

# **SAFEGUARDING POLICY & PROCEDURE**

**Agreed by the Board of Trustees on Tuesday 13<sup>th</sup> July 2021**

## Key Organisation Information

**Organisation:** Greater Together Manchester

**Registered Office Address:** Church House, 90 Deansgate, Manchester, M3 2GH

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**Safeguarding Lead (Governance):** Tracey Rawlins, Vice Chair of Trustees

**Charity Number:** 1167704

**Company Number:** 09490223

**Insurance Company:** Aviva

# Safeguarding Children and Adults at Risk Policy and Procedures

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## PART ONE – Protection of Children and Adults Policy Statement

Greater Together Manchester accepts 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.”

The following statement was agreed by the board of Trustees on Tuesday 13<sup>th</sup> July 2021. The Board of Trustees will review this statement and the full Safeguarding policy annually.

- GTM is committed to the safeguarding of children and adults with care and support needs and ensuring their wellbeing.
- We endorse and follow all national and local safeguarding legislation and procedures, in addition to the international conventions outlined above.
- We recognise that everyone has different levels of vulnerability and that each of us may be regarded as vulnerable at some time in our lives.
- We recognise that we all have a responsibility to help prevent harm to children and adults with care and support needs in all their recognised forms.
- We commit ourselves to responding without delay to every concern, complaint or allegation that a child or young person or adult at risk has suffered harm or is at risk of suffering harm;
- GTM fully cooperate with statutory agencies during any investigation they make into allegations of abuse or neglect concerning a GTM trustee, staff member, volunteer or a project that GTM is involved in;

We are committed to:

- The safeguarding of people who may be vulnerable, ensuring their well-being at all times.
- Promoting the inclusion and empowerment of people who may be vulnerable.
- Following statutory and specialist guidelines in relation to safeguarding children and adults and will ensure that as an organisation all workers will work within the agreed procedure of our safeguarding policy.
- Is committed to establishing safe, caring communities which provide an environment where there is a culture of ‘informed vigilance’ as to the dangers of abuse;
- Promoting safe practice by those in positions of trust and undertake to exercise proper care in the appointment and selection of those who will work with people who may be vulnerable.
- Implementing the requirements of all relevant legislation including, but not limited to; Working Together to Safeguard Children 2018, the Disability Discrimination Acts 1995 and 2005, Equality Act 2010 and referring concerns about adults with care and support needs to the local authority under the Care Act 2014.
- Carefully selecting staff and volunteers who work with children and young people and adults at risk, and will undertake safer recruitment procedures, including obtaining criminal record checks as appropriate to the role and task being undertaken, to check the background of each person;
- Supporting, resourcing and training those who undertake work with children and adults with care and support needs.
- Ensuring that we are keeping up to date with national and local developments relating to safeguarding.
- Supporting anyone in the organisation affected by abuse.

We recognise:

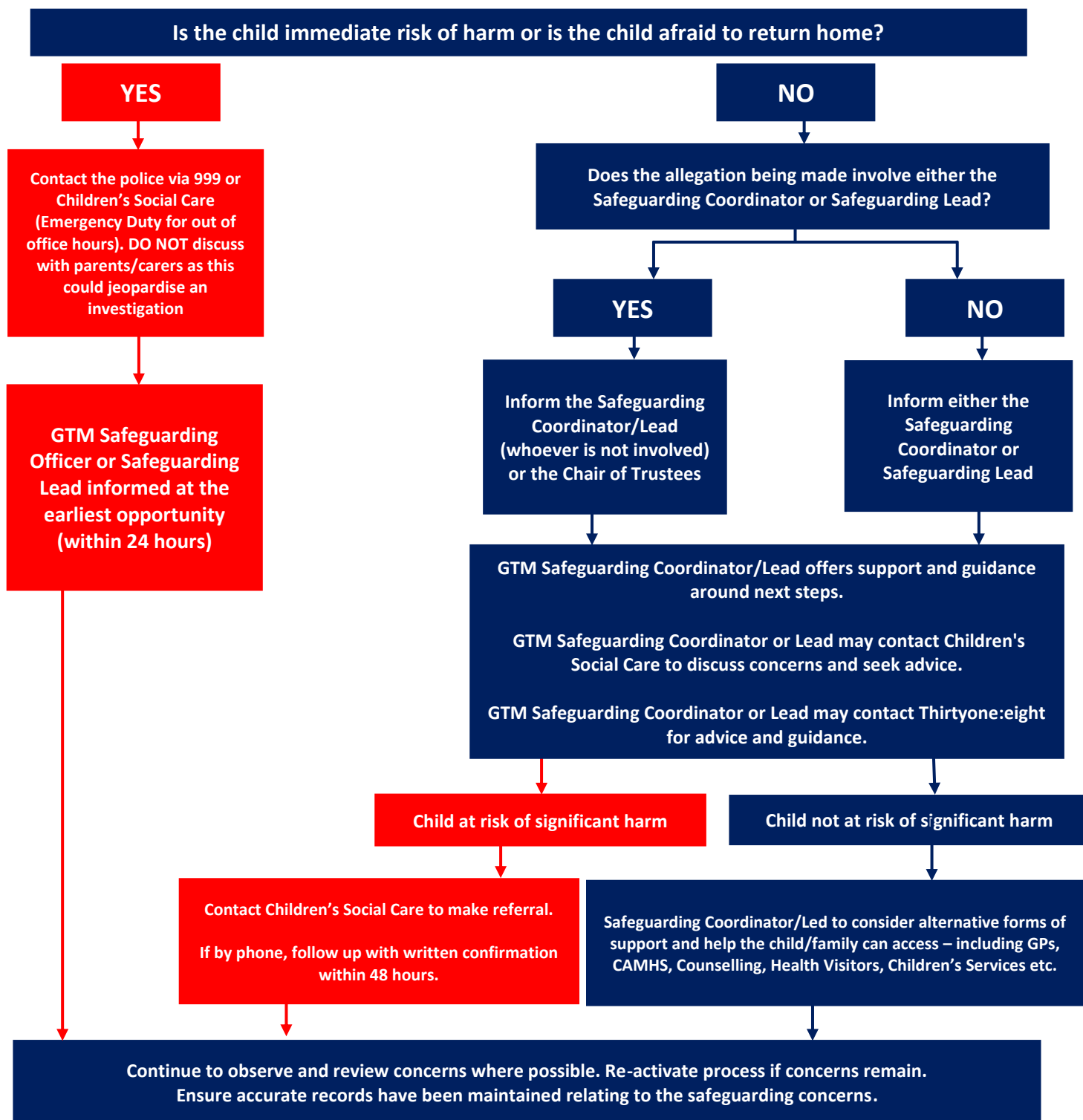
- Children’s Social Services has lead responsibility for investigating all allegations or suspicions of abuse where there are concerns about a child. Adult Social Care has lead responsibility for investigating all allegations or suspicions of abuse where there are concerns about an adult with care and support needs.
- Where an allegation suggests that a criminal offence may have been committed then the police should be contacted as a matter of urgency.
- Safeguarding is everyone’s responsibility.

## 1. Referral Flow Chart – Children

This flow chart provides an overview of action to be taken when concerned about the welfare of a child. It is to be used in conjunction with written procedures.

If you are a volunteer, unless there is an emergency you should contact your Project Lead/Coordinator before following this flowchart.

Remember: at any stage you can call the Thirtyone:eight Helpline for advice and support.

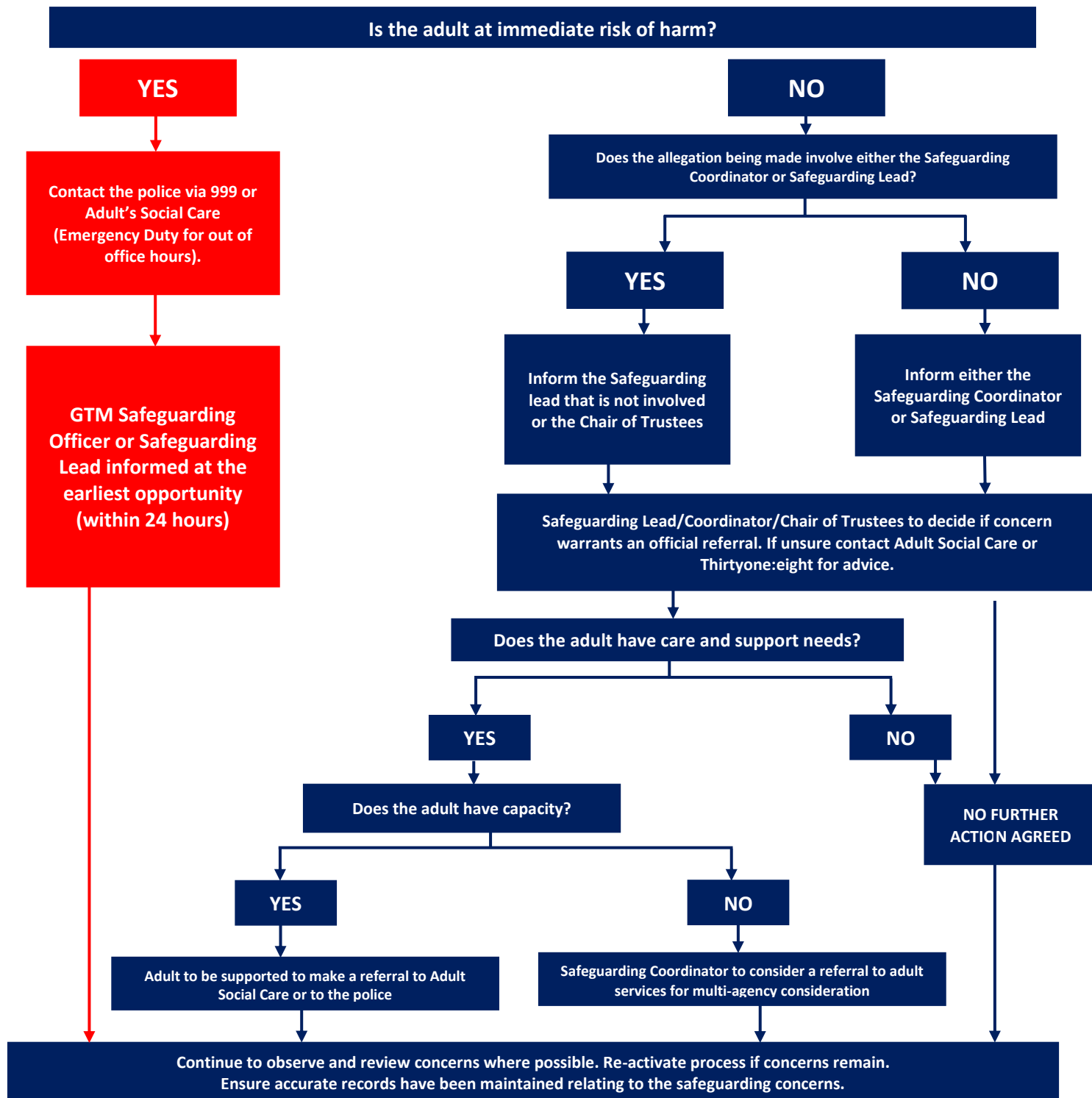


## 2. Referral Flow Chart – Adults

This flow chart provides an overview of action to be taken when concerned about the welfare of an adult at risk. It is to be used in conjunction with written procedures.

If you are a volunteer, unless there is an emergency you should contact your Project Lead/Coordinator before following this flowchart.

Remember: at any stage you can call the Thirtyone:eight Helpline for advice and support.



"The legal definition says that someone who **lacks capacity** cannot, due to an illness or disability such as a mental health problem, dementia or a learning disability, do the following:

- Understand information given to them to make a particular decision
- Retain that information long enough to be able to make the decision
- Use or weigh up the information to make the decision
- Communicate their decision.

## 1. Introduction

The policy and attached practice guidelines are based on the 10 Safe and Secure safeguarding standards published by Thirtyone:eight.

This safeguarding policy is designed to protect children, young people and adults at risk and those with responsibilities towards them.

This policy is for trustees, staff and volunteers involved in the work of GTM or its associated projects to use to support their work in safeguarding children, young people and adults at risk.

The policy and procedures contained in this handbook are designed to promote best practice within GTM and any associated projects. It is a commitment of everyone to ensure that children and adults at risk are protected, and that all concerns are reported to the designated safeguarding officer, who in turn will report all allegations or suspicions of abuse to the relevant statutory authorities with safeguarding responsibilities (Police, Children's Social Care and Support, Adult Social Care Services, Local Authority Designated Officer etc.)

There are a number of appendices to this policy, which include:

- Definitions of abuse for both children and adults at risk
- Guidance about what to do if a child or adult at risk says they have been harmed;
- Guidance on what to do if you believe that a child or adult at risk has been harmed;
- Good procedures and practice, especially in the recruitment, selection and support of staff and volunteers who work with children and/or adults at risk.

### 1.1 Definitions and Terms

The term 'safeguarding' covers vetting and safer recruitment, safer working practices, responding to safeguarding concerns, working with partner agencies, dealing with allegations against those responsible for children and other matters that may be relevant. The term 'child protection' is used for responding to concerns where it appears that a child may have been harmed.

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:

1. States 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:

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 as appendices to this policy.**



## 2. Safeguarding Children and Young People

### 2.1 Definition of a child

The legal definition of a child is someone under the age of 18. Some legislation in the UK allows young people from age 16 to make certain decisions for themselves, but safeguarding legislation applies to anyone under the age of 18 because this is the legal definition of a child. The Children Act 1989 and 2004 in England and Wales, defines a child as someone under 18.

### 2.2 Roles and Responsibilities

#### a. People with a specific role working or volunteering with children and young people

All those who work with children or who have significant contact with them and their families on behalf of GTM are in positions of trust.

They could be seen as role models by the children with whom they are in contact, at all times, including when they are off duty.

They must seek advice immediately if they come across a child who may have been harmed, or be at risk of harm, (including self-harm), or a colleague whose conduct appears inappropriate.

Further guidance on what to do about a safeguarding concern is outlined below.

Further practice guidelines for people working with children and young people can be found in section 7 of Appendix 1.

#### b. People who come into contact with children and young people as part of the work of GTM

The welfare of the child is paramount and anyone involved in a GTM activity who has a concern about a child must seek advice immediately from the safeguarding co-ordinator.

### 2.3 What to do if a child tells you about abuse

- **Under no circumstances should a member of staff or volunteer carry out their own investigation** into an allegation or suspicion of abuse – you must not speak directly to the person against whom the allegation has been made.
- Further guidance on how to respond to a child disclosing abuse can be found in Appendix 2 on page 35.
- You should document the conversation using the 'Notification of a Safeguarding Concern – Child' form which can be found in Appendix 8 as soon as possible and send a copy of this to the Safeguarding Coordinator: [safeguarding@greatertogethermanchester.org](mailto:safeguarding@greatertogethermanchester.org).
- The Safeguarding Coordinator has been appointed by the Trustees 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 Coordinator or, if the suspicions in any way involve the Safeguarding Coordinator, then the report should be sent to the Safeguarding Lead, who has been nominated by the Board of Trustees to lead on governance matters relating to Safeguarding.
- If the suspicions implicate both the Safeguarding Coordinator and the Safeguarding Lead, then the report should be made To the Chair of Trustees.

**Detailed definitions, and signs and indicators of abuse, as well as how to respond to a disclosure of abuse, are included in appendices 1 and 2.**

## 2.4 Referral procedure

If the child is at immediate risk of harm (or cannot go home) you must report this to either the police via 999 or Children's Social Care. You should then inform the GTM Safeguarding Coordinator/Lead at the earliest opportunity. Contact details can be found on page 28 of this document.

In the event that concerns arise out of office hours. Thirtyone:eight may be contacted for advice and guidance – see page 28 for contact details.

You must keep a written or electronic record of all your actions.

The full referral procedure for a child who is at risk of harm is outlined in the flowchart on page 5.

In a non-emergency case where the child is not at immediate risk of harm, volunteers should contact the relevant coordinator for their project, who can offer support with reporting the safeguarding concern. It is important that the coordinator for a project is updated on all matters in relation to safeguarding within their project.

The decision as to how the parents or carers should be informed will be made in conjunction with the Local Authority or Police representative.

If a GTM employee is the subject of the allegation, contact the Safeguarding Lead who is the Vice Chair of Safeguarding, concerns must not be disclosed to the person against whom the allegations have been made. See section 2.6 for further details.

**No one other than the statutory authorities (Children's Social Care or the Police) should ever attempt to investigate child protection disclosures or concerns.**

Any serious incident should be reported to relevant insurers by the GTM Safeguarding Coordinator/Lead. This enables them to be prepared should any claim arise. The Safeguarding Coordinator/Lead is also required to report any serious incidents to the Charity Commission.<sup>1</sup>

All communications must be handled in a sensitive manner and should be steered by the GTM Board of Trustees (or their representative). Should a journalist or broadcaster make an enquiry, you must refer them to the GTM Board of Trustees (or their representative).

Remember, the Safeguarding Coordinator and Safeguarding Lead are there to help in any uncertainty.

## 2.5 What to do if an adult tells you about abuse that occurred when they were a child

You should document the conversation using the 'Notification of Safeguarding Concern – Adults' (Appendix 9) as soon as possible and send a copy of this to the Safeguarding Coordinator: [safeguarding@greatertogethermanchester.org](mailto:safeguarding@greatertogethermanchester.org).

Please note that, as an adult, the person telling you of the abuse in their childhood has the right to expect you to keep their information confidential, HOWEVER, if there is any reason to believe that the person who abused them is still in contact with children, then there is a risk that the abuser is continuing to present a risk to children.

***Under these circumstances your responsibility moves towards the protection of children today, so total confidentiality cannot be promised.***

Thirtyone:eight have a confidential helpline that the person may contact directly for support and advice. Contact details are on page 29.

Over time, the adult disclosing childhood abuse may feel able to contact the Police to inform them of the abuse.

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[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/752170/RSI\\_guidance\\_what\\_to\\_do\\_if\\_something\\_goes\\_wrong\\_Examples\\_table\\_deciding\\_what\\_to\\_report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/752170/RSI_guidance_what_to_do_if_something_goes_wrong_Examples_table_deciding_what_to_report.pdf)

## **2.6 Allegations of abuse against a member of GTM staff, a GTM volunteer, or a member of the GTM Board of Trustees**

All allegations or suspicions of abuse should be reported to the GTM Safeguarding Coordinator or GTM Safeguarding Lead, who will report the concern to the appropriate statutory authority immediately.

If an accusation is made against a worker (whether a volunteer or paid member of staff) who works with children or young people, whilst following the procedure outlined above, the Safeguarding Co-ordinator, in accordance with Local Safeguarding Children Board (LSCB) procedures will:

- Liaise with Children's Social Services in regards to the suspension of the worker:
- Make a referral to a designated officer formerly called a Local Authority Designated Officer (LADO) whose function is to handle all allegations against adults who work with children and young people whether in a paid or voluntary capacity.
- Make a referral to Disclosure and Barring Service for consideration of the person being placed on the barred list for working with children or adults with additional care and support needs. This decision should be informed by the LADO if they are involved.

If an accusation is made against a worker (whether a volunteer or paid member of staff) who works with adults with care and support needs, whilst following the procedure outlined above, the Safeguarding Co-ordinator will:

- Liaise with Adult Social Services in regards the suspension of the worker
- Make a referral to the DBS following the advice of Adult Social Services

The Care Act places the duty upon Adult Services to investigate situations of harm to adults with care and support needs. This may result in a range of options including action against the person or organisation causing the harm, increasing the support for the carers or no further action if the 'victim' chooses for no further action and they have the capacity to communicate their decision. However, this is a decision for Adult Services to decide not Greater Together Manchester.

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## **3. Safeguarding Adults at Risk**

Vulnerability and risk of being abused or harmed may change with time and according to circumstance.

All human beings are subject to change and chance happenings which may affect their capacity to manage themselves and their situation.

While some people may appear to be strong, we know that no-one is invulnerable and at different times in our lives and in different circumstances, strengths can change and grow, diminish or disappear.

Some people, because of their physical or social circumstances, have higher levels of vulnerability than others, and it is our duty to recognise this and support those who are vulnerable in a way that affords them as much independence and autonomy as possible. We must do this in a way that allows compassion and empathy without undermining dignity.

### **3.1 Definition of adult at risk**

An adult is someone 18 or over. 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) all state that adults should be free from abuse.

The term 'adult at risk' is used in this policy to replace 'vulnerable adult'. This is because the term 'vulnerable adult' may wrongly imply that some of the fault for the abuse lies with the victim of abuse and 'adult at risk' is the term that is used throughout current government guidance.<sup>2</sup>

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<sup>2</sup> <https://www.gov.uk/government/publications/safeguarding-policy-protecting-vulnerable-adults/sd8-ops-safeguarding-policy> - section 5.2

It follows that some adults, because of circumstance or particular vulnerability or risk, may be in need of protection. Mental capacity to consent must be considered when considering actions to be taken in regard to an adult who may be at risk in line with the Mental Capacity Act (2005).

The Care Act 2014, stipulates that adult safeguarding duties apply to any adult who:

- Has care and support needs;
- Is experiencing, or is at risk of abuse or neglect; and;
- Is unable to protect themselves because of their care and support needs.

### **3.2 What to do if you suspect mistreatment of an adult at risk or they disclose that they have been abused**

- Under no circumstances should a member of staff or volunteer carry out their own investigation into an allegation or suspicion of abuse. You should not speak directly to the person against whom the allegation has been made.
- Further guidance on how to respond to an adult at risk of abuse can be found in appendices 3 and 4.
- You should document the conversation as soon as possible and send a copy of this to the Safeguarding Coordinator: [safeguarding@greatertogethermanchester.org](mailto:safeguarding@greatertogethermanchester.org).
- The Safeguarding Coordinator has been appointed by the Trustees 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 Coordinator or, if the suspicions in any way involve the Safeguarding Coordinator, then the report should be sent to the Safeguarding Lead, who has been nominated by the Board of Trustees to lead on governance matters relating to Safeguarding.
- If the suspicions implicate both the Safeguarding Coordinator and the Safeguarding Lead, then the report should be made in the first instance to the Chair of trustees, who will seek further advice and support from  
Thirtyone:eight

### **3.3 Allegations against GTM employees, volunteers or church workers**

If a member of GTM staff or a GTM volunteer is suspected of mistreatment of an adult or another work, contact GTM Safeguarding Coordinator in the first instance. If the GTM Safeguarding Coordinator is unavailable, or is the subject of the allegation, contact the GTM Safeguarding Lead.

**Please follow the referral flow chart on page 6.**

## **4. Safer Recruitment of Staff and Volunteers**

GTM recognises the importance of undertaking Safer Recruitment to ensure only those people deemed suitable can work with children and with adults who may be at risk.

### **4.1 Procedure for safer recruitment**

**GTM follows best practice set out** in the House of Bishops 'Safeguarding Guidelines Relating to Safer Recruitment' 2015 and all those working with children or adults at risk whether in a paid or voluntary position, will be expected to be recruited following this best safeguarding practice which states that we must:

- Have an up to date recruitment and selection policy that describes the process and roles prior to recruitment;
- Have a safeguarding policy and that a statement about GTM's commitment to safeguarding included in all recruitment and selection materials;
- Have an up to date job description and person specification for the role(s), that have been agreed with the recruiting manager;

- Have an appropriate advertisement prepared that contains all necessary information about the role, timetable for recruitment and GTM's commitment to safeguarding;
- Have compiled a suitable candidate information pack containing all the required information about the organisation, role, recruitment timetable, safeguarding policy/statement and application form (including request for reference information);
- Ensure that each application received is scrutinised in a systematic way by the short-listing panel before sending invitations to interview;
- Ensure that all shortlisted candidates receive the same letter of invitation to interview, supplying them with all necessary information;
- Ensure that a face-to-face interview is conducted for ALL shortlisted candidates based on an objective assessment of the candidate's ability to meet the person specification and job description;
- Ensure that safeguarding is discussed at interview;
- Ensure that all specific questions designed to gain required information about each candidate's suitability have been asked, including those needed to address any gaps in information supplied in the application form;
- Make a confident selection of a preferred candidate based upon their demonstration of suitability for the role;
- Ensure that the preferred candidate is informed that the offer of employment (including volunteer positions) is conditional on receiving satisfactory information from all necessary checks and references;
- Ensure that self-disclosure forms have been completed and where blemished (a concern is raised in regard to suitability for role) the GTM Safeguarding Coordinator is informed so that an assessment can be undertaken to ascertain whether the person is suitable for the role. The recruitment process must be halted at this stage until this has been determined;
- Ensure that the successful applicant is provided with a copy of the Safeguarding Policy and knows how to report a safeguarding concern;
- Ensure that a suitable training programme is provided for the successful applicant.

#### **4.2 Disclosure and Barring Service (DBS) Check**

Posts involving working with children and young people will require applicants to undertake a Disclosure and Barring Service (DBS) check, at the appropriate level commensurate with the role and task involved in the work being carried out. Consideration will need to be given as to whether those working with adults at risk meet the criteria for a DBS check and advice should be sought from the Safeguarding Coordinator or from Thirtyone:eight.

DBS disclosures are undertaken on behalf of the GTM by Thirtyone:eight. These include those who meet the criteria for an enhanced disclosure certificate check and those who meet the criteria for an enhanced disclosure in regulated activity.

No one will be employed or accepted as a volunteer to work with children or adults at risk by GTM until a satisfactory DBS check has been undertaken (where we are legally entitled to do so). Information on those roles eligible for a DBS check can be obtained from Thirtyone:eight.

DBS certificates are sent directly to the applicant.

A DBS certificate from an applicant's role or employment outside of GTM cannot be used for a position within GTM.

#### **4.3 DBS Checks – updating and renewals**

DBS checks are renewed every five years.

Details of the DBS Check Updating Service can be found on the Government DBS web portal: <https://www.gov.uk/db-update-service>

#### **4.4 Clear and blemished disclosures**

GTM operates within the DBS Code of Practice and are committed to ensuring that we meet its requirements in relation to the Rehabilitation of Offenders Act. Posts involving working with children and adults at risk are exempt from the Rehabilitation of Offenders Act, and so all convictions need to be declared, even those which are 'spent' for other purposes.

On occasions a DBS disclosure will be blemished: that is, it will contain details of cautions, convictions, or other intelligence relevant to safeguarding children or adults at risk.

Where a DBS disclosure does contain such material, a risk assessment will be undertaken by the GTM Safeguarding Coordinator and the GTM Safeguarding Lead to ascertain if the information contained in the certificate has a bearing on the suitability of the person for working with children and/or adults at risk.

This risk assessment process will be carried out in line with good practice guidance issued relevant statutory agencies.

#### **4.5 Safeguarding Training**

Greater Together Manchester 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. Safeguarding Training opportunities will be made available for all our workers.

GTM 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.

#### **4.6 Management of Workers**

GTM is committed to supporting all workers and ensuring they receive support and supervision. All workers have been issued with a code of conduct towards children, young people and adults with care and support needs. A copy of this can be found in Appendix 5.

# Useful Contacts

**Safeguarding concerns outside standard office hours** can be reported to Thirtyone:eight on 0845 120 4550.

**Thirtyone:eight Listener telephone line:** 0845 120 4550

**NSPCC:** call 0808 800 5000 (free 24 hour service)

**Childline:** call 0800 1111 (free 24 hour service) or email [help@nspcc.org.uk](mailto:help@nspcc.org.uk) if you are under 19 and are experiencing feelings of stress, anxiety or if you are lonely or down and need someone to talk to.

**Modern Slavery Helpline:** 08000 121 700

**Crimestoppers:** 0800 555 111 (24 hours)

**Victim Support:** 08 08 16 89 111

**NAPAC (the National Association for People Abused in Childhood):** 0808 801 0331

**Action on Elder Abuse Helpline:** 0800 8808 8141

**Hourglass (Safer Ageing) Helpline:** 0808 808 8141

**National Dementia Helpline:** 0300 222 1122

**Freephone National Domestic Abuse Helpline:** 0808 2000 247 (24 hours)

**Rights of Women Helpline:** 020 7490 0152 (women experiencing sexual harassment at work)

**Samaritans:** 116 123 or 08457 90 90 90

**Stop Loan Sharks:** 0300 555 2222

**Stop Hate Crime:** 0800 138 1625

**Thinkaction** (mental health support): 0300 012 0012

**Mind Infoline:** 0300 123 3393

**Drinkline:** 0300 123 1110

**FRANK** (advice about drugs & drug use): 0300 123 6600

## **Lily Axworthy**

*Chief Executive Officer*

*Safeguarding Coordinator*

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E: [lily@greatertogethermanchester.org](mailto:lily@greatertogethermanchester.org)

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*Vice Chair of Trustees*

*Safeguarding Lead*

T: 07476 305 947

E: [wyth.anglicandevelopment@yahoo.com](mailto:wyth.anglicandevelopment@yahoo.com)

## **Rev'd Canon Dr Chris Bracegirdle**

*Chair of Trustees*

T: 01204 396 298

E: [vicar@boltonparishchurch.co.uk](mailto:vicar@boltonparishchurch.co.uk)

# Greater Manchester Social Services Contacts

## **BOLTON**

**Multi Agency Screening and Safeguarding Service (MASSS)** (children)

T: 01204 331 500

**Adult Safeguarding Team**

T: 01204 337 000

E: [Safeguardingadults@bolton.gov.uk](mailto:Safeguardingadults@bolton.gov.uk)

**Emergency Duty Team** (adults & children)

T: 01204 337 777

## **BURY**

**Multi Agency Safeguarding Hub** (children)

T: 0161 253 5678

**Integrated Safeguarding Partnership** (adults)

T: 0161 253 5151

E: [adultcareservices@bury.gov.uk](mailto:adultcareservices@bury.gov.uk)

**Out of Hours Service** (adults & children)

T: 0161 253 6606

## **MANCHESTER**

**Social Services** (adults & children)

T: 0161 234 5001

E: [mcsreply@manchester.gov.uk](mailto:mcsreply@manchester.gov.uk)

## **OLDHAM**

**Adult Social Services**

T: 0161 770 7777

E: [adult.mash@oldham.gov.uk](mailto:adult.mash@oldham.gov.uk)

**Children's Services**

T: 0161 770 7777

E: [child.mash@oldham.gov.uk](mailto:child.mash@oldham.gov.uk)

**Out of Hours Emergency Duty Team** (adults & children)

T: 0161 770 6936

## **ROCHDALE**

**Children's Social Care**

T: 0300 303 0440

E: [ehash@rochdale.gov.uk](mailto:ehash@rochdale.gov.uk)

**Adult's Social Care**

T: 0300 303 8886

E: [adult.care@rochdale.gov.uk](mailto:adult.care@rochdale.gov.uk)

**Out of Hours Emergencies** (adults & children)

T: 0300 303 8875



**SALFORD****Adult Social Care**

T: 0161 631 4777

E: [worriedaboutanadult@salford.gov.uk](mailto:worriedaboutanadult@salford.gov.uk)**Children's Multi Agency Safeguarding Hub**

T: 0161 603 4500

E: [worriedaboutachild@salford.gov.uk](mailto:worriedaboutachild@salford.gov.uk)**Emergency Duty Team**

T: 0161 794 8888

**STOCKPORT****Multi-Agency Safeguarding & Support Hub (children)**

T: 0161 217 6028

**Adult Social Care**

T: 0161 217 6029

E: [adultsocialcare@stockport.gov.uk](mailto:adultsocialcare@stockport.gov.uk)**Out of Hours Emergency Help (adults & children)**

T: 0161 718 2118

**TAMESIDE****Children's Multi-Agency Safeguarding Hub**

T: 0161 342 4101

**Adult Services**

T: 0161 922 4888

E: [communitygateways@tgn.nhs.uk](mailto:communitygateways@tgn.nhs.uk)**Emergency Out of Hours Duty Service (adults & children)**

T: 0161 342 2222

**TRAFFORD****Strategic Safeguarding Partnership**

T: 0161 911 8687

E: [tssp@trafford.gov.uk](mailto:tssp@trafford.gov.uk)**Children's First Response Team**

T: 0161 912 5125

E: [firstresponse@trafford.gov.uk](mailto:firstresponse@trafford.gov.uk)**Initial Assessment Team (adults)**

T: 0161 912 6136

E: [IAT@trafford.gov.uk](mailto:IAT@trafford.gov.uk)**WIGAN****Adult Social Care**

T: 01942 828 777 (24 hours)

**Children's Duty Team**

T: 01942 828 300 (24 hours)

## **ADOPTION OF THIS POLICY**

This policy was agreed and adopted by the Greater Together Manchester Board of Trustees on [DATE].

This policy will be reviewed and re-adopted at a meeting of the GTM Board annually.

Signed by:

Position:

Signed by:

Position:

Date:

A copy of this policy is also lodged with:

## **APPENDIX 1: Promoting Safer Environments**

There are some key features of effective arrangements to safeguard and promote the welfare of children and adults who may be at risk.

### **4.7 Activity Records**

Good practice around records for children and youth groups and activities should include:

- The GTM Safeguarding Officer completing and regularly updating a list of all paid staff and voluntary workers who have regular, direct contact with children, and to ensure that relevant recruitment procedures have been followed for each of them.
- For activities involving children and young people, the project lead should register every child or young person attending each specific activity with a form which includes their name, address date of birth, contact number for their parent or carer and parental consent for the activity. Also, any specific needs, including medical issues and permission to take photographs. These forms should be stored together in a confidential place and always have them available for the leaders of the activity throughout each session.
- Project leads should ensure that a phone is available throughout each session in case of emergencies; this may be a mobile phone.
- Project leads should ensure that an attendance register is completed at each session for every child and worker present.
- Project leads should ensure that a brief record session is completed which contains any unusual events or observations from all staff and volunteers present.
- Storing all confidential records about staff, volunteers, children and young people in a locked filing cabinet, with access limited to GTM Staff, the Safeguarding Coordinator & Lead.
- Recording all accidents in the Accident Book which should always be accessible on the premises.

Additional considerations in regard to groups and activities where adults who may be at risk attend include:

- Keeping records of work with adults at risk.
- Where possible, obtaining details of carer or next of kin so they can be contacted in an emergency.

### **4.8 Consent forms**

Permission from parents should always be sought when working with children. Additional consent forms are required for activities such as specific indoor/outdoor events or holidays.

For activities taking place in Church of England churches, the incumbent must seek agreement from the PCC and relevant insurance cover should be checked.

Example permission forms can be found in Appendix 5.

### **4.9 Adult to child ratios**

It is important that whatever group, activity or event is taking place that there is an appropriate level of adult supervision. There should be at least two adults who have been safely recruited and DBS checked for each group, activity or event. Further adult supervision may be needed, taking into consideration the age, nature of the activity and any children with additional needs.

### **4.10 Mixed age activities**

Care should be taken to ensure that children in mixed-age activities are appropriately supervised.

For casual activities such as drop ins, it is not possible to undertake DBS checks for adults and so parental supervision should be mandatory.

For regulated activities, at least one person, as well as the person leading the group needs to be recruited safely, including a DBS check and to be designated to supervise the welfare of the children involved. It may be appropriate for this to be arranged on a rota basis.

#### **4.11 Good practice for staff behaviour**

All children, young people and adults should be treated with respect and dignity befitting their age; this includes use of language, tone of voice and behaviour. Further guidance is in section 5.5. These expectations will be covered in induction and staff/volunteer training.

#### **4.12 Health and Safety**

All premises used by GTM projects should have a properly equipped first aid kit and the contents of which must be regularly checked and maintained and provision should be made for an appropriately qualified first-aider to be available at all activities.

An Accident Book should be available and completed in cases of injury.

Locations/venues for projects should be checked regularly, at least annually, for health and safety and the results noted and reported in writing to the relevant persons with responsibility for the building.

#### **4.13 Risk Assessments**

Risk assessments should be undertaken on all activities in order to identify hazards and to take actions to minimise risk.

The same approach should be taken if buildings are hired or let for activities involving children.

Risk assessments must be made covering outside activities, including travel arrangements and a copy provided to the building/location owner.

#### **4.14 Setting up groups or new activities**

All new projects or activities should adhere to GTM's Safeguarding Policy and Procedures. All staff and volunteers should have read GTM's safeguarding policy and should read and agree to the Code of Conduct (see appendix 5) prior to the start of the group/activity.

Any training for volunteers should include a module on Safeguarding; including how to deal with safeguarding concerns and allegations and whom to contact. Advice and support can be obtained from the GTM Safeguarding Coordinator/Lead.

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## **5. Pastoral Care**

### **5.1 Supporting those affected by abuse**

GTM 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 place of organisation. Contact either the Safeguarding Coordinator or Safeguarding Lead for more information about support and signposting we can offer.

### **5.2 Involvement of those who may pose a risk**

It is important that offenders are supported in reconciling with their offending, seeking repentance and leading a good life.

However, it may be that offenders and those who pose a risk view charitable projects (particularly those within faith settings) as a place where children and vulnerable adults are easily accessible within a culture of trust and openness that supports this.

GTM often runs projects in partnership with churches and other faith groups. Within any faith congregation there will be offenders, victims and survivors, and it is the duty of that congregation (and its leaders) to minister to all whilst sensitively managing the competing needs and demands and promoting a safe environment for all.

GTM must be aware that projects run in churches or in partnership with churches are likely to include ex-offenders, therefore GTM should endeavour to support faith groups and communities to ensure that any activity is run safely, whilst still allowing for full involvement of all people.

### **Covenants of care**

In order to enable those who may pose a risk to be involved in their community, in a manner which does not present a risk to others, it is important that any risks around potentially abusive behaviour are managed effectively whilst providing pastoral support.

If the person in question is already a member of the faith community, a Covenant of Care may already exist. In this case, GTM should endeavour to involve the individual in a way that honours the rules and guidance set out in the Covenant of Care.

If a Covenant of Care does not already exist, GTM can contract the GTM Safeguarding Coordinator/Lead (who will speak with the relevant Safeguarding Advisor for the faith/denomination), in conjunction with other statutory agencies, to undertake the risk assessment and a Covenant of Care can be formulated which outlines the expectations in regards to the person who may pose a risk and project they attend. Throughout this process it must also be considered that the person who poses the risk may themselves be a vulnerable adult.

A Covenant of Care is a written formal agreement that outlines agreed rules and guidance around how an individual who may pose risk can be enabled to share in church life. The agreement may include some restrictions, depending upon the level or risk, and is monitored and supervised by key people. On occasions, statutory agencies such as the Probation Service may be involved in monitoring and supervising activities – as long as this does not impede the activity itself or impact on the involvement users/guests/clients etc.

The Covenant of Care should be reviewed on a regular basis, at least annually, by the GTM Safeguarding Coordinator/Lead and two representatives from the project and/or faith group. The person concerned should be involved throughout the process.

It is important that any concerns are passed onto the GTM Safeguarding Coordinator/Lead who will offer support and guidance whilst liaising with the relevant statutory agencies.

In some instances Covenant of Care agreements are formulated whilst Police and/or statutory agencies investigations are ongoing. The person may not have been charged with any offence but it is important that any potential risk is considered and appropriate safeguarding measures implemented whilst investigations are concluded. This is not only to protect children and adults within the project but also the person against whom the allegations have been made.

It is good practice to review the Covenant of Care at the end of proceedings to ensure that appropriate safeguarding measures and support are in place.

For more information about writing and managing a Covenant of Care, visit: <https://thirtyoneeight.org/get-help/resources/practice-guides-text/contracts-and-agreements/>

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## **6. Recording Safeguarding Issues**

In situations where safeguarding issues have been raised and either an adult or child appears to be at risk, there is likelihood of harm, or presents a risk to others, such issues cannot be kept confidential.

As highlighted in the dealing with disclosures section, they have to be raised with the GTM Safeguarding Coordinator/Lead and may have to be reported to statutory authorities.

In instances where concerns have been raised, GTM's involvement will need to be documented in addition to any staff/volunteers' involvement and any notes taken at the time of the disclosure/incident.

In line with guidance from 'Working Together to Safeguard Children', records should be clear, accessible and comprehensive with judgements made and decisions and interventions carefully recorded, signed and dated.

## **6.1 Information Sharing**

The Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.

When dealing with a safeguarding concern or allegation, the GTM Safeguarding Coordinator/Lead will be open and honest with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be, shared, and will seek their agreement, unless it is unsafe or inappropriate to do so.

It may not be appropriate to inform a person that information is being shared, or seek consent to this sharing. This is the case if informing them is likely to hamper the prevention of, or investigation into, a serious crime, or put a child at risk of significant harm or an adult at risk of significant harm.

The GTM Safeguarding Coordinator/Lead will share, with consent where appropriate, and, where possible, respect the wishes of those who do not consent to share confidential information. The GTM Safeguarding Coordinator/Lead will share information without consent if, in their judgement, that lack of consent can be overridden in the public interest. This judgment will be on the facts of the case.

The GTM Safeguarding Coordinator/Lead will consider safety and well-being, using the following criteria: that it is justified, necessary, proportionate, relevant, accurate, timely and secure: ensuring that the information given is necessary for the purpose for which they are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.

The GTM Safeguarding Coordinator/Lead will keep a record of all decisions made and the reasons for them – whether it is to share information or not. Where the decision is to share, the following will be recorded - what was shared, with whom and for what purpose.

## **6.2 Retention of records**

Records relating to activities involving children and young people (including any safety risk assessments) should be kept for 50 years after the activity ceases.

Personnel records relating to workers whose role involves contact with children or adults at risk (including applications, references, disciplinary matters, job descriptions, training and termination documentation) should be kept for 75 years after employment. This should include all documentation concerning allegations, investigations and risk assessments regardless of findings.

Details of any safeguarding allegations against a GTM staff member, volunteer or Trustee (including a clear and comprehensive summary of the allegation, details of how the allegation was followed up and resolved, and a note of any action taken and decisions reached) should be retained for 75 years after employment/involvement with GTM ceases.

## **6.3 Storage of confidential information**

All confidential information must be stored in a locked filing cabinet with access limited to the GTM Safeguarding Coordinator/Lead and the Chair of Trustees. Information stored on computers must be password protected and information shared electronically password protected.

Alternatively, documents can be scanned onto a computer where the information is password protected, backed up and where access is limited to the GTM Safeguarding Coordinator/Lead and the Chair of Trustees.

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## **7. Roles and Responsibilities**

### **7.1 Role of the Board of Trustees**

- The Board of Trustees shares the responsibility for the duty of care of the children, young people and adults at risk at any GTM project or activity.
- Each Trustee must be fully aware of, and work in line with, the GTM Safeguarding Policies and Procedures.
- The Board should agree the Safeguarding Policy Statement, which must be signed and dated. The policy statement should be reviewed annually.

- It is good practice for safeguarding to be regularly on the agenda of Trustees meetings.
- A risk assessment must be undertaken for any event or activity.
- The Board of Trustees must appoint a GTM Safeguarding Lead (a member of the board) and a Safeguarding Coordinator (a member of staff), for children and adults at risk, and support them in the implementation of this role. The Board of Trustees should support them in the implementation and monitoring of the Safeguarding Policy.
- The Board of Trustees must ensure that people who are authorised to work with children and young people within any projects or activities, or who hold a position of responsibility, are properly appointed, trained and supported.
- The Board of Trustees must be aware that there is a responsibility to ensure that people who pose a threat to children and young people are effectively managed and monitored within projects. If the Board fails to comply with the GTM Policy, it will leave itself open to the charge of negligence if any child or young person in its care (or in the charge of its officers or organisation) comes to any harm and may compromise insurance cover.

## **7.2 Role of GTM Staff**

Safeguarding is everyone's responsibility and all staff who, during the course of their employment have direct or indirect contact with children, young people or adults at risk, or who have access to information about them, have a responsibility to safeguard and promote their welfare.

GTM expects staff to:

- Staff must be fully aware of, and work in line with, the GTM Safeguarding Policy and Procedures.
- Know their role & responsibility in relation to children, young people and adults at risk – GTM staff who regularly work with children, young people and adults at risk should attend relevant safeguarding training.
- Know who to contact to report safeguarding concerns or for advice on safeguarding issues.
- Volunteers should discuss their concerns with their immediate superior in the first instance. However, if concerns are raised about this person they should contact the GTM Safeguarding Coordinator/Lead.
- Maintain professional boundaries at all times.
- Follow GTM's procedure for reporting concerns – staff are not expected to be experts in recognising safeguarding concerns but, if a staff member works with children, young people or adults at risk, they have a duty of care to be vigilant and respond appropriately to suspicions of poor practice, abuse or bullying.
- In an emergency or where there is an immediate risk to a child, young person or adult it is important to act without delay as inaction may place them at further risk.

## **7.3 Role of the GTM Safeguarding Coordinator**

The Trustees should appoint at least one person within the organisation to be the 'safeguarding coordinator'. This person will take the lead on safeguarding for GTM. The person appointed should be someone with authority, a paid member of staff (if possible), have a DBS check, and have had at least two references.

The Trustees should also appoint a trustee to act as the Safeguarding Lead to oversee Safeguarding in relation to governance and to support the Safeguarding Coordinator.

The GTM Safeguarding Coordinator is the first point of contact for all staff and volunteers to go to for advice if they have a safeguarding concern.

The GTM Safeguarding Coordinator has joint responsibility with the Board of Trustees to ensure that the organisation's safeguarding policy and related policies and procedures are followed and regularly updated.

They are responsible for ensuring that GTM complies with safer recruitment procedures for new staff members.

They ensure that all safeguarding concerns are logged and acted upon in line with GTM's policies and procedures.

It is not the responsibility of the Safeguarding Coordinator to decide whether a child has been abused or not - that is the responsibility of investigative statutory agencies such as social services or the police. However keeping children safe is everybody's business and all staff should know who to go to and how to report any concerns they may have about a child being harmed or at risk of being harmed.

#### **7.4 Role of GTM Volunteers**

GTM expects that volunteers should:

- Know their role & responsibility in relation to children, young people and adults at risk – GTM volunteers who regularly work with children, young people and adults at risk should attend relevant safeguarding training.
- Be aware of the policies and procedures for safeguarding children, young people and adults at risk.
- Know who to contact to report safeguarding concerns or for advice on safeguarding issues. Volunteers should discuss their concerns with their immediate superior in the first instance. However, if concerns are raised about this person they should contact the GTM Safeguarding Coordinator.
- Maintain professional boundaries at all times.
- Follow GTM's procedure for reporting concerns – volunteers are not expected to be experts in recognising safeguarding concerns but, if a volunteer works with children, young people or adults at risk, they have a duty of care to be vigilant and respond appropriately to suspicions of poor practice, abuse or bullying.
- In an emergency or where there is an immediate risk to a child, young person or adult it is important to act without delay as inaction may place them at further risk.

#### **7.5 Staff Conduct and Behaviour when working with children and young people**

Staff and volunteers should treat all children and young people with respect and dignity befitting their age; this includes use of language, tone of voice and behaviour.

Below are some of the issues to be aware of when working with children and young people.

##### **7.5.1 Power and Positions of Trust**

As a result of their knowledge, position and/or the authority invested in their role, all adults working in projects and activities with children and young people are in positions of trust. Broadly speaking, a relationship of trust can be described as one in which one party is in a position of power or influence over the other by virtue of their work or the nature of their activity. It is vital for all those in positions of trust to understand the power this can give them over those they care for and the responsibility they must exercise as a consequence of this relationship.

A relationship between an adult and a child or young person is not a relationship between equals. There is potential for exploitation and harm of vulnerable children and young people. Adults therefore have a responsibility to ensure that an unequal balance of power is not used for personal advantage or gratification.

Adults should always maintain appropriate professional boundaries and avoid behaviour which might be misinterpreted by others. They should report and record any incident with this potential.

##### **7.5.2 Propriety and behaviour**

All adults working with children and young people have a responsibility to maintain public confidence in their ability to safeguard the children's welfare and best interests.

There may be times, for example, when an adult's behaviour or actions in their personal life is considered to compromise their role in working with children or indicate an unsuitability to work with children. Misuse of drugs, alcohol or acts of violence would be examples of such behaviour.



It must be ensured that:

- A child or adult's privacy and personal space is maintained.
- Church workers do not engage children in rough play which involves physical contact.
- Inappropriate or intrusive touch must not take place in any form.
- Sexually suggestive comments are not made about any person, even in a fun manner.
- Appropriate language must be used at all times which does not discriminate or ridicule a child or adult.
- Favouritism towards a particular child must not be shown.
- Appropriate boundaries are maintained at all times and time and attention is shared between children and young people.
- Church workers should not be alone with children or adults who may be vulnerable.
- Children and adults who may be at risk should not be invited to a church worker's home unless part of a group activity. In such situations, parental consent should be given for those under the age of 18.
- If a group is taken away overnight, sleeping accommodation should not be shared between leaders and children, young people or adults who may be vulnerable.

### **7.5.3 Dress and appearance**

A person's dress and appearance are matters of personal choice and self-expression. However adults should dress in ways which are appropriate to their role and when working with children, should ensure they are dressed appropriately for the tasks and the work they undertake.

This means that adults should wear clothing which:

- is appropriate to their role;
- is not likely to be viewed as offensive, revealing, or sexually provocative;
- does not distract, cause embarrassment or give rise to misunderstanding;
- is absent of any political or otherwise contentious slogans;
- is not considered to be discriminatory and is culturally sensitive.

### **7.5.4 Sexual contact**

All adults should clearly understand the need to maintain appropriate boundaries in their contacts with children. Where a person aged 18 or over is in a specified position of trust with a child under 18, it is an offence for that person to engage in sexual activity with or in the presence of that child, or to cause or incite that child to engage in or watch sexual activity. Allowing or encouraging a relationship to develop in a way which might lead to a sexual relationship is also unacceptable.

There are occasions when adults embark on a course of behaviour known as 'grooming' where the sole purpose is to gain the trust of a child, and manipulate that relationship so sexual abuse can take place. Adults should be aware that consistently conferring inappropriate special attention and favour upon a child might be construed as being part of a 'grooming' process and as such will give rise to concerns about their behaviour

This means that adults should not:

- have any form of communication with a child or young person which could be interpreted as sexually suggestive or provocative i.e. verbal comments, letters, notes, electronic mail, phone calls, texts, physical contact;
- make sexual remarks to, or about, a child/young person;
- discuss their own sexual relationships with or in the presence of children/young people;
- take care that their language or conduct does not give rise to comment or speculation.

### **7.5.5 Physical contact/touch**

There are occasions when it is entirely appropriate and proper for staff to have physical contact with children, but it is crucial that they only do so in ways appropriate to their professional role.

A 'no touch' approach is impractical for most staff and will in some circumstances be inappropriate. When physical contact is made with children, this should be in response to their needs at the time and of limited duration.

Touch is an important part of human relationships: for example, it can be necessary to stop a young child from hurting herself or himself; it can also be a natural way of responding to someone in distress.

However, everyone working with children should be sensitive to what is appropriate and inappropriate physical

contact, both in general terms, and in relation to a specific individual. Leaders need to be conscious of situations in which their actions, however well intentioned, could be misconstrued by others or be harmful.

- Keep everything public. A hug in the context of a group is very different from a hug behind closed doors.
- Touch should be related to the child's, young person's or adult's needs, not the worker's.
- Touch should be age-appropriate and generally initiated by the child, young person or adult, rather than the worker.
- Under no circumstances should a physical activity take place that may be sexually stimulating.
- All children, young people and adults are entitled to personal privacy and the right to decide how much physical contact they have with others, except in circumstances such as a medical emergency.
- When giving first aid (or applying sun cream etc.), encourage the child, young person or adult to do what they can themselves while, in their best interests, giving appropriate help where necessary.
- Team members should monitor one another in the area of physical contact. They should be free to help each other by constructively challenging anything which could be misunderstood or misconstrued.
- Concerns about abuse should always be reported.

#### **7.5.6 Time Alone**

GTM staff and volunteers should ensure they are not alone with a child or young person at any time. Good practice can ensure that situations do not arise in which this may occur, for example, arranging for youth workers to arrive earlier than the group is due to start and in cases where a child is upset, taking them to a quieter area of the room where other people are present, not in a spare room behind a closed door.

No child or young person should be invited alone into the home of an adult who works with them or who is in a position of trust.

#### **7.5.7 Gifts, rewards and favouritism**

Adults working with children need to be aware of not showing favouritism to individual children by giving them gifts or treats etc. which could be in any way considered as a bribe or inducement to enter into a relationship with the adult, or give rise to any false allegations of improper conduct against them.

There are occasions when children, young people or parents wish to pass small tokens of appreciation to adults e.g. 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.

Any gifts received should be disclosed to a supervisor or colleague where it should be decided whether they could be accepted.

#### **7.5.8 Infatuations**

Situations can arise when a child or young person may develop an infatuation with an adult who works with them. These adults should deal with these situations sensitively and appropriately to maintain the dignity and safety of all concerned. They should remain aware, however, that such infatuations carry a high risk of words or actions being misinterpreted and should therefore make every effort to ensure that their own behaviour is above reproach.

An adult, who becomes aware that a child or young person is developing an infatuation, should discuss this at the earliest opportunity with a supervisor or line manager, so appropriate action can be taken to avoid any hurt, distress or embarrassment. If required, advice may be sought from the GTM Safeguarding Coordinator or Safeguarding Lead.

This means that adults should:

- report and record any incidents or indications (verbal, written or physical) that suggest a child or young person may have developed an infatuation with a member of staff;
- always acknowledge and maintain professional boundaries.

#### **7.5.9 Social Contact**

Adults should not establish or seek to establish social contact with children for the purpose of securing a friendship or to pursue or strengthen a relationship. See also the later section on social networking on page 26.

### **7.5.10 Good practice with colleagues**

If a member of staff or volunteer sees another member of staff acting in ways which might be misconstrued, they should be prepared to speak to them or to their supervisor about their concerns. Staff and volunteers should encourage an atmosphere of mutual support and care which allows all staff and volunteers to be comfortable enough to discuss inappropriate attitudes or behaviour.

## **6. Volunteers**

Volunteers, particularly those under the age of 18, should never work unsupervised and should be given clear guidance and support.

Only volunteers who have been formally appointed to an appropriate role may take responsibility for children. See the section on recruitment (page 12) for further guidance.

### **6.1 Volunteers aged under 18**

Young people have much to contribute to groups and activities. It is however necessary that such a role is managed effectively through supervision, monitoring and support. It may be appropriate to identify an adult leader to supervise the young person whilst providing support and guidance.

Young people aged 16 or 17 may help as volunteers with groups but must be supervised by an adult worker and cannot be counted as part of the staffing.

Young people aged under 16, including those on work experience, may act as helpers but should not have responsibility for children and must be supervised.

All young people volunteering need to fully understand the purpose of their role which can be best achieved through meeting prior to commencing the volunteer work and completing a volunteer agreement form. This should outline both the expectations of the young person at the group and leaders of the group in terms of support, monitoring and review of the position.

A young person should be aware of whom to approach if they have any safeguarding concerns and should also have an understanding of the social media policy. The young person should also have access to details of the GTM Safeguarding Coordinator in the event concerns need to be shared in relation to a member of staff or volunteer at the group.

A Young Person's Volunteer Agreement can be found in Appendix 6.

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## **7. Additional Guidance on Activities**

### **7.1 Registering children in activities**

A registration form should be completed for every child or young person who attends groups or activities. The form should be updated annually and include the following:

- Name and address;
- Date of birth;
- Emergency contact details for a parent or carer;
- Medical information;
- Any specific needs including for activities that the child is unable to take part in and serious allergies and dietary requirements;
- Consent for the activity;
- Consent for emergency medical treatment;
- Consent for photographs and videos if relevant – also see later section on photography.

Store the forms together in a confidential place and always have them available for the leaders of the activity throughout each session and ensure they are duplicated as appropriate, for example, so that the leaders travelling in each minibus have copies.

## **7.2 Adult to child ratios**

At every activity or group there must be at least two adults supervising; preferably one male/one female – both these adults should have been safely recruited and DBS checked. Outlined below are the child/adult ratios as recommended by GTM:

0-2 year olds	1 person for every 3 children
2-3 year olds	1 person for every 4 children
3-8 year olds	1 person for every 8 children
Over 8 year olds	1 person for the first 8 children and then 1 extra person for every extra 12 children

Having a suitable ratio of adult leaders is essential in ensuring that appropriate and safe levels of supervision are maintained. Factors to take into consideration in the assessment will include:

- Gender, age and ability of group;
- Additional support or medical needs;
- Nature of activities;
- Duration and nature of the experience;
- Type of accommodation;
- Competence of staff;
- Requirements of the organisation to be visited;
- Whether the adults leading the group are related (in which case an additional adult would be required in order to ensure accountability);
- Competence and behaviour of participants.

## **7.3 Transporting arrangements**

These guidelines apply to all drivers transporting children, organised on behalf of GTM. They do not apply to private arrangements made by parents.

Alongside these guidelines; note that it is not appropriate for an adult to transport a child alone.

### **By private car**

- Only adults approved as group leaders should transport children;
- Signed parental consent is required for all transport of children including to and from a meeting or as part of an activity;
- Under no circumstances should an adult be alone in the car with a child;
- Consideration should be given to suitable additional adults to support a child with special needs or challenging behaviours;
- When dropping off after the event, ensure that they are met or have access to their homes;
- Drivers need to have appropriate insurance and to comply with the law in relation to seat belts, child seats and booster cushions;
- Transporting children related to GTM activities is part of a regulated activity and DBS checks are required for those adults involved.

### **Driver issues**

- Drivers with unspent driving-related convictions should not be transporting children or adults at risk as part of GTM. Those with spent convictions for such offences should be assessed by the GTM Safeguarding Coordinator/Lead. It is good practice to limit transport to drivers over 25 who have held a full licence for a period of at least two years.

### **Vehicle issues**

- All cars must comply with the law in regard to MOT and roadworthiness;
- All drivers must hold comprehensive insurance and check that it covers the proposed activity;
- All drivers must check with their car insurance provider as to whether they need business insurance;

- All drivers must comply with the seatbelt and child restraint law and must use only seats that are designed for the vehicle.

#### **Minibus hire**

- Appropriate arrangements, for example, regarding insurance and qualifications, should be made by those driving minibuses on behalf of GTM.

### **7.4 Trips, outings and residential activities**

GTM and its related project may plan outings, day trips and residential events for which it is expected that approval has been sought from the Board of Trustees and that relevant insurance cover is in place.

The group leader is responsible for ensuring that all reasonable preparation has been made for the event, including:

- Written permission must be obtained from parents/carers whenever children are taken off the premises in which the group normally meets. The consent form should be headed with the title, date, and destination of the trip or outing. (see appendix 5);
- Ensure that all leaders for the event have been appointed in accordance with GTM Safer Recruitment Procedures and that DBS disclosures are valid;
- Ensure that there is an appropriate balance of leaders to group members;
- Check with the venue to ensure that their policies and procedures can be adhered to (e.g. capacity at the venue is compatible with those participating);
- Ensure that suitable insurance cover for the outing, transport arrangements and activities are in place prior to leaving. Insurance should include public liability, personal accident and injury;
- For visits involving an overnight stay, ensure that the residential venue has a current building and fire certificate;
- Ensure that the building can meet the needs of everyone participating;
- Ensure that a risk assessment for the visit is completed and brought to the attention of all leaders who should be made aware of their areas of responsibility (see template Risk Assessment Form in appendix);
- Appoint a co-leader of the opposite sex for co-educational outings;
- Ensure that one leader is first-aid trained and has a first-aid kit available;
- Ensure that all contact details for those participating are available in case of emergency;
- Ensure a system of liaison between the leader and parents/carers;
- Ensure that parents/carers are aware of the arrangements for transporting children to and from the event;
- Brief the children at the start of the event as to expectations of behaviour and how to pass on any concerns they might have;
- The leader must ensure that all risk assessment and consent forms travel with the group;
- Have an evaluation meeting after the event and make recommendations for learning and development where required.

As well as the information requested in the 'General Consent Form' (see appendix 5) a consent form for trips and outings should ask for the following:

- (i) Details of any infectious illness or disease with which the child has had contact in the last three weeks;
- (ii) Any medication required during the trip or outing;
- (iii) Specific consent for each activity to be undertaken during the trip or outing (if swimming is involved, there should be a series of yes/no questions to establish the child's competence e.g. 'Is your child able to swim 50 metres?');
- (iv) Consent to the transport arrangements, which should be clearly described either on the form or in the accompanying letter about the trip or outing (NB check licences and insurance of private drivers);
- (v) A confirmation that a parent or adult with parental responsibility has read the information about the outing or trip in the accompanying letter and gives permission for the child to take part and provided additional contact numbers.

The accompanying letter should give details of timings for departure and return, and arrangements for getting updated information if there is an unavoidable delay in return. The date, destination, cost and transport arrangements should be detailed, together with a list of items to bring, contact numbers at the venue and the mobile number of one of the leaders if possible.

A deadline for reply should be stated and it should be emphasised that any child who has not provided a signed consent form will be allowed on the trip. (The consent forms should be taken on the trip and copies also left at GTM's offices – never settle for a verbal message of consent by phone or conveyed by a child). If there are any hazardous activities involved in the trip, list those in charge of such activities and their qualifications.

The following guidelines apply to residential outings at night time, once the participants have gone to bed:

- Accommodation must be gender specific;
- The adults supervising must reflect the gender of the group;
- Careful consideration and preparation is needed where a transgender, non-binary or gender questioning child or young person is attending a residential outing, this should include a discussion with the child or young person, and their parents/carers (if appropriate). As far as possible, trans\* children and young people should be able to sleep in accommodation appropriate to their gender identity. Some trans\* children or young people may not feel comfortable doing this and in such cases alternative sleeping arrangements (such as a gender neutral space) should be made. Objections to the inclusion of a trans\* child or young person or the proposed sleeping arrangements (which may come from other parents or children/young people themselves) should be discussed with those raising the concern. If necessary, alternative sleeping arrangements can be made for the objecting child/young person, but the decision of where a trans\* child or young person should sleep should never be based on another person's prejudice or transphobia;
- Principles of good practice apply to evening and night time supervision. For this reason any monitoring arrangement must always involve two adults and no adult should be alone with a child or adult at risk;
- It is unacceptable that one adult shares a bedroom with a child or adult at risk. Children may be allocated rooms together. It is advisable to group children together in similar ages, unless there is a sibling group;
- The consumption of alcohol by leaders during the trip must be considered prior to the trip and under no circumstances should alcohol be consumed excessively. At least two members of the group should abstain from alcohol at all times in case transport is required;
- No leader should smoke in the presence of a child or adult at risk.

NB - At the planning stage, check with the GTM insurers that you will be covered for the proposed activity; and begin the process of collecting consent forms well in advance as it will be a case of 'No consent - No trip'.

## 7.5 Photographs

When using photographic images of people in GTM publications and websites, the following is a good practice protocol advised by the National Safeguarding and Youth Officers.

- (i) As an organisation founded on Christian values we wish to demonstrate love for our neighbour to respect their privacy and not to cause any embarrassment;
- (ii) We want to promote and encourage the GTM's work with people of all ages, through the appropriate use of images and video reflecting the diversity of activities in our publications;
- (iii) When we take someone's photograph or film them for publication/distribution they should always be aware that we are doing it and consent should be obtained to both take and publish pictures. Awareness can be assumed if: people are attending a photo call or the intention of taking photographs or filming is included in the invitation to the event and people are given the choice to opt out;
- (iv) Photographers should always respect the privacy of others. As such, there are occasions when photography is prohibited;
- (v) In all other circumstances permission should be sought at the time the photograph is taken and a chance to opt out must be given;
- (vi) Even given the 'assumed awareness' of the circumstances listed in (iii) specific permission should be sought for images of individuals (a person may be happy for a large group photo, but not an individual one). Specific permission should also be sought where it is the intention to name any person shown in the photograph in an accompanying caption or article;
- (vii) Many schools approach parents to ascertain whether they have objections to photographs of their child being used in various media to represent the activities of the school. Teachers are often, therefore, in a position to grant general permission to publish images of children in school-related activities *in loco parentis*. However, this should not be assumed, and written permission from an appropriate representative of the school should be sought to publish such images;
- (viii) Outside of this school activity context, in other cases involving minors (under-16s), their consent and the written consent of a person with parental responsibility for the child must be obtained, which should specify for what purposes the photo or film will be used and how they will be stored if not destroyed. In particular, if the intention is to use the picture or film on the internet, this must be clearly stated at the time the permission is sought;

- (ix) Further written consent will be required from young people and their parents/carers if photographs or film are to be used in other ways;
- (x) Clearance forms should be stored with photographs or film for future reference.

## **7.6 OFSTED registration**

Where activities take place for more than 2 hours in any one day, or if a holiday club runs for more than 14 days a year, then advice should be sought from OFSTED about possible need for registering the activity.

For more information visit: <https://www.gov.uk/guidance/childminders-and-childcare-providers-register-with-ofsted/registration-exemptions>

## **7.7 Casual visitors**

Casual visitors i.e. those who have not been authorised by the GTM as leaders, helpers or by invitation, for example speakers, should not have access to children.

## **7.8 Health and Safety**

- All leaders should know the location of the nearest telephone;
- Adults must be aware of the safety/fire procedure. A fire drill should be carried out regularly, in accordance with the health and safety procedures in place in the building. Fire extinguishers should be available and regularly checked;
- Children with infectious illnesses must not attend;
- No smoking should be permitted near the areas children will be in;
- Children should submit a health form before an activity. Take health forms when going off-site;
- Accidents should be recorded with a note of any action taken and signed by the leader involved;
- A first aid kit should always be available and its location must be well known;
- No medication should be administered without written parental consent;
- One leader should ideally be a first-aider;
- A responsible adult should make sure that the premises are open in good time.

## **7.9 Insurance**

GTM should keep a record of all activities that take place and it must be checked that insurance cover is adequate.

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# **8. E-safety: Electronic Communication and Social Networking.**

Safeguarding children and others today requires the recognition that abuse can happen both online and offline. Whilst computers, mobile phones and all other electronic communication devices are by very nature neutral, unfortunately they can be used as vehicles to bring harm, and as a tool to groom children.

Children can be groomed through the internet and via messaging services, such as text messages, all forms of social media, the use of Skype and other web-cam services, with chat facilities, within online games and through the facility to send and receive digital pictures and images.

We live in a changing world of technology which, although sophisticated, is also easily accessible and allows for those who wish to exploit children to gain trust with them. For whilst children may be technically competent, they can also lack the maturity to understand the dangers they may be exposed to. Those with responsibility for the care and welfare of children should therefore ensure that they are technically competent in the area of what is called 'e-safety'.

The purpose of these guidelines is to help safeguard staff and volunteers from allegations and protect their privacy, as well as safeguard children and young people.

Due to the increasing personal use of social networking sites, everyone needs to be aware of the impact of their personal use on their professional standing.

In practice anything posted on the internet will be there forever and is no longer in your control. When something is on the internet even if you remove it, it may have already been “snapshotted” by a “web crawler” and so will always be there. Current and future employers and others may see it. Teachers, children and young people and their parents, friends, family members and carers may also see it. When working with young people, you need to keep clear boundaries between your professional life and your private life – and you may need to limit what you post on-line on social networking sites in order to do this.

### **8.1 General dos and don'ts**

Staff and volunteers are in a professional position and are responsible for the care of children and young people. Communication between children and adults by whatever method should always take place within clear and explicit boundaries. This includes face to face contact, mobile phones, text messaging, emails, digital camera, videos, webcams, websites, blogs and social media messaging.

Therefore staff and volunteers should:

- Ensure that all electronic communications are appropriate and professional;
- Not engage in any activities which may harm the welfare of children or young people;
- Not engage in activities on the internet which might bring GTM into disrepute;
- Not browse, download, upload or distribute any material that could be considered offensive, illegal or discriminatory;
- Ensure that all electronic communications are appropriate and professional.

### **8.2 Communicating electronically with children and young people – dos and don'ts**

- Obtain consent from the parents or guardians of any young people or children you wish to communicate with digitally, including to obtain their mobile phone number;
- You should not give your personal contact details to children or young people, including mobile telephone numbers, personal email address, details of any personal blogs, or personal web sites;
- Always copy another worker into all e-mails to ensure accountability. When using e-mails and instant messaging (IM), ensure that the general protocols for ICT communication are taken into account;
- When communicating with a group of children or young people, use a group e-mail or text message and not individual ones. This saves time, and ensures there is no favouritism as everyone will receive the same message;
- Use a specific e-mail account to communicate with children and young people. The address should be known by the young person or child, their parent or guardian, and other staff. This should not be your personal e-mail account;
- Use clear and unambiguous language. Many abbreviations are currently used which are open to misinterpretation, for example ‘lol’ could mean ‘laugh out loud’ or ‘lots of love’. Nuance and tone in communication can sometimes be hard to read, so ensure that language is clear and not open to misunderstanding;
- Stick to an agreed length of time for a conversation with a child or young person through instant messaging, and an agreed curfew when no communication takes place, for example between 10pm and 7am;
- Log all conversations in a text/Word file and ensure that it is saved in a specific area on the computer. At the beginning of each IM conversation, you should inform the child or young person you are communicating with that the content of your conversation will be saved;
- Any text messages that are received which cause concern should be saved and passed to the GTM Safeguarding Coordinator.

### **8.3 Social Networking – Dos and Don'ts**

Social networking sites provide a great way for people to maintain contact with their friends. However, through the open nature of such sites, it is also possible for third parties (including children and young people and their parents and carers) to access this information. The following guidance for staff and volunteers is to protect children and young people and keep staff and volunteers safe from allegations:

You must not post or share confidential work related information on your personal social networking pages, whether written or pictures.

- Under no circumstances should comments be made on social networking sites, in chatrooms or in any other electronic forum, about GTM or any of its staff or volunteers.
- Under no circumstances should comments be made on social networking sites, in chatrooms or in any other electronic forum, about children or young people you are working with.
- You must not send or accept friendship requests on social networking or messaging sites from children or young



people (or their parents/carers and family members) that you work with under the age of 18. Also remember that young people you no longer work with may still have friends that you may have contact with through your work with GTM.

- Social networking sites such as Facebook have a range of privacy settings which are often set up to expose your details to anyone. When 'open' anyone can find you from a search of the social networking site or even from a google search. Therefore, it is important to change your setting to 'just friends' so that your details, comments and photographs can only be seen by your invited friends. However, always remember anyone who can access your site can potentially copy and paste your comments into the public domain, making it visible to all.
- You may have your own profile set to private, but when joining a group or a network, be aware that everyone in that group or network is able to see your profile. Have a neutral picture of yourself as your profile image, do not put online any text, image, sound or video that could upset or offend or be incompatible with your professional or volunteer role with GTM and do not post embarrassing material or comments about yourself.
- Choose your social networking friends carefully and ask about their privacy controls.
  - o Exercise caution, for example, on Facebook if you write on a friend's 'wall' - all of their friends can see your comment, even if they are not your friend. Your friends may take and post photos that you may not be happy about. You will need to speak to them to request that it is removed.
- If you have younger friends or family members on your social networking groups who are friends with young people (or their parents/carers and family members) that you work with, be aware that posts that you write will be visible to them.
- You should always be aware of the privacy settings on photo sharing websites. If you or a friend are tagged in an online photo album (Facebook, Flickr, Instagram) the whole photo album may be visible to their friends, your friends and anyone else tagged in the photo album. You do not have to be friends with anyone to be tagged in their photo album; if you are tagged in a photo you can remove the tag but not the photo.
- Do not use your personal profile in any way for official business.

## APPENDIX 2: Definitions of Abuse in Children

### 1. Definition of abuse

Government statutory guidance; 'Working Together to Safeguard Children – A guide to inter-agency working to safeguard and protect the welfare of children' March 2013 Appendix A, sets out the definition of 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, adults or another child or children.

#### a. Significant Abuse

This relates to the degree of harm that triggers statutory action to protect a child. It is based on the individual child's health or development compared to that which could reasonably be expected of a similar child. Department of Health guidance suggests that 'significant' means 'considerable, noteworthy or important.'

#### b. 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.

#### c. Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

They may also include non-contact activities, such as involving children in looking at, or in the production of sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

#### d. Emotional Abuse

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

#### e. Child Sexual Exploitation

Child sexual exploitation (CSE) is a type of sexual abuse in which children are sexually exploited for money, power or status. Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities.

Violence, coercion and intimidation are common; children or young people may be tricked into believing they are in a loving, consensual relationship. They might be invited to parties and given drugs and alcohol. They may also be groomed online. Some children and young people are trafficked into or within the UK for the purpose of sexual exploitation. Sexual exploitation can also happen to young people in gangs.

CSE can occur through the use of technology without the child's immediate recognition; for example being persuaded to post sexual images on the internet/mobile phones. In all cases, those exploiting the child or young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources.

Regardless of the challenging behaviours they may display, exploited children should be viewed as victims of child sex abuse, not as criminals.

**f. 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.

**g. Female Genital Mutilation**

Female Genital Mutilation (FGM) is an offence and any suggestion that it is being sought or has been carried out should be referred to the local authority children's social care service or the police.

**h. Child Trafficking**

Child trafficking is the bringing of children into the country, sometimes without proper immigration arrangements, for a variety of illegal purposes, which can include domestic service, illegal adoption, organ harvesting, benefit claims or prostitution. Such children may have little English. The police or local authority children's social care service should be contacted immediately if a staff member or volunteer comes across such a child.

**i. Spiritual Abuse**

Spiritual abuse is not covered by the statutory definitions but is of concern both within and outside faith communities, including the Church. Linked with emotional abuse, spiritual abuse could be defined as an abuse of power, often done in the name of God or religion, which involves manipulating or coercing something into thinking, saying or doing things without their right to choose for themselves.

Some indicators of spiritual abuse might be a leader who is intimidating and imposes their will on other people, perhaps threatening dire consequences or the wrath of God if disobeyed. A leader/person in a position of trust may say that God has revealed certain things to them and their way of thinking is correct. Those under their leadership are fearful to challenge or disagree, believing they will lose the leader's, or more seriously, God's acceptance and approval. If anyone is uncertain whether or not spiritual abuse has taken place, they can contact the GTM Safeguarding Coordinator or Lead.

**j. Domestic Violence**

Domestic abuse is any type of controlling, bullying, threatening or violence behaviour between people in a relationship. It is not just physical violence – domestic abuse includes any emotional, physical, sexual, financial or psychological abuse between adults, aged 18 and over, who are or have been intimate partners, or family members, regardless of gender or sexuality. Family members are defined as mother, father, son, daughter, brother, sister, and grandparents, whether direct related, in laws or step-family. Acts such as forced marriage and other so-called 'honour crimes', which can include abduction and homicide, can also come under the definition of domestic violence.

It can happen in any relationship, and even after the relationship has ended. Both men and women can be abused or abusers.

Witnessing domestic abuse is child abuse, and teenagers can suffer domestic abuse in their relationships. Domestic abuse can seriously harm children and young people.

## **2. Signs of possible abuse in children and young people**

The following signs could be indicators that abuse has taken place, but should be considered in the 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 with adults;
- Inappropriate bed-sharing arrangements at home;
- Severe sleep disturbances with fears, phobias, vivid dreams, nightmares, sometimes with overt or veiled sexual connotations;
- Eating disorders – anorexia, bulimia etc.\*

#### 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/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.;
- Smelly and wearing the same clothes that appear unwashed.

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

### APPENDIX 3: Further guidance on what to do if a child tells you about abuse

- Listen carefully and believe what they are saying. Most children find it enormously difficult to tell anyone about abuse; if they have summoned up the courage to talk to you.
- Remember, **it is not within the remit of your role to ascertain whether the child is telling the truth**; in fact children rarely make up stories of abuse – there are specialised staff within a variety of agencies that are highly trained to undertake such work.
- Your role is to let the child talk at their own pace – don't ask questions, don't jump in to fill the pauses, just listen. Try to keep the conversation going with encouraging nods, murmurs and repetitions of what has been said. Make sure the child knows you are taking what they say seriously, and that you will try to help.
- **Never promise to keep it a secret**; you will almost certainly have to share the information in order to help keep the child safe. Once the child has finished telling you what has happened, explain that you have a responsibility to talk to somebody who is experienced in working with children who have experienced such difficulties, for guidance and advice.
- **Always document what you have been told as soon as possible**. Make a careful record of what has happened: what the child told you (use their words as closely as you can, even if the child has used 'slang' words), when and where the alleged abuse took place, who was involved, and when and where the child told you about it. Time, date and sign the record.

#### Summary of dos and don'ts

##### Do:

- Make it clear that you cannot be asked to keep a secret;
- Listen to the child, young person or adult. Let them express their views and feelings without interruption; accept what they are saying;
- Reassure the child, young person or adult that they have done the right thing in telling someone;
- Explain that you must pass this information on;
- Make notes of what was said using the child, young person or adults words whenever possible;
- Speak to the line manager (unless they are the subject of the allegation);
- Contact the GTM Safeguarding Coordinator or Safeguarding Lead to share concerns;

##### Do not investigate any allegation.

##### Do not:

- Show shock or disbelief;
- Agree to keep the disclosure a secret;
- Make a promise or suggestion that you can stop the abuse;
- Ask questions seeking further detail – you risk contaminating the evidence;
- Investigate any allegation - specially trained professionals undertake this role;
- Contact the alleged perpetrator;
- Make any statement or comment to the press.

***Remember you do not investigate under any circumstances!***

## **APPENDIX 4: Definitions of Abuse in Adults**

### **1. Definition of abuse**

#### **Elder Abuse**

The national charity, Action on Elder Abuse (AEA), defines abuse as 'a single or repeated act or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person'. It is generally recognised that the perpetrators of abuse or neglect are most commonly people who are trusted and relied on by the older person, such as family members or care staff. The new law of safeguarding is not, however, limited to situations where there is a breach of trust; it includes situations such as risk of exposure to scams.

#### **Physical Abuse**

This is the infliction of pain or physical injury, which is either caused deliberately, or through lack of care.

#### **Sexual Abuse**

This is the involvement in sexual activities to which the person has not consented or does not truly comprehend and so cannot give informed consent, or where the other party is in a position of trust, power or authority and using this to override or overcome lack of consent.

#### **Psychological or Emotional Abuse**

These are acts or behaviour, which cause mental distress or anguish or negates the wishes of the adult at risk. It is also behaviour that has a harmful effect on their emotional health and development or any other form of mental cruelty.

#### **Financial or Material Abuse**

This is the inappropriate use, misappropriation or embezzlement or theft of money, property or possessions. Adults at risk can be prey to people taking advantage of them by taking gifts of money, food and other items from them, when the adult has little idea of their true value, does not realise this will leave them with insufficient means or believes that the people they are helping are their friends. Such abuse may also involve the use of a position of authority or friendship to persuade a person to make gifts, to leave legacies or change a will.

#### **Neglect or Act of Omission**

This is the repeated deprivation of assistance that the adult at risk needs for important activities of daily living, including the failure to intervene in behaviour which is dangerous to the adult at risk or to others. Someone may be suffering from neglect when their general well-being or development is impaired and where access to necessary health or medication is denied.

#### **Discriminatory Abuse**

This is the inappropriate treatment of an adult at risk because of their age, gender, race, religion, cultural background, sexuality, disability etc. Discriminatory abuse exists when values, beliefs or culture result in a misuse of power that denies opportunity to some groups or individuals. Discriminatory abuse links to all other forms of abuse.

#### **Institutional Abuse**

This is the mistreatment or abuse of an adult at risk by a regime or individuals within an institution (e.g. hospital or care home) or in the community, for example, care provided in a person's home. It can be through repeated acts of poor or inadequate care and neglect or poor professional practice and is more about the needs of the organisation rather than the needs of the person. Often, institutional abuse involves poor policy and procedures and a failure to implement them appropriately and in a manner which promotes safety and wellbeing.

#### **Hate Crime**

This is an act of violence or hostility directed at people because of who they are or someone thinks they are. For example, a person is disabled or thought to be LGBT+.

#### **Extremism**

Goes beyond terrorism and includes people who target the vulnerable 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.

## **2. Signs of possible abuse in adults at risk**

### **Physical**

- A history of unexplained falls, fractures, bruises, burns, minor injuries;
- Signs of under or over use of medication and/or medical problems unattended.
- 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**

- A history of unexplained falls, fractures, bruises, burns, minor injuries;
- 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**

- 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

### **Psychological**

- Alteration in psychological state e.g. withdrawn, agitated, anxious, tearful;
- Intimidated or subdued in the presence of the carer;
- Fearful, flinching or frightened of making choices or expressing wishes;
- Unexplained paranoia.

### **Financial or Material**

- Disparity between assets and living conditions;
- Unexplained withdrawals from accounts or disappearance of financial documents;
- Sudden inability to pay bills;
- 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**

- Inappropriate granting and/or use of Power of Attorney
- 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.

#### **Neglect or Omission**

- Malnutrition, weight loss and /or persistent hunger;
- Poor physical condition, poor hygiene, varicose ulcers, pressure sores;
- Being left in wet clothing or bedding and/or clothing in a poor condition;
- Failure to access appropriate health, educational services or social care;
- No callers or visitors.

#### **Discriminatory**

- 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**

- Lack of flexibility or choice over meals, bed times, visitors, phone calls etc.;
- Inadequate medical care and misuse of medication;
- Inappropriate use of restraint;
- Sensory deprivation e.g. denial of use of spectacles or hearing aids;
- Missing documents and/or absence of individual care plans;
- Public discussion of private matter;
- Lack of opportunity for social, educational or recreational activity.

#### **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

#### **Other indications that abuse may be occurring:**

- The person may not be allowed to speak for themselves, or see others, without the caregiver (suspected abuser) being present;
- Attitudes of indifference or anger towards the adult at risk;
- Family member or caregiver blames the adult at risk (e.g. accusation that incontinence is a deliberate act);
- Aggressive behaviour (threats, insults, harassment) by the caregiver towards the person they are caring for;
- Previous history of abuse of others on the part of the caregiver;
- Inappropriate display of affection by the caregiver;
- Flirtations, coyness, etc., which might be possible indicators of an inappropriate sexual relationship;
- Social isolation of the family or restriction of activity for the person they are caring for by the caregiver;
- Conflicting accounts of incidents by the family, supporters or the adult at risk;
- Inappropriate or unwarranted defensiveness by the caregiver;



- Indications of unusual confinement (closed off in a room, tied to furniture, change in routine or activity);
- Obvious absence of assistance or attendance.
- Appearance, unshaven, clothes not washed, unkempt.

## APPENDIX 5: Further guidance on what to do if an adult tells you about abuse

Many people who have experienced abuse in childhood never told anyone about the abuse when they were a child. As an adult, they may find that they struggle with repeated memories of the abuse that get in the way of their daily living activities or cause them a lot of distress.

It is important that any adult survivor of abuse is able to access pastoral care from an appropriate person – if they have chosen to tell you about the abuse, then you are probably the person that they see as ‘appropriate’ in terms of someone that they feel they can talk to.

As soon as any adults starts to tell you about their childhood abuse, you must be clear with that person that if they inform you of the name or any identifying details of the abuser, you may have to breach confidentiality in order to protect any children that the abuser currently may have contact with. This will allow the adult disclosing a history of abuse to continue to seek support from you whilst maintaining control over what information they share with you.

It can be very uncomfortable to hear of abuse that has occurred to someone when they were a child, whilst knowing that the abuser may still be a risk to children, but not having enough information to be able to approach the relevant investigative agencies (children’s social care or the police) to seek advice as to how to protect those children is also uncomfortable. Contact the GTM Safeguarding Coordinator/Lead for advice and support.

- If you suspect that someone is being mistreated in some way, you should always take responsibility for doing something about their concerns.
- Listen carefully and believe what they are saying. Some vulnerable people will find it difficult to disclose abuse and may need help to tell their story to someone they trust. Careful listening is most important, without ‘leading’ someone with suggestions or asking questions that request further information which may confuse the story.
- If someone discloses abuse, it is important to receive the information without making a judgement or making a comment that may lead the individual to believe his or her word is doubted.
- **Never promise that you can keep it a secret** as in cases where the adult themselves, or another child or adult is at risk; this information will need to be shared.
- **If a person is at immediate risk of harm contact the Police immediately.**
- **Always document what you have been told as soon as possible.** Make a careful record of what has happened: what the person has told you (use their words as closely as you can), when and where the alleged abuse took place, who was involved, and when and where the child told you about it. **Time, date and sign the record.**
- Make a note of any calls you made e.g. to GTM Safeguarding Coordinator or Thirtyone:eight, including any decisions made or agreements for action reached – remember to record the names of the people that you have discussed the situation with. **Put a full date and time on the record and sign it.**
- Under no circumstances should the person against whom the allegation has been made be contacted or any other actions taken that might be construed as an investigation of the allegation. This is extremely important as it may place the adult at increased risk of harm and may prejudice any future investigation by Police or Statutory Agencies. Many adults at risk rely on their carers for support, shelter and care and therefore the reporting of mistreatment needs to be undertaken with sensitivity.
- The Care Act 2014 builds on previous government guidance and local authorities are now required to make enquiries or ensure that enquiries take place, if they reasonably suspect an adult who would meet the criteria of being at risk, has been abused or neglected or is at risk of being abused or neglected.

### Summary of dos and don’ts

Do:

- Make it clear that you cannot be asked to keep a secret;
- Listen to the child, young person or adult. Let them express their views and feelings without interruption; accept what they are saying;
- Reassure the child, young person or adult that they have done the right thing in telling someone;

- Explain that you must pass this information on;
- Make notes of what was said using the child, young person or adults words whenever possible;
- Speak to the line manager (unless they are the subject of the allegation);
- Contact the GTM Safeguarding Coordinator or Safeguarding Lead to share concerns;

**Do not investigate any allegation.**

**Do not:**

- Show shock or disbelief;
- Agree to keep the disclosure a secret;
- Make a promise or suggestion that you can stop the abuse;
- Ask questions seeking further detail – you risk contaminating the evidence;
- Investigate any allegation - specially trained professionals undertake this role;
- Contact the alleged perpetrator;
- Make any statement or comment to the press.

## APPENDIX 6: Code of Conduct

**Greater Together Manchester's behaviour code for working with children, young people and adults at risk of harm.**

### **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 [name of group/organisation]. 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 GTM's social media policy
- Developing inappropriate relationships
- Smoking and consuming alcohol or illegal substances
- 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/Lead as appropriate). Depending on the seriousness of the situation, you may be asked to leave GTM. 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/Lead or your 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:

## APPENDIX 7: Templates and Sample Forms

### 1. A model statement of safeguarding children and young people for a GTM project

#### **Policy Statement on Children, Young People and the [PROJECT NAME]**

**This statement was agreed at the [STEERING GROUP] meeting held on: [DATE]**

- As members of this project, we commit ourselves to the nurturing, protection and safekeeping of all, especially children and young people.
- It is the responsibility of each one of us to help prevent harm or abuse to children in all their recognised forms
- We undertake to exercise proper care in the appointment and selection of those who work with children and young people.
- We undertake to implement the requirements of all relevant legislation including but not limited to Working Together to Safeguard Children 2018, The Disability Discrimination Acts 1995 and 2005, and Equality Act 2010
- We recognise that our work with children and young people is the responsibility of everyone.
- Our project is committed to supporting, resourcing and training those who work with children and young people and to providing supervision.
- Our project is committed to following the policy and procedures published by GTM.
- This project will adopt good practice guidelines.
- Each worker with children and young people must undertake Safeguarding training, know the guidelines and undertake to follow them. Each shall be given a copy of GTM's agreed procedures and good practice guidelines.

**As part of our commitment to children and young people, the [STEERING GROUP] has appointed [NAME] to be the Project Safeguarding Co-ordinator.**

- Children and young people are an important part of our project.
- They have much to give as well as to receive.
- We will listen to them.
- As we nurture them in learning, and in community life, we will respect the wishes and feelings of children and young people, in addition to supporting any children who have been affected by abuse.

**This project appoints [NAME] to represent the concerns and views of children and young people at our meetings and to outside bodies.**

**PROJECT WORKER: .....**

**STEERING GROUP CHAIR: .....**

**PROJECT SAFEGUARDING COORDINATOR: .....**

**DATE: .....**

## 2. A model policy statement on the safeguarding of adults in a GTM project

### **Policy Statement on the Safeguarding of Adults in [PROJECT NAME]**

**This statement was agreed at the [STEERING GROUP] meeting held on: [DATE]**

**This policy will be reviewed each year to monitor the progress which has been achieved.**

1. We recognize that everyone has different levels of vulnerability and that each of us may be regarded as vulnerable at some time in our lives.
2. As members of the [STEERING GROUP] of [PROJECT] we commit ourselves to respectful care and support for all adults with whom we work.
3. We commit ourselves to the safeguarding of people who may be vulnerable, ensuring their well-being in [PROJECT]
4. We commit ourselves to promoting safe practice by those in positions of trust.
5. [PROJECT] commits itself to promoting the inclusion and empowerment of people who may be vulnerable.
6. We recognise that we have a responsibility to help prevent harm or abuse to adults with care and support needs in all their recognised
7. We are committed to implementing the requirements of all relevant legislation including but not limited to the Disability Discrimination Acts 1995 and 2005, The equality Act 2010 and referring concerns about adults with care and support needs to the local authority under the Care Act 2014
8. We are committed to supporting all those associated with GTM affected by abuse.
9. We undertake to exercise proper care in the appointment and selection of those who will work with people who may be vulnerable.
10. [PROJECT] is committed to supporting, resourcing, training and regularly reviewing those who undertake work amongst people who may be vulnerable.
11. [PROJECT] adopts the guidelines of the Church of England and GTM.
12. Each person who works with vulnerable people will agree to abide by these recommendations and the guidelines established by GTM.

**This project appoints [NAME] to represent the concerns and views of vulnerable people at our meetings and to outside bodies.**

**PROJECT WORKER: .....**

**STEERING GROUP CHAIR: .....**

**PROJECT SAFEGUARDING COORDINATOR: .....**

**DATE: .....**

### 3. Parental consent for an activity/event

<b>Nature of event/activity:</b>
<b>Date:</b> <b>Time:</b>
<b>Child's name:</b> <b>Date of Birth:</b>  <input type="checkbox"/> I agree to his/her participation in the activities described; <input type="checkbox"/> I understand that if group/activity photographs may be taken during the event, a "Parent/carer and young person consent form for the use of photographs/video" will be supplied to me; <input type="checkbox"/> I acknowledge the need for him/her to behave responsibly and will ensure that he/she is aware of the expectation to behave responsibly.
<b>Transport arrangements</b> Please detail how your son/daughter will travel to and from the activity or the pick-up point for the day/residential trip (for which parents/carers hold responsibility).
<b>Medical information</b>  a) Does your child have any condition(s) requiring medical treatment including medication e.g. inhalers, anti-epileptics or insulin?  YES/NO  b) Does your child have any special dietary requirements (including allergies e.g. nuts) and the type of pain/flu relief medication your child may be given if necessary  YES/NO  c) Please outline any phobias or fears that your child may have  .....  d) Is your son or daughter allergic to any medication?  YES/NO  e) Does your son or daughter have any specific medical issues?  YES/NO  f) When did your son or daughter last have a tetanus injection?  .....  g) (for residential trips only) to the best of your knowledge, has your son/daughter suffered from or been in contact with any contagious or infectious diseases in the last few weeks?  YES/NO

I agree to inform the leader as soon as possible of any changes in the medical or any other circumstances between now and commencement of the journey.

YES/NO

### Contact Information

Name: .....

Work/mobile number: .....

Home number: .....

Home address: .....

.....

### Alternative Emergency Contact

Name: .....

Home number: .....

Mobile number: .....

### Doctor Information

Name of Doctor: .....

Doctors' phone number: .....

Doctors' address: .....

.....

### Declaration

In the event of an illness or accident every effort will be made by the event leader or their assistants to contact me. If for whatever reason this is not possible I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

Signed: .....

Date: .....

Relationship to child: ..... *(must have parental responsibility)*

Full name: .....



## APPENDIX 8: NOTIFICATION OF SAFEGUARDING CONCERN – CHILDREN

### PART 1: INITIAL NOTIFICATION FORM

For use by any staff member or volunteer

YOUR INFORMATION	
Name	
Project/Activity	
Role	
Phone Number	
Email Address	

PERSONAL INFORMATION – CHILD/YOUNG PERSON		
Name		
Date of Birth		Gender
Is there any other information about the child that would be useful to consider?		

CONTACT INFORMATION – PARENT/CARER		
Name(s)		
Address		
Contact Number(s)		
Email Address		
Have they been notified of this incident?	<input type="checkbox"/> Yes	<i>Please give details of what was said and any actions agreed</i>
	<input type="checkbox"/> No	<i>Please explain why this decision has been taken</i>

INCIDENT DETAILS	
Date & time of incident	
Please tick one:	<input type="checkbox"/> I am reporting my own concerns <input type="checkbox"/> I am responding to concerns raised by someone else (please complete their details below)
Name of person raising concern	
Role within the organisation	
Contact Number	
Email Address	
Details of the incident or concerns <i>e.g. disclosure, change in behaviour, demeanour, appearance, injury, witnesses etc.</i>  <i>Please include as much detail in this section as possible.</i>	

Attach additional sheets if necessary	
Child's account of the incident	
If there were any other witnesses to the concern or incident, please ask each person to complete the witness statement form (appendix 10)	

DETAILS OF PERSON INVOLVED/ALLEGED TO HAVE CAUSED INCIDENT OR INJURY	
Name (and date of birth if a child)	
Address	
Contact Number(s)	
Email Address	
Role within GTM or relationship to child	
Please provide details of action taken to date	

ACTIONS TAKEN	
Has the incident been reported to any external agencies	<input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, please provide further details</i>
Name of organisation/agency	
Contact Person	
Contact Number(s)	
Email Address	
Agreed action or advice given	

Have you contacted GTM's Safeguarding Coordinator or Lead?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Name of Safeguarding Person Contacted	
Date Reported	
Signed	

**PART 2: FOLLOW UP FORM***For use by the Safeguarding Coordinator/Lead*

Information Received by SC/SL	
Date & time	
From whom	

Details of advice sought (if applicable)	
Date & time	
Organisation	
Name	
Details of advice received <i>(please include details of advice relating to informing parents/carers if they have not already been informed)</i>	
Initial Assessment of concern following advice	

ACTIONS TAKEN			
Parent/Carer Informed	<input type="checkbox"/> Yes	Name of parent/carer spoken to:	Action taken by:  Date: Time:
	<input type="checkbox"/> No	Reason for decision:	Decision made by:  Date: Time:
Referral Completed	Organisation referred to:		Action taken by:  Date: Time:
Signposting	Organisation/Service signposted to:		Action taken by:  Date: Time:
Any other relevant information			

**PART 3: ACTION LOG***For use by the Safeguarding Coordinator/Lead*

Action	Date	Outcome (if known)	Service currently involved	Ongoing support from GTM

**PART 4: FINAL OUTCOME***For use by the Safeguarding Coordinator/Lead*

<b>Please give details of final outcome of investigation</b>	
<b>Completed By</b>	
<b>Date</b>	

## APPENDIX 9: NOTIFICATION OF SAFEGUARDING CONCERN – ADULTS

### PART 1: INITIAL NOTIFICATION FORM

For use by any staff member or volunteer

YOUR INFORMATION	
Name	
Project/Activity	
Role	
Phone Number	
Email Address	

PERSONAL INFORMATION – ADULT AT RISK			
Name			
Date of Birth		Gender	
Email Address		Phone Number	
Details of the adult's care and support needs			
Does the adult have any language or communication difficulties?			
Does the adult have any known Mental Capacity issues?			

INCIDENT DETAILS	
Date & time of incident	
Please tick one:	<input type="checkbox"/> I am reporting my own concerns <input type="checkbox"/> I am responding to concerns raised by someone else (please complete their details below)
Name of person raising concern	
Role within the organisation	
Contact Number	
Email Address	
Details of the incident or concerns <i>e.g. disclosure, change in behaviour, demeanour, appearance, injury, witnesses etc.</i>  <i>Please include as much detail in this section as possible.</i>  <i>Attach additional sheets if necessary</i>	

Adult at risk's account of the incident	
If there were any other witnesses to the concern or incident, please ask each person to complete the witness statement form (appendix 10)	

DETAILS OF PERSON INVOLVED/ALLEGED TO HAVE CAUSED INCIDENT OR INJURY	
Name	
Address	
Contact Number(s)	
Email Address	
Role within GTM or relationship to adult at risk	
Please provide details of action taken to date	

DOES THE ADULT AT RISK KNOW THAT YOU ARE REPORTING A SAFEGUARDING CONCERN?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what are their views? Please include whether they agreed with the report being made:	If no, please explain why you felt it was not appropriate to advise them that you were reporting the safeguarding concern:

ACTIONS TAKEN	
Has the incident been reported to any external agencies	<input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, please provide further details</i>
Name of organisation/agency	
Contact Person	
Contact Number(s)	
Email Address	
Agreed action or advice given	

Have you contacted GTM's Safeguarding Coordinator or Lead?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Name of Safeguarding Person Contacted	
Date Reported	
Signed	

**PART 2: FOLLOW UP FORM***For use by the Safeguarding Coordinator/Lead*

Information Received by SC/SL	
Date & time	
From whom	

Details of advice sought (if applicable)	
Date & time	
Organisation	
Name	
Details of advice received <i>(please include details of advice relating to informing parents/carers if they have not already been informed)</i>	
Initial Assessment of concern following advice	

ACTIONS TAKEN		
Referral Completed	Organisation referred to:	Action taken by:  Date: Time:
Signposting	Organisation/Service signposted to:	Action taken by:  Date: Time
Any other relevant information		

**PART 3: ACTION LOG**

*For use by the Safeguarding Coordinator/Lead*

Action	Date	Outcome (if known)	Service currently involved	Ongoing support from GTM

**PART 4: FINAL OUTCOME**

*For use by the Safeguarding Coordinator/Lead*

<b>Please give details of final outcome of investigation</b>	
<b>Completed By</b>	
<b>Date</b>	



## APPENDIX 10: ADDITIONAL WITNESS STATEMENT FORM

This form should be completed by any person who has witnessed an accident or incident that causes a safeguarding concern. This form should be completed and submitted along with the main Notification Form to the Safeguarding Coordinator/Lead as soon as possible.

YOUR INFORMATION	
Name	
Project/Activity	
Role	
Phone Number	
Email Address	

INCIDENT DETAILS	
Date & time of incident	

STATEMENT
<p>Please include full details of the accident/incident, including photos, film and the names of those involved and any other details you think may be relevant or useful to any investigation.</p>

Signed	
--------	--