual Abuse</u></p>	
<p><u>Sexual abuse of an adult may include:</u></p> <ul style="list-style-type: none"> • Rape, attempted rape or sexual assault • Inappropriate touch anywhere • Non- consensual masturbation of either or both persons • Any sexual activity that the person lacks the capacity to consent to • Inappropriate looking, sexual teasing or innuendo or sexual harassment • Sexual photography or forced use of pornography or witnessing of sexual acts 	<p><u>Possible indicators of sexual abuse:</u></p> <ul style="list-style-type: none"> • Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck • Pain or itching in the genital or, a change in continence • Unusual difficulty in walking or sitting • Pregnancy in a woman who is unable to consent to sexual intercourse • The uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude • Self-harming

<ul style="list-style-type: none"> • Indecent exposure 	<ul style="list-style-type: none"> • Poor concentration, withdrawal, sleep disturbance • Excessive fear/apprehension of, or withdrawal from, relationships • Fear of receiving help with personal care • Reluctance to be alone with a particular person
<u>Psychological or emotional abuse</u>	
<p><u>Psychological or emotional abuse may include:</u></p> <ul style="list-style-type: none"> • Enforced social isolation – preventing someone accessing services, educational and social opportunities and seeing friends • Removing mobility or communication aids or intentionally leaving someone unattended when they need assistance • Preventing someone from meeting their religious and cultural needs • Preventing the expression of choice and opinion • Failure to respect privacy • Preventing stimulation, meaningful occupation or activities • Intimidation, coercion, harassment, use of threats, humiliation, bullying, swearing or verbal abuse • Addressing a person in a patronising or infantilising way • Threats of harm or abandonment • Cyber bullying 	<p><u>Possible indicators of psychological or emotional abuse:</u></p> <ul style="list-style-type: none"> • An air of silence when a particular person is present • Withdrawal or change in the psychological state of the person • Insomnia • Low self-esteem • Uncooperative and aggressive behaviour • A change of appetite, weight loss/gain • Signs of distress: tearfulness, anger • Apparent false claims, by someone involved with the person, to attract unnecessary treatment
<u>Financial or material abuse</u>	
<p><u>Financial or material abuse may include:</u></p> <ul style="list-style-type: none"> • Theft of money or possessions • Fraud, scamming 	<p><u>Possible indicators of material and financial abuse:</u></p> <ul style="list-style-type: none"> • Missing personal possessions • Unexplained lack of money or inability to maintain lifestyle

<ul style="list-style-type: none"> • Preventing a person from accessing their own money, benefits or assets • Employees taking a loan from a person using the service • Undue pressure, duress, threat, or undue influence put on the person in connection with loans, wills, property, inheritance or financial transactions • Arranging less care than is needed to save money to maximise inheritance • Denying assistance to manage/monitor financial affairs • Denying assistance to access benefits • Misuse of personal allowance in a care home • Misuse of benefits or direct payments in a family home • Someone moving into a person's home and living rent free without agreement or under duress • False representation, using another person's bank account, cards or documents • Exploitation of a person's money or assets, e.g. unauthorised use of a car • Misuse of a power of attorney, deputy, appointeeship or other legal authority • Rogue trading – e.g. unnecessary or overpriced property repairs and failure to carry out agreed repairs or poor workmanship 	<ul style="list-style-type: none"> • Unexplained withdrawal of funds from accounts • Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity • The person allocated to manage financial affairs is evasive or uncooperative • The family or others show unusual interest in the assets of the person • Signs of financial hardship in cases where the person's financial affairs are being managed by a court appointed deputy, attorney or LPA • Recent changes in deeds or title to property • Rent arrears and eviction notices • A lack of clear financial accounts held by a care home or service • Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person • Disparity between the person's living conditions and their financial resources, e.g. insufficient food in the house • Unnecessary property repairs
<p><u>Modern slavery</u></p>	
<p><u>Modern slavery includes:</u></p> <ul style="list-style-type: none"> • Human trafficking • Forced labour • Domestic servitude 	<p><u>Possible indicators of modern slavery:</u></p> <ul style="list-style-type: none"> • Signs of physical or emotional abuse • Appearing to be malnourished, unkempt or withdrawn

<ul style="list-style-type: none"> • Sexual exploitation, such as escort work, prostitution and pornography • Debt bondage – being forced to work to pay off debts that realistically they never will be able to 	<ul style="list-style-type: none"> • Isolation from the community, seeming under the control or influence of others • Living in dirty, cramped or overcrowded accommodation and or living and working at the same address • Lack of personal effects or identification documents • Always wearing the same clothes • Avoidance of eye contact, appearing frightened or hesitant to talk to strangers • Fear of law enforcers
<u>Discriminatory abuse</u>	
<p>Discriminatory abuse includes:</p> <ul style="list-style-type: none"> • 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 '<u>protected characteristics</u>' under the <u>Equality Act 2010</u>) • 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 	<p>Possible indicators of discriminatory abuse:</p> <ul style="list-style-type: none"> • The person appears withdrawn and isolated • Expressions of anger, frustration, fear or anxiety • The support on offer does not take account of the person's individual needs in terms of a protected characteristic

<ul style="list-style-type: none"> • Substandard service provision relating to a protected characteristic 	
<u>Organisational or institutional abuse</u>	
<p>Organisational or institutional abuse may include:</p> <ul style="list-style-type: none"> • 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 provide care with dentures, spectacles or hearing aids • Not taking account of individuals' cultural, religious or ethnic needs • Failure to respond to abuse appropriately • Interference with personal correspondence or communication • Failure to respond to complaints 	<p>Possible indicators of organisational or institutional abuse:</p> <ul style="list-style-type: none"> • Lack of flexibility and choice for people using the service • Inadequate staffing levels • People being hungry or dehydrated • Poor standards of care • Lack of personal clothing and possessions and communal use of personal items • Lack of adequate procedures • Absence of visitors • Few social, recreational and educational activities • Public discussion of personal matters • Unnecessary exposure during bathing or using the toilet • Lack of management overview and support
<u>Neglect and acts of omission</u>	

<p>Neglect and acts of omission may include:</p> <ul style="list-style-type: none"> • 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 	<p>Possible indicators of neglect and acts of omission:</p> <ul style="list-style-type: none"> • Poor environment – dirty or unhygienic • Poor physical condition and/or personal hygiene • Pressure sores or ulcers • Malnutrition or unexplained weight loss • Untreated injuries and medical problems • Inconsistent or reluctant contact with medical and social care organisations • Accumulation of untaken medication • Uncharacteristic failure to engage in social interaction • Inappropriate or inadequate clothing • Failure to seek medical advice, or to attend health appointments
<p><u>Self-neglect</u></p>	
<p>Self-neglect includes:</p> <ul style="list-style-type: none"> • Lack of self-care to an extent that it threatens personal health and safety • Neglecting to care for one's personal hygiene, health or surroundings • Inability to avoid self-harm • Failure to seek help or access services to meet health and social care needs 	<p>Possible indicators of self-neglect:</p> <ul style="list-style-type: none"> • Very poor personal hygiene • Unkempt appearance • Lack of essential food, clothing or shelter • Malnutrition and/or dehydration • Living in squalid or unsanitary conditions • Neglecting household maintenance • Hoarding

<ul style="list-style-type: none"> • Inability or unwillingness to manage one’s personal affairs 	<ul style="list-style-type: none"> • Collecting a large number of animals in inappropriate conditions • Non-compliance with health or care services • Inability or unwillingness to take medication or treat illness or injury
Physical abuse	
<p>Physical abuse includes:</p> <ul style="list-style-type: none"> • Assault, hitting, slapping, punching, kicking, hair-pulling, biting, pushing • Rough handling • Scalding and burning • Physical punishments • Inappropriate or unlawful use of restraint • Making someone purposefully uncomfortable (e.g. opening a window and removing blankets) • Involuntary isolation or confinement • Misuse of medication (e.g. over-sedation) • Forcible feeding or withholding food • Unauthorised restraint, restricting movement (e.g. tying someone to a chair) 	<p>Possible indicators of physical abuse:</p> <ul style="list-style-type: none"> • No explanation for injuries or inconsistency with the account of what happened • Injuries are inconsistent with the person’s lifestyle • Bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps • Frequent injuries • Unexplained falls • Subdued or changed behaviour in the presence of a particular person • Signs of malnutrition

Digital Safeguarding

We know that potential risks can arise from using social media, although some risks online can be a result of offline behaviour that are now extended to the online world and vice versa.

We believe that:

Children, young people and adults should be able to use the internet for education and personal development, but safeguards need to be in place to ensure they are kept safe at all times.

We recognise that:

- The online world provides everyone with many opportunities; however it can also present risks and challenges
- We have a duty to ensure that all children, young people and adults involved in our organisation are protected from potential harm online
- We have a responsibility to help keep children, young people and adults safe online, whether or not they are using Wishing Well's network and devices
- Working in partnership with children, young people, their parents, carers and other agencies is essential in promoting young people's welfare and in helping young people to be responsible in their approach to online safety
- All children, regardless of age, disability, gender reassignment, race, religion or belief, sex or sexual orientation, have the right to equal protection from all types of harm or abuse

Examples of online abuse include:

- We have a responsibility to help keep children, young people and adults safe online, whether or not they are using Wishing Well's network and devices
- Bullying by peers or the public
- Personal information that can identify and locate a young adult offline
- Sexual grooming, luring, exploitation, and abuse contact with strangers
- Exposure to inappropriate content.
- Involvement in making or distributing illegal or inappropriate content.
- Theft of personal information.
- Exposure to information and interaction with others who encourage self-harm.
- Exposure to racist or hate material.
- Physical harm to people in making video content, such as enacting and imitating stunts and risk-taking activities,
- Leaving and running away from home as a result of contacts made online.

We will seek to keep children and young people safe by:

- Ensuring that our named safeguarding lead is competent and confident in including online safeguarding of children, young people and vulnerable adults within their role.
- Providing clear and specific directions to staff, musicians and trustees on how to behave online in relation to Wishing Well through our Social Media Policy
- Supporting and encouraging everyone using our service to use the internet, social media and mobile phones in a way that keeps them safe and shows respect for others
- Developing clear and robust procedures to enable us to respond appropriately to any incidents of inappropriate online behaviour, whether by an adult or a child or young person
- Reviewing and updating the security of our information systems regularly
- Ensuring that usernames, logins, email accounts and passwords are used effectively
- Ensuring personal information about the adults and children who are involved in our organisation is held securely and shared only as appropriate
- Ensuring that images of children, young people, adults and families are used only after their written permission has been obtained, and only for the purpose for which consent has been given. This also applies to any healthcare staff or other people who may appear in photos.
- Providing training for staff, musicians and Trustees about online safety
- Examining and risk assessing any social media platforms and new technologies before they are used within the organisation.

Wishing Well will monitor its online engagement, ensuring that we report or remove comments which can be deemed harmful or offensive to other users. Our Communications Assistant will seek advice from the Designated Safeguarding Lead where our conducts to online safeguarding has been breached.

Consent for Video or Photography:

Hospital patients, their families and healthcare staff must always give written or recorded verbal consent before any identifiable images are taken of them. We will always clarify why images are being taken, how images will be used (e.g. on our social media channels or website) and for how long. Many people that we work with do not have capacity to consent themselves.

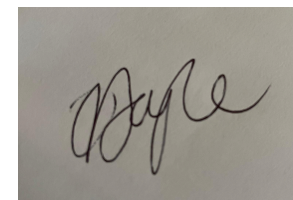
The CEO may invite a photographer to our sessions but will always do so in collaboration with ward managers and the hospital comms team to ensure that full, informed consent is given. Patients, families and staff will only ever be represented in a way that is positive, dignified and in line with the charity's values and with respect to the hospital setting they are in. Even images of musicians in hospital settings need to be carefully checked as, for example, a patient's name may be visible on a wall. In most cases, all photographs will be signed off by the relevant NHS comms department.

The freelance musicians cannot take photos or videos of any patients or family members in hospitals. Occasionally, a family visitor or staff member takes a photo of the musicians playing and sends it to them. If this happens, musicians must send this to the CEO for approval and not share it publicly themselves as it may contain patient information taken unwittingly.

Policy Adopted: March 2020

Policy last reviewed: July 15th 2024

signed: Olivia Doyle, Chair of Trustees

A rectangular box containing a handwritten signature in black ink. The signature is cursive and appears to read 'Olivia Doyle'.

Next review date: July 15th 2025