

REDEEMING OUR  
COMMUNITIES

## **Safeguarding policy**

We say that ROC is all about “People of goodwill working together for safer, stronger communities”.

Well that starts here – by making sure that the way we work together is safe and kind to all the people we work with.

If you are a ROC Trustee, ROC member of Staff or a ROC Volunteer, you need to read this – and help put it into practice.

MAY 2023

## Let's start here ..

We work with THIRTYONE:EIGHT (Independent safeguarding specialists –formerly CCPAS Established in 1977) who are the only independent Christian charity providing professional advice, training, support and resources in all areas of safeguarding children and adults at risk of harm. THIRTYONE:EIGHT have 10 standards of Safeguarding – which ROC adhere to. There is a lot of information available on the THIRTYONE:EIGHT website

([www.thirtyone:eight.co.uk](http://www.thirtyone:eight.co.uk)) and there are links in this policy guide to additional information and resources which you can access.

ROC has a **Safeguarding Coordinator** (and a deputy) who act on behalf of ROC in dealing with any allegation or suspicion of neglect or abuse, including referring the matter to the statutory authorities. We take Safeguarding seriously and know that situations can arise outside of office hours, so our Safeguarding Coordinator is available 24/7.

**Safeguarding Coordinator** Frank Green

Office 0161 393 4511

Mobile 07946 424324 24/7

If Phil isn't available or if the suspicions in any way involve the Safeguarding Coordinator, then contact the Deputy Safeguarding Coordinator:

**Deputy Safeguarding Coordinator**

Sarah Mhlanga

0161 393 4511 - Office hours

**In an emergency, where no ROC Safeguarding Coordinators are available, contact:**

THIRTYONE:EIGHT helpline 0303 003 11 11

*There is support available to you – please use it.*

## What's in this policy guide?

Along with details of the organisation and a statement of intent and commitment to safeguarding, the policy covers the following sections:

- p5**     **Section 1.**     **Organisation details**  
Safe and Secure – Standard 1
  
- p6**     **Section 2.**     **Prevention**  
Safe and Secure – Standards 2, 3 and 4
  
- p22**    **Section 3.**     **Practice Guidelines**  
Safe and Secure – Standards 5, 6 and 10
  
- p28**    **Section 4.**     **Responding to allegations of abuse**  
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Safe and Secure – Standards 8 and 9
  
- P38**    **Appendices**

Standard	Safe and Secure
1	<b>Governance:</b> Good governance helps an organisation prevent abuse and means it can respond quickly and with integrity when concerns arise. Central to this are the ROC Trustees. One Trustee - David Smart - is designated as a link to the Safeguarding Coordinator.
2	<b>Culture:</b> Having a safe and open culture creates good attitudes towards safeguarding and ensures it is taken seriously by all. The culture of an organisation sets the tone for safeguarding.
3	<b>Safeguarding Policy:</b> Our safeguarding policy is the document that sets the standards and expectations for ROC around safeguarding, and outlines our commitment towards making our setting a safer place.
4	<b>Safer recruitment:</b> is the way that ROC makes sure that those who work with vulnerable groups either as paid staff or volunteers are suitable to do so.
5	<b>Training and Awareness:</b> Training our workers and raising awareness of safeguarding among our workers and service users is a vital part of preventing and identifying harm and abuse.
6	<b>Working Safely:</b> All organisations working with children, young people and adults have a duty of care to safeguard and promote their well-being. Having agreed ways of working and communicating safely will help our workers keep themselves and those they are working with and for, safe.
7	<b>Management of Workers:</b> In every organisation open to or likely to have contact with children, young people and adults at risk, all workers, paid and voluntary, should be appropriately managed, supervised and supported.
8	<b>Working in Partnership:</b> When working in partnership with other organisations, either as a one-off or in the longer term, it's important to make sure that they hold the same safeguarding standards as ROC.
9	<b>Responding to concerns:</b> How an organisation responds when concerns of harm or abuse are raised is important in ensuring vulnerable people are protected and supported and that justice may be done.
10	<b>Working with those who may pose a risk:</b> Organisations that are open to all can support and work safely with those who may pose a risk

## ROC Commitment to Safeguarding Statement

We recognise the need to provide a safe and caring environment for children, young people and vulnerable adults. We acknowledge that children, young people and vulnerable adults can be the victims of physical, sexual and emotional abuse, and neglect.

We accept the UN Universal Declaration of Human Rights and the International Covenant of Human Rights, which states that everyone is entitled to “all the rights and freedoms set forth therein, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status”. We also concur with the Convention on the Rights of the Child which states that children should be able to develop their full potential, free from hunger and want, neglect and abuse. They have a right to be protected from “all forms of physical or mental violence, injury or abuse, neglect or negligent treatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s), or any other person who has care of the child.”

We have therefore adopted the procedures set out in the ROC Safeguarding Policy in accordance with statutory guidance. We are committed to build constructive links with statutory and all other agencies involved in safeguarding.

The policy and appendices are based on the ten ‘Safe and Secure’ safeguarding standards published by THIRTYONE:EIGHT. We therefore undertake to:

- Endorse and follow all national and local safeguarding legislation and procedures, in addition to the international conventions outlined above.
- Provide on-going safeguarding training for all our workers and will regularly review the operational guidelines attached.
- Ensure that the premises meet the requirements of the Equality Act 2010 and all other relevant legislation, and that it is welcoming and inclusive.
- Support the Safeguarding Coordinator(s) in their work and in any action they may need to take in order to protect Children and Adults with additional Care and Support Needs (these were previously referred to as ‘vulnerable adults’ and although that term is used at times, the Care Act 2014 refers to adults with care and support needs. These are adults over the age of 18 who need care and support for their daily living.)

Signed

Julia Robertson      Chair of Trustees \_\_\_\_\_

Debra Green OBE      Chief Executive \_\_\_\_\_

## SECTION 1

### Details of the organisation (Safe and Secure – Standard 1).

**Name of Organisation:**

Redeeming Our Communities (ROC)

**Address:**

The FUSE, Warburton Lane, Manchester M31 4BU (Headquarters)

Radcliffe ROC Centre, Westminster Avenue, Radcliffe, M26 3WD

Holts ROC Centre, 16 Near Birches Parade, Holts Village, Oldham OL45PZ

The Vine Centre, 193 Crumlin Road, Belfast, BT14 7AA

**Tel No:** 0161 393 4511

**Email address:** [info@roc.uk.com](mailto:info@roc.uk.com)

**Charity Number:** England & Wales 1139817.

**Registered company number:** 7327258

**Insurance Company:**

Ansvar Insurance Policy number CCP 6104026, Employers and Public Liability Insurance

**The following is a brief description of our organisation and the type of work / activities we undertake with children and adults who have care and support needs:**

Redeeming Our Communities is a national charity founded in 2004 with over 150 projects, The charity's main aim is to bring about community transformation by creating strategic partnerships which open up opportunities for crime and disorder reduction and improved community cohesion. ROC brings together residents, community groups, churches, the police, the fire service, local authorities and voluntary agencies to encourage them to work together in positive partnerships for practical 'on the ground' change. As a result, statutory agencies have improved access to the support of community/church groups, and thousands of volunteers are enabled to better serve the needs of their community. Three ROC Centres (The FUSE, Radcliffe and Holts) are managed directly by ROC. Other Centres and activities are run by independent local groups responsible for their own Safeguarding policies and procedures, but if they are associated with ROC they must be committed to Safeguarding.

## SECTION 2

### Prevention (Safe and Secure – Standards 2, 3 and 4).

#### Understanding abuse, neglect and extremism.

Defining child abuse or abuse against an adult is a difficult and complex issue. A person may abuse by inflicting harm, or failing to prevent harm. Children and adults in need of protection may be abused within a family, an institution or a community setting. Very often the abuser is known or in a trusted relationship with the child or adult.

In order to safeguard those in our organisation we adhere to the UN Convention on the Rights of the Child and have as our starting point as a definition of abuse, Article 19 which states:

1. *Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.*

2. *Such protective measures should, as appropriate, include effective procedures for the establishment of social programmes to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement.*

Also for adults the UN Universal Declaration of Human Rights with particular reference to Article 5 which states:

*No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.*

Detailed definitions, and signs and indicators of abuse, as well as how to respond to a disclosure of abuse, are included here in our policy.

#### What is a child?

The legal definition of a child is someone under the age of 18 according to The Children Act 1989. Throughout this policy guidance when we refer to a child we mean a person under the age of 18.

#### Definition of an adult who is in need of care and support

An adult is someone over 18 (unless specific legislation states otherwise). Over the years, there have been a number of pieces of legislation dealing with adults of different ages and circumstances. (The Universal Declaration of Human Rights (1948), the European Convention on Human Rights, the Human Rights Act 1998 and the UN Convention on the Rights of

Persons with Disabilities (2008)). These can now be summarised in the Care Act 2014 which refers to adults with care and support needs. It follows that some adults, because of circumstance or particular vulnerability or risk, may be in need of protection.

When considering the safeguarding issues regarding adults, other pieces of legislation are also relevant such as the Anti-social Behaviour, Crime and Policing Act 2014 which deals with Forced Marriage, the Modern Slavery Act 2015 which deals with trafficking and abuse, the Domestic Violence Crime and Victims Act 2004 which is self-explanatory but which may be strengthened to deal with coercive and controlling behaviour. These pieces of legislation apply to England and Wales.

Another important piece of legislation when dealing with safeguarding adults is the Mental Capacity Act 2005. Where decisions are being considered regarding the welfare of adults, under the Care Act 2014 they have to be full participants in the process and those who are involved in the investigations and assessments will form a view of the adult's capacity to make decisions for themselves. This means that where there are safeguarding concerns, referrals must be made to Adult Services so that this level of capacity can be assessed.

## **Children:**

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm.

Children may be abused in a family or in an institutional or community setting; by those known to them or, more rarely, by a stranger. They may be abused by an adult or adults or another child or children.

Child protection legislation throughout the UK is based on the United Nations Convention on the Rights of the Child. Each nation within the UK has incorporated the convention within its legislation and guidance. As ROC operates throughout the UK, the relevant legislation is shown by Country.

## England

The four definitions of abuse below operate in England based on the government guidance 'Working Together to Safeguard Children (2018)'.

**What is abuse and neglect?** Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger for example, via the internet. They may be abused by an adult or adults, or another child or children.

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

**Emotional abuse :** 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 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 the 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 cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

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

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



### **In addition, 'Neglect' and 'Extremism' need to be considered:**

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

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers); or
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

**Extremism** : Extremism goes beyond terrorism and includes people who target the vulnerable – including the young – by seeking to sow division between communities on the basis of race, faith or denomination; justify discrimination towards women and girls; persuade others that minorities are inferior; or argue against the primacy of democracy and the rule of law in our society.

Extremism is defined in the Counter Extremism Strategy 2015 as the vocal or active opposition to our fundamental values, including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. We also regard calls for the death of members of our armed forces as extremist.

## **Wales**

The Welsh Assembly Government (2006) produced Safeguarding Children - Working Together Under the Children Act, 2004 which provided definitions of abuse. Working Together to Safeguard People (2021) provides statutory guidance to the (Safeguarding) of the Social Services and Well-being (Wales) Act 2014. The All Wales Child Protection Procedures (2008) give the following definitions:

### **Definitions of Child Abuse and Neglect**

A child is abused or neglected when somebody inflicts harm, or fails to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger. A child or young person up to the age of 18 years can suffer abuse or neglect and require protection via an inter-agency child protection plan.

#### **Physical abuse**

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child.

Physical harm may also be caused when a parent or caregiver fabricates or induces illness in a child whom they are looking after.

#### **Emotional abuse**

Emotional abuse is the persistent emotional ill treatment 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 in so far as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. It may involve causing children frequently to feel frightened or in danger, for example by witnessing domestic abuse within the home or being bullied, or, the exploitation or corruption of children. Some level of emotional abuse is involved in all types of ill treatment of a child, though it may occur alone.

### **Sexual abuse**

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

### **Neglect**

Neglect is 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. It may involve a parent or caregiver failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs. In addition, neglect may occur during pregnancy as a result of maternal substance misuse.

**The Social Services and Well-being (Wales) Act 2014** which came into force in April 2016 introduces a strengthened, robust and effective partnership approach to safeguarding.

## **Scotland**

The Scottish Government have produced National Guidance for Child Protection in Scotland 2014 (The Scottish Government, 2014) along with the Children and Young People (Scotland) Act 2014.

### **What is child abuse and child neglect?**

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting, or by failing to act to prevent, significant harm to the child. Children may be abused in a family or in an institutional setting, by those known to them or, more rarely, by a stranger. Assessments will need to consider whether abuse has occurred or is likely to occur. While it is not necessary to identify specific areas of concern when adding a child's name to the Child Protection Register, it is still helpful to consider and understand the different ways in which children can be abused. The following definitions show some of the ways in which abuse may be experienced by a child but are not exhaustive, as the individual circumstances of abuse will vary from child to child.

### **Physical abuse**

Physical abuse is the causing of physical harm to a child or young person. Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning or suffocating.

Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes, ill health to a child they are looking after.

### **Emotional abuse**

Emotional abuse is persistent emotional neglect or ill treatment that has severe and persistent adverse effects on a 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 involve the imposition of age - or developmentally - inappropriate expectations on a child. It may involve causing children to feel frightened or in danger, or exploiting or corrupting children.

Some level of emotional abuse is present in all types of ill treatment of a child; it can also occur independently of other forms of abuse.

### **Sexual abuse**

Sexual abuse is any act that involves the child in any activity for the sexual gratification of another person, whether or not it is claimed that the child either consented or assented. Sexual abuse involves forcing or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts.

They may include non-contact activities, such as involving children in looking at, or in the production of indecent images or in watching sexual activities, using sexual language towards a child or encouraging children to behave in sexually inappropriate ways.

### **Neglect**

Neglect is 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. It may involve a parent or carer failing to provide adequate food, shelter and clothing, to protect a child from physical harm or danger, or to ensure access to appropriate medical care or treatment. It may also include neglect of, or failure to respond to, a child's basic emotional needs. Neglect may also result in the child being diagnosed as suffering from, non-organic failure to thrive, where they have significantly failed to reach normal weight and growth or development milestones and where physical and genetic reasons have been medically eliminated. In its extreme form children can be at serious risk from the effects of malnutrition, lack of nurturing and stimulation. This can lead to serious long-term effects such as greater susceptibility to serious childhood illnesses and reduction in potential stature. With young children in particular, the consequences may be life-threatening within a relatively short period of time.

## Northern Ireland

Co-operating to Safeguard Children and Young People in Northern Ireland (2017). Safeguarding Vulnerable Groups (Northern Ireland) Order 2007, Safeguarding Board Act (Northern Ireland) 2011, all contribute to the legislation governing Safeguarding in Northern Ireland. Access NI operate the Disclosure and Barring Service checks.

### Types of Abuse

Harm can be suffered by a child or young person by acts of abuse perpetrated upon them by others. Abuse can happen in any family, but children may be more at risk if their parents have problems with drugs, alcohol and mental health, or if they live in a home where domestic abuse happens. Abuse can also occur outside of the family environment. Evidence shows that babies and children with disabilities can be more vulnerable to suffering abuse.

Although the harm from the abuse might take a long time to be recognisable in the child or young person, professionals may be in a position to observe its indicators earlier, for example, in the way that a parent interacts with their child. Effective and ongoing information sharing is key between professionals.

Harm from abuse is not always straightforward to identify and a child or young person may experience more than one type of harm or significant harm. Harm can be caused by:

Physical abuse

Sexual abuse

Emotional abuse

Neglect and

Exploitation

**Physical Abuse** is deliberately physically hurting a child. It might take a variety of different forms, including hitting, biting, pinching, shaking, throwing, poisoning, burning or scalding, drowning or suffocating a child.

**Sexual Abuse** occurs when others use and exploit children sexually for their own gratification or gain or the gratification of others. Sexual abuse 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 clothing. It may include non-contact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including via e-technology). Sexual abuse is not solely perpetrated by adult males. Women can commit acts of sexual abuse, as can other children.

**Emotional Abuse** is the persistent emotional maltreatment of a child. It is also sometimes called psychological abuse and it can have severe and persistent adverse effects on a child's emotional development.

Emotional abuse may involve deliberately telling a child that they are worthless, or unloved and inadequate. It may include not giving a child opportunities to express their views, deliberately silencing them, or 'making fun' of what they say or how they communicate. Emotional abuse may involve bullying – including online bullying through social networks, online games or mobile phones – by a child's peers.

**Neglect** is the failure to provide for a child's basic needs, whether it is adequate food, clothing, hygiene, supervision or shelter that is likely to result in the serious impairment of a child's health or development. Children who are neglected often also suffer from other types of abuse.

**Exploitation** is the intentional ill-treatment, manipulation or abuse of power and control over a child or young person; to take selfish or unfair advantage of a child or young person or situation, for personal gain. It may manifest itself in many forms such as child labour, slavery, servitude, engagement in criminal activity, begging, benefit or other financial fraud or child trafficking. It extends to the recruitment, transportation, transfer, harbouring or receipt of children for the purpose of exploitation. Exploitation can be sexual in nature.

## Signs of Possible Abuse (children & young people)

The following signs could be indicators that abuse has taken place but should be considered in context of the child's whole life.

### Physical

- Injuries not consistent with the explanation given for them
- Injuries that occur in places not normally exposed to falls, rough games, etc
- Injuries that have not received medical attention
- Reluctance to change for, or participate in, games or swimming
- Repeated urinary infections or unexplained tummy pains
- Bruises on babies, bites, burns, fractures etc which do not have an accidental explanation\*
- Cuts/scratches/substance abuse\*

### Sexual

- Any allegations made concerning sexual abuse
- Excessive preoccupation with sexual matters and detailed knowledge of adult sexual behaviour
- Age-inappropriate sexual activity through words, play or drawing
- Child who is sexually provocative or seductive with adults
- Inappropriate bed-sharing arrangements at home
- Severe sleep disturbances with fears, phobias, vivid dreams or nightmares, sometimes with overt or veiled sexual connotations
- Eating disorders - anorexia, bulimia\*

### Emotional

- Changes or regression in mood or behaviour, particularly where a child withdraws or becomes clinging.
- Depression, aggression, extreme anxiety.
- Nervousness, frozen watchfulness
- Obsessions or phobias
- Sudden under-achievement or lack of concentration
- Inappropriate relationships with peers and/or adults
- Attention-seeking behaviour
- Persistent tiredness
- Running away/stealing/lying

### Neglect

- Under nourishment, failure to grow, constant hunger, stealing or gorging food, Untreated illnesses,
- Inadequate care, etc

\*These indicate the possibility that a child or young person is self-harming. Approximately 20,000 are treated in accident and emergency departments in the UK each year.

## Definitions of Abuse (Adults)

The following information relates to the Safeguarding of Adults as defined in the Care Act 2014, and the Care and Support Statutory Guidance (Chapter 14 Safeguarding) as updated 15<sup>th</sup> June 2022. The legislation is relevant across England and Wales but on occasions applies only to local authorities in England.

Organisations should always promote the adult's wellbeing in their safeguarding arrangements. People have complex lives and being safe is only one of the things they want for themselves. Professionals should work with the adult to establish what being safe means to them and how that can be best achieved. Professional and other staff should not be advocating 'safety' measures that do not take account of individual well-being, as defined in Section 1 of the Care Act.

**Link:** [The Care Act 2014](#)

The Care Act 2014 makes it clear that safeguarding adults is everyone's responsibility. The Act states safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting those needs) and;
- is experiencing or at risk of abuse or neglect; 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 or neglect.

**Link:** [Care and Support Statutory Guidance under the Care Act 2014](#)

This section considers the different types and patterns of abuse and neglect and the different circumstances in which they may take place. This is not intended to be an exhaustive list but an illustrative guide as to the sort of behaviour which could give rise to a safeguarding concern.

**Physical abuse** – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.

**Domestic violence** – including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence.

**Sexual abuse** – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

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

**Financial or 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.

**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.

**Discriminatory abuse** – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.

**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.

**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.

**Self-neglect** – this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. Incidents of abuse may be one-off or multiple, and affect one person or more.



## **Signs of Possible Abuse in Adults**

### **Physical abuse**

History of unexplained falls, fractures, bruises, burns, minor injuries.

Signs of under or over use of medication and/or medical problems left unattended.

Any injuries not consistent with the explanation given for them

Bruising and discolouration - particularly if there is a lot of bruising of different ages and in places not normally exposed to falls, rough games etc.

Recurring injuries without plausible explanation

Loss of hair, loss of weight and change of appetite

Person flinches at physical contact &/or keeps fully covered, even in hot weather

Person appears frightened or subdued in the presence of a particular person or people

### **Domestic violence**

Unexplained injuries or 'excuses' for marks or scars

Controlling and/or threatening relationship including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence and Female Genital Mutilation.

Age range extended to 16 yrs.

### **Sexual abuse**

Pregnancy in a woman who lacks mental capacity or is unable to consent to sexual intercourse

Unexplained change in behaviour or sexually explicit behaviour

Torn, stained or bloody underwear and/or unusual difficulty in walking or sitting

Infections or sexually transmitted diseases

Full or partial disclosures or hints of sexual abuse

Self-harming

Emotional distress

Mood changes

Disturbed sleep

patterns

### **Psychological abuse**

Alteration in psychological state e.g. withdrawn, agitated, anxious, tearful

Intimidated or subdued in the presence of a carer

Fearful, flinching or frightened of making choices or expressing wishes

Unexplained paranoia

Changes in mood, attitude and behaviour, excessive fear or anxiety

Changes in sleep pattern or persistent tiredness

Loss of appetite

Helplessness or passivity

Confusion or disorientation

Implausible stories and attention seeking behaviour

Low self-esteem

### **Financial or material abuse**

Disparity between assets and living conditions

Unexplained withdrawals from accounts or disappearance of financial documents or loss of money

Sudden inability to pay bills, getting into debt

Carers or professionals fail to account for expenses incurred on a person's behalf

Recent changes of deeds or title to property

Missing personal belongings

Inappropriate granting and / or use of Power of Attorney

### **Modern slavery**

Physical appearance; unkempt, inappropriate clothing, malnourished

Movement monitored, rarely alone, travel early or late at night to facilitate working hours.

Few personal possessions or ID documents.

Fear of seeking help or trusting people.

### **Discriminatory abuse**

Inappropriate remarks, comments or lack of respect

Poor quality or avoidance care

Low self-esteem

Withdrawn

Anger

Person puts themselves down in terms of their gender or sexuality

Abuse may be observed in conversations or reports by the person of how they perceive themselves

### **Institutional Abuse**

Low self-esteem

Withdrawn

Anger

Person puts themselves down in terms of their gender or sexuality

Abuse may be observed in conversations or reports by the person of how they perceive themselves

No confidence in complaints procedures for staff or service users.

Neglectful or poor professional practice.

### **Neglect and acts of omission**

Deteriorating despite apparent care

Poor home conditions, clothing or care and support.

Lack of medication or medical intervention

### **Self-neglect**

Hoarding inside or outside a property

Neglecting personal hygiene or medical needs

Person looking unkempt or dirty and has poor personal hygiene

Person is malnourished, has sudden or continuous weight loss and is dehydrated – constant hunger, stealing or gorging on food

Person is dressed inappropriately for the weather conditions

Dirt, urine or faecal smells in a person's environment

Home environment does not meet basic needs (for example not heating or lighting)

Depression

### **Safer recruitment**

The Leadership will ensure all workers will be appointed, trained, supported and supervised in accordance with government guidance on safe recruitment. This includes ensuring that:

#### **Advertising:**

- There is a written job description / person specification for the post

**Application:**

- Those applying have completed an application form and a self-declaration form (for a position requiring an enhanced disclosure)
- Those short listed have been interviewed
- Safeguarding has been discussed at interview

**Appointment subject to:**

- Written references have been obtained, and followed up where appropriate and found to be satisfactory
- A disclosure and barring check has been completed where necessary (we will comply with Code of Practice requirements concerning the fair treatment of applicants and the handling of information)
- Qualifications where relevant have been verified

**After appointment:**

- All our workers will receive induction training and undertake recognised safeguarding training on a regular basis.
- The applicant has successfully completed a probationary period
- The applicant has been given a copy of the organisation's safeguarding policy and knows how to report concerns.
- In line with Charity Commission guidance, ROC will obtain a disclosure check on employees involved in regulated activity every three years.

All volunteers working directly for ROC will be subject to the same recruitment process as full and part time employees.

**Safeguarding Training**

The Leadership is committed to on-going safeguarding training and development opportunities for all workers, developing a culture of awareness of safeguarding issues to help protect everyone. All our workers will receive induction training and undertake safeguarding training on a regular basis. The Leadership will also ensure that children and adults with care and support needs are provided with information on where to get help and advice in relation to abuse, discrimination, bullying or any other matter where they have a concern.

**Management of Workers - Codes of Conduct**

As a Leadership we are committed to supporting all workers and ensuring they receive support and supervision. All workers have been given access to a copy of ROC behaviour code for working with children, young people and adults with care and support needs. (Appendix 2)

**Working with offenders**

If someone who poses a risk to children, young people or adults with care and support needs wants to join in with activities or become part of our organisation, it is important the leadership manage the risk appropriately by creating clear policies and a code of behaviour the individual must follow. This will help protect the vulnerable and lessen the possibility of

the person being wrongly suspected of abuse in the future. The personal contract should give details of both the boundaries we expect the individual to keep and the support we will offer them. It should be tailored specifically to individual circumstances and informed ideally by risk assessments from the statutory authorities. The Safeguarding Coordinator and the designated Safeguarding Trustee will both sign off the personal contract.

## **Maintaining a Safer Culture**

This means that openness and transparency are encouraged in our dealings with each other and that healthy challenge of working practice leads to more effective and safer ways of working with vulnerable people.

Many studies support the experience of THIRTYONE:EIGHT in identifying indicators of 'closed organisations' as a primary factor in the failings of many churches and organisations to effectively safeguard children and adults.

The features of a 'Closed Organisation' (Erooga, 2012, p32) are where the hierarchy of leadership becomes so highly controlled that it becomes impossible for challenge to be raised for fear of the consequences. It is in this type of environment where those in positions of trust, responsibility and authority are able to abuse and then find protection, albeit unwittingly by the hierarchical systems in place (Beyer et al, 2005).

Safer cultures recognise that there are a number of elements that contribute towards the safeguarding of vulnerable people within organisations, including safer recruitment, induction and probation, training and development and managing those that may pose a risk. All of these elements need to be operated within a context of 'respectful uncertainty' (as described by Lord Laming in his report into the death of Victoria Climbié in 2003) and vigilance.

\*Beyer, L. et al (2005); 'Understanding Organisational Risk Factors for Child Maltreatment: A Review of the Literature', NCPCH, Australian Institute of Family Studies

\*Erooga, M. (Ed) (2012); 'Creating Safer Organisations: Practical Steps to Prevent the Abuse of Children by Those Working With Them', Wiley-Blackwell/NSPCC, London

All ROC staff and volunteers are encouraged to raise any concerns with a line manager or colleague, or if felt appropriate to contact one of the ROC Trustees directly (David Smart is the primary contact for Safeguarding issues on the board of trustees)

**ROC Trustees** <https://roc.uk.com/board-of-trustees/>

Chair – Julia Robertson

[julia.robertson@mac.com](mailto:julia.robertson@mac.com) Sir Peter Fahy

David Smart [David.w.smart@gmail.com](mailto:David.w.smart@gmail.com) 07748

111866 Angela Williams

Jill Duff

Mark Corbin

It is a requirement for trustees to report what are known as 'Serious Incidents' to the Charity Commission. A 'Serious Incident' would include an allegation of abuse suffered by a beneficiary as a result of the actions of employees or others in connection with the charity.

Any ROC staff or volunteer can contact and raise concerns with THIRTYONE:EIGHT directly (Tel 0303 003 11 11).

## **SECTION 3**

### **Practice Guidelines (Safe and Secure – Standards 5, 6 and 10)**

#### **Working in Partnership – it's what ROC does!**

The diversity of organisations and settings means there can be great variation in practice when it comes to safeguarding children, young people and adults. This can be because of cultural tradition, belief and religious practice or understanding, for example, of what constitutes abuse.

We therefore have clear guidelines in regards to our expectations of those with whom we work in partnership, whether in the UK or not. We will discuss with all partners our safeguarding expectations and have a partnership agreement for safeguarding. We recognise that no two organisations are the same or provide the same services or activities. ROC works in partnership with many organisations and groups and we will always adhere to our Safeguarding Policy and practice. We expect all partner organisations to have their own Safeguarding Policy which meets or exceeds ROC Safeguarding Policy and Practice and the lead ROC staff member for any partnership will be responsible for satisfying themselves that this is the case.

It is also our expectation that any organisation using our premises, as part of the letting agreement will have their own policy that meets ROC Safeguarding standards.

Where churches and community groups run activities based on ROC standards eg ROC Café, that organisation will enter into a partnership with ROC. As part of the partnership they will recognise their organisational responsibility for Safeguarding.

Where ROC run the activity, or where the activity is a ROC Activity in a Centre directly managed by ROC (eg The FUSE; ROC Centre Radcliffe; ROC Centre Holts) then ROC Staff / volunteers are responsible for running the activity in accordance with this Safeguarding policy.

Good communication is essential in promoting safeguarding, both to those we wish to protect, to everyone involved in working with children and adults and to all those with whom we work in partnership. This safeguarding policy is just one means of promoting safeguarding.

We encourage all staff and volunteers to help keep this policy relevant to our activities by contributing any suggestions for additions or amendments to the Safeguarding Coordinator.

Individual programmes and activities may need to develop specific Safeguarding Practices in conjunction with the Safeguarding Coordinator and these will be included as appendices to this policy.

#### **Gifts, Rewards and Favouritism**

The giving of gifts or rewards to children, young people and vulnerable adults can be part of an agreed policy for supporting positive behaviour or recognising particular achievements. In

some situations, the giving of gifts as rewards may be accepted practice for a group of children, whilst in other situations the giving of a gift to an individual child or young person will be part of an agreed plan with the knowledge of a manager and the parent or carer.

Any gifts should be given openly and not be based on favouritism. Adults need to be aware however, that the giving of gifts can be seen as a gesture to bribe or groom a young person.

Adults should exercise care when selecting children and/or young people for specific activities or privileges to avoid perceptions of favouritism or unfairness. Methods and criteria for selection should always be transparent and subject to scrutiny.

Care should also be taken to ensure that adults do not accept any gift that might be construed as a bribe or lead the giver to expect preferential treatment.

There are occasions when children, young people or parents wish to pass small tokens of appreciation to workers, for example, on special occasions or as a thank-you, and this is acceptable. However, it is unacceptable to receive gifts on a regular basis or of any significant value.

### **Safeguarding Principles for Group or Activity**

Some general principles for running a club, activity or service include:

- Ensuring that everyone is treated with dignity and respect in attitude, language and actions.
- Consideration for the number of workers needed to run the group and whether they should be male, female or both.
- A clear strategy for summoning additional help (if needed) in situations where a worker is working alone with a child, young person or vulnerable adult.
- The level of personal care (e.g. toileting) required appropriate to the needs of the individual.
- Clear guidelines on personal privacy e.g. when working with children avoiding questionable activity such as rough or sexually provocative games and comments.
- Not allowing anyone under 16 years of age to be left in charge of children of any age or those attending the group being left unsupervised.
- Only workers assigned to the group being allowed to participate in the activity. Other adults should not be allowed free access.
- Making a note of other people in the building during the activity and any other events taking place at the same time.

### **Adult to Child Ratios**

A risk assessment should be carried out for all activities and especially where it is:

- outdoors
- high risk or dangerous
- when catering for people with disabilities or other needs

The results of the risk assessment may mean ratios need to be increased.

ROC set supervision ratios of at least 2 adults present when working with or supervising children and young people.

We recommend the following adult to child ratios as the minimum numbers to help keep children safe:

- 0 - 2 years  
1 adult to 3 children
- 2 - 3 years  
1 adult to 4 children
- 4 - 8 years  
1 adult to 6 children
- 9 - 12 years  
1 adult to 8 children
- 13 - 18 years  
1 adult to 10 children

When young people are helping to supervise younger children, then generally, only people aged 18 or over should be included as adults when calculating adult to child ratios.

If, following a risk assessment, the ROC recommendations for adult to child ratios are not adhered to, the activity organiser should record (on the risk assessment, register or by email to their line manager) the reasons why. It is never acceptable to ignore the supervision ratio's because sufficient adult staff / volunteers are not available. Reduce the size of the group or cancel the activity if insufficient staff are available.

### **Toilet ratios**

If the group has both boys and girls, there should be at least one male and one female responsible adult supervising visits to the toilet.

Adults who haven't previously volunteered and haven't had the necessary vetting checks shouldn't be left alone with children or take them to the toilet unaccompanied.

In larger groups of children, encourage bigger groups to take a comfort break together. For example, with a ratio of 2 adults to 10 children where one adult supervises hygiene duties and the other supervises safety and a head count.

### **For further guidance [NSPCC, Preventing abuse](#)**

#### **Working safely with disabled children, young people and adults**

Workers should be aware that any child, young person or adult with care and support needs attending an activity who has a disability may need extra help in areas such as communication and mobility (e.g. use of sign language and assistance in going to the toilet).

They may behave in a non-age appropriate way. For example, a young person of 17 might behave more like a 2-3 year old, particularly in demanding cuddles or sitting on a worker's lap. It is important to set appropriate boundaries that take their needs into account, but also protect workers from false accusation.

The organisation should:

Ask the child, young person or adult attending the activity, and parents or carers how their needs can be met, ensuring all workers involved with them are aware of their expectations. This includes the number of workers needed to assist for a specific activity to prevent injury.



Some of these needs may be more easily met than others, so be realistic. A family may ask for changes to enable easier access to the building (ensure you meet the requirements of the Equality Act 2010). Listen, and give feedback to the person, family or carer as to what can or can't be achieved and the reasons why.

Ideally ensure that a worker of the same gender assists if they need help with toileting, but again discuss with the person, their family or carer to discuss their preference and your ability to provide this. For example you may have a group with only female workers, so is a male child happy for a female to provide personal care and are the parents comfortable with this? Generally these issues once discussed can be agreed upon. It may help to have an 'intimate care' policy in place and a personalised plan agreed with the parents or carer, on behalf of the child or young person.

Make buildings accessible (e.g. ramps, toilets for the disabled and hearing loop system) and encourage integration within the group.

Developing appropriate disability awareness including the use of different forms of communication (e.g. sign language) and language etiquette.

### **Parents/Carers staying with Children's Groups**

There may be occasions where parents ask if they can stay to watch the children's group's activity. It is important not to appear guarded but there may be concerns, particularly where the expectation is that all adults who work with children in any capacity should undertake Disclosure and Barring Service (DBS) checks.

Activity leaders should therefore consider the following:

- Parents can be permitted to observe groups but not take part. A distinction should be made.
- It can help certain children settle into a group, if the child knows that a parent/carer is there. After the settling in period, if a parent/carer wishes to continue to stay, consideration could be given to them becoming a helper/worker but they would be required to undertake the same recruitment and selection procedure as with any other worker.
- Whilst a person watching may be a parent/carer for one or more of the children, to the rest of the children they are strangers.
- Organise an open evening from time to time as part of the on-going children's programme to build relationships and encourage parents to take an active role in supporting the group.
- Be aware that for some disabled children, it may be appropriate for their parent/carer to stay with them for an extended period. This should be considered on an individual basis to help the child become fully integrated into the group/activity.

### **Challenging Behaviour**

Sometimes children and young people become angry, upset or disruptive. Occasionally their behaviour may endanger themselves or others. The Government has developed national standards in relation to early years and day care and the following guidelines can be adopted by organisations providing services to children and young people.

If someone is being disruptive:

- Ask them to stop.
- Speak to them to establish the cause(s) of the upset.
- Inform them they will be asked to leave if the behaviour continues.
- Warn them if they continue to be disruptive, this might result in longer-term exclusion from the group.
- If they are harming themselves, another person or property then others in the group should be escorted away from the area where the disruption is occurring. At the same time, and with a second worker present, request them to STOP. If your request is ignored, you might need to warn the individual that you will consider calling the Police. As a last resort, in the event of them harming themselves, other people or property, physical restraint may be needed until the Police to arrive.

Training in appropriate restraint techniques may be available through the local Police or Area Youth and Community services.

The workers involved should always record what happened in writing as soon as possible after the incident. This should include:

- What activity was taking place
- What might have caused the disruptive behaviour
- The person's behaviour.
- What was said and how the worker and others responded.
- A list of others present who witnessed the incident.

A copy should be given to the leader, a copy retained by the worker and a copy kept with the logbook. Parents should be informed if their child has been restrained.

It may be helpful, after such an incident, for the worker involved to meet with their line manager to talk things through, reviewing what happened and considering whether there is a way of doing things differently so that the incident could be de-escalated avoiding the need for restraint.

### **Drop-in Centres**

The idea behind a 'drop in' centre is precisely that; people come and go, so it is difficult to keep track of who is actually in the building. It is therefore important that those organisations providing a drop-in service:

- Conduct regular fire drills to ensure that the building can be evacuated completely and within a set time scale.
- Ensure all the users of the drop-in centre only have access to specific areas of the building.
- Have sufficient workers to supervise those who visit the centre.

### **Home Visits**

Workers and leaders may need to make home visits from time to time. In these circumstances ROC will issue formal identification to the person doing the visit.

Guidelines for visiting:

1. Inform a line manager or Safeguarding Coordinator of the proposed visit.

2. Generally, two workers should attend together. (The ROC Mentoring Project allows for regular planned contact between Mentor and participant, and in the youth programme, with Parent/Guardian and young person. Specific guidance is provided to Mentors for this situation.)
3. In the case of children and young people never go into a home if a parent or carer is absent unless the child would be at risk of significant harm if you do not do so.
4. Keep a written record of the visit detailing the following:
  - Purpose, Time you arrived and left, Who was present, What was discussed

If the parent/carer is absent when the call is made, leave some means of identification and explanation for the visit that can be given to them.

It is hard to envisage any circumstances where a child or young person would be invited to an un-related, ROC staff members' home. Our policy is this should not happen and under exceptional circumstances, only after consultation with the Safeguarding Coordinator who will produce a written record of the reasons why.

#### **Private cars:**

It is ROC policy that no worker or volunteer should provide transport in a private vehicle for any children, young person or adults with care or support needs. In exceptional circumstances, where not providing transport might put the person at greater risk (eg a child not collected by a responsible adult after a children's club), then a line manager, or Safeguarding Coordinator MUST be contacted and permission sought, BEFORE any journey takes place and again immediately after the journey has been completed. This is for the workers protection. (Safeguarding Coordinator Phil Gleave 07701 081532)

#### **Private Conversations**

There are circumstances (eg Festival Angels, ROC Cafe), where a worker may find themselves having a private conversation with an individual. This should ideally be conducted in conjunction with a co-worker, but must always be conducted in a place where other members of the public can see the people having the conversation. This is as much to protect the member of ROC's team as it is to safeguard the individual seeking the conversation. The ROC Mentoring project has it's own specific guidance regarding planned conversations between Mentor and participants.

#### **Special activities**

Sleepovers, residential trips, activities involving transport, swimming trips, and any activities eg outdoor pursuits activities, which could be considered more hazardous than general activities, must be discussed with Line Manager and Safeguarding Coordinator and then subject to special risk assessment. Due to the specialised risk of such activities, further information should be obtained from the [THIRTYONE:EIGHT website](#) at the planning stage.

#### **Activity consent forms/ image Use consent form. (Appendix 1)**

ROC has a standard activity permission form (Dropbox) which records details of the individual; emergency contact details; emergency medical information; permission for photography / video. This form should be utilised for all activities or, where additional information is required, the form should be expanded. Once completed, the activity leader is responsible for the safe storage of the form in line with ROC Data Protection policies.

## SECTION 4

### Responding to allegations of abuse (Safe and Secure – Standard 7)

**Under no circumstances should you carry out your own investigation into an allegation or suspicion of abuse.** Following procedures as below:

- The person in receipt of allegations or suspicions of abuse should report concerns as soon as possible to Frank Green (hereafter the "Safeguarding Co-ordinator") tel no: 07946 424324 who is nominated by the Leadership to act on their behalf in dealing with the allegation or suspicion of neglect or abuse, including referring the matter on to the statutory authorities.
- In the absence of the Safeguarding Co-ordinator or, if the suspicions in any way involve the Safeguarding Co-ordinator, then the report should be made to Sarah Mhlanga (hereafter the "Deputy ") tel no: 0161 393 4511. If the suspicions implicate both the Safeguarding Co-ordinator and the Deputy, then the report should be made in the first instance to thirtyone:eight PO Box 133, Swanley, Kent, BR8 7UQ. Telephone 0303 003 0101. Alternatively, contact Social Services or the police.
- Where the concern is about a child the Safeguarding Co-ordinator should contact Children's Social Services. Where the concern is regarding an adult in need of protection contact Adult Social Services or take advice from THIRTYONE:EIGHT as above.
- The Safeguarding Co-ordinator **may** need to inform others depending on the circumstances and/or nature of the concern.
  - The Trustee responsible for safeguarding who may need to liaise with the insurance company or the charity commission to report a serious incident.
  - Designated officer or LADO (Local Authority Designated Officer) if the allegation concerns a worker or volunteer working with someone under 18.
- Suspicions must not be discussed with anyone other than those nominated above. A written record of the concerns should be made in accordance with these procedures and kept in a secure place.
- Whilst allegations or suspicions of abuse will normally be reported to the Safeguarding Co-ordinator, the absence of the Safeguarding Co-ordinator or Deputy should not delay referral to Social Services, the Police or taking advice from THIRTYONE:EIGHT.
- The Leadership will support the Safeguarding Co-ordinator/Deputy in their role, and accept that any information they may have in their possession will be shared in a strictly limited way on a need to know basis.

- It is, of course, the right of any individual as a citizen to make a direct referral to the safeguarding agencies or seek advice from THIRTYONE:EIGHT, although the Leadership hope that members of the organisation will use this procedure. If, however, the individual with the concern feels that the Safeguarding Co-ordinator/Deputy has not responded appropriately, or where they have a disagreement with the Safeguarding Co-ordinator(s) as to the appropriateness of a referral they are free to contact an outside agency direct. We hope by making this statement that the Leadership demonstrate its commitment to effective safeguarding and the protection of all those who are vulnerable.

The role of the safeguarding co-ordinator/ deputy is to collate and clarify the precise details of the allegation or suspicion and pass this information on to statutory agencies who have a legal duty to investigate.

### **Detailed procedures where there is a concern about a child:**

#### **Allegations of physical injury, neglect or emotional abuse.**

If a child has a physical injury, a symptom of neglect or where there are concerns about emotional abuse, the Safeguarding Co-ordinator/Deputy will:

- Contact Children's Social Services (or THIRTYONE:EIGHT) for advice in cases of deliberate injury, if concerned about a child's safety or if a child is afraid to return home.
- Not tell the parents or carers unless advised to do so, having contacted Children's Social Services.
- Seek medical help if needed urgently, informing the doctor of any suspicions.
- For lesser concerns, (e.g. poor parenting), encourage parent/carer to seek help, but not if this places the child at risk of significant harm.
- Where the parent/carer is unwilling to seek help, offer to accompany them. In cases of real concern, if they still fail to act, contact Children's Social Services direct for advice.
- Seek and follow advice given by THIRTYONE:EIGHT (who will confirm their advice in writing) if unsure whether or not to refer a case to Children's Social Services.

#### **Allegations of sexual abuse**

In the event of allegations or suspicions of sexual abuse, the Safeguarding Co-ordinator/Deputy will:

- Contact the Children's Social Services Department Duty Social Worker for children and families or Police Child Protection Team direct. They will NOT speak to the parent/carer or anyone else.

- Seek and follow the advice given by THIRTYONE:EIGHT if, for any reason they are unsure whether or not to contact Children's Social Services/Police. THIRTYONE:EIGHT will confirm its advice in writing for future reference.

### **Physical Injury or Symptom of Neglect**

Where there is a physical injury or symptoms of neglect the safeguarding co-ordinator should do the following:

Contact Children's Social Services if there are concerns that a child may have been deliberately hurt, is at risk of 'significant harm' or is afraid to return home. Do not tell the parents/carers in such circumstances. It may also be helpful to have the contact number for the police child protection team.

If a child needs urgent medical attention an ambulance should be called or they should be taken to hospital, informing the parents/carers afterwards of the action that was taken. The hospital staff should be informed of any child protection concerns. They have a responsibility to pass these concerns on to the statutory authorities.

If the concerns are about poor parenting it may be appropriate to speak to the parent/carer, offer practical support such as domestic help and suggest, for example, a chat with the health visitor, doctor or Children's Social Services.

If a parent/carer is unwilling or frightened to seek help, then offer to accompany them. If they still fail to acknowledge the need for action it is possible to informally discuss the situation with Children's Social Services without divulging their personal details (such as names and addresses) unless, of course, Children's Social Services consider the situation to be serious enough to do so. In these circumstances it is important to realise there may be a bigger picture. Information may have come to light that might be a vital missing piece in the jigsaw. The Churches' Child Protection Advisory Service is available to give advice in these situations.

It is important to take older children's wishes into account when deciding whether to talk to parents/carers unless other children are potentially at risk.

### **Concerns or Allegations of sexual abuse**

Where the concern or allegation of abuse is sexual, the safeguarding co-ordinator should do the following:

Contact Children's Services (Out of hours/Emergency Duty Team). **DO NOT** try to investigate the matter. The important thing is to relay the information to Children's Social Services and/or the Police so they can carry out any investigation and take appropriate action, as they are mandated to do under Section 47 of the Children Act 1989.

In the case of very severe sexual assault (such as rape), which may have occurred over the last few days, contact the police. Do not touch or tamper with any evidence, such as clothing and dissuade the child from cleansing themselves.

Remember to make a note of what the child alleges and the circumstances surrounding the allegation because of the possibility of being called to give evidence at court.

DO NOT tell the parents/ carers, as they could be involved. It is also important no one else who might be involved is inadvertently alerted to the situation because this might lead to the child being 'silenced' or potentially incriminating evidence being destroyed. Allegations

of sexual abuse are usually denied and often difficult to prove. Remember, the child's welfare must be the first consideration at all times.

Keep information confidential and share on a need to know basis only so that any alleged perpetrator is not warned or 'tipped off'. The child or young person also has a right for their privacy to be respected as much as is possible.

Should the Safeguarding Co-ordinator not feel it necessary to refer the matter to Children's Social Services but the worker (or anyone else) has serious concerns for the child's safety, then they should contact the relevant authorities themselves. The safety of the child overrides all other considerations and it is important to remember that sexual abuse of children is a serious crime.

If the allegation is made against someone who has responsibility for implementing the safeguarding policy, the referral should be made direct to Children's Social Services or appropriate professional advice sought, e.g. from THIRTYONE:EIGHT.

### **Reasons for Not Contacting the Parent/Carer or Alleged Abuser**

A child, young person or adult might make a direct allegation of abuse naming the person who did it. Because of fear, confusion or other reasons the allegation might not be wholly accurate.

Informing a parent/carers of the allegation could damage any subsequent investigation by the statutory authorities if their reaction inadvertently alerts the person under suspicion e.g. the parent/carers going to see them to sort the matter out. It is vital no one from the organisation informs the parent/carers of the allegations at this stage. This decision should be left to the statutory authorities.

Another very important reason the alleged abuser is not contacted is that they could try to silence their victim with bribery or threats. Also, they could dispose of any incriminating material such as books, videos, DVDs, photos, computer files or text messages.

### **Allegations Against Children and Young People**

Children and young people have always been curious about the opposite sex and/or experimented sexually. 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 engaging in sexual activity, this is likely to be regarded as abusive. The same applies where one child introduces another child to age-inappropriate sexual activity or forces themselves onto a child. This is not mutual exploration. Such situations should be taken as seriously as if an adult were involved, because the effects on the child victim can be as great. Approximately one third of sexual offences are committed by children and young people.

Instances such as these would be investigated by the child protection agencies 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. The possibility is that they have also been abused. Since sexual abuse can be addictive and other children could be victims now or in the future, it is important to take the matter seriously and the organisation will need to deal with this as they would any other allegation. It cannot be assumed that young people will grow out of it. Most adult sex offenders started abusing in their teens (or even younger).

## **Detailed procedures where there is a concern that an adult is in need of protection:**

**Suspicious or allegations of abuse or harm including; physical, sexual, organisational, financial, discriminatory, neglect, self-neglect, forced marriage, modern slavery, domestic abuse**

If there is concern about any of the above, Safeguarding Co-ordinator/Deputy will:

- contact the Adult Social Care Team who have responsibility under the Care Act 2014 to investigate allegations of abuse. Alternatively THIRTYONE:EIGHT can be contacted for advice.
- If the adult is in immediate danger or has sustained a serious injury contact the Emergency Services, informing them of any suspicions.

If there is a concern regarding spiritual abuse, Safeguarding Co-ordinator will:

- Identify support services for the victim i.e. counselling or other pastoral support
- Contact THIRTYONE:EIGHT and in discussion with them will consider appropriate action with regards to the scale of the concern.

## **Allegations of abuse against a person who works with children/young people**

If an accusation is made against a worker (whether a volunteer or paid member of staff) whilst following the procedure outlined above, the Safeguarding Co-ordinator, in accordance with Local Safeguarding Children Board (LSCB) procedures will need to liaise with Children's Social Services in regards to the suspension of the worker, also making a referral to a designated officer formerly called a Local Authority Designated Officer (LADO).

## **How do I respond to someone wishing to disclose abuse?**

Someone wants to talk to you. You begin to realise they are disclosing things which might relate to abuse .. your brain is trying to remember your training, the definitions, who you should report to .... and you might be hearing them speak but you are not really listening.

Stop all the other things you were doing. This is now your priority. Don't be overwhelmed.

Listen to what they have to say to you.

## **Effective Listening**

Ensure the physical environment is welcoming, giving opportunity for the child or adult at risk to talk in private but making sure others are aware the conversation is taking place.



- It is especially important to allow time and space for the person to talk
- Above everything else listen without interrupting
- Be attentive and look at them whilst they are speaking
- Show acceptance of what they say (however unlikely the story may sound) by reflecting back words or short phrases they have used
- Try to remain calm, even if on the inside you are feeling something different
- Be honest and don't make promises you can't keep regarding confidentiality
- If they decide not to tell you after all, accept their decision but let them know that you are always ready to listen.
- Use language that is age appropriate and, for those with disabilities, ensure there is someone available who understands sign language, Braille etc.

## **HELPFUL RESPONSES**

- You have done the right thing in telling
- I am glad you have told me
- I will try to help you

## **DON'T SAY**

- Why didn't you tell anyone before?
- I can't believe it!
- Are you sure this is true?
- Why? How? When? Who? Where?
- I am shocked, don't tell anyone else

## **Initial response**

If there is a concern that a child, young person or adult with care and support needs may have been abused or a direct allegation of abuse has been made, it is important the person receiving this information does the following:

- Make notes as soon as possible (preferably within one hour of the person talking) including a description of any injury, its size, and if possible a drawing of its location and shape on the child's body.
- Write down exactly what has been said, when it was said, what was said in reply and what was happening immediately beforehand (e.g. a description of an activity).
- Write down dates and times of these events and when the record was made.
- Write down any action taken and keep all hand-written notes even if subsequently typed up.
- These notes should be passed on to the Safeguarding Co-ordinator to assist them should the matter need to be referred to the statutory agencies such as Adult or Children's Social Services or the police.

Workers need to share concerns with the co-ordinators as well as clear allegations made by, or about, children, young people and adults at risk. Sharing 'gut feelings' at an early stage, may assist helping those who need it.

Remember someone becoming quiet and withdrawn does not automatically mean that they are being harmed. By sharing your concern about them with your safeguarding coordinator, it will enable you to discuss ways of asking 'open questions' which may clarify their worries.

Questions such as 'you seem a bit quiet today. Can you tell me about it?' will enable them to talk to you (if they wish) and let them know you are interested in them.

These skills can be practiced in advance including at training sessions.

Workers need to know what the process is for the 'dos' and 'don'ts' of reporting concerns and allegations.

The THIRTYONE:EIGHT helpline is available 24 hours each day for the safeguarding co-ordinator or any other person to discuss concerns and receive advice - 0845 120 4550 / 01322 517817.

***Unfounded Allegations*** – sometimes these are referred to as 'false allegations'. It needs to be remembered that in relative terms very few allegations are fabricated (less than 10% in many research studies). Others may not lead to prosecutions because of the inability to prove or disprove. Therefore, safe practice guidelines are essential for those who work with those who may be vulnerable to minimise situations where actions can take place or be misinterpreted.

And remember – it is not our job to decide what is true or untrue but to report what is alleged.

It is our job to ensure guidelines are in place to protect, as far as possible, our staff from unfounded allegations. It is the responsibility of our staff to follow the guidelines and reduce the opportunity for unfounded, or malicious allegations.

**If you are in any doubt, contact the ROC Safe Guarding Coordinator, Frank 07946 424324**

## SECTION 5

### Pastoral Care (Safe and Secure – Standards 8 and 9)

#### Supporting those affected by abuse

The Leadership is committed to offering pastoral care, working with statutory agencies as appropriate, and support to all those who have been affected by abuse who have contact with or are part of the ROC.

- ROC staff / volunteers may themselves have been subject to abuse.
- In dealing with others who have been subject to abuse, ROC staff/volunteers may subsequently be affected.
- Where abuse is reported to ROC Staff/volunteers, we recognise our responsibility to sign-post the victim to suitable pastoral care.

ROC does not specialise in providing pastoral care or in counselling but we will arrange suitable support for those who need it.

In order to access this support, speak in confidence to the Safeguarding Coordinator or Line Manager.

Confidentiality is crucial within the counselling / pastoral care relationship and this includes written records. Information will only be divulged to a third party with the permission of the counsellee or because they:

- Are considered a danger to themselves or others
- give information relating to significant harm to another child, young person or vulnerable adult

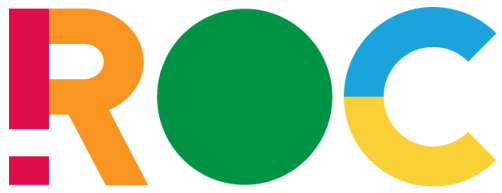
It is accepted that it is unethical and can be extremely destructive for a person to find the content of conversations with their counsellor / pastoral carer is open to discussion.

As a charity with a Christian foundation it may be tempting for staff to explore issues of forgiveness with those who have suffered abuse. As a ROC staff member or volunteer, let us be clear - that is not your role.

Forgiveness is complex and is often laced with strong emotions that can span decades of a person's life. It is vital therefore that the issue of forgiveness is not pressed unhelpfully upon someone who has been abused when they are not ready for it. Though few would deny that forgiveness can be an important element in recovering from the effects of abuse, it must be handled sensitively and, in general, not by the pastoral carer due to the emotional and psychological complexities that may be experienced whilst receiving pastoral care. It is not appropriate to expect a child to forgive an abuser - they will not be able to appreciate the effects that the abuse has had on them until they are older.

## APPENDICES

1. ROC Consent form
2. Code of Conduct towards children, young people and adults with care and support needs



REDEEMING OUR  
COMMUNITIES

## Appendix 2

### Information & Consent Form

**Group Name** \_\_\_\_\_

**Group Leader** \_\_\_\_\_

**Visit or activity** \_\_\_\_\_ **Date** \_\_\_\_\_

Start at \_\_\_\_\_ (time) \_\_\_\_\_ (location)

Conclude at \_\_\_\_\_ (time) \_\_\_\_\_

(Location)

**Items to be brought** (eg packed lunch, outdoor clothing, money)

\_\_\_\_\_

#### Group Member

**Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Address** \_\_\_\_\_

**Mobile** \_\_\_\_\_

**Email** \_\_\_\_\_ (so we can send you Group information)

Are there any medical needs we need to be aware of?

(eg. asthma, epilepsy, diabetes, allergies, regular medication etc. or disability that may be affected by this activity)

**Parent/Guardian**

Name \_\_\_\_\_

<b>In case of emergency,</b>	
Details of G.P	
Name	Address
Telephone Number	

Contact Number \_\_\_\_\_

Name 2 \_\_\_\_\_

Contact Number 2 \_\_\_\_\_

**Consent**

I have read the above information and I give permission for \_\_\_\_\_  
(child's name) to take part in this activity.

Whenever medical advice or treatment is needed, the assistance of a GP or A&E Department of a hospital should be sought. The Children Act 1989 allows a doctor to provide any necessary treatment by doing 'what is reasonable in all the circumstances of the case for the purpose of safeguarding or promoting the child's welfare'.

However, the parent/carer should be contacted and advised of the situation as soon as possible. It is important, however that those caring for children and young people on day trips, outings and residential activities obtain in advance from the parent/carer:

1. All necessary information concerning the child/young person's health, allergies, medication etc.
2. Written agreement as follows:

I understand:

- My child will receive medication as instructed before or during the event.
- Every effort will be made to contact me as soon as possible should my child become ill or have an accident.
- My child will be given medical/dental treatment as necessary.

The information requested on this form can be completed by a carer, but only those with parental responsibility can sign the consent (NB: This may not include a foster carer).

*\*please delete as applicable*

**I do / do not\*** give consent for my child to participate in this group/activity.

**I do / do not\*** give consent for my child to be photographed & filmed or take part in video/media activities in connection with their group/activity and used by ROC.

**I do / do not\*** give consent for medical treatment including anaesthesia to be given to my child in a medical emergency.

**Signed** (Parent/Guardian): \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name** (Printed): \_\_\_\_\_

## **Appendix 2**

### **ROC behaviour code for working with children, young people and adults with care and support needs**

#### **Purpose**

This behaviour code outlines the conduct expected of all workers (staff and volunteers).

The code of conduct aims to help protect adults at risk of harm, children and young people from abuse and inappropriate behaviour from those in positions of trust, and to reduce the risk of unfounded allegations of abuse being made.

#### **The role of workers (staff and volunteers)**

When working with children and young people or adults at risk of harm, you are acting in a position of trust for ROC. You will be seen as a role model and must act appropriately.

#### **Good practice**

- Treat everyone with dignity, respect and fairness, and have proper regard for individuals' interests, rights, safety and welfare
- Work in a responsible, transparent and accountable way
- Be prepared to challenge unacceptable behaviour or to be challenged
- Listen carefully to those you are supporting
- Avoid any behaviour that could be perceived as bullying, emotional abuse, harassment, physical abuse, spiritual abuse or sexual abuse (including inappropriate physical contact such as rough play and inappropriate language or gestures)
- Seek advice from someone with greater experience when necessary
- Work in an open environment – avoid private or unobserved situations
- Follow policies, procedures and guidelines and report all disclosures, concerns, allegations, and suspicions to the safeguarding co-ordinator
- Don't make inappropriate promises particularly in relation to confidentiality
- Do explain to the individual what you intend to do and don't delay taking action

#### **Unacceptable behaviour**

- Not reporting concerns or delaying reporting concerns
- Taking unnecessary risks
- Any behaviour that is or may be perceived as threatening or abusive in any way
- Passing on your personal and/or social media contact details and any contact that breaches ROC social media policy
- Developing inappropriate relationships
- Smoking and consuming alcohol or illegal substances in the presence of children
- Favouritism/exclusion – all people should be equally supported and encouraged

### **Breaching the Code of Conduct**

If you have behaved inappropriately you will be subject to disciplinary procedures (particularly in the case of paid staff where the line manager will consult the safeguarding coordinator as appropriate). Depending on the seriousness of the situation, you may be asked to leave ROC. We may also make a referral to statutory agencies such as the police and/or the local authority children's or adult's social care departments or DBS. If you become aware of a breach of this code, you should escalate your concerns to the safeguarding coordinator or line manager (in the case of a paid staff member).

### **Declaration**

I agree to abide by the expectations outlined in this document and confirm that I have read the relevant policies that assist my work with vulnerable groups.

Name:

Signature:

Date: