



# **SAFEGUARDING OF CHILDREN, YOUNG PEOPLE AND ADULTS AT RISK**

## **POLICY AND PROCEDURES**

**(Includes Equality & Diversity information and actions)**

### **DOCUMENT CONTROL**

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### REVISION RECORD

Date	Version	Revision description
26/02/2017	1.0	Transfer to new format, review by Eolder, Safeguarding Advisor and Safeguarding Assistants
18/09/2017	1.1	Amendments made following review of draft by Eolder and Safeguarding Advisor
06/10/2018	2.0	Paragraph numbers added; consistent formatting; ensured document meets current legislative and best practice guidelines

\* Previous versions of the Safeguarding Policy and Procedures will be retained for a period of 10 years. \*

## 1. TITLE

- 1.1. Safeguarding of Children, Young People and Vulnerable Adults policy. Hereafter called C/YP and Adults at Risk.

## 2. POLICY STATEMENT

- 2.1. Regia Anglorum (hereafter may be termed “Regia” or “The Society”) is committed to ensuring that children (including unborn babies), young people and adults at risk are safe and protected from all forms of abuse and neglect whilst engaged in Society activities. “All organisations that work with, or come into contact with children [and adults at risk] should have safeguarding policies and procedures to ensure that everyone, regardless of their age, gender, religion or ethnicity, can be protected from harm. Setting up and following good safeguarding policies and procedures means children are safe from adults and other children who might pose a risk.” (NSPCC, 2016)
- 2.2. Under the terms of the Regia Code of Law, children can only join with a parent, carer or guardian and does not operate in Locus in Parentis. This policy is not intended as a statement of intent to take on guardianship of C/YP and Adults at Risk; only as a statement of commitment to safeguard both Society members, as well as members of the public. This policy also serves to protect society members from allegations of misconduct, to reassure members that procedures exist and to guide members on actions that should be undertaken in the event of witnessing or suspecting a safeguarding event or disclosure.
- 2.3. The Society will refer out to relevant agencies, where the Safeguarding Officer is made aware of potential Safeguarding concerns. While the Society does have members qualified in Safeguarding and currently holding DBS certificates, as a private members organisation it is not now, nor will it ever be, a requirement of membership.
- 2.4. This policy is based on English reporting procedure but any local idiosyncrasies will be detailed during initial contact.

## 3. PURPOSE

- 3.1. We recognise that as a private member’s organisation that we are not required under law to hold a C/YP and Adults at Risk policy. However, as a family-friendly organisation with a diverse membership, we believe we have a moral duty to ensure that The Society functions with a view to safeguarding and promoting the welfare of C/YP and adults at risk. It is our responsibility to respond appropriately and with respect to C/YP and adults at risk, to work with other agencies to ensure the safety and wellbeing of those groups with whom we have contact and to have clear guidelines for our procedures.
- 3.2. A Child or Young Person is defined as a person aged up to 18 years old and includes the unborn baby.
- 3.3. An Adult at Risk is aged 18 years and over and is experiencing, or at risk of, abuse or neglect due to having one of more characteristic as defined and protected under the Equality Act (2010).
  - 3.3.1. age;
  - 3.3.2. disability;
  - 3.3.3. gender reassignment;

- 3.3.4. marriage and civil partnership;
  - 3.3.5. pregnancy and maternity;
  - 3.3.6. race;
  - 3.3.7. religion or belief;
  - 3.3.8. sex;
  - 3.3.9. sexual orientation.
- 3.4. We believe every C/YP and Adult at Risk should be valued, safe and happy. We want to make sure that the people we have contact with know this and are empowered to tell us if they are suffering harm. This includes those we may also come into contact with, whose unborn babies are at risk and people who are experiencing domestic abuse.
- 3.5. We want C/YP and Adult at Risk who use or have contact with Regia to enjoy what we have to offer, in safety.
- 3.6. We want organisations that work with or commission work from us, or who provide funding to us, to have confidence and recognise that we are a safe organisation.
- 3.7. We will achieve this by having an effective safeguarding C/YP and Adult at Risk procedure and following the national guidance in 'What To Do If You're Worried A Child Is Being Abused', section 11 of the Children's Act 2004 or the 'Protection of Vulnerable Adults' Act.
- 3.8. We will take seriously any concern or complaint made about anyone representing the organisation. All members will be made aware of the terms and signs of abuse and the reporting procedure, and will be encouraged to use this.
- 3.9. If we discover or suspect a C/YP and Adult at Risk is suffering harm, we will notify that individual's local council safeguarding team:
- 3.9.1. This can be located through NSPCC reporting advice helpline number: 0808 800 5000**
  - 3.9.2. By inputting the individual's postcode into the Gov.UK local council finder available at: <https://www.gov.uk/find-local-council> and selecting the appropriate Safeguarding team**
  - 3.9.3. By requesting relevant support from the individual's Local Group**
- 3.10. This Safeguarding C/YP and Adult at Risk Policy Statement and our Safeguarding C/YP and Adult at Risk Procedure is designed to inform and advise all members of Regia.
- 3.11. We will review our safeguarding policy and procedures at least every year to ensure they are still relevant and effective.

#### 4. **SCOPE**

- 4.1. **SAFEGUARDING IS THE RESPONSIBILITY OF EVERYONE.** However, as a voluntary and private members organisation we recognise that not everyone has training in Safeguarding. Therefore, this policy is meant to advise and inform members in signs and types of abuse and to provide assurance that there are channels to discuss concerns, should they arise. This policy applies to all members. We will work together to prevent and minimise abuse. If we have concerns that someone is being abused our responsibility is to protect the vulnerable person before anything else. The Regia Safeguarding team consists of Regia Anglorum members with Safeguarding qualifications, who have

volunteered to determine which steps should be carried out. Where records are kept, these will be held in accordance with current Data Protection legislation.

4.2. **DOING NOTHING IS NOT AN OPTION...** if we know or suspect that a person at risk is being abused, we will endeavor to act quickly, sensitively in a nonjudgmental manner.

4.3. This policy and procedure sets out the role of Regia in safeguarding people at risk; the policy aims to protect children (including unborn babies), adults at risk and those who may be experiencing domestic abuse. It explains how we can undertake this role and includes the procedure.

## 5. Safeguarding Team

5.1. **Name of Safeguarding Officer: Ted Jones (Eolder)**

### 5.2. THE ROLE OF SAFEGUARDING OFFICER (SO):

5.2.1. The Society will appoint a Safeguarding Officer, someone who will ensure the safety and wellbeing of vulnerable people.

5.2.2. This person will be responsible for ensuring that policy and best practice is followed, monitored, and where appropriate, reporting to appropriate bodies. The SO will have a good working knowledge of safeguarding issues and will be the person Society members, members of the public and partner organisations approach regarding their concerns for an individual.

5.2.3. The SO will have a team of Safeguarding advisors to assist in this role. Preferably this will consist of one male and one female Society member who has relevant Safeguarding qualifications in either child or adult Safeguarding. The SO will ensure that members of the Safeguarding team have the relevant qualifications. Also, where appropriate, the membership or relevant parties will be advised of procedures and changes, so that appropriate steps are followed to ensure safeguarding legislation is adhered to.

5.3. The Safeguarding assistants are:

<b>Safeguarding assistant (Child):</b>	Adrian Pinn	<b>Safeguarding assistant (Adult):</b>	Patrick O'Connell
<b>Safeguarding assistant (Child):</b>	Helen Bowstead-Sallybrass	<b>Safeguarding assistant (Adult):</b>	Kate Mitchell

### 5.4. THE PERSON RESPONSIBLE FOR THE SAFEGUARDING GUIDANCE AND PROCEDURE WILL:

5.4.1. Ensure that the welfare of vulnerable groups is given the highest priority by The Society

5.4.2. To promote good practice and ensure that members can work with vulnerable individuals with confidence

5.4.3. Ensure that this Practice Guidance and Procedures is followed, where needed

5.4.4. Along with the Safeguarding Assistants, act as the main contact for disclosing information around adult and child safeguarding concerns

5.4.5. Ensure that the concerns of adults and children at risk are heard and acted upon

5.4.6. Be responsible for reporting incidents or concerns to appropriate authorities, either personally or through delegation to a Safeguarding Assistant

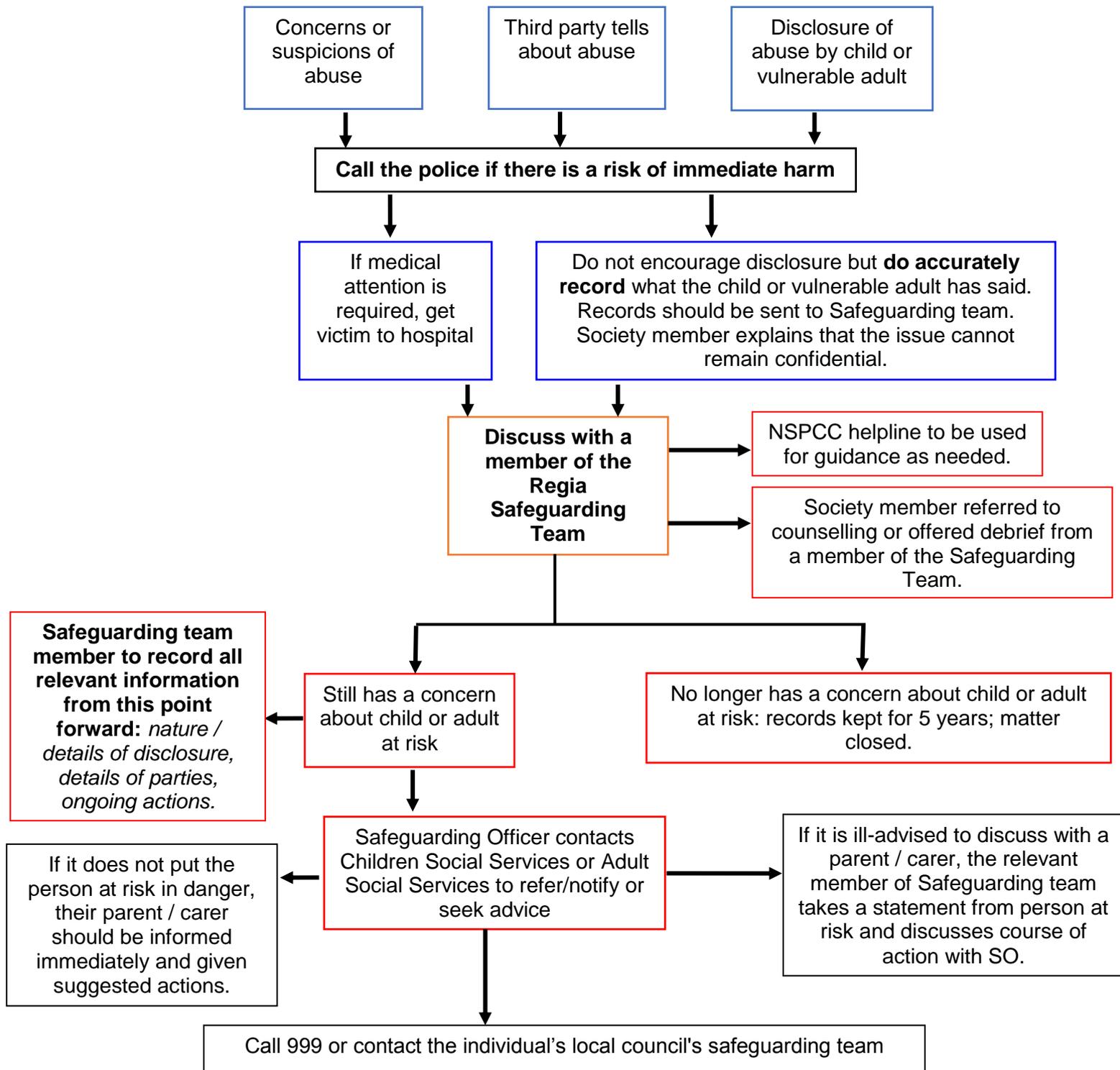
5.4.7. Ensure staff and volunteers have access to further appropriate information

## 6. OBJECTIVE

- 6.1. Our organisation is aware of the moral responsibilities it has regarding the protection of individuals at risk from abuse and from inappropriate and inadequate care, and is committed to responding to all cases, where there is concern.
- 6.2. This document will be shared with all members on an annual basis during the High Witan administrative process. Any changes to policy, procedure or legislation will be highlighted at this time.
- 6.3. The documents listed in **Section 10** provide the framework for the organisations responsibilities as part of a co-ordinated shared response to the health and well being of C/YP or adults at risk.

## 7. POLICY DETAILS

### 7.1. Reporting flowchart



## **7.2. Practice Guidance – What to do if there is a problem**

- 7.2.1. This document has been designed to help members know how to respond to situations where they may have concerns about the safety and wellbeing of a C/YP and adults at risk that they have contact with.
- 7.2.2. All members must endeavour always to safeguard all C/YP and adults at risk from harm and exploitation whatever their:
- 7.2.2.1. Race, Religion, First Language or Ethnicity
  - 7.2.2.2. Gender or Sexuality
  - 7.2.2.3. Age
  - 7.2.2.4. Health, ill-health or disability
  - 7.2.2.5. Location or placement
  - 7.2.2.6. Criminal or offensive behaviour
  - 7.2.2.7. Wealth or lack of it
  - 7.2.2.8. Political or immigration status
- 7.2.3. Individuals within the organisation need to be alerted to the potential abuse of C/YP and adults at risk, both within families and from other sources including abuse by members of our and other organisations. They need to know how to recognise and act upon indicators of abuse or potential abuse involving these groups. There is an expected responsibility for all members of the organisation to respond to any suspected or actual abuse of a C/YP and adult at risk or adult at risk, in accordance with the procedures provided.

## **7.3. How to recognise a problem**

- 7.3.1. 'Abuse and neglect' is a generic term encompassing all ill treatment of C/YP or adults at risk, including serious physical and sexual assaults, as well as cases where the standard of care does not adequately support the person's health or development. Somebody may abuse a child, young person or adult at risk, by inflicting harm, or by failing to prevent harm.
- 7.3.2. C/YP and adults at risk may be abused in the family or an institutional or community setting by those known to them or, more rarely, by a stranger. An adult (or adults), or another child (or children), may abuse them. The documents listed in Section 10 set out definitions and examples of the broad categories of abuse:
- 7.3.2.1. Coercive behaviour (may include so called "honour" based violence; Female Genital Mutilation; Forced marriage)
  - 7.3.2.2. Discriminatory abuse
  - 7.3.2.3. Domestic abuse /
  - 7.3.2.4. Emotional abuse / Bullying
  - 7.3.2.5. Financial or material abuse / "Mate" crime
  - 7.3.2.6. Modern slavery
  - 7.3.2.7. Neglect and acts of omission
  - 7.3.2.8. Organisational abuse
  - 7.3.2.9. Physical abuse (may include so called "honour" based violence; Female Genital Mutilation; Forced marriage)
  - 7.3.2.10. Radicalisation
  - 7.3.2.11. Self-harm (including eating disorders) / risk of suicide
  - 7.3.2.12. Self-neglect
  - 7.3.2.13. Sexual abuse / Sexual exploitation
  - 7.3.2.14. On-line abuse / cyberbullying

7.3.3. These categories can overlap and an abused person does frequently suffer more than one type of abuse (e.g. a child may be suffering physical and emotional abuse). The definitions set out in Paragraph 9 encompass all groups covered by this policy.

7.3.4. N.B. Children, young people or adults at risk need to be protected even when it appears that they are not aware that the physical abuse, or sexual activity that they are involved in or witness, or the neglect they experience, is harmful to them.

## **7.4. Signs of Possible Abuse**

7.4.1. Broadly, the types of abuse identified in the above section are manifested physically, emotionally or sexually; or any combination of the three and can include an omission of care. When considering whether there is evidence to suggest a C/YP or adult at risk has been abused, there are several possible indicators (listed below). However, there may be other explanations, so it is important not to jump to conclusions but rather seek advice from a member of the Regia Safeguarding Team. There may also be no signs or symptoms; this does not mean that a report of abuse is false. \* Some of these signs may also indicate the possibility that a child, young person or vulnerable adult is self-harming.\*

### 7.4.2. Indicators of possible Physical Abuse

- 7.4.2.1. Any injuries not consistent with the explanation given for them
- 7.4.2.2. Injuries that occur to the body in places, which are not normally exposed to falls, rough games etc.
- 7.4.2.3. Injuries that have not received medical attention
- 7.4.2.4. Neglect – under nourishment, failure to grow, constant hunger, stealing or gorging food, untreated illnesses, inadequate care etc.
- 7.4.2.5. Reluctance to change for, or participate in, games or swimming
- 7.4.2.6. Repeated urinary infections or unexplained tummy pains.
- 7.4.2.7. Bruises, bites, burns, fractures etc. that do not have an accidental explanation\*
- 7.4.2.8. Cuts/scratches/substance abuse\*
- 7.4.2.9. Changes in routine

### 7.4.3. Indicators of possible Sexual Abuse

- 7.4.3.1. Any allegations made by a person concerning sexual abuse
- 7.4.3.2. Person with excessive preoccupation with sexual matters and detailed knowledge of adult sexual behaviour, or who regularly engages in age-inappropriate sexual play
- 7.4.3.3. Sexual activity through words, play or drawing
- 7.4.3.4. C/YP or Adult at Risk who is sexually provocative or seductive with adults
- 7.4.3.5. Inappropriate bed-sharing arrangements at home
- 7.4.3.6. Severe sleep disturbances with fears, phobias, vivid dreams or nightmares, sometimes with overt or veiled sexual connotations
- 7.4.3.7. Eating disorders – anorexia, bulimia\*
- 7.4.3.8. Bed wetting, soiling, smearing, frequent urinary infections, regression in toilet habits

### 7.4.4. Indicators of possible Emotional Abuse

- 7.4.4.1. Changes or regression in mood or behaviour, particularly where a child, young person or vulnerable adult withdraws or becomes clingy – also depression/aggression, extreme anxiety
- 7.4.4.2. Nervousness, frozen watchfulness
- 7.4.4.3. Obsessions or phobias

- 7.4.4.4. Sudden under-achievement or lack of concentration
- 7.4.4.5. Inappropriate relationships with peers and/or adults, carers or family
- 7.4.4.6. Attention-seeking behaviour
- 7.4.4.7. Persistent tiredness
- 7.4.4.8. Running away/stealing/lying

#### 7.4.5. Neglect and its possible indicators

- 7.4.5.1. Neglect is the ongoing failure to meet a child's basic needs and is the most common form of child abuse.
- 7.4.5.2. A person at risk may be left hungry or dirty, without adequate clothing, shelter, supervision, medical or health care.
- 7.4.5.3. A person at risk may be put in danger or not protected from physical or emotional harm.
- 7.4.5.4. They may not get the love, care and attention they need from their parents or carers.
- 7.4.5.5. A person who is neglected will often suffer from other abuse as well.
- 7.4.5.6. Neglect is broadly broken down into four sub-sections: physical, emotional, educational, medical
- 7.4.5.7. Under nourishment, failure to grow, constant hunger, stealing or gorging food, untreated illnesses, inadequate care etc.

## 7.5. Actions

### 7.5.1. **Maintain Confidentiality** - It is important for all members to follow the statement of confidentiality outlined below:

- 7.5.1.1. We treat all C/YP and adults at risk with respect. Information that is given to us will be treated confidentially and shared only with those persons who have an agreed reason to have the information. Information will only be passed to other people with the agreed consent of the person giving the information, except if there are concerns about the welfare of a child, young person or vulnerable adult. In these circumstances a discussion will be held with the designated members and if it is considered appropriate, the information will be shared with professionals in the local authority/police/health services.

### 7.5.2. **Take immediate action**

- 7.5.2.1. Immediate action may be necessary at any stage in involvement with C/YP and adults at risk.

### 7.5.3. It is always good practice to be as open and honest as possible about any concerns.

### 7.5.4. IN ALL CASES, IT IS VITAL TO TAKE WHATEVER ACTION IS NECESSARY TO SAFEGUARD A CHILD, YOUNG PERSON OR VULNERABLE ADULT. THIS MAY INCLUDE THE FOLLOWING:

- 7.5.4.1. If emergency medical attention is required this can be secured by calling an ambulance (dial 999/112) or taking a child, young person or vulnerable adult to the nearest Accident and Emergency Department. In the case of a child, it would be appropriate for a responsible person or designated adult to accompany the child to hospital.
- 7.5.4.2. If a child, young person or vulnerable adult is in immediate danger the police should be contacted (dial 999/112) as they alone have the power to remove a child immediately if protection is necessary, via a Police Protection Order.

### **7.5.5. Concerns of a General Nature / not relating to a Specific Individual**

7.5.5.1. There may be instances where concerns do not relate to a specific individual. Concerns do not need to be specific to an individual to alert the Regia Safeguarding Team. The Duty of Care remains the same whether alerting concerns involving one individual, several individuals or issues that may affect many people.

### **7.5.6. What to do if C/YP and adult at risk talk to you about Abuse or Neglect**

7.5.6.1. It is recognised that a child or a vulnerable adult may seek out an adult to share information about abuse or neglect with, or talk spontaneously either individually or in groups when an adult is present. In these situations, Society members must:

7.5.6.2. Listen carefully to the child or adult, and NOT directly question them.

7.5.6.3. Give the child or adult time and attention.

7.5.6.4. Allow the child or adult to give a spontaneous account; do not stop them when they are freely recalling significant events.

7.5.6.5. Make an accurate record of the information given taking care to record the timing, setting and people present, the child or adult's presentation as well as what was said. Do not throw this away as it may later be needed as evidence.

7.5.6.6. Use the child or adult's own words where possible.

7.5.6.7. Explain that they cannot promise not to speak to others about the information they have shared.

7.5.6.8. Reassure the child or adult that:

7.5.6.8.1. You are glad they have told them;

7.5.6.8.2. S/he has not done anything wrong;

7.5.6.8.3. What you are going to do next;

7.5.6.8.4. Explain that you will need to get help to keep them safe;

7.5.6.8.5. You must NOT ask the child or adult to repeat his or her account of events to anyone.

### **7.6. Internal consultation about the concern**

7.6.1. The purpose of internal consultation is to discuss concerns in relation to a child or adult at risk with a member of the Regia Safeguarding team to decide what action is necessary. Members may become concerned about a child or adult who has not spoken to them, because of something they have observed, or information they have heard about a child or adult.

7.6.2. If a child or adult is upset or has a visible injury it is good practice to ask them why they are upset or how a cut or bruise was caused, or respond to a child or adult who wants to talk. Internal consultation can help clarify vague concerns and result in appropriate action.

- 7.6.3. **If members are concerned about a child or adult, they must share their concerns with a member of the Regia Safeguarding Team, as outlined in Section 4.1, even if a Society Member is implicated.**
- 7.6.4. Concerned members should make a referral externally with the individual's local council safeguarding team in the following circumstances:
- 7.6.4.1. When they remain unsure after internal consultation as to whether child or vulnerable adult protection concerns exist
  - 7.6.4.2. When there is disagreement as to whether child or vulnerable adult protection concerns exist
  - 7.6.4.3. When they are unable to consult promptly or at all with the designated internal contact for child or vulnerable adult protection
  - 7.6.4.4. When the concerns relate to any individual within the Regia Safeguarding team

## **7.7. Making an external referral**

- 7.7.1. An external referral involves giving the individual's local council Safeguarding Team or the Police, information about concerns relating to a child, young person, vulnerable adult in order that enquiries can be undertaken by the appropriate agency followed by any necessary action.
- 7.7.2. Parents/carers should be informed if an external referral is being made, except in circumstances where it is considered that informing parents/carers would place a C/YP or adult at risk, yourself or others at immediate risk.
- 7.7.3. However, inability to inform parents for any reason should not prevent a referral being made. It would then become a decision by Children's or Adult Services about how and when the parents or carers should be approached and by whom.
- 7.7.4. If the concern is about abuse or risk of abuse from someone not known to the child, young person or vulnerable adult (stranger abuse) make a telephone referral directly to the police and advise the parents or carers.
- 7.7.5. **Information required** - Members should be prepared to give as much of the following information as possible (in emergency situations all this information may not be available). Unavailability of some information should not stop anyone making an external referral.
- 7.7.5.1. Provide your name, telephone number, position and request the same details from the person to whom you are speaking.
  - 7.7.5.2. Full name and address, telephone number of family, date of birth of child, young person or vulnerable adult.
  - 7.7.5.3. Gender, ethnicity, first language, any special needs.
  - 7.7.5.4. The names of any professionals' known to be involved with the child, young person, or vulnerable adult.
  - 7.7.5.5. The nature of the concerns, and reason for them.
  - 7.7.5.6. Your opinion on whether the child, young person or vulnerable adult may need urgent action to make them safe.
  - 7.7.5.7. Your view of what appears to be the needs of the child, young person, and vulnerable adult.
  - 7.7.5.8. Whether the parent, carer or person with parental responsibility has given their consent to the referral being made.

## **7.7.6. Action to be taken following the external referral**

- 7.7.6.1. Ensure that an accurate record is made and kept, detailing the concerns that have been referred.
- 7.7.6.2. Accurately record the action agreed or that no further action is to be taken and the reasons for this decision.

## **7.8. Confidential Records of Concern**

- 7.8.1. Ensure that any records in respect of the C/YP and adults at risk are kept confidential and in a secure place. Information should only be shared on a need to know basis. Where the sharing of information is vital to protect a C/YP or adult at risk, the issue of confidentiality is secondary to their need for protection.

**- IF YOU ARE IN DOUBT, CONSULT! -**

## **7.9. Working with Children, Young People and Adults at Risk**

- 7.9.1. It is essential that care be taken to minimise the possibility for abuse and misunderstanding and misinterpretation. False allegations are rare but general good practice will help prevent them. The following examples will help to create a positive culture and climate for C/YP and adults at risk with whom we have contact.
- 7.9.2. Maintain a safe and appropriate emotional and physical distance from C/YP and adults at risk.
- 7.9.3. Do not engage in rough or sexually provocative games
- 7.9.4. Do not make sexual comments
- 7.9.5. Do not invite or allow C/YP and adults at risk into your home or tent unless a parent/carer is present or aware. If this situation arises, you may feel more comfortable with another individual also present
- 7.9.6. If in a tent or other private space alone with a C/YP or Adult at risk, leave a door/tent flap open or try to move the conversation somewhere more public
- 7.9.7. Never let allegations, made by anyone, go unacknowledged, unresolved or not acted upon
- 7.9.8. Members should be aware of the potential for misunderstanding when touching children, young people or adults at risk.
- 7.9.9. If it is an accepted part of an activity, touching should be appropriate to the situation and follow accepted guidelines where they exist. Consoling a child, young person or vulnerable adult who is upset, administering first aid or supporting a participant in an activity is acceptable and necessary behaviour.

## **7.10. Listening to Children, Young People or Adults at risk**

- 7.10.1. If a child, young person or vulnerable adult says that he or she is being abused or provides information that suggests that they are being abused, the person receiving that information should:
  - 7.10.1.1. Be calm and reassure the person but not make promises that may not be kept, e.g. telling the person that no else will be told

- 7.10.1.2. Discuss with the child, young person or vulnerable adult who needs to be told about the situation
- 7.10.1.3. Take what the child, young person or vulnerable adult says seriously.
- 7.10.1.4. Ask questions only to clarify understanding of what has been said (do not interrogate the child, young person or vulnerable adult)
- 7.10.1.5. Let the child, young person or vulnerable adult know you understand what they have said and that you will act upon it

## 8. ROLES AND RESPONSIBILITIES

Party / Parties	Roles and responsibilities
Roland Williamson	Business Manager
Ted Jones	Safeguarding Officer / Oelder
Martin Williamson	Law Speaker
Safeguarding Assistants	To assist the SO in the fulfilment of the Safeguarding role. SA(Child) – Adrian Pinn and Helen Bowstead-Stallybrass; SA(Adult) – Patrick O’Connell and Kate Mitchell
Safeguarding Advisor	Alice Skellon

## 9. MONITORING, EVALUATION AND REVIEW

- 9.1. Annual review and updates by Safeguarding Team, prior to the High Witan. Members will be reminded of the policy, with changes highlighted annually at the High Witan.

## 10. DEFINITIONS AND ABBREVIATIONS

Term	Meaning
Abuse	The violation of an individual’s human and civil rights by any other person (s) or group of people.
Adult at Risk	The 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) and; is experiencing, or at risk of, abuse or neglect due to having one of more characteristic as defined and protected under the Equality Act (2010) and as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse and neglect.
Adult Safeguarding	Protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisation’s working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult’s wellbeing is promoted including, where appropriate, having regard in their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances Care Act Statutory Guidance (2014, p230).
Child Safeguarding	The action we take to promote the welfare of children (including unborn babies), protect them from harm and is everyone’s responsibility. Everyone

	<p>who comes into contact with children and families has a role to play. Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as:</p> <ul style="list-style-type: none"> <li>protecting children from maltreatment;</li> <li>preventing impairment of children's health or development;</li> <li>ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and</li> <li>taking action to enable all children to have the best outcomes (Working Together HMGov 2015).</li> </ul>
Coercive behaviour	<p>Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.” *</p> <p>*This definition includes so called ‘honour’ based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.’ (Home Office 2013).</p>
Controlling behaviour	<p>A range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behavior</p>
Discriminatory abuse	<p>Including forms of harassment, slurs or similar treatment; because of a protected characteristic under the Equality Act (2010):</p> <ul style="list-style-type: none"> <li>age</li> <li>being or becoming a transsexual person</li> <li>being married or in a civil partnership</li> <li>being pregnant or on maternity leave</li> <li>disability</li> <li>race including colour, nationality, ethnic or national origin</li> <li>religion, belief or lack of religion/belief</li> <li>sex</li> <li>sexual orientation</li> </ul> <p>(Care Act Guidance, 2014).</p>
Domestic abuse	<p>‘Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse:</p> <ul style="list-style-type: none"> <li>psychological</li> <li>physical</li> <li>sexual</li> <li>financial</li> <li>emotional</li> </ul>
Emotional Abuse	<p>Emotional abuse is 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 children that they are worthless or unloved, inadequate or valued only in so far as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions</p>

	that are beyond the child's developmental capacity, as well as over-protection and limitation of exploration and learning, or preventing the child participating in normal social interactions. It may involve serious 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 (Working Together, 2006).
Financial / material abuse	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, or the misuse or misappropriation of property, possessions or benefits (Care Act Guidance, 2014).
Modern Slavery	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 (Care Act Guidance, 2014).
Neglect	Neglect involves the persistent failure to meet the basic physical and/or psychological needs of a vulnerable member of society, likely to result in the serious impairment of their health and development. Neglect may occur during pregnancy as a result of maternal substance abuse. Neglect may involve a parent or carer failing to provide adequate food and clothing, shelter including exclusion from home or abandonment, failing to protect a vulnerable individual from physical harm or danger, failure to ensure adequate supervision including the use of inadequate care-takers, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to basic emotional needs (Working Together, 2006).
Neglect and acts of omission	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
Organisational abuse	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 on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
Physical Abuse	Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a vulnerable individual. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a vulnerable individual (Working Together, 2006).
Radicalisation	Refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.
Self-neglect	Including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational

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services, the withholding of the necessities of life, such as medication, adequate nutrition and heating

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Sexual Abuse Sexual abuse involves forcing or enticing a vulnerable person to take part in sexual activities, including prostitution, whether or not they are aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape or buggery or oral sex) or non-penetrative acts. They may include non-contact activities, such as involving a vulnerable person in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging them to behave in sexually inappropriate ways (Working Together, 2006).

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## 11. ASSOCIATED DOCUMENTS

\*Click on document titles below to view them online.\*

- 11.1. Regia Anglorum Code of Law
- 11.2. Framework for The Assessment of Children in Need and their families (2000)
- 11.3. Children's Act (2004)
- 11.4. Mental Capacity Act (2005)
- 11.5. Safeguarding Adults: A national Framework of Standards for good practice and outcomes in adult protection work (2005)
- 11.6. Vulnerable Groups Act (2006)
- 11.7. What to do if you're worried a child is being abused (2006)
- 11.8. Equality Act (2010)
- 11.9. Policy paper: Safeguarding children and young people (2014)
- 11.10. Working Together to Safeguard Children (2015)