



## Safeguarding Policy

Connect Foundation abides by the duty of care to safeguard and promote the welfare of adults, children and young people and is committed to safeguarding practice that reflects statutory responsibilities, government guidance and complies with best practice requirements.

- We recognise the welfare of adults and children is paramount in all the work we do and in all the decisions we take
- All adults and children, regardless of age, disability, gender reassignment, race, religion or belief, sex, or sexual orientation has an equal right to protection from all types of harm or abuse
- Some adults and children are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues
- Working in partnership with adults, children, young people, their parents, carers and other agencies is essential in promoting their welfare.

### Purpose

Connect Foundation will:

- Protect adults, children and young people who receive Connect Foundation's services from harm.
- Provide staff and volunteers, as well as children and young people and their families, with the overarching principles that guide our approach to vulnerable adult and child protection.

This policy applies to anyone working on behalf of Connect Foundation, including the board of trustees, paid staff, volunteers, sessional workers, agency staff and students. Failure to comply with the policy and related procedures will be addressed without delay and may ultimately result in dismissal/exclusion from the organisation.

### Safeguarding contacts

Connect Foundation has appointed the following personnel:

*Safeguarding Trustee: Rev. Fiona Kirby-Smith*

*Telephone 07557 141435 Email: [fiona@weareconnectchurch.co.uk](mailto:fiona@weareconnectchurch.co.uk)*

*Safeguarding deputy: Rev. Tom MacDonald*

*Telephone 07703 974368 Email: [tom@weareconnectchurch.co.uk](mailto:tom@weareconnectchurch.co.uk)*

*Safeguarding Advisor: Helen Parker*

*Telephone 07726 923565 Email: [helen.parker@northlincs.gov.uk](mailto:helen.parker@northlincs.gov.uk)*

### Putting our policy into practice

Each worker with children and/or adults at risk will be given a full copy of the safeguarding policy and procedures and will be asked to sign to confirm that they will follow them.

A full copy of the policy and procedures will be made available on request to anyone.

The policy and procedures will be monitored and reviewed annually, and any necessary revisions adopted into the policy and implemented through our procedures.

## Safeguarding Procedure

### PROCEDURE FOR RECOGNISING, RESPONDING TO AND REPORTING ABUSE

#### What to do if Abuse is Suspected or Disclosed

Abuse and neglect are forms of maltreatment of a child or adult at risk. Somebody may abuse or neglect a child or adult by inflicting harm, or by failing to act to prevent harm. Children and adults at risk may be abused in a range of settings, by those known to them or, more rarely, by a stranger. There are many ways in which people suffer abuse. For more information, please see Appendix 1.

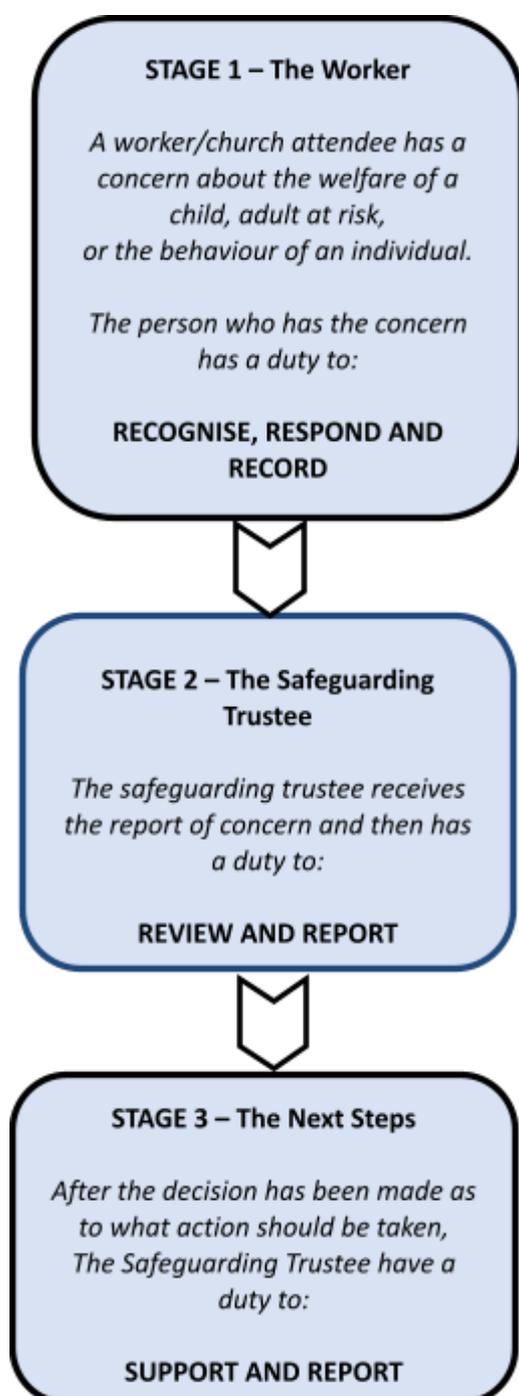
Everyone has his or her part to play in helping to safeguard children and adults at risk within our projects:

- If the behaviour of a child or adult at risk gives any cause for concern
- If an allegation is made in any context about a child or adult at risk being harmed
- If the behaviour of any individual towards children or adults at risk causes concern

WHAT TO DO	WHAT NOT TO DO
<ul style="list-style-type: none"> <li>• Listen to and acknowledge what is being said.</li> <li>• Try to be reassuring &amp; remain calm.</li> <li>• Explain clearly what you will do and what will happen next.</li> <li>• Try to give them a timescale for when and how you / the Safeguarding Trustee will contact them again.</li> <li>• Take action – don't ignore the situation.</li> <li>• Be supportive.</li> <li>• Tell them that:               <ul style="list-style-type: none"> <li>They were right to tell you;</li> <li>You are taking what they have said seriously;</li> <li>It was not their fault;</li> <li>That you would like to pass this information onto the appropriate people, with their permission;</li> </ul> </li> <li>• Be open and honest.</li> <li>• Give contact details for them to report any further details or ask any questions that may arise.</li> </ul>	<ul style="list-style-type: none"> <li>• Do not promise confidentiality.</li> <li>• Do not show shock, alarm, disbelief or disapproval.</li> <li>• Do not minimise what is being said.</li> <li>• Do not ask probing or leading questions, or push for more information.</li> <li>• Do not offer false reassurance.</li> <li>• Do not delay in contacting the Safeguarding Trustee.</li> <li>• Do not contact the alleged abuser.</li> <li>• Do not investigate the incident any further.</li> <li>• Never leave a child or adult at risk waiting to hear from someone without any idea of when or where that may be.</li> <li>• Do not pass on information to those who don't need to know.</li> </ul>

## Responding to Concerns

When there are concerns that a child, young person or adult is being abused, the following process must be followed. More detailed information can be found in Appendix 2.



A hand-written record must be made of the concern using a standard incident report form (Appendix 3) and the concern must be passed on to the DPS within 24 hours.

The written record should: be made as soon as possible after the event; be legible; include the name, date of birth and address of the child or adult at risk; include the nature of any concerns and description of any bruising or injuries that have been noticed; include an exact record of what the child or adult at risk has said, using their own words where possible; include any action taken; be signed and dated; be kept secure and confidential (available only to the DPS and others responsible for safeguarding).

The report will be reviewed by the DPS with any other relevant information and a decision will be taken (often in liaison with others) as to what action should follow. See appendix 2 for examples of possible actions. Any formal referral to the police or Social Services should normally be made within 24 hours of receiving the report.

External Safeguarding contacts should be made aware of any referrals to the statutory authorities if appropriate.

Support should be offered to all parties affected by any safeguarding concerns including victims; alleged perpetrators; children; adults at risk; other family members; volunteers; the DPS; trustees etc.

Where formal referrals are made, reports may need to be made to the Disclosure and Barring Service (DBS) and the Charity Commission.

If the Safeguarding Trustee is not available, or is implicated in the situation, any reports or concerns should be passed to another member of theConnect Foundation trustee board.

**If you think that anyone is in imminent danger of harm, a report**

**should be made immediately to the police by calling 999.**

### **Responding to Concerns Raised about Adults at Risk**

We define an adult at risk as someone 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, are unable to protect themselves from either the risk of, or the experience of abuse or neglect.

When a concern is raised about an adult it should be treated in the same way as a concern about a child. Therefore we should:

- 1) **Recognise** that abuse may be taking place
- 2) **Respond** to the concern
- 3) **Record** all the information they have received
- 4) **Report** the concern to the Safeguarding Trustee who may, in turn, report it to the statutory authorities

It is not your role to decide whether someone has mental capacity, and is therefore able to make decisions that impact on their safety and well-being. Decisions on mental capacity are best made by professionals with the relevant background information to hand. Always share your concerns with the Safeguarding Trustee even if you do not have the consent of the adult to do so – in this instance, make sure the Safeguarding Trustee knows that the person concerned has not given consent for the information to be passed on.

The Care Act 2014 provides helpful guidance on these situations:

*"If the adult has the mental capacity to make informed decisions about their safety and they do not want any action to be taken, this does not preclude the sharing of information with relevant professional colleagues. This is to enable professionals to assess the risk of harm and to be confident that the adult is not being unduly influenced, coerced or intimidated and is aware of all the options. This will also enable professionals to check the safety and validity of decisions made. It is good practice to inform the adult that this action is being taken unless doing so would increase the risk of harm".*

The Safeguarding Trustee will consider all the information to hand and decide whether it is appropriate for the information to be reported to the statutory authorities (see appendix 2 for further information). If there are any concerns about an adult's mental capacity, the Safeguarding Trustee will contact the Local Authority Adult Safeguarding Team for advice.

### **Allegations Against Workers**

If you see another worker acting in ways which concern you or might be misconstrued, speak to the Safeguarding Trustee about your concerns as soon as you can. This includes the actions or behaviours of those in leadership positions in the charity.

Workers should encourage an atmosphere of mutual accountability, holding each other to the highest standards of safeguarding practice. The following procedure should be followed:

- 1) When an allegation of abuse has been made do not approach the alleged perpetrator about it
- 2) Follow the usual safeguarding procedure: **Recognise, Respond, Record, Report**

- 3) Once the allegation has been reported to the Safeguarding Trustee they can liaise with the relevant statutory authority
- 4) Whilst waiting for an outcome from the statutory authorities, the worker about whom concerns have been raised will be supervised as closely as possible, without raising suspicion
- 5) Once the statutory authorities are involved, the charity will follow their advice with regard to the next steps to take (for example, suspension of worker, putting a contract in place)
- 6) A written record of all discussions with statutory authorities or other parties should be maintained by the Safeguarding Trustee and stored securely and confidentially, where only those directly involved in safeguarding have access.
- 7) No information about the allegation will be shared with people in the charity other than those directly involved in safeguarding; not even for prayer purposes.

The suspension of a worker following an allegation is, by definition, a neutral act. Our priority as a charity is to protect children and adults at risk from possible further abuse or from being influenced in any way by the alleged perpetrator.

It may be necessary, for the sake of the child / adult at risk or to satisfy the needs of an investigation, for the alleged perpetrator to volunteer elsewhere. In such cases the Safeguarding Trustee will be informed of the reasons for this happening.

### **When concerns are expressed about the Safeguarding Trustee**

Any safeguarding concerns involving the Safeguarding Trustee should be raised with another trustee. Do not tell the Safeguarding Trustee that a concern has been raised about them.

### **Abuse of Trust**

Relationships between children and adults at risk and their worker can be described as 'relationships of trust'. The worker is someone in whom the child or adult at risk has placed a degree of trust. This may be because the worker has an educational role, is a provider of activities, or is even a significant adult friend. It is not acceptable for a charity worker to form a romantic relationship with a child or adult at risk with whom they have a relationship of trust.

While by no means restricted to young leaders, those who are in their early adult years will need to be particularly aware of the need not to abuse their position of trust in their relationships with other young people who are not much younger than themselves.

### **Allegations Made Against Children and Adults at Risk**

Children and young people are by nature curious about the opposite sex. However, where a child is in a position of power, has responsibility over another child (as in a babysitting arrangement) and abuses that trust through some sexual activity, then this is abusive. Where one child introduces another child to age-inappropriate sexual activity or forces themselves onto a child, this is abusive. Such situations will be taken as seriously as if an adult were involved, because the effects on the child victim can be as great.

When such an instance occurs, they are investigated by the statutory authorities in the same way as if an adult were involved, though it is likely that the perpetrator would also be regarded as a victim in their own right, as they may have also been abused. It

cannot be assumed that young people will grow out of this type of behaviour, as most adult sex offenders started abusing in their teens or even younger.

Allegations against adults at risk will be investigated by the statutory authorities. If the alleged perpetrator is unable to understand the significance of questions put to them or their replies, they can access support from an 'appropriate' adult whilst they are being questioned. This role can be filled by a range of people, such as a family member, carer, social worker, etc. In court, adults at risk may be allowed to be assisted by an intermediary or give evidence through a live link.

When an allegation is made against a child or adult at risk the following procedure should be followed:

- 1) Do not approach the person about whom the allegation has been made or their parents/carers
- 2) Follow the safeguarding procedure: **Recognise, Respond, Record, Report**
- 3) Seek advice from the Safeguarding Trustee, who will speak to the police or social services about when to inform a parent. The Safeguarding Trustee will also seek advice about what steps need to be taken to ensure the needs of both the victim and alleged perpetrator are met; this may include placing the child or adult at risk on a Safeguarding Contract or equivalent
- 4) Make sure there is pastoral support in place for the child or adult at risk throughout the process involved.

### **Pastoral Care**

#### **Following an allegation / suspicion**

When an allegation/suspicion arises within the charity, a period of investigation will follow, which will be stressful for all involved. Connect Foundation will ensure that one person is responsible for dealing with the authorities, another offers support to the victim/s and their family, and another gives pastoral care to the alleged perpetrator, without compromising the alleged victims or their families. It may be necessary to appoint other people to support the families involved.

Where a statutory investigation is underway, this support will be provided with the knowledge of the statutory authority involved.

Where the perpetrator accepts some responsibility, they will be encouraged to seek specialised interventions/treatment to reduce the risk of re-offending. This may only be appropriate once the investigation and legal processes have been completed.

#### **Supporting those who have experienced abuse**

Connect Foundation is committed to caring for those who have experienced abuse.

We recognise it is important that those who have experienced abuse:

- Are accepted for who they are, without being made to forgive or being put into a position of feeling guilty and responsible for what happened to them.
- Know that God loves them unconditionally, and that nothing can or will change this truth.
- Can be confident that those in the community who know about the abuse are with them on their journey – no matter how long or difficult that journey may be.

It may be necessary to signpost individuals to specialist support. The Safeguarding Trustee has a list of relevant local information and contacts, ready for anyone who may need it.

## **MAINTENANCE OF RECORDS**

### **Retention**

For Children:

- For concerns raised and acted upon, a record should be kept until the child is 25 years old.
- For concerns not acted upon, a record should be kept for 6 years after the child has ceased association with the organisation.
- For concerns regarding staff or volunteers (even if they are no longer associated with the organisation) they should be kept on their personal file until retirement age 67 years old or for 10 years whichever is longer.

For adults:

- For all concerns raised whether acted upon or not, a record should be kept for six years.
- For concerns regarding staff or volunteers (even if they are no longer associated with the organisation) they should be kept on their personal file until retirement age 67 years old or for 10 years whichever is longer.

### **Storage**

All records will be stored in the locked filing cabinet, with only those involved in the safeguarding process having access to the cabinet.

All electronic records will be stored in a designated private shared drive, with only the safeguarding trustee having access to the files, and all files will be individually password protected.

### **Destruction**

The Safeguarding Trustee will ensure that all records that require destruction will be disposed of in an appropriate manner, using an external confidential waste company where necessary for the removal of physical records.

## **BEST PRACTICE**

### **3.1 Safe Practice and Safe Premises**

#### **3.1.1 Consent forms**

It is essential that we have important information about all children and young people involved in any activities, which is recorded on our consent forms. Workers must record their name, medical emergency information and a contact name and number. Similar details will be gathered for adults at risk.

##### **3.1.1.1 Photo / Video Consent**

The consent form must also indicate whether or not permission has been granted for the individual concerned to be included within any photography or videography.

#### **3.1.2 Health and Safety**

All activities for children, young people and adults at risk will comply with the charity's current health and safety policy and will be conducted in accordance with Guidelines for users of Connect Foundation, with particular attention paid to the sections on Fire Action, First Aid, PAT testing, Health and Safety and Kitchen and Food Hygiene.

Before undertaking any activity with children or adults at risk, the leader will ensure that a risk assessment is carried out. It is advisable to appoint someone specifically for this task.

#### **3.1.8 Insurance**

Organisers will check that there is adequate insurance cover for any activities planned.

#### **3.1.9 Transport**

These guidelines apply to all drivers involved in the transportation of children, young people and adults at risk on behalf of the charity. They do not apply to private arrangements, for example, transport arrangements made between friends.

- Only those who have gone through the charity's safer recruitment procedures for workers will transport children and adults at risk (within the DBS eligibility criteria).
- Drivers will be aged 21 or over and have held a full driving licence for at least two years.
- Drivers must ensure that they have adequate insurance cover and that the vehicle being used is road worthy.
- All hired minibuses will have a small bus permit, the necessary insurance and a driver with a valid driving licence that entitles them to drive a minibus.

#### **3.1.10 Outings and Overnight Events involving Children**

There are some specific considerations which need to be made for outings and overnight events involving children:

- A risk assessment must be carried out beforehand.
- Parents will be informed in writing of all the arrangements.
- Consent forms will be obtained for the specific activities involved.
- There will be workers with first aid and food hygiene certificates with the group.

### **Sleeping Arrangements**

Sleeping arrangements for overnight events will be carefully considered. It may be acceptable for workers to share sleeping accommodation with children/young people in a large dormitory or on an activity such as youth hostelling, where it is customary practice and there is more than one worker per room. Workers will not share sleeping accommodation with fewer than three children. Arrangements will be age-appropriate, provide security for the child/young person and be safe for everyone involved. The event leader will ensure that parents understand what the arrangements will be and are happy with them.

### **Adventurous Activities**

No child will participate in adventurous activities without the written consent of the parent /carer. The activity leader will ensure that the staff engaged in such activities are properly trained and qualified and that the correct ratio of staff to children is met. At an activity centre or for an organisation whose own staff undertake such activities, if the activities come within the scope of the Adventure Activities Licensing Regulations 2004, the activity leader needs to ensure that the premises are licensed.

### **Fire Safety**

The event leader will have a fire safety procedure in place, which will include the following:

- Everyone will be warned of the danger of fire. If the overnight event is in a building, then everyone must be made aware of the fire exits. A fire drill will be practised on the first day.
- When using a building as a residential facility, ensure that the fire alarm is audible throughout the accommodation and that all signs and exits are clearly visible. The building will also need to comply with fire regulations.
- In the case of an emergency, ensure measures are in place to alert children and young people with disabilities (e.g. a child who is hard of hearing).

### **Safety**

It is the responsibility of the workers to always know the whereabouts of every child/young person participating in an overnight event, and this may include monitoring access on and off the site.

General safety rules will be applied as appropriate (e.g. no running around tents due to the risk of injury from tripping over guy lines).

### **Swimming Trips**

There will be an increased adult to child ratio for swimming trips. Prior to the trip, workers will establish the swimming ability of the children attending and obtain specific consent. Workers should never change in front of the children.

#### **3.1.11 Outings and Overnight Events involving Adults at Risk**

As with outings and events for children, there are additional considerations for a group taking adults with additional needs, such as learning difficulties or mental health needs, on outings or overnight events:

- A risk assessment must be carried out beforehand
- Planning for the trip should take into account specific medical, physical and support needs of each group member, bearing in mind that there may be people in the group who have individual care needs that will have to be met (including personal care)

- Adults at risk should be included in the planning of trips and events
- Consideration should be given to the suitability and accessibility of the venue and accommodation, travel time and mode of transport, and the affordability of the event
- Adults at risk should be given all the information about the trip beforehand so that they know where they are going, how long it will take to get there and what type of activities they will be taking part in.
- There should be a minimum of two leaders with each group; the individual needs of those attending may determine the additional number of people required.

### **Sleeping Arrangements**

Consideration should be given to the individual needs of those staying overnight. If there is a need for personal care or additional support during the night, a person's usual caregiver must attend with them.

### **Personal Care**

It is not appropriate for workers to perform personal care for adults at risk unless this is their usual task (i.e. if they have come along to help generally, but also have a caring role for a member of the group, they can provide personal care for that person).

### **Activities**

Leaders should consider the mobility needs of the group when deciding on activities or events. For example, if members of the group have difficulty walking, then including a walking tour around a town may be inaccessible to some who are attending. If you have members of the group who use wheelchairs then consideration needs to be given as to whether you have sufficient workers to support those who may need pushing.

### **Safety**

It is the responsibility of the workers to always know the whereabouts of every person in the group; this may include monitoring access on and off the site.

General safety rules will be applied as appropriate and advice sought from the event organiser / venue about the fire evacuation procedures. A copy of the event / venue risk assessment should be included with the group leader's risk assessment.

### **Consent and Medical Information**

It is important to recognise that adults at risk are mostly able to give consent for their own involvement in activities, inclusion in photographs and medical treatment. However, in some situations the question of capacity may arise. The guidelines clearly state that an adult at risk should have a say in their care and any arrangements made for them, however, there may be occasions when you need to involve others in decision making. In these situations, seek advice from the DPS with regard to who should be involved.

A medical consent form should be completed by each member of the group and held by the leader. This will include any health concerns, emergency contact information and contact details for their GP. This will allow emergency medical personnel to have access to information should the need arise.

### **Holding and Dispensing of Medication**

Workers should never agree to hold or dispense medication for those on an event. If someone is unable to manage their own medication then consideration will be given as to whether their usual carer must attend with them or whether they will not be able to attend the event.

## 3.2 SAFER COMMUNITY

### 3.2.1 Bullying

Bullying is another form of abuse, and it can be verbal or physical. Bullying doesn't just happen to children, often adults can be victims too. There is no legal definition of bullying, but it is usually defined as a repeated pattern of behaviour intended to cause emotional or physical harm to another person, or exert power over them. The effect of bullying on the victim can be profound, both emotionally and physically, regardless of their age, ability or status.

It is important to recognise that bullying can happen within any organisation, and it is not isolated to the children and young people. Anyone in the charity can be a victim of bullying, just as anyone in the charity can be the bully, including those in leadership.

Some examples of bullying that could arise are:

- Being verbally or physically abusive towards another person
- Isolating or deliberately ignoring someone, or excluding them from group activities
- Spreading rumours and malicious untruths about another person
- Use of email, phone or social media to publicly challenge or undermine someone
- Name calling and personal insults
- Making false accusations
- Sending abusive messages or degrading images via phone, email or social media

Bullying will always cause a great deal of pain and harm for those on the receiving end. Many people affected by bullying, both children and adults, believe they have nowhere to turn. They are scared to speak out and often blame themselves. They can become fearful and reclusive. It is important that we are able to recognise when bullying is occurring and are prepared to take action to resolve the situation.

Some signs that can indicate a person is being bullied are as follows:

- Withdrawal from groups or activities; appearing anxious, tearful or more reticent than usual, particularly in a certain context; development of mental health difficulties, such as depression or anxiety disorders; drop in performance relating to any roles; physical injuries.

In order to help prevent bullying, the following procedures will be adopted:

- The children and young people will be involved in agreeing a code of behaviour for their groups, which makes it clear that bullying is unacceptable.
- Everyone in the charity, whether children or adults, should know how they can report any incidents of bullying.
- All allegations of bullying will be treated seriously and details will be carefully checked before action is taken.
- The bullying behaviour will be investigated and bullying will be stopped as quickly as possible.
- An attempt will be made to help bullies change their behaviour.
- All allegations and incidents of bullying will be recorded, together with the actions that are taken.
- Incidents of bullying may be reported to the statutory authorities in line with the relevant safeguarding procedures.

It is important to distinguish bullying from other behaviour, such as respectfully challenging or disagreeing with someone else's beliefs or behaviours, setting reasonable expectations with regard to work deadlines and activities or taking legitimate disciplinary action.

### **3.2.2 Working with Alleged or Known Offenders**

When someone attending the charity is known to have abused children or adults at risk, or a serious allegation has been made, the charity safeguarding team will supervise the individual concerned and offer pastoral care, but in its commitment to protect vulnerable groups, will set boundaries for that person which they shall be expected to keep. These will be set out in what is known as a Safeguarding Contract.

When it is known that a person who has been convicted of abusing children, young people or adults is attending our activities, it is important that their behaviour within the activities is properly managed and that a contract is put in place. There are also times when it will be appropriate to take such measures with a person who has faced allegations of abuse, but hasn't been convicted.

In determining the details of the contract:

- The DPS will inform and take advice from relevant agencies.
- There will be a discussion about who should be informed about the nature of the offence and the details of the contract.
- The rights of the offender to rebuild their life without people knowing the details of their past offence should be balanced against the need to protect children, young people and adults at risk.
- The members of the Safeguarding Team will always be informed.
- The DPS should determine whether the person is subject to supervision or is on the Sex Offenders' Register. If so, the DPS should make contact with the offender's specialist probation officer (SPO) who will inform the charity of any relevant information or restrictions that they should be aware of.

An open discussion will be held with the person concerned in which clear boundaries are established for their involvement in the life of the charity. A written contract will be drawn up which identifies appropriate behaviour. The person will be required to sign the contract and it will be monitored and enforced.

### **3.2.3 Alleged or known offenders who are themselves adults at risk**

A formal contract may be quite a daunting process for someone with learning difficulties or a young person, yet having safeguards in place is still necessary. Therefore, an alternative may be to arrange a meeting with the individual in question where they can be taken through the main elements of a formal contract in a way that is non-threatening and easy to understand. Notes would be taken and the individual would need to verbally agree to the requirements laid out in the meeting.

Rather than signing a formal 'contract', the individual would instead sign to say that they agree with the minutes or meeting notes, and that they will stick to what has been agreed during the meeting. This will result in the same outcome as a contract, but is a more informal and appropriate approach for an adult at risk. The agreed requirements will need to be reviewed regularly to make sure that the individual is complying, exactly as a formal contract would be.

### **3.3 MAKING SAFEGUARDING PERSONAL (MSP)**

When an adult is at risk, they and/or their representative should be as involved as possible and to the extent to which they would like. MSP should be person-led and outcome-focused. It engages the person in a conversation about how best to respond to their safeguarding situation, in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety.

MSP is about seeing people as experts in their own lives and working alongside them.

## USEFUL CONTACTS

### **Local Authority Designated Officer (LADO)**

01724 296500 (9am to 5pm Monday to Thursday, 9am to 4.30pm Friday)

08081 689667 (free phone)

01724 296555 (answerphone – out of office hours and at weekends )

Church Square House, 30 - 40 High Street, Scunthorpe, DN15 6NL.

### **Police**

Contact 101, or 999 in an emergency

### **Adult Social Services**

9.00am—5pm. 01724 297 000

Out of hours 01724 297 979

### **Children's Social Services**

9.00am—5pm. 01724 296 500

Out of hours 01724 296 555

Freephone. 08081 689 667

## APPENDIX 1 - DEFINITIONS OF ABUSE

### Understanding, Recognising and Responding to Abuse

Abuse and neglect are forms of maltreatment of a child or adult at risk. Somebody may abuse or neglect a child or adult by inflicting harm, or by failing to act to prevent harm. Children and adults at risk may be abused in a family, or in an institutional or community setting; by those known to them or, more rarely, by a stranger. They may be abused by an adult or adults or a child or children. There are many different ways in which people suffer abuse. The list below is, sadly, not exhaustive.

Type of abuse	Child	Adult at risk
<i>Physical</i>	<p>A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocation 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.</p>	<p>Including assault, hitting, slapping, pushing, misuse of medication, restraint, inappropriate physical sanctions</p>
<i>Emotional</i>	<p>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</p>	<p>The use of threats, fear or power gained by another adult's position, to invalidate the person's independent wishes. Such behaviour can create very real emotional and psychological distress. All forms of abuse have an emotional component.</p>

	types of maltreatment of a child, though it may occur alone	
<i>Sexual</i>	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 (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children	Including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, sexual assault, sexual acts to which the adult has not consented or was pressured into consenting
<i>Neglect (including acts of omission)</i>	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: <ul style="list-style-type: none"> <li>• provide adequate food, clothing and shelter (including exclusion from home or abandonment);</li> <li>• protect a child from physical and emotional harm or danger;</li> <li>• ensure adequate supervision (including the use of inadequate caregivers); or</li> <li>• ensure access to appropriate medical care or treatment</li> </ul>	A person's wellbeing is impaired and their care needs are not met. Neglect can be deliberate or can occur as a result of not understanding what someone's needs are. Including, ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

	It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.	
<i>Sexual Exploitation</i>	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 victims 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.	
<i>Type of Abuse</i>	<b>Additional Definitions</b>	
<i>Financial material</i>	or	The inappropriate use, misappropriation, embezzlement or theft of money, property or possessions. Including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, the misuse or misappropriation of property, possessions or benefits.
<i>Spiritual</i>		The inappropriate use of religious belief or practice; coercion and control of one individual by another in a spiritual context; the abuse of trust by someone in a position of spiritual authority (e.g. minister). The person experiences spiritual abuse as a deeply emotional personal attack.
<i>Discrimination</i>		Is the unequal or unfair treatment of somebody based on a "protected characteristic" - age, disability, gender/ gender reassignment, sexual orientation, pregnancy/ maternity, race, religion or belief. It may manifest itself as another form of abuse, such as harassment, derogatory remarks or similar treatment.
<i>Domestic Abuse</i>		Domestic abuse is any threatening behaviour, violence or abuse between adults who are or have been in a relationship, or between family members. It can affect anybody regardless of their age, gender, sexuality or social status. Domestic abuse can be physical, sexual or psychological, and whatever form it takes, it is rarely a one-off incident. Usually there is a pattern of abusive and controlling behaviour where an abuser seeks to exert power over their family member or partner. Including psychological, physical, sexual, financial, emotional abuse, so called 'honour' based violence.
<i>Cyber Abuse</i>		The use of information technology (email, mobile phones, websites, social media, instant messaging, chatrooms, etc.) to repeatedly harm or harass other people in a deliberate manner.
<i>Self-harm</i>		Self-Harm is the intentional damage or injury to a person's own body. It is used as a way of coping with or expressing overwhelming emotional distress.

	An individual may also be neglecting themselves, which can result in harm to themselves.
<i>Mate crime</i>	'Mate crime' is when people (particularly those with learning disabilities) are befriended by members of the community, who go on to exploit and take advantage of them.
<i>Modern Slavery</i>	Encompasses slavery, human trafficking, forced labour and domestic servitude, traffickers and slave masters using whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment
<i>Human Trafficking</i>	Human trafficking is when people are bought and sold for financial gain and/or abuse. Men, women and children can be trafficked, both within their own countries and over international borders. The traffickers will trick, coerce, lure or force these vulnerable individuals into sexual exploitation, forced labour, street crime, domestic servitude or even the sale of organs and human sacrifice.
<i>Psychological abuse</i>	Including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation, unreasonable and unjustified withdrawal of services or support networks.
<i>Organisational Abuse</i>	Including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to ongoing ill-treatment. It can be through neglect or poor professional practice as a result of structure, policies, processes and practices within an organisation.
<i>Radicalisation</i>	The radicalisation of individuals is the process by which people come to support any form of extremism and, in some cases, join terrorist groups. Some individuals are more vulnerable to the risk of being groomed into terrorism than others.
<i>Honour Forced Marriage</i>	/An honour marriage / forced marriage is when one or both of the spouses do not, or cannot, consent to the marriage. There may be physical, psychological, financial, sexual and emotional pressure exerted in order to make the marriage go ahead. The motivation may include the desire to control unwanted behaviour or sexuality.
<i>Female Genital Mutilation</i>	Female genital mutilation (FGM) comprises all procedures involving partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons as defined by the World Health Organisation (WHO). FGM is a cultural practice common around the world and is largely performed on girls aged between 10 and 18. Performing acts of FGM is illegal in the UK as is arranging for a child to travel abroad for FGM to be carried out.
<i>Historic Abuse</i>	Historic abuse is the term used to describe disclosures of abuse that were perpetrated in the past. Many people who have experienced abuse don't tell anyone what happened until years later, with around one third of people abused in childhood waiting until adulthood before they share their experience.
<i>Modern Slavery</i>	Encompasses slavery, human trafficking, forced labour and domestic servitude, traffickers and slave masters using whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

<i>Self Neglect</i>	Covers a wide range of behaviour; neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.
---------------------	--

Whilst it is not possible to be prescriptive about the signs and symptoms of abuse and neglect, the following list sets out some of the indicators which might be suggestive of abuse:

- unexplained injuries on areas of the body not usually prone to such injuries
- an injury that has not been treated/received medical attention
- an injury for which the explanation seems inconsistent
- a child or adult at risk discloses behaviour that is harmful to them
- unexplained changes in behaviour or mood (e.g. becoming very quiet, withdrawn or displaying sudden bursts of temper)
- inappropriate sexual awareness in children
- signs of neglect, such as under-nourished, untreated illnesses, inadequate care.

**It should be recognised that this list is not exhaustive and the presence of one or more indicators is not in itself proof that abuse is actually taking place. It is also important to remember that there might be other reasons why most of the above are occurring**

## **APPENDIX 2 – DETAILED GUIDANCE ON REPORTING REQUIREMENTS**

### **STAGE 1 – THE WORKER**

The duty of the person who receives information or who has a concern about the welfare of a child, young person or adult at risk is to **RECOGNISE** the concerns, make a **RECORD** in writing and **RESPOND** by passing on their concerns to the DPS. If he/she is not contactable, or they are implicated in the situation, another member of the Safeguarding Team should be contacted instead.

Concerns should be passed on to the DPS within 24 hours of the concern being raised. If anyone is considered to be in imminent danger of harm, a report should be made immediately to the police by calling 999. If such a report is made without reference to the DPS, they should be informed as soon as possible afterwards.

A written record using the standard incident report form should be made as soon as possible after a child or adult at risk tells you about harmful behaviour, or an incident takes place that gives cause for concern.

#### **The record should:**

- be hand-written as soon as possible after the event
- be legible and state the facts accurately (when hand-written notes are typed up later the original hand-written notes should be retained)
- include the child or adult at risk's name, address, date of birth (or age if the date of birth is not known)
- include the nature of the concerns/allegation/disclosure
- include a description of any bruising or other injuries that you may have noticed
- include an exact record of what the child or adult at risk has said, using their own words where possible
- include what was said by the person to whom the concerns were reported
- include any action taken as a result of the concerns
- be signed and dated
- be kept secure and confidential and made available only to the Safeguarding Team and representatives of any statutory authorities involved.

If concerns arise in the context of children's or adult at risk work, the worker who has the concern may in the first instance wish to talk it through with their group leader, where appropriate. However, such conversations should not delay concerns being passed on to the DPS. It should be clear that the duty remains with the worker to record and pass on their concerns to the DPS.

If an issue concerns an adult at risk who does not give permission to pass on the information to anyone else, the worker should explain that they will need to speak with the DPS, who will have greater expertise in dealing with the issue at hand.

If a concern is brought to the attention of a group leader by one of the workers, the leader should remind the worker of their duty to record and report, and will also themselves have a duty to pass on the concern to the DPS.

### **STAGE 2 – THE DESIGNATED PERSON FOR SAFEGUARDING (DPS)**

The duty of the DPS on receiving a report is to **REVIEW** the concern that they have received and **REPORT** the concern on to the appropriate people, where necessary.

## **The duty to REVIEW**

In reviewing the report that is received, the DPS:

- should take into account their level of experience and expertise in assessing risk to children or adults at risk.
- must take into account any other reports that have been received concerning the same individual or family.
- may speak with others in the charity where appropriate who may have relevant information and knowledge that would impact on any decision being made. Such conversations should not lead to undue delay in taking any necessary action.
- may consult with other agencies to seek guidance and advice in knowing how to respond appropriately to the concerns that have been raised.

## **The duty to REPORT**

The DPS will decide who the report should be referred on to, working in conjunction with the Safeguarding Team where appropriate. They may:

- refer back to the worker who made the initial report if there is little evidence that a child or adult at risk is being harmed, asking for appropriate continued observation.
- refer the concern to others who work with the child or adult at risk in question, asking for continued observation where appropriate.
- Inform parents / carers under certain circumstances, where doing so would not present any further risk of harm.
- Make a formal referral to the police or local Social Services team. With adults at risk, confidentiality means that someone's personal business is not discussed with others, except with their permission. This is not always possible when considering passing relevant information about abuse or concerns to the statutory authorities, however, it is possible to keep the information confidential to the relevant parties. This means not telling or hinting to others what has been disclosed, not even for prayer ministry purposes. For adults at risk, concerns will only be referred to the police or Social Services without consent where:
  - the person lacks the mental capacity to make such a choice
  - there is a risk of harm to others
  - in order to prevent a crime
- If an allegation is made against someone who works with children\* the allegation should be reported to the Local Authority Designated Officer (LADO) or equivalent. The LADO is located within Children's Services and should be alerted to all cases in which it is alleged that a person who works with children has:
  - behaved in a way that has harmed, or may have harmed, a child
  - possibly committed a criminal offence against children, or related to a child
  - behaved towards a child or children in a way that indicates s/he is unsuitable to work with children.
- If an allegation is made against someone who works with adults at risk\*, it should be reported to the police or Adult Social Services.

*\*If a worker has an allegation made against them, they should step down from all duties until the incident has been investigated by the statutory authorities. It may also be appropriate to put a Safeguarding Contract in place; this should be discussed with the local Baptist Association Safeguarding Contact.*

- Whenever a formal referral is made to the police, Social Services or LADO, the DPS should report the referral to:
  - The Safeguarding Trustee
  - The Minister
  - The local Baptist Association Safeguarding Contact

A record should be kept of all safeguarding incidents and should be considered in the annual review of the safeguarding policy. All original reports should be retained safely and securely by the DPS and a written record should be made of the actions taken.

### **STAGE 3 – THE NEXT STEPS**

Responsibilities to **REPORT** and **SUPPORT** in stage 3 of the process are shared by the Safeguarding Team and the Minister.

#### **The duty to SUPPORT**

Once concerns, suspicions and disclosures of abuse have been addressed, the charity continues to have a responsibility to offer support to all those who have been affected, including:

Victims; Alleged perpetrators; Children; Adults at risk; Other family members; workers; Safeguarding Team.

#### **The duty to REPORT**

If a worker has been accused of causing harm to children, young people or adults at risk this would be classed as a serious incident that should be reported to the Charity Commission.

If a worker has been removed from their post or would have been removed from their post because of the risk of harm that they pose to children, young people or adults at risk, there is also a statutory duty to report the incident to the Disclosure and Barring Service (DBS).

## APPENDIX 3 – SAFEGUARDING INCIDENT FORM

### PERSON REPORTING THE INCIDENT OR CONCERN:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Role: \_\_\_\_\_

### DETAILS OF CHILD / ADULT AT RISK YOU ARE CONCERNED ABOUT:

Name: \_\_\_\_\_

Date of Birth / Approximate Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Do they know that you are sharing concerns about them? \_\_\_\_\_

If not, please explain why: \_\_\_\_\_

### IF UNDER 18 PLEASE INCLUDE DETAILS OF THE PARENT OR CARER:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to the child/ young person: \_\_\_\_\_

Do they know that you have concerns that you are sharing? \_\_\_\_\_

If not, please explain why: \_\_\_\_\_

### DETAILS OF ALLEGED PERPETRATOR (IF RELEVANT)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Are they an adult or a child (under 18): \_\_\_\_\_

Relationship to the child/adult at risk: \_\_\_\_\_

Does the child / adult at risk live with the alleged perpetrator? \_\_\_\_\_

**DETAILS OF INCIDENT OR CONCERN:**

- Remember to include the 4 W's – Who, What, Where, When.
- Be clear whether this is something you have been told about or something that you have observed directly.
- Include names of anyone else who witnessed the incident or is aware of the concern.
- Refer to the safeguarding policy if you are unsure what to include.

Please continue on a separate sheet if necessary

**HAVE YOU CONTACTED ANYONE ELSE (SOCIAL SERVICES, POLICE, LADO ETC)?**

Please give details of who and when below:

Organisation: \_\_\_\_\_

Name of contact: \_\_\_\_\_

Date of contact: \_\_\_\_\_

This Incident Form should be passed to the Designated Person for Safeguarding (DPS) within 24 hours of any incident or concern arising. Do not delay reporting your concerns to the DPS because you do not have all the information requested in this form. Where there is an immediate risk of harm, please call the DPS straight away and use this form to follow up on that call. Remember if they are not available call the police or social services, do not wait for the DPS to be available.

***Remember: Treat this information confidentially. Do not discuss the contents of this form with anyone other than the DPS, not even for prayer purposes.***

Signed .....

Date .....

Adopted: June 2023  
To be reviewed: June 2025

Signed:

A handwritten signature in black ink, appearing to read 'Prepact', written in a cursive style.