

Safeguarding Policy

This Policy provides information and guidance on how The Christian Adventure Centre Viney Hill will safeguard the interests of Children, Young People and Vulnerable adults who visit the Centre.

It sets out guidance and expectations of practice which underpin that.

This Policy applies to all Trustees, Staff and Volunteers, working at or on behalf of the Christian Adventure Centre Viney Hill.

It will be available to all stakeholders through the Centre's website. A 'hardcopy' will be made available on request from parents or any other interested party.

This Policy will be reviewed and updated annually.

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Policy to be reviewed March 2025

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Section 1:

Aim and scope of this policy and practice guidance

The Christian Adventure Centre Viney Hill acknowledges the duty of care to safeguard and promote the welfare of children, young people and vulnerable adults and is committed to ensuring that safeguarding practice reflects statutory responsibilities, government guidance and complies with current best practice.

The policy recognises that the welfare and interests of children and vulnerable adults are paramount in all circumstances. It aims to ensure that regardless of age, gender, religion or beliefs, ethnicity, disability, sexual orientation or socio-economic background, all children and vulnerable adults will:

1. have a positive and enjoyable experience at CACVH in a safe and client centred environment
2. be protected from abuse whilst participating in activities provided by the CACVH or during their visit to the Centre.

CACVH acknowledges that it is always unacceptable for adults and children/young people to experience abuse of any kind and recognises its responsibility to safeguard the welfare of all children/young people and vulnerable adults in line with statutory legislative requirements. Some children and vulnerable adults, including disabled children and adults, or those from ethnic minority communities, can be particularly vulnerable to abuse and we accept the responsibility to take reasonable and appropriate steps to ensure their welfare.

This policy and procedure will be widely promoted and apply to all CACVH Trustees, Staff and Volunteers regardless of whether their work brings them into direct contact with adults, and children and young people.

The aim of this policy and practice guidance is to ensure that CACVH is able to create a safe environment for all. It will do this by ensuring that:

1. All staff and volunteers safeguard the welfare of adults and children/young people who may be at risk and that they are able to recognise the signs and respond appropriately to allegations of abuse.
2. All staff and volunteers are safely recruited and trained and supported appropriately.
3. All staff and volunteers are able to ensure that anyone who comes forward to share concerns or their experience of abuse, will be listened to, taken seriously, and supported appropriately.
4. Anyone who may work for or volunteer with CACVH who may pose a risk to our vulnerable groups is appropriately managed and supported.

Legislative Framework;

All of the work with children/young people and vulnerable adults undertaken by CACVH sits for children and young people under the Government Guidance *Working Together to Safeguard Children 2018 (amended February 2020)* and the *Children Act 1989* and for adults, under the *Care Act 2014* and the *Care and Support Statutory Guidance updated 27th August 2021*. A child/young person is defined in law as anyone under 18 years of age.

In addition, CACVH is a registered charity, and complies with all guidance on safeguarding released by the Charity Commission, including reporting of serious incidents to the Commission.

Section 2: Introduction

- 2.1 Everyone at CACVH who comes into contact with children/young people and their families has a role to play in safeguarding children/young people and adults who are vulnerable, because they are in a position to identify concerns, often at an early stage, and provide help.
- 2.2 Staff and volunteers form part of the wider safeguarding system for children/young people and vulnerable adults which aims to prevent concerns from escalating. CACVH will work with all relevant agencies, to promote the welfare of children/young people and vulnerable adults and to protect them from harm.
- 2.3 CACVH seeks to provide a caring, warm and consistent atmosphere and environment in which children, young people and vulnerable adults develop, grow and learn in safety. Children, young people and vulnerable adults will be treated as individuals with equal rights.
- 2.4 Everyone working or volunteering for CACVH must share the objective to help keep children/young people and vulnerable adults safe by:
 1. Providing a safe environment for children/young people to learn and develop
 2. Identifying and responding to 'early help' needs of children/young people and families
 3. Identifying children/young people who are suffering or likely to suffer significant harm, and taking appropriate action with the aim of making sure they are kept safe
 4. Identifying adults who are at risk or who might not have the capacity to keep themselves safe, and taking appropriate action
 5. Promoting and maintaining a culture of vigilance and an open vigilant attitude of 'it could happen here'.
- 2.5 To achieve this, CACVH has the following key values underpinning our safeguarding practice:
 1. Responding promptly to every safeguarding concern or allegation, engaging in partnership with statutory authorities - the welfare of the child or vulnerable adult is paramount
 2. Safely recruiting and supporting all staff and volunteers within the organisation - prevention is vital
 3. Actively managing risk - both to those in the CACVH community and from those who may pose a risk to others
 4. Maintaining a safe culture of informed vigilance and a belief that 'it could happen here'
 5. Caring for victims/survivors of abuse and other affected persons
 6. Caring for those who are the subject of concerns or allegations of abuse and other affected persons.

Section 3: Roles and Responsibilities

3.1 All staff and volunteers will:

1. Fully comply with this CACVH policy, procedures and Practice Guidance
2. Attend appropriate training
3. Inform the Designated Safeguarding Officer (DSO) of CACVH of any concerns, and ask for advice and guidance as appropriate.

3.2 The CACVH Senior Leadership Team will ensure that:

1. The policies and procedures adopted by CACVH are fully implemented and followed by all staff and volunteers
2. Sufficient resources and time are allocated to enable the DSO and the deputy to carry out their roles effectively
3. All staff and volunteers feel able to raise concerns about poor or unsafe practice in regard to children/young people, and such concerns are addressed sensitively and effectively in a timely manner in accordance with the Whistle Blowing Policy.
4. Appropriate staff have completed Safer Recruitment training
5. The procedure for managing allegations against staff and volunteers is understood.
6. Operate the procedure for managing allegations effectively and refer relevant concerns to the Local Authority Designated Officer (LADO) or to Adult Safeguarding within the Local Authority.

3.3 CACVH Board of Trustees will ensure that:

1. CACVH has a safeguarding policy and procedures in place that are in accordance with the requirements of statutory guidance and locally agreed inter-agency procedures. The policy is made available to parents/carers and others as appropriate and can be viewed online.
2. The Board of Trustees has a designated safeguarding lead trustee
3. CACVH has designated member of senior staff as the safeguarding lead appropriate to the organisation.
4. CACVH has a safeguarding plan which ensures that Safeguarding is reviewed at every Trustees' meeting and that the Safeguarding Policy and associated guidance is reviewed at least annually. In this way CACVH is able to remedy, without delay, any deficiencies or weaknesses regarding safeguarding arrangements within the organisation that may become evident.
5. CACVH operates safer recruitment procedures and makes sure that all appropriate checks are carried out on staff and volunteers who work with children/young people and vulnerable adults.
6. CACVH will apply all statutory guidance for dealing with allegations of abuse against staff and volunteers, will make referrals to the Local Authority Designated Officer (LADO) when required and will ensure that 'Serious Incidents' are reported to the Charity Commission.
7. Staff and volunteers undertake appropriate safeguarding training, and at set required refresher intervals.
8. Appropriate health and safety and risk assessments are undertaken for every activity and appropriate insurance is in place.
9. That all safeguarding policies and procedures are reviewed annually; and are reviewed and updated appropriately under any learning and development outcomes.

3.4 The DSO

The DSO for CACVH is the Centre Manager, supported by his designee.

The role of the DSO is to:

1. Act as a key source of management and support for staff and volunteers 'on the ground' and to act as the contact for external protection agencies in the event of a concern being raised.
2. Ensure that the appropriate information is available at the time of referral and that the referral is confirmed in writing under confidential cover
3. Update Trustees regularly.
4. Complete an Annual Report on safeguarding within CACVH for the Board of Trustees to ensure safeguarding requirements are being met and to raise any concerns regarding process.
5. Lead an annual safeguarding policy review process on behalf of, and reporting to, the Trustees.
6. Ensure that any Serious Incident Reporting to the Charity Commission or any referrals to the DBS are undertaken appropriately by CACVH following advice from the Trustees.
7. Oversee day to day safer recruitment policy and practice guidance.
8. Ensure that all staff have access to and understand the CACVH safeguarding policy and sign off all staff and volunteer probation periods appropriate safeguarding requirements.
9. Ensure that the CACVH central records of those working for and volunteering for CACVH, and all refresher/updating processes and data is in place and accessible for audit.
10. Ensure that appropriate records are maintained, within GDPR guidance, of cases, concerns, advice, guidance and casework and that DBS blemishes are appropriately followed up.
11. Ensure that advice and guidance or issues from specific casework are followed up and reported back.
12. Support CACVH for all Referral processes:

In the case of Referrals to:

1. Seek advice and guidance and/or refer cases of suspected abuse or allegations to the statutory agencies if required. To maintain a record of all referrals.
2. Attend and contribute to safeguarding and children/young person protection meetings as appropriate.
3. Keep appropriate accurate and securely stored records, which will include the outcomes of all actions taken for cross referencing, audit and scrutiny, and review processes.
4. Specifically, the DSO will be supported to undertake their role in order to ensure they are confident in:

With regard to learning and development to:

1. Recognise how to identify concerns and/or signs of abuse and know when it is appropriate to seek advice and guidance from external agencies.
2. Have appropriate training and understanding to support professional development of how to manage concerns in an effective way with the welfare of children/young people and young people as their primary focus.
3. Understanding the Local Safeguarding Children Partnership (LSCP) and the Local Authority Designated Officer (LADO) roles.
4. Understanding the process of a children/young person protection case conference and be able to attend and contribute to these if appropriate.
5. Understanding the Local Safeguarding Adults Partnership arrangements and how these relate to the widest context and complexities of adult safeguarding.

Section 4: Safeguarding Children and Young People

4.1 Definition:

Safeguarding Children and Young People refers both to procedures and actions undertaken regarding children and young people who are at risk of being harmed or have been harmed, and to the wider prevention of abuse and neglect of children and young people.

4.2 CACVH recognises that:

1. Some children/young people may be especially vulnerable to abuse including those missing education, those experiencing risk from outside of their own family (extra-familial risk); or those with a special educational need or disability.
2. Children/young people who are abused or neglected may find it difficult to develop a sense of self-worth and to view the world in a positive way; subsequently their behaviour may be disruptive and/or challenging.
3. Children/young people can be both victims and perpetrators of abuse.
4. Children/young people who harm others may have been maltreated themselves.
5. Allegations against staff and volunteers can be made from a variety of situations and at any time during an individual's career, despite those staff having been recruited safely.

4.3 CACVH's approach:

CACVH's approach to safeguarding children and young people whilst they are taking part in general activities either on day visits or residential stays is set out below.

CACVH will ensure all staff and volunteers are aware of their safeguarding and children/young person protection responsibilities and that they are able to identify children and young people where concerns about their safety and welfare arise.

We will ensure all staff, volunteers and children/young people know they can raise issues with the DSO (or Designee) and that their concerns will be taken seriously.

Children and young people will be encouraged to respect each other and staff and volunteers will respect children and young people by:

1. Avoiding shouting and making derogatory comments about others.
2. Promoting positive behaviours through positive comments and feedback whenever possible.
3. Keeping physical contact to a minimum. When contact is necessary, ensuring that there is at least one other adult present and the incident is recorded on the online concern management system.
4. Treating all children equally and avoiding favouritism.
5. Being non-judgemental when talking to or dealing with the children.
6. Empathising with the children and understanding their emotions.
7. Ensuring children are informed of why certain decisions are made.
8. Ensuring children understand that some things they disclose cannot be kept confidential
9. Understanding that it is their legal responsibility to report any suspected cases of child abuse to the DSO so the best course of action for that child can be initiated.
10. Maintaining boundaries with children and young people for example not adding children's contact details to a personal mobile phone, not adding children to personal social media (or allowing them to add you) or posting inappropriate material on social media. As per the Acceptable User Policy.

4.4 Supporting children and young people and working in partnership with parents:

1. With our commitment to parents, carers and others, CACVH will ensure that where required parents are made aware of the safeguarding policy and safeguarding processes which alert them to the fact that referrals may be made/advice sought, and the role of CACVH in this.
2. CACVH recognises that children/young people's welfare is paramount. Good safeguarding, children/young person protection practice and securing good outcomes for children/young people relies on a positive, open and honest working partnership with parents/carers.

3. Whilst we may, on occasion, need to make referrals to Safeguarding Organisations without consultation with parents, we will make every effort to maintain a positive working relationship with them whilst fulfilling our duties to protect children/young people.
4. Children/young people will be given an explanation, appropriate to their age and understanding of what action is being taken on their behalf and why.
5. We will endeavour to preserve the privacy, dignity (and right to confidentiality of the children/young person and parents/carers where this is appropriate) whilst discharging our safeguarding and statutory duties.

4.5 Responding to a disclosure/concern raised:

1. Disclosures or information that a child or young person has been harmed may be received from pupils, parents/carers, other professionals or members of the public.
2. CACVH recognises that those who disclose such information may do so with difficulty, having chosen carefully to whom they will speak. Accordingly, all staff and volunteers will handle disclosures with sensitivity.
3. Such information cannot remain confidential and staff will immediately communicate what they have been told to the DSO and make a record using clear, straightforward language, using the words of the person making the disclosure and the questions asked.
4. Staff and volunteers will not investigate but will listen to and take seriously (whether they believe the disclosure or not) any disclosure or information that a child young person may be at risk of harm; make a record of what has happened and pass on information to the DSO without delay.

4.6 On gaining information staff and volunteers will seek to:

1. Clarify the information without asking leading or probing questions;
2. Make a record of what was said
3. Try to keep questions to a minimum and of an 'open' nature e.g., **TED** – 'Tell me, Explain to me, Describe to me'
4. Try not to show signs of shock, horror or surprise.
5. Not express feelings or judgements regarding any person alleged to have harmed the children/young person.
6. Explain sensitively to the child/young person that they have a responsibility to pass the information to the DSO.
7. Reassure and support the child/young person as far as possible.
8. Not promise secrecy.
9. Explain that only those who 'need to know' will be told.
10. Explain what will happen next and that the child/young person will be involved as appropriate.
11. Where a member of staff or a volunteer feels a child/young person is an immediate risk of significant harm, police should be called.

4.7 Confidentiality and information sharing:

1. Information sharing is essential for effective safeguarding and promoting the welfare of children and young people.
2. The GDPR and Data Protection Act does not prevent, or limit, the sharing of information for the purposes of keeping children and young people safe.
3. Information is shared with child/young person's Social Care Team and or Police where the children/young person is or may be at risk of significant harm.
4. The child/young person's and/or parent's/carer's confidentiality is respected.
5. Any information shared is necessary, proportionate, relevant, adequate, accurate, timely and secure.

4.8 CACVH staff and volunteers must immediately report:

1. Any suspicion that a children/young person is injured, marked, or bruised in a way which is not readily attributable to the normal knocks or scrapes received in day to day activities or play, and any explanation given which appears inconsistent or suspicious.
2. Behaviours which give rise to suspicions that a child/young person may have suffered harm.
3. Any concerns that a child/young person may be suffering from/presenting signs or symptoms of inadequate care, ill treatment, or emotional maltreatment.
4. Any significant changes in a child/young person's presentation, including non-attendance at an event(s) that they were expected for.
5. Any hint or disclosure of abuse about or by a child/young person.
6. Concerns regarding person(s) who may pose a risk to children/young people (e.g., those living in a household with children/young people present).
7. Information which indicates that the children/young person is living with someone who does not have parental responsibility for them for a period of more than 28 days (which is known as Private Fostering).

4.9 Procedure for following up a concern processes:

Step 1	<p>Following any information raising concern, the volunteer/member of staff will contact the DSO who will:</p> <ol style="list-style-type: none"> 1. Consider the child/young person's wishes and feelings, not promise confidentiality, but explain what will happen next to help manage expectations or worries. 2. Consider any urgent medical needs of the children/young person. 3. Call 999 for emergency care if this is required.
Step 2	<ol style="list-style-type: none"> 1. Where necessary make an immediate referral to the statutory service if there has been a disclosure and/or allegation of abuse or there are clear grounds for concerns about the child/young person's imminent safety and well-being. 2. Where necessary seek advice from the statutory service regarding the way forward. 3. Wherever possible, talk to parents, unless to do so may place a child/young person at risk of significant harm, impede any police investigation and/or place the member of staff or others at risk.
Step 3	<ol style="list-style-type: none"> 1. Share any information as appropriate with a designated officer for safeguarding in another agency if that agency is working with the child/young person's family (e.g. a school).
Step 4	<ol style="list-style-type: none"> 1. Where a decision is made not to make a referral to the local authority at this stage, the DSO will retain the information under its advice and guidance recording and they will consider whether Early Help support will be helpful to the child/young person and their family at this time and give advice on how to follow this up.
Step 5	<ol style="list-style-type: none"> 1. Ensure that the staff/volunteers involved in the situation have pastoral support and an opportunity to be debriefed.

4.10 Dealing with disagreements and escalation of concerns:

1. Effective working together depends on an open approach and honest relationships between agencies, and professionals.
2. Problem resolution is an integral part of professional co-operation and joint working to safeguard children/young people and young people.
3. Occasionally situations arise when workers within one agency feel that the actions, inaction or decisions of another agency do not adequately safeguard a children/young person/young person.
4. Where this happens, the DSO will use the Local Authority's Escalation Policy <https://www.gloucestershire.gov.uk/media/2108196/escalation-policy-july-2021-v13-approved.pdf>

5. Professional disagreements can arise in a number of areas, but are most likely to arise around:
 1. Levels of need;
 2. Roles and responsibilities;
 3. The need for action;
 4. Progressing plans and communication.

4.11 Identifying children/young people who may be at risk or may have been significantly harmed.

4.11.1 Definitions and Indicators of Abuse. There are four categories of abuse; physical abuse, emotional abuse, sexual abuse and neglect.

1. Physical Abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child/young person. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a children/young person.

2. Emotional Abuse is the persistent emotional maltreatment of a child/young person such as to cause severe and persistent adverse effects on the child/young person's emotional development.

It may involve conveying to a children/young person that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.

It may include:

1. Not giving the children/young person opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.
2. Age or developmentally inappropriate expectations being imposed on children/young people. These may include interactions that are beyond a children/young person's developmental capability,
3. Overprotection and limitation of exploration and learning or preventing the children/young person participating in normal social interaction.
4. Seeing or hearing the ill-treatment of another.
5. Serious bullying (including cyber bullying), causing children/young people frequently to feel frightened or in danger, or the exploitation or corruption of children/young people.

Some level of emotional abuse is involved in all types of maltreatment of a children/young person, though it may occur alone.

3. Domestic Abuse - Neglect
Children/young people living in a household where there is domestic abuse are likely to be suffering significant harm, usually under the category of emotional abuse. If a children/young person indicates this is the case, either by making a direct disclosure, or by behaviour or in conversation, staff and volunteers will notify the DSO for advice. Children/young people can also be affected by domestic abuse within their own relationships and this should not be discounted or overlooked. Any concerns should be referred to the DSO.
4. Sexual Abuse Involves forcing or enticing a children/young person or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the children/young person is aware of what is happening.
 1. 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.
 2. They may also include non-contact activities, such as involving children/young people in looking at, or in the production of, sexual images, watching sexual activities.
 3. Encouraging children/young people to behave in sexually inappropriate ways.
 4. grooming a children/young person in preparation for abuse (including via the internet).

Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children/young people.

4.11.2 Role of Staff and Volunteers.

CACVH staff and volunteers are well placed to observe any physical, emotional or behavioural signs which indicate that a children/young person may have additional needs or be at risk of or suffering significant harm.

The relationships between staff, children/young people, parents/carers and the public which foster respect, confidence and trust can lead to disclosures of abuse, and/or CACVH staff being alerted to concerns such as:

1. Harm means ill-treatment or impairment of health and development, including, for example, impairment suffered from seeing or hearing the ill-treatment of another;
2. Development means physical, intellectual, emotional, social or behavioural development;
3. Health includes physical and mental health;
4. Ill-treatment includes sexual abuse and other forms of ill-treatment which are not physical.
5. Abuse and Neglect are forms of maltreatment. Somebody may abuse or neglect a children/young person by inflicting harm or failing to act to prevent harm. Children/young people 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, another children/young person, children/young people or young people.
6. Child Sexual Exploitation: Child sexual exploitation is a form of child/young person sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child/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 using technology.
7. Neglect is the persistent failure to meet a child or young person'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:
 1. Provide adequate food and clothing, shelter (including exclusion from home or abandonment);
 2. Protect a child/young person from physical and emotional harm or danger;
 3. Ensure adequate supervision (including the use of inadequate caretakers);
 4. Ensure access to appropriate medical care or treatment;
 5. It may also include neglect of, or unresponsiveness to a child/young person's basic emotional needs.
8. Peer on Peer Abuse: The Government has recently undertaken a review of peer on peer abuse in the UK which showed its prevalence to be much greater than first thought. Peer on Peer abuse is any form of physical, sexual, emotional and financial abuse, and coercive control, exercised between children/young people and within children/young people's relationships (both intimate and non-intimate). Peer-on-peer abuse can take various forms, including:
 1. Bullying (including cyberbullying, prejudice-based and discriminatory bullying);
 2. Abuse in intimate personal relationships between peers;
 3. Physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm (this may include an online element which facilitates, threatens and/or encourages physical abuse);
 4. Sexual violence such as rape, assault by penetration and sexual assault; (this may include an online element which facilitates, threatens and/or encourages sexual violence);
 5. Serious bullying (including cyber-bullying),

6. Relationship abuse, domestic violence, children/young person sexual exploitation, youth and serious youth violence, harmful sexual behaviour, and/or gender-based violence.
7. Causing someone to engage in sexual activity without consent, such as forcing someone to strip, touch themselves sexually, or to engage in sexual activity with a third party;
8. Consensual and non-consensual sharing of nude and semi-nude images and or videos (also known as sexting or youth produced sexual imagery);
9. Upskirting, which typically involves taking a picture under a person's clothing without their permission, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm;
10. Initiation/hazing type violence and rituals (this could include activities involving harassment, abuse or humiliation used as a way of initiating a person into a group and may also include an online element).
11. Sexual harassment, such as sexual comments, remarks, jokes and online sexual harassment, which may be standalone or part of a broader pattern of abuse;

All staff and volunteers understand the importance of challenging inappropriate behaviours between peers and will not downplay behaviours or dismiss sexual harassment as “just banter”, “just having a laugh”, “part of growing up” or “boys being boys” which can lead to a culture of unacceptable behaviours and an unsafe environment for children/young people.

9. Female Genital Mutilation (FGM): Female Genital Mutilation (FGM) comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. This procedure is typically performed on girls between the ages of 4 and 13 but in some cases, it is performed on new-born infants or on young women before marriage or pregnancy.

If staff or volunteers are concerned that a child/young person may be at risk of FGM they should notify the DSO. The police lead for FGM will be contacted on 101 if required.

10. Prevent (Radicalisation): From 1 July 2015 all many agencies must have regard to the statutory guidance issued under section 29 of the Counter-Terrorism and Security Act 2015.

CACVH recognises that it is essential that staff are able to identify children/young people who may be vulnerable to radicalisation and know what to do when they are identified. Protecting children/young people from the risk of radicalisation is seen part of our wider safeguarding duties and is similar in nature to protecting children/young people from other harms (e.g., drugs, gangs, neglect, sexual exploitation), whether these come from within their family or are the product of outside influences.

Any concerns regarding the radicalisation of children/young people will be discussed with the DSO who will link with the police lead for Prevent who can be contacted on 101 if required.

4.12 Allegations Management:

If an allegation of behaviour, which may have led to abuse or neglect of a child or young person at the Centre is made against any person working or volunteering for CACVH, we will follow the Government's Allegation Management process.

Examples of such behaviour include:

1. Behaving in a way that has harmed a child or may have harmed a child;
2. Possibly committed a criminal offence against or related to a child;
3. Behaving towards a child or children in a way that indicates he or she may pose a risk of harm
4. Behaving towards a child in a way that indicates they may be unsuitable to work with children

In following the Government's process, an investigation will not take place until a discussion with the Local Authority Designated Officer (LADO) has been held and advice sought. At times, potentially 'low level' concerns, such as, shouting at a child or young person, showing favouritism etc. may arise. These should be reported immediately to the DSO. The DSO will make a decision on how to proceed. This could lead to a referral to the LADO, or could be dealt with internally by the DSO e.g. a conversation, appropriate training etc. The DSO will record carefully the incident and the action taken.

Section 5: Safeguarding Vulnerable Adults

5.1 Vulnerable Adults (Adults at Risk)

Safeguarding means protecting a person's right to live in safety, free from abuse and neglect. Guidance that relates to adults is issued under the Care Act 2014 (updated in Care Act Statutory Guidance 2021). Under this guidance a vulnerable adult at risk is defined as some who:

1. Has needs for care and support (whether or not the Local Authority is meeting any of those needs)
2. Is experiencing, or at risk of abuse or neglect
3. and as a result of those care and support needs is unable to protect themselves either from risk of or the experience of abuse or neglect

A vulnerable person may present with a:

1. Learning or physical disability and/or a reduction in physical or mental capacity
2. Physical or mental illness, chronic or otherwise, including addiction to alcohol or drugs
3. Being substantially dependent upon others in performing basic physical functions, or if ability to communicate with those providing services or to communicate with others is severely impaired and as a result would be incapable of protecting themselves from assault or other physical abuse, or there is a potential that his/her moral wellbeing may be subverted or overpowered

5.2 The six principles of the Care Act are:

1. Empowerment - supporting vulnerable adults so they can confidently make their own decisions
2. Protection – supporting and represent those in greatest need.
3. Prevention - being proactive to stop safeguarding concerns from developing in the first place.
4. Proportionality - responding to a safeguarding issue in the most unobtrusive way possible.
5. Partnership - partnering with local services and communities to help prevent, detect, and reporting suspected cases of neglect and abuse
6. Accountability - being wholly transparent about, and taking responsibility for, all the safeguarding practices that support vulnerable people.

5.3 Safeguarding vulnerable adults is complex, but in general terms means protecting the health, wellbeing and human rights of adults at risk, enabling them to live safely, free from abuse and neglect. It also means making sure that the adult's wellbeing is supported and their views, wishes, feelings and beliefs taken on board as much as possible.

5.4 The assumption is that adults have the mental capacity to make informed choices about their own safety and how they live their lives. Adults can choose not to be protected if they have the capacity to do so, however, issues of mental capacity and the ability to give informed consent are central to decisions and actions in safeguarding adults

5.5 CACVH's approach to safeguarding vulnerable adults – general activities

1. CACVH will ensure all staff and volunteers are aware of their safeguarding responsibilities for adults who are vulnerable so that they may be in a good place to be able to identify safety and welfare concerns or issues.

2. CACVH will ensure all staff and volunteers and adults know they can raise issues with the DSO and that their concerns will be taken seriously.
3. Whilst we may, on occasion, need to make referrals to Adult Social Care without consultation with an individual, we will make every effort to maintain a positive working relationship with them whilst fulfilling our duties to protect them and others.
4. We will endeavour to preserve the privacy, dignity (and right to confidentiality where this is appropriate) of a vulnerable adult whilst discharging our safeguarding and statutory duties
5. Information given by or about a vulnerable adult cannot guarantee confidentiality but people coming forward can be confident that they will be listened to, heard and informed of what steps can be taken to protect them from harm and that feedback will be sought, so that their views about actions are known.

5.6 Taking action to ensure that vulnerable adults are safe

1. All staff and volunteers within CACVH must read and follow this policy and procedure at the start of their employment or volunteering.
2. It is not the responsibility of CACVH staff and volunteers to investigate welfare concerns or determine the truth of any disclosure or allegation.
3. Accordingly, all concerns regarding the welfare of an adult(s) will be discussed immediately with the DSO.

5.7 Responding to a disclosure/concern raised

1. Disclosures or information by or about an individual will be followed up pastorally and professionally .
2. CACVH recognises that those who disclose such information may do so with difficulty, having chosen carefully to whom they will speak. Accordingly, all staff and volunteers will handle disclosures with sensitivity.
3. Staff and volunteers working with adults at risk in any setting may find themselves in a situation in which a person discloses information alleging or suggesting that they have been abused (whether recently, currently, or historically).
 It is most important that the adult is given the fullest opportunity to say what they want to say and that any disclosure provides the foundation for appropriate action to be taken; or advice and support offered, within this Safeguarding Policy and Procedures.
4. Where information shared includes information that another person or child is at immediate risk the DSO will inform the police and social care.
5. It may be appropriate to seek a little further clarity without asking leading or probing questions; and CACVH staff and volunteers will:
 1. Make a record of what was said
 2. Try to keep questions to a minimum and of an 'open' nature e.g., **TED** – 'Tell me, Explain to me, Describe to me'
 3. Try not to show signs of shock, horror or surprise.
 4. Not express feelings or judgements regarding any person alleged to have harmed the children/young person.
 5. Explain sensitively to the person sharing the information that they have a responsibility to pass the information to the DSO.
 6. Reassure and support the vulnerable adult as far as possible.
 7. Not promise secrecy.
 8. Explain that only those who 'need to know' will be told.
 9. Explain what will happen next and that the vulnerable adult will be involved as appropriate.
4. Where a member of staff or a volunteer feels an adult is an immediate risk of significant harm, police should be called.

5.8 Confidentiality and information sharing

1. Information sharing is essential for effective safeguarding and promoting the welfare of vulnerable adults.
2. The GDPR and Data Protection Act does not prevent, or limit, the sharing of information for the purposes of keeping people safe.
3. Information is shared with Adult Social Care and/or Police where the adult is or may be at risk of significant harm.
4. Any information shared is necessary, proportionate, relevant, adequate, accurate, timely and secure.

5.9 Following up a concern or allegation – processes

Step 1	<p>Following any information raising concern, the volunteer/member of staff will contact the DSO who will:</p> <ol style="list-style-type: none"> 1. Consider the adult’s wishes and feelings, not promise confidentiality, but explain what will happen next to help manage expectations or worries. 2. Consider any urgent medical needs. 3. Call 999 for emergency care if this is required.
Step 2	<ol style="list-style-type: none"> 1. Where necessary make an immediate referral to the statutory service if there has been a disclosure and/or allegation of abuse or there are clear grounds for concerns about the adult’s imminent safety and well-being. 2. Where necessary seek professional advice from Adult Social Care regarding next steps.
Step 3	<ol style="list-style-type: none"> 1. Share any information as appropriate with a designated officer for safeguarding in another agency if that agency is working with (for example carers or a residential care home or other body).
Step 4	<ol style="list-style-type: none"> 1. Where a decision is made not to make a referral to the local authority at this stage, the DSO will retain the information under advice and guidance recording and they will consider whether other help or support will be helpful to and give advice on how to follow this up or signpost to other services.
Step 5	<ol style="list-style-type: none"> 1. Ensure that the staff/volunteers involved in the situation have pastoral support and an opportunity to be debriefed.

5.10 Dealing with disagreements and escalation of concerns

1. Effective working together depends on an open approach and honest relationships between agencies, and professionals.
2. Problem resolution is an integral part of professional co-operation and joint working to safeguard adults who are vulnerable/at risk.
3. Occasionally situations arise when workers within one agency feel that the actions, inaction or decisions of another agency do not adequately safeguard an adult.
4. Where this happens, the DSO will discuss this with the diocesan team and use the Local Authority’s Escalation Policy <https://www.gloucestershire.gov.uk/media/2108196/escalation-policy-july-2021-v13-approved.pdf>
5. Professional disagreements can arise in a number of areas, but are most likely to arise around:
 1. Levels of need;
 2. Roles and responsibilities;
 3. The need for action;
 4. Progressing plans and communication
 5. The speed of feedback or advice

5.11 Working and volunteering with vulnerable adults/adults at risk – Practice Guidance and helpful information

There are a number of categories of abuse that can apply to a vulnerable adult/adult at risk, and CACVH staff and volunteers are well placed to observe signs which indicate that an adult may have additional needs or required additional support; and may be at risk of or suffering significant harm. The relationships between staff and volunteers, and the public which foster respect, confidence and trust can lead to disclosures of abuse, and of being alerted to concerns.

Types of Adult Abuse:

The Care Act (2014) defines the following 10 categories of abuse and neglect for adults; they are not exhaustive but are a guide. The presence of one or more indicators does not necessarily mean an adult at risk is being abused; however, they point to possible indicators that may lead to a safeguarding enquiry. This includes:

Physical Abuse:

The physical mistreatment of one person by another which may or may not result in physical injury, this may include; slapping, burning, punching, unreasonable confinement, pinching, force-feeding, misuse or mal-administration of medication, shaking, inappropriate restraint, rough handling, withdrawal of sensory or mobility aids, honour-based violence.

Female genital mutilation (against the will of an adult) is classed as physical abuse.

This would also include fabricated illness which can be both physically and emotionally abusive.

Possible Signs and Indicators may include:

1. Over or under use of medication
2. Burns in unusual places; hands, soles of feet
3. Sudden incontinence
4. Bruising at various healing stages
5. Bite marks, disclosure
6. Bruising in the shape of objects
7. Unexplained injuries or those that go untreated
8. Reluctance to uncover parts of the body

Sexual Abuse:

Any form of sexual activity that the client does not want and or have not considered, a sexual relationship instigated by those in a position of trust, 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.

Possible Signs and Indicators may include:

1. Recoiling from physical contact
2. Genital discharge
3. Fear of males or females
4. Inappropriate sexual behaviour in presence of others
5. Bruising to thighs
6. Disclosure and pregnancy.

Abusers may take longer with personal care tasks, use offensive language, work alone with clients or show favouritism to clients.

Financial or material Abuse

Financial or material abuse – including theft, fraud, internet scamming, coercion in relation to a client'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

Possible Signs and Indicators may include:

1. Not allowing a person access to their money,
2. Not spending allocated allowance on the individual,
3. Theft from the individual, theft of property, misuse of benefits.
4. There may be an over protection of money &/or money not available,

5. Forged signatures,
6. Disclosure,
7. Inability to pay bills,
8. Lack of money after payment of benefits
9. Other unexplained withdrawals
10. An abuser may be evasive when discussing finances,
11. Goods purchased may be in the possession of the abuser
12. There may be an over keenness in participating in activities involving individual's money

Psychological or Emotional Abuse

This abuse may involve the use of intimidation, indifference, hostility, rejection, threats of harm or abandonment, humiliation, verbal abuse such as swearing, shouting or the use of discriminatory and/or oppressive language. A deprivation of contact, blaming, controlling, coercion, harassment, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks. There may be a restriction on freedom, access to personal hygiene restricted, name calling, threat to withdraw care or support, threat of institutional care, use of bribes or threats or choice being neglected

Possible Signs and Indicators may include:

1. Stress and/or anxiety in response to certain people,
2. Disclosure,
3. Compulsive behaviour,
4. Reduction in skills and concentration,
5. Lack of trust,
6. Lack of self-esteem,
7. Someone may be frightened of other individuals,
8. There may be changes in sleep patterns

Neglect and Acts of Omission

Behaviour by carers that results in the persistent or severe failure to meet the physical and/or psychological needs of an individual in their care. This may include 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, wilful failure to intervene or failing to consider the implications of non-intervention in behaviours which are dangerous to them or others, failure to use agreed risk management procedures, inadequate care in residential setting, withholding affection or communication, denying access to services

Possible Signs and Indicators - someone being abused may have:

1. Low self-esteem
2. Deterioration,
3. Depression,
4. Isolation,
5. Continence problems,
6. Sleep disturbances,
7. Pressure ulcers.
8. There may be seemingly uncertain attitude and cold detachment from a carer, denying individuals request,
9. Lack of consideration to the individuals request,
10. Denying others access to the individual health care professionals.
There may be a disclosure about lack of care/ support

Self-neglect

The term "self-neglect refers to an unwillingness or inability to care for oneself or ones' environment. This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

Self-neglect is a difficult issue to address as often those who self-neglect are not able to see they are living with self-neglect. There are questions of personal choice and how to provide support if someone does not want it. When addressing self-neglect, the response must be proportionate to the risk of harm to the mentally capacitated individual.

Possible Signs and Indicators may include:

1. Malnutrition, rapid or continuous weight loss, complaints of hunger or thirst
2. Dehydration
3. Poor personal hygiene
4. Untreated pressure sores
5. Indications of untreated medical problems
6. Signs of maladministration of medication
7. Failure to use hearing aids, glasses, mobility aids and dentures
8. Clothing and or bedding dirty, wet, soiled, inadequate or inappropriate
9. Accommodation in a poor state
10. Failure to stick to agreed care plans and risk assessments
11. Failure to ensure appropriate privacy and dignity
12. Person is exposed to unacceptable risk

Discriminatory Abuse

This includes forms of harassment, slurs or similar treatment; because protected characteristics including race, gender and gender identity, age, disability, sexual orientation, religion or health status and may be the motivating factor in other forms of abuse. It can be personal, a hate crime or institutional.

Possible Signs and Indicators may include:

1. There may be a withdrawal or rejection of culturally inappropriate services e.g., food, mixed gender groups or activities.
 2. An individual may simply agree with the abuser for an easier life,
 3. There may be disclosure
 4. Someone may display low self-esteem
- An abuser may:
5. React by saying "I treat everyone the same"
 6. Have inappropriate nicknames
 7. Be uncooperative
 8. Use derogatory language
 9. Deny someone social and cultural contact

Hate Crime

A specific manifestation of discriminatory abuse is recognised within the criminal justice system under the category Hate Crime.

Hate Crime is defined as any incident that is perceived by the victim, or any other person to be targeting that individual on the grounds of sexual orientation, transgender identity, religion or belief, race or ethnicity and disability. This can include incidents of anti-social behaviour which do not always constitute a criminal offence. The police have special procedures to respond to reports of hate crime appropriately. In the event of a perceived hate crime against clients, early contact with the police is vital to ensure appropriate an appropriate response is given.

Please note Greater Manchester Police recognise Alternative sub-culture as an additional category of hate crime.

Possible Signs and Indicators may include:

1. Spitting
2. Physical attack
3. Verbal abuse
4. Damage to property including graffiti
5. Offensive letter, leaflets, email and texts including the use of social networking sites
6. Bullying

7. Abusive gestures
8. Name calling/harassment abuse.

Organisational Abuse

Neglect and poor care practice within an organisation 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

Possible Signs and Indicators may include:

1. A system that condones poor practice
2. A deprived environment
3. Lack of procedures for staff
4. One commode used for several people
5. No or little evidence of training
6. Lack of staff support/supervision
7. Lack of privacy or personal care
8. Repeated unaddressed incidents of poor practice
9. Lack of homely environment
10. Manager implicated in poor practice
11. There may be a lack of personal clothing
12. No support plans
13. Lack of stimulation
14. Repeated falls
15. Repeated infections
16. Unexplained bruising/burns
17. Pressure ulcers and unauthorised deprivation of liberty
18. Abusers may have a lack of understanding of a person's disability
19. Misuse of medication
20. Use illegal controls and restraints
21. Display undue/inappropriate physical intervention
22. Inappropriately use power/control

Modern Slavery

Encompasses slavery, human trafficking- including children/young people, 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

Possible Signs and Indicators may include:

1. Signs of physical or psychological abuse,
2. Victims may look malnourished or unkempt
3. May appear withdrawn.
4. Victims may rarely be allowed to travel alone,
5. May seem under the control/influence of others,
6. Rarely interact or appear unfamiliar with their neighbourhood or where they work.
They may be living in dirty, cramped or overcrowded accommodation
7. May be living and working at the same address.
8. Victims may have no identification documents
9. May have few personal possessions and
10. May always wear the same clothes day in and day out.
11. What clothes they do wear may not be suitable for their work.
12. People have little opportunity to move freely and may have had their travel documents retained, e.g., passports.
13. They may be dropped off/collected for work on a regular basis either very early or late at night.
14. Victims may avoid eye contact, appear frightened or hesitant to talk to strangers

15. May fear law enforcers for many reasons, such as not knowing who to trust or where to get help
16. Fear of deportation,
17. Fear of violence to them or their family

Domestic Abuse

The Domestic Abuse Act 2021 was made law in April 2021 and includes the following:

1. A legal definition of domestic abuse which recognises children/young people as victims in their own right;
2. A Domestic Abuse Commissioner to stand up for survivors and life-saving domestic abuse services;
3. A legal duty on councils to fund support for survivors in 'safe accommodation'
4. New protections in the family and civil courts for survivors – including a ban on abusers from cross-examining their victims, and a guarantee that survivors can access special measures (including separate waiting rooms, entrances and exits and screens);
5. New criminal offences – including post-separation coercive control, non-fatal strangulation, threats to disclose private sexual images;
6. A ban on abusers using a defence of 'rough sex';
7. A guarantee that all survivors will be in priority need for housing, and will keep a secure tenancy in social housing if they need to escape an abuser;
8. A ban on GPs for charging for medical evidence of domestic abuse, including for legal aid;
9. A duty on the government to issue a code of practice on how data is shared between the public services which survivors report to (such as the police) and immigration enforcement.

Possible Signs and Indicators may include many of those indicators listed under previous categories in this document such as:

1. Unexplained bruising,
2. Withdrawal from activities such as work or volunteering,
3. Not being in control of finances
4. Not in control of decision making

Any staff or volunteers who have a concern about an adult in a domestically abusive situation where they have additional health or care needs and do not appear to be able to protect themselves from the abuse, or where there are children/young people in the household should refer this to the DSO for a discussion.

If a Safeguarding referral indicates there could be concerns that the adult is a victim of domestic violence, stalking or honour-based violence and this is confirmed by subsequent information, a decision must be taken at the strategy meeting or case conference whether or not to refer to the Multi-agency Risk Assessment Conference (MARAC). This is a multi-agency process where information is shared on the highest risk domestic abuse cases between representatives of local police, probation, health, children/young people and adults safeguarding, housing practitioners, substance misuse services, independent domestic violence advisers (IDVAs) and other specialists from statutory and voluntary sectors with a view to protecting the victim.

Mental Capacity and Consent

The assumption is that adults have the mental capacity to make informed choices about their own safety and how they live their lives. Adults can choose not to be protected if they have the capacity to do so. However, issues of mental capacity and the ability to give informed consent are central to decisions and actions in Safeguarding Adults. All interventions need to consider the mental capacity of individual to make informed choices about the way they want to live and the risks they want to take. (Children/young people are not allowed to choose to live in situations of risk and there is a duty to report concerns regarding children/young people).

The Mental Capacity Act 2005 says that:

“... a person lacks capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter because of an impairment of, or disturbance in the functioning of the mind or brain” Further, a person is not able to make a decision if they are unable to:

1. understand the information relevant to the decision or
2. retain that information long enough for them to make the decision or
3. use or weigh that information as part of the process of making the decision or
4. communicate their decision (whether by talking, using sign language or by any other means such as muscle movements, blinking an eye or squeezing a hand).

Mental capacity is time and decision specific. This means that a person may be able to make some decisions but not others at a particular point in time. For example, a person may have the capacity to consent to simple medical examination but not to major surgery. Their ability to make a decision may also fluctuate over time.

The five Principles of the Mental Capacity Act 2005

1. An adult at risk has the right to make their own decisions and must be assumed to have capacity to make decisions about their own safety unless it is assessed otherwise.
2. Adults at risk must receive all appropriate help and support to make decisions before anyone concludes that they cannot make their own decisions.
3. Adults at risk have the right to make decisions that others might regard as being unwise or eccentric and a person cannot be treated as lacking capacity for these reasons.
4. Decisions made on behalf of a person who lacks mental capacity must be done in their best interests.
5. The decision should be the less restrictive of their basic rights and freedoms. Who might Abuse?
6. Abuse of adults at risk, young people and children/young people may be perpetrated by a wide range of people including relatives, family members, professional staff, paid care workers, volunteers, other service users, neighbours, friends and associates, people who deliberately exploit vulnerable people and strangers

Examples of how to support a vulnerable adult - sharing information and concerns:

Do's	Don'ts
<ul style="list-style-type: none"> • Remain calm and try not to show any shock or disbelief. • Listen very carefully to what you are being told. • Demonstrate a sympathetic approach by acknowledging regret and concern about what has happened. • Reassure the person that: – They have done the right thing in sharing the information with you – You are treating the information seriously – The abuse is not their fault. • Be aware that in cases of physical or sexual abuse, medical or criminal evidence may exist, and it is important to preserve this. • Explain that you are required to share the information with a senior colleague. • Reassure the person that: – Any further investigation will be conducted sensitively and, wherever possible, with their full involvement; – Steps will be taken to support and, where appropriate, protect them in the future. • Report the information to the DSO immediately. • Record what the person has told you as soon as possible, including the actual words used by the person and precise factual information such as dates and times. • Sign and date the record, including a note of when and to whom you reported the information and to whom. • Where specific advice and guidance has been given include information of how this was followed up. 	<ul style="list-style-type: none"> • Stop someone who is freely recalling significant events but allow them to share whatever is important to them. • Ask the person for more details as this may be done during any subsequent inquiry and it is important to avoid unnecessary repetition for the person concerned. • Ask questions about the person's own behaviour or reaction to the abuse. • Promise to keep secrets. • Make promises you are unable to keep. • Contact the alleged abuser. • Talk to other staff or service users about the information that has been shared with you.