

The Mediterranean Mission to Seafarers (MMS)

Safeguarding Policy 2020

1. Introduction

The MMS predominantly supports adults but may become aware of safeguarding issues affecting children and young people. For the purposes of this policy a child or young person is anyone who has not yet reached their 18th birthday.

The aim of this policy is to ensure that the MMS acts appropriately when it becomes aware that a vulnerable child, young person or adult may be at risk. It also provides a framework which ensures that those involved in the support and care of vulnerable people have the appropriate information and support to enable them to take the necessary steps to stop the abuse happening.

All Port Chaplains and Ship Welfare Visitors play an important part in promoting the welfare and protection of the vulnerable people with whom the organisation works. Ship Visitors should proactively safeguard and promote the well-being and welfare of their charity's beneficiaries and take reasonable steps to protect these beneficiaries, and others who come into contact with MMS, from harm.

The MMS will not tolerate the abuse of children, young people or adults in any form and is committed to promoting the welfare of all Seafarers with care and support needs. Copies of this policy should be available within the MMS for all Ship Visitors.

This policy outlines the steps MMS will make to safeguard children, young people and adults with care and support needs if they are deemed to be at risk. This policy sets out the roles and responsibilities of the MMS in working together with other professionals and agencies in promoting the child or adult's welfare and safeguarding them from abuse and neglect.

The MMS will ensure that decisions made will allow adults to make their own choices and include them in any decision making. The MMS will also ensure that safe and effective working practices are in place.

2. Key objectives and Legislation

This policy is intended to support people working within the MMS to understand their role and responsibilities in safeguarding children, young people and adults. All staff and trustees are expected to follow this policy.

The key objectives of this policy are for all MMS Chaplains and Visitors to:

- have an overview of child and adult safeguarding
- be clear about their responsibility to safeguard children and adults

- ensure the necessary actions are taken where an adult with care and support needs is deemed to be at risk
- to attend safeguarding training and to keep their knowledge and skills up to date.

Under the Human Rights Act 1998, everyone has the right to live free from abuse and neglect.

<https://www.equalityhumanrights.com/en/human-rights/human-rights-act>

Definitions:

Child or young person: Anyone who has not yet reached their 18th birthday.

Adult at risk: Anyone aged 18 or over who is unable to look after their own well-being, property, rights, or other interests and is at risk of harm (either from another person's behaviour or their own behaviour) due to disability, illness, physical or mental infirmity.

Volunteers: Anyone volunteering for the MMS, regardless of their role.

Child and adult abuse: Children and adults may be vulnerable to neglect and abuse or exploitation from within their family and from individuals they come across in their daily lives. Abuse can take a variety of different forms, including:

- sexual, physical, emotional abuse and neglect
- exploitation by criminal gangs / organised crime groups
- trafficking and modern slavery
- online abuse
- sexual exploitation
- influences of extremism leading to radicalisation
- domestic abuse
- financial abuse
- discriminatory abuse
- organisational abuse

Safeguarding

Safeguarding children is defined in *Working together to safeguard children* as:

- protecting children from maltreatment
- preventing impairment of children's health or development
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
- taking action to enable all children to have the best outcomes.

Safeguarding adults at risk is defined in the Care and Support Statutory Guidance issued under the Care Act 2014 as:

- protecting the rights of adults to live in safety, free from abuse and neglect
- people and organisations working together to prevent and stop both the risks and experience of abuse or neglect
- people and organisations making sure that the adult's well-being is promoted including, where appropriate, taking their views, wishes, feelings and beliefs fully into account when deciding any action
- recognising that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances and therefore potential risks to their safety or well-being.

3. Identifying and reporting child / young person and adult abuse

All children, young people and adults should be able to live free from fear and harm. But some may find it hard to get the help and support they need to stop abuse. They may be unable to protect themselves from harm or exploitation due to many reasons, including their age, mental or physical incapacity, sensory loss or physical or learning disabilities. This could be an adult who is usually able to protect themselves from harm but may be unable to do so because of an accident, disability, frailty, addiction or illness.

The MMS adheres to following the six key principles that underpin safeguarding work:

- **Empowerment**
- **Prevention**
- **Proportionality**
- **Protection**
- **Partnership**
- **Accountability**

Port Chaplains and Volunteers should ensure that their work reflects the principles above and ensure any person with care and support needs is involved in their decisions and informed consent is obtained. The MMS will ensure that the safeguarding action agreed is the least intrusive response to the risk. Partners from the port community should be involved in any safeguarding work in preventing, detecting and reporting neglect and abuse. The MMS should be transparent and accountable in delivering safeguarding actions and ensure that adults are involved in their safeguarding arrangements and each individual is dealt with on a case by case basis. As adults may have different preferences, histories and lifestyles, the same process may not work for all.

The MMS will refer any safeguarding concern to Social Services in Gibraltar when it is believed the person may be at risk of serious harm or death.

4. Who do I go to if I am concerned?

Any Safeguarding concerns should be addressed in the first instance to the Safeguarding Officer for MMS and the Holy Trinity Cathedral (HTC), Dr Rene Beguelin, with reference to the Diocese in Europe (DinE) or the Port Authority (PA) as thought necessary. A log of the concern must be kept.

5. What should I do if I am concerned?

If you suspect a child or adult is being abused, you should always speak up. By identifying and reporting abuse, everyone can be kept safe. Even if you're not certain, you must report your concern to the MMS designated Safeguarding Officer.

In a rare situation where you consider an adult is in immediate danger, MMS Chaplains and Volunteers must call the Police on 199 immediately.

Port Chaplains and Volunteers of the MMS who have any adult safeguarding concerns should:

1. Respond

- Take emergency action if someone is at immediate risk of harm/in need of urgent medical attention. Dial 190 for emergency services.
- Get brief details about what has happened and what the adult would like done about it, but do not probe or conduct a mini-investigation.
- Seek consent from the adult to take action and to report the concern to the Authorities. Consider whether the adult may lack capacity to make decisions about their own and other people's safety and

wellbeing. If you decide to act against their wishes or without their consent, you must record your decision and the reasons for this.

2. Report

- Report any potential safeguarding concerns to the MMS designated Safeguarding Officer (see above).

3. Record

- As far as possible, records should be written contemporaneously, dated and signed. Keep records about safeguarding concerns confidential and in a location where the alleged abuser will not have access to the record. Access should not be given to any unauthorised personnel for accessing confidential information including the sharing of passwords: <..\..\Data Protection\EU GDPR\MNWB GDPR Policy Docs\Policies\Data Protection Policy\MNWB Data Protection Policy September 2019.docx>

4. Refer

In making a decision whether to refer an adult or not, the designated safeguarding lead should take into account:

- the adult's wishes and preferred outcome
- whether the adult has mental capacity to make an informed decision about their own and others' safety
- the safety or wellbeing of children or other adults with care and support needs
- whether there is a person in a position of trust involved
- whether a crime has been, or may have been, committed
-

The designated safeguarding lead will then need to determine whether to notify the concern to the following people:

- the police if a crime has been committed, and/or
- the Port Authority

The designated safeguarding lead should keep a record of the reasons for referring the concern or reasons for not referring.

Referrals into children or adult services where it is decided that further action will be taken will be subject to Section 42 (adults) and Section 47 (children) procedures; this process involves a thorough investigation of the allegation and can be concluded at various stages of the process.

6. Procedure for dealing with life threatening situations.

The following procedure outlines the process for MMS Chaplains and Volunteers who receive a call that indicates a 'life threatening' event.

Life threatening events may include:

- Situations where a caller says they are about to take their own life.
- Situations where a caller says they are in immediate serious danger from a partner or someone else.
- Situations where there is an immediate danger that the caller may seriously harm themselves or someone else.

7. In a life threatening situation...

If the caller is willing and able to give you their name, telephone number and address – make a careful note of these then:

- Encourage the caller to dial 190 and access help for themselves immediately.
- When the call ends, call 190, explain the situation (e.g. I work for the MMS, - a caller has just told me the following... Her/his contact details are...she/he can be found at....').
- Let the MMS Chairman know what has happened, and seek supervision and support.

If the caller is not willing/able to give you their address:

- Encourage the caller to dial 112 and access help for themselves immediately.
- When the call ends, if you have the caller's number, call 112, explain the situation (e.g. 'I'm a member at the MMS who took a call. I need to speak to the Police SPOC (Single Point of Contact) team - a caller is at risk, he/she has just told me the following... his/her phone number is...').
- If the call ends before you have a chance to note the caller's number down, contact a colleague or the Emergency Services as below.
- The Police SPOC team should be able to trace the number and see if this is linked to an address so they can send someone there to check on the caller.
- Let the MMS Chairman know what has happened, and seek supervision and support.

Withheld Numbers

If a caller has withheld their number it will appear on the phone with no number next to it. With police involvement, there are ways the telephone network can trace withheld numbers, but this is usually provided only in very extreme circumstances, where life is at threat.

In this situation you should:

- Encourage the caller to dial 112 and access help for themselves immediately.
- Encourage the caller to share their contact telephone number and address with you if possible – if they do then just follow procedure listed above.
- If they will not or are unable to give you their details, when the call ends, dial 112 and explain the situation. For example, "I'm a member of the MMS who took a call. I need to speak to the Police SPOC (Single Point of Contact) team - a caller is at risk, he/she has just told me the following.....".
- The police may be able to obtain the number from the appropriate authorities.

You will need to provide these details:

- Business name – MMS
- Your name
- Time of call
- Dialed Number e.g. +350 20041799 or +350 54080318
- Duration of call
- Any other information that may help with tracing the call – e.g. background noise, name, accent of the caller.
- Let the Chairman know what has happened, and seek supervision and support.

Remember these situations are extremely rare – we are not aware of any of these situations ever happening on our helpline, so please do not panic about this – these instructions are here as a precaution. If anything distressing ever happens on a helpline call, you must inform the Chairman.

No MMS staff member should ever feel that they have to cope with anything on their own.

8. Challenging or difficult calls?

The MMS are aware that listening and responding to callers who relay traumatic experiences could negatively affect the emotional wellbeing of chaplains and volunteers. Challenging calls can also have a knock on stress effect as staff may begin a new call with stressful anticipation. The lack of a resolution on a call can also be difficult to manage.

The MMS are committed to providing effective after call support for people who have dealt with traumatic, complex or difficult calls.

9. What are MMS Chaplains and Volunteers roles and responsibilities?

It may be difficult for children or adults with care and support needs to protect themselves and to report abuse. They rely on MMS Chaplains and Volunteers to help them.

All MMS Chaplains and Volunteers of the MMS are expected to report any concerns to the named person for safeguarding. If the allegation is against one of the MMS Chaplains or Volunteers, seek advice from the Chairman. The designated safeguarding lead should be responsible for providing acknowledgement of the referral and brief feedback to the person raising the original concern. Feedback should be given in a way that will not make the situation worse or breach the General Data Protection Regulations. If the police are involved, they should be consulted prior to giving feedback to the referrer to ensure any criminal investigation is not affected.

The local authority will decide on who will lead on a safeguarding enquiry should it progress to that stage. The MMS should not conduct its own safeguarding enquiry unless instructed to do so by the local authority.

10. Confidentiality and information sharing

MMS Chaplains and Volunteers must maintain confidentiality at all times. In line with Data Protection law, the MMS does not share information if not required.

It should however be noted that information should be shared with authorities if a child or adult is deemed to be at risk of immediate harm. Sharing the right information, at the right time, with the right people can make all the difference to preventing harm. For further guidance on information sharing and safeguarding see: <https://www.scie.org.uk/care-act-2014/safeguarding-adults/sharing-information/keymessages.asp>

11. Recruitment and selection of Chaplains and Volunteers

The MMB is committed to safe recruitment practices, such as Disclosure and Barring checks are carried out when necessary to reduce the risk of exposing adults with care and support needs to people unsuitable to work with them.

12. Training, awareness raising and supervision

The MMS ensures that all Chaplains and Volunteers receive the appropriate training on safeguarding children and adults who may be at risk of abuse. Those people may report things of concern to staff or trustees who should be equipped with the basic knowledge around safeguarding children and adults and be confident to identify that abuse is taking place and action is required. All Chaplains and Volunteers should be clear about the commitment of MMS to safeguarding children and adults.

13. Radicalisation and Extremism

Radicalisation and extremism of children and adults is a form of emotional/psychological exploitation. Radicalisation can take place through direct personal contact or indirectly through social media.

If Chaplains or Volunteers are concerned that an adult with care and support needs is at risk of being radicalised and drawn into terrorism, they should treat it in the same way as any other safeguarding concern.

Signed Chairman

.....*IDTarrant*.....

Date

.....10th November 2020.....

Safeguarding Children

The Statutory guidance (HM Govt, 2018, Working Together to Safeguard Children) sets out the definition of abuse and the categories of abuse:

What is abuse?

A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child or children.

Categories of Abuse:

Physical Abuse

A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Emotional Abuse

The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual Abuse

Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Child Sexual Exploitation

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

Neglect

The persistent failure to meet a child's basic physical and/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 abuse. Once a child is born, neglect may involve a parent or 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
- It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

These are the overarching categories of abuse but within these are included the more specific types of abuse. For example:

Children can be affected by domestic abuse even if they are not present when the abuse is taking place. Children can be affected physically, psychologically, emotionally, financially or sexually.

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. Adults 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.

Abuse and neglect can take many forms. Organisations and individuals should not be constrained in their view of what constitutes abuse, neglect or harm and should always consider the circumstances on a person centred basis.

Categories of Abuse:

Physical abuse

Including assault, hitting, kicking, slapping, punching, pushing, misuse of medication, inappropriate restraint or inappropriate physical sanctions.

Sexual abuse

Including rape and sexual assault, sexual harassment or sexual acts to which the adult has not consented or was pressured into consenting. This can include “non-contact” sexual acts such as indecent exposure, online abuse, non-consensual pornographic activities.

Psychological abuse

Including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

Financial or material abuse

Including theft, fraud and exploitation, coercion in relation to an adult’s financial affairs or arrangements, including pressure in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits. This can include “cuckooing”; where a person’s property is taken over and used for illegal activities.

Neglect and acts of omission

Including wilfully ignoring medical or physical care needs, failure to provide access to appropriate health and social care, including not supporting a person to access clinical appointments and support, the withholding of the necessities of life, such as medication, adequate nutrition and heating or depriving someone of stimulation or company, adaptations, equipment or aids to communication.

Self neglect

This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and can include behaviour such as hoarding and non-attendance at necessary health/dental appointments. Consideration must be given to the impact on other family members and/or the wider community, mental capacity legislation and whether this gives rise to a safeguarding concern.

Domestic abuse

The cross-government definition of domestic violence and abuse is: any incident or pattern of incidents of controlling, coercive, threatening behaviour, honour based violence, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The offence of coercive and controlling behaviour in intimate and familial relationships was introduced into the [Serious Crime Act \(2015\)](#) [Read more](#)

Including Female Genital Mutilation (FGM)

FGM comprises all procedures involving partial or total removal of the external female genital organs or any other injury to the female genital organs for nonmedical reasons. FGM is most often carried out on young girls aged between infancy and 15 years old. Whilst there is a mandatory requirement to report incidents of FGM for children and young people this is not a requirement for adult women [Read more](#)

Discriminatory abuse

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 \(2010\)](#)).

Organisational abuse

Incident or as a series of incidents involving ongoing ill treatment. It can be through neglect or from poor professional practice resulting from inadequate structure, policies, processes and practices within an organisation, eg, this may range from isolated incidents to continuing ill treatment in an institution or in relation to care provided in one's own home.

Modern slavery

[The Modern Slavery Act 2015](#) encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment. Trafficking is the movement of people by means such as force, fraud, coercion or deception with the aim of exploiting them. It is a form of Modern Slavery. People can be trafficked for many different forms of exploitation such as forced prostitution, forced labour, forced begging, and forced criminality, forced marriage, domestic servitude, forced organ removal. Trafficking can occur within the UK as well as countries outside the UK. [Read more](#)

Fabricated and induced illness

Sometimes a child is taken to see a health practitioner frequently. There can be various reasons for this such as a child with an underlying physical or mental health condition or a parent or carer who may be overanxious and asking for advice and support. However, in some cases parents or carers have been found to have fabricated or induced illness in a child. If you are concerned about a carer's behaviour, the presentation of a child or the frequency of accessing health services, seek the advice of the named professional for your organisation.

There are three main ways of the carer fabricating or inducing illness in a child. These are not mutually exclusive and include:

Fabrication of signs and symptoms. This may include fabrication of past medical history.

Fabrication of signs and symptoms and falsification of hospital charts and records, and specimens of bodily fluids. This may also include falsification of letters and documents.

Induction of illness by a variety of means. [Read more](#)

For further information: www.nhs.uk/conditions/fabricated-or-induced-illness/

Contextual Safeguarding

Children and vulnerable adults can be at risk of abuse or exploitation within their families or externally, within peer groups, from the wider community or online. The risk can be through criminal activity, exploitation or extremism.

For more information on contextual safeguarding ask your named or designated professional. Also see link: contextualsafeguarding.org.uk

For more information regarding harmful sexual behaviour among children and young people: www.nice.org.uk/guidance

What are the possible signs of abuse?

Abuse and neglect can be difficult to spot. You should be alert to the following possible signs of abuse and neglect:

- Depression, self-harm or suicide attempts
- Difficulty making friends
- Fear or anxiety
- The person looks dirty or is not dressed properly
- The person never seems to have money
- The person has an injury that is difficult to explain (such as bruises, finger marks, 'non-accidental' injury, neck, shoulders, chest and arms)
- The person has signs of a pressure ulcer
- The person is experiencing insomnia
- The person seems frightened, or frightened of physical contact.
- Inappropriate sexual awareness or sexually explicit behaviour
- The person is withdrawn, changes in behaviour

You should ask the person if you are unsure about their well-being as there may be other explanations to the above presentation.

Who abuses and neglects children and adults?

Abuse can happen anywhere, even in somebody's own home. Most often abuse takes place by others who are in a position of trust and power. It can take place whether an adult lives alone or with others. Anyone can carry out abuse or neglect, including:

- Volunteers
- Teachers
- Sports and activity club staff
- Carers
- Ship staff and personnel
- partners
- other family members
- neighbours
- friends
- acquaintances;
- local residents;
- people who deliberately exploit children and adults they perceive as vulnerable to abuse;
- paid staff or professionals; and
- trustees and strangers

Dealing with Disclosure

There are a number of basic 'rules' that should be followed to ensure the safe handling of any disclosures of abuse from a child/adult.

- Don't panic.
- Remember that the safety and well-being of that person comes before the interests of any other person.
- Listen to them and accept what they say.
 - Look at the person directly, but do not appear shocked.
 - Don't seek help while the person is talking to you.
 - Reassure them that they did the right thing by telling someone.
 - Assure them that it is not their fault and you will do your best to help.
 - Let them know that you need to tell someone else.
 - Let them know what you are going to do next and that you will let them know what happens.
 - Be aware that the person may have been threatened and be really frightened.
- Write down what the person says in their own words – record what you have seen and heard also.
 - Make certain you distinguish between what the person has actually said and the inferences you may have made. Accuracy is paramount in this stage of the procedure
- Follow your lines of reporting concerns as soon as possible.
- Refer to child or adult services or the Police.
- After making the referral, look after yourself. Discuss the matter with your manager, supervisor or relevant person.

Important Notes:

- The same action should be taken if the allegation is about abuse that has taken place in the past, as it will be important to find out if the person is still working with or has access to children/adults.
- Dealing with an allegation that a professional, staff member, carer or volunteer has abused a child or adult is difficult but must be taken seriously and dealt with carefully and fairly.

Things TO SAY

- Repeat the last few words in a questioning manner
- 'I believe you'
- 'I am going to try to help you'

Raising a safeguarding concern

You are informed or become aware of possible abuse or neglect



Gather information

All child safeguarding concerns will be reported

- How does the adult wish for the concern to proceed
- What changes/support would they like as a result of this concern being raised?



RESPOND

Take action to ensure the immediate safety and welfare of the adult (and any other person/child at risk)

Consider:

- Does medical attention need to be organised? (dial 190)
- Is urgent police presence required? (dial 199)



REPORT

Has a crime been committed? If so, does it need to be reported?
(dial 199)

Preserve forensic evidence (if any)



REFER

Decide whether to raise a safeguarding concern, and if so, take action
Do this:

- Immediately where the concern is urgent and serious
- Within the same working day for any other concerns



RECORD

Document the incident and any actions or decisions taken



REFER

Ensure key people are informed

For example, Responsible safeguarding lead, CQC, relatives as appropriate, service commissioning teams



SUPPORT

Provide support or feedback for the person identifying the safeguarding concern