

**Safeguarding Children,  
Young People and Adults  
Policy and Procedures**

**V6 March 2022**

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## Policy Statement

YMCA Trinity Group is committed to safeguarding and promoting the welfare of children, young people and adults at risk and expects all staff to share this commitment.

We recognise that the welfare of all children, young people and adults at risk is paramount and that all have equal rights of protection. We have a duty of care when they are in our charge and we will do everything we can to provide a safe and caring environment whilst they attend our activities.

## Equal Opportunities Statement

We recognise that anyone can become subject to discrimination, harassment or victimisation because of:

- ▶ Age
- ▶ Culture
- ▶ Disability
- ▶ Gender
- ▶ Sexual orientation
- ▶ Gender reassignment
- ▶ Marriage and civil partnerships
- ▶ Religion or belief
- ▶ Race
- ▶ Sex
- ▶ Pregnancy
- ▶ Maternity

Comments and actions that contribute to discrimination, harassment or victimisation are not acceptable and will be challenged. Such incidents will be recorded and shared with managers, parents and carers, and the relevant agencies when necessary and appropriate.

We will:

- ▶ Treat everyone with respect and celebrate their achievements,
- ▶ Carefully recruit and select all staff whether paid or unpaid,
- ▶ Respond to concerns and allegations appropriately.

**When there are concerns** about the welfare of any, child, young person or adult at risk, all responsible adults in our organisation are expected to share those concerns, without delay, with the Lead for Safeguarding (or the CEO, if the Lead is unavailable).

**Our policy** is approved by our Board of Trustees and is reviewed and updated annually. We will publish and promote this policy to all staff, paid or unpaid, through induction, training and supervision. We endeavour to disseminate, as appropriate, this policy to all who come into contact with our Organisation e.g. children, young people, adults at risk, their parents, carers, families and others such as partners and fundraisers.

## Policy Aim

As members of SAFECIC (a safeguarding consultancy agency), we always aim to attain best safeguarding practice throughout all our activities with children, young people, adults at risk, their parents, carers and/or families. We endeavour to provide a safe and friendly environment and celebrate all achievements. We will achieve this by adhering strictly to this policy, guidance and

risk assessments. Our organisation holds current Public Liability Insurance which covers all our activities.

## Organisational Safeguarding Lead and Designated Safeguarding Leads (DSLs)

<b>Name Of Organisation</b>	<b>YMCA Trinity Group</b>	
Lead for Adult and Child Safeguarding	Rowena Kerslake Rowena.kerslake@ymcatrinity.org.uk	07808 772197
Designated Safeguarding Leads	<b>Name</b>	<b>Telephone</b>
	Blake Davison - Accommodation Suffolk Karen Milford - Accommodation Cambridgeshire Kim Streater - Childcare Fiona Radnor - Programmes East Charley Robinson - Programmes West Ryan Armes - Mental Health Services Darren Buckman - Cresset	07912 516821 01733 891891 07395 791486 01473 295261 01733 373185 07545 642792 07866 770320
Designated Safeguarding Deputy Leads	Marnie Chapman - Accommodation <small>Marnie.chapman@ymcatrinity.org.uk</small> Bethany Nichols - Childcare Kay Westgate - Projects Suffolk Penny Hansen - Cresset Alastair Young - Mental Health Services Lizzy Woods - Accommodation Suffolk Melanie Khan - Family Respect Project	- 07971 102317 07971 102349 07039 529858 01733 373187 07548 342406 07771 357187
	A Trustee has been appointed to take leadership responsibility for the organisation's safeguarding arrangements. This person has up to date and relevant training and the ability to develop knowledge, skills and expertise in safeguarding.	
Trustee Responsible for Safeguarding	Chris Wilkinson	07809 385366

The Organisational Lead role is to oversee and ensure that our safeguarding adults, children and young people policy is fully implemented and that we attain SAFE standards. These details will be made available to all adults, children, young people, parents/carers and staff by training, poster, leaflet, staff handbook, information in staff areas and induction information. This includes ensuring they and all staff and volunteers receive safeguarding training as appropriate.

The Designated Safeguarding Leads (or Deputies) should be available at all times to take an operational approach to reporting safeguarding referrals and supporting staff. They will handle any complaints or allegations against any member of staff, volunteer or trustee.

Each will take responsibility for other teams in exceptional circumstances.

Their role is to oversee and ensure that our safeguarding policy, which includes Online Safety, is fully implemented and that we attain SAFE standards.

Their responsibilities are:

- ▶ Monitoring and recording concerns
- ▶ Making referrals to social care, or police, as relevant, without delay
- ▶ Liaison with other agencies
- ▶ Arranging training for all staff

The Deputy DSL should be available to support or cover for the Lead DSL in each team. The CEO, Organisational Lead, DSL or Deputy will also handle any complaints or allegations against a nominated DSL as appropriate.

### **Why do we need a Safeguarding Policy?**

All organisations that work or come into contact with children, young people and/or adults at risk need to have safeguarding policies and procedures in place.

Government guidance is clear that all organisations working with children, young people, adults at risk, parents, carers and/or families have responsibilities for safeguarding. It is important to remember that children, young people and adults at risk can also abuse and that such incidents fall into the remit of this policy.

**If you are reporting something where someone is in immediate need of help, follow these links (as appropriate) to find telephone numbers and forms urgently. If the person is in danger call, 999 without delay.**

[Cambridgeshire and Peterborough](#)

[Suffolk](#)

### **Whistle-blowing**

YMCA Trinity' Whistle-blowing policy can be found on Cascade: [Whistle-blowing policy and procedure.](#)

Raise any concerns with the safeguarding lead or board rep as a first step, following the whistle-blowing policy and procedure and raising internally if possible.

If you are worried that YMCA Trinity is not working within this Safeguarding policy and procedures, you can phone the NSPCC for a confidential conversation:

**NSPCC Whistleblowing Hotline 0800 028 0285**

## **The Culture of the Organisation**

To undertake our safeguarding responsibilities, we:

- ▶ have senior managers committed to safeguarding
- ▶ are clear about people's responsibilities and accountability
- ▶ have a culture of listening to children and young people
- ▶ have safe recruitment practices for all staff and volunteers working with children & young people
- ▶ have procedures for safeguarding children and young people
- ▶ have procedures for dealing with allegations against, and concerns about, staff & volunteers
- ▶ make sure staff have mandatory induction and further safeguarding training, supervision, reviews and support
- ▶ have agreements about working with other organisations and agencies

## **Treating Children and Young People with Respect**

We endeavour to treat all children and young people with respect, regardless of ability or culture.

We also endeavour to circulate and make available to everyone by training, poster, leaflet, staff handbook, information in staff areas, enrolment information, our confidentiality statement, complaints procedures, allegations and "whistleblowing" statements and disciplinary and grievance procedures.

## **Celebrating Children and Young People's Achievements**

We positively encourage all children and young people to succeed, recognising that some achieve in smaller steps than their peers but we celebrate all their achievements by a variety of awards opportunities, publicity internally and externally (where appropriate) and by praising continuously.

## **Treating Adults with Respect**

We endeavour to treat all adults at risk with respect, regardless of ability or culture.

We also endeavour to circulate and make available to everyone by training, poster, leaflet, staff handbook, information in staff areas, enrolment information, our confidentiality statement, complaints procedures, allegations and "whistleblowing" statements and disciplinary and grievance procedures.

## **Celebrating Adults' Achievements**

We positively encourage all adults at risk to succeed, recognising that some may achieve smaller steps, but we celebrate all their achievements by a variety of awards opportunities, publicity internally and externally (where appropriate) and by praising continuously.

## **Definition of a child/young person**

There is no single law that defines the age of a child across the UK. The UN Convention on the Rights of the Child, ratified by the UK government in 1991, states that a child "means every human being below the age of eighteen years unless, under the law applicable to the child, majority is attained earlier" (Article 1, Convention on the Rights of the Child, 1989).

A child is anyone who has not yet reached their 18th birthday.

## **Definition of an adult at risk**

There is no single law that defines an adult at risk across the UK. An adult at risk is a person over the age of 18 years and is:

- ▶ Having needs for care and support, and;
- ▶ Experiencing, or is at risk of, abuse and neglect and;
- ▶ As a result of those care needs, unable to protect themselves from either the risk of, or the experience of abuse or neglect.

## **Data Protection**

We will treat any personal information by which an individual can be identified (i.e. name, address, email etc.) in accordance with the provisions of Data Protection Act 2018 (DPA 2018), and the UK General Data Protection Regulation ( UK GDPR) and will not share information with any third party, except where required by contract agreement or law.

## **Confidentiality**

This policy is in line with government guidance about confidentiality and these details will be made available to all staff, children, young children, adults at risk, parents and carers.

We fully endorse the principal that the welfare of children, young people and adults at risk, override any obligations of confidence we may hold to others. No one working, or involved, with our organisation can promise absolute confidentiality. Individual cases will only be shared or discussed on a “need to know” basis.

## **Whistle-blowing**

Whistleblowing is when someone raises a concern externally about a person or practice within the organisation, which will affect others in an illegal and or harmful way.

Our organisation promotes the sharing of any concerns regarding the safeguarding of children, young people and adults at risk as soon as possible with the Organisational Designated Lead for Safeguarding or the CEO.

If individuals reporting their concerns within our organisation do not feel they have been acted upon then we support their right to report these concerns to social care services, the police, and /or the relevant Regulatory Authority e.g. Ofsted, Homes England, Charity Commission. You can also call the NSPCC Whistleblowing Hotline (see page 6 of this policy and procedures).

***All media enquiries will be handled by Jonathan Martin, CEO YMCA Trinity Group and Athene Media.***

## **Information Sharing**

Timely and accurate written records play an essential role in safeguarding individuals, who may have suffered, are suffering or are at significant risk of suffering harm. It is important that records are shared at the appropriate time when necessary. Within our organisation the decision to share written information, and with whom, will be undertaken by the Organisational Lead or Team DSLs for safeguarding.

## **Responding to Concerns**

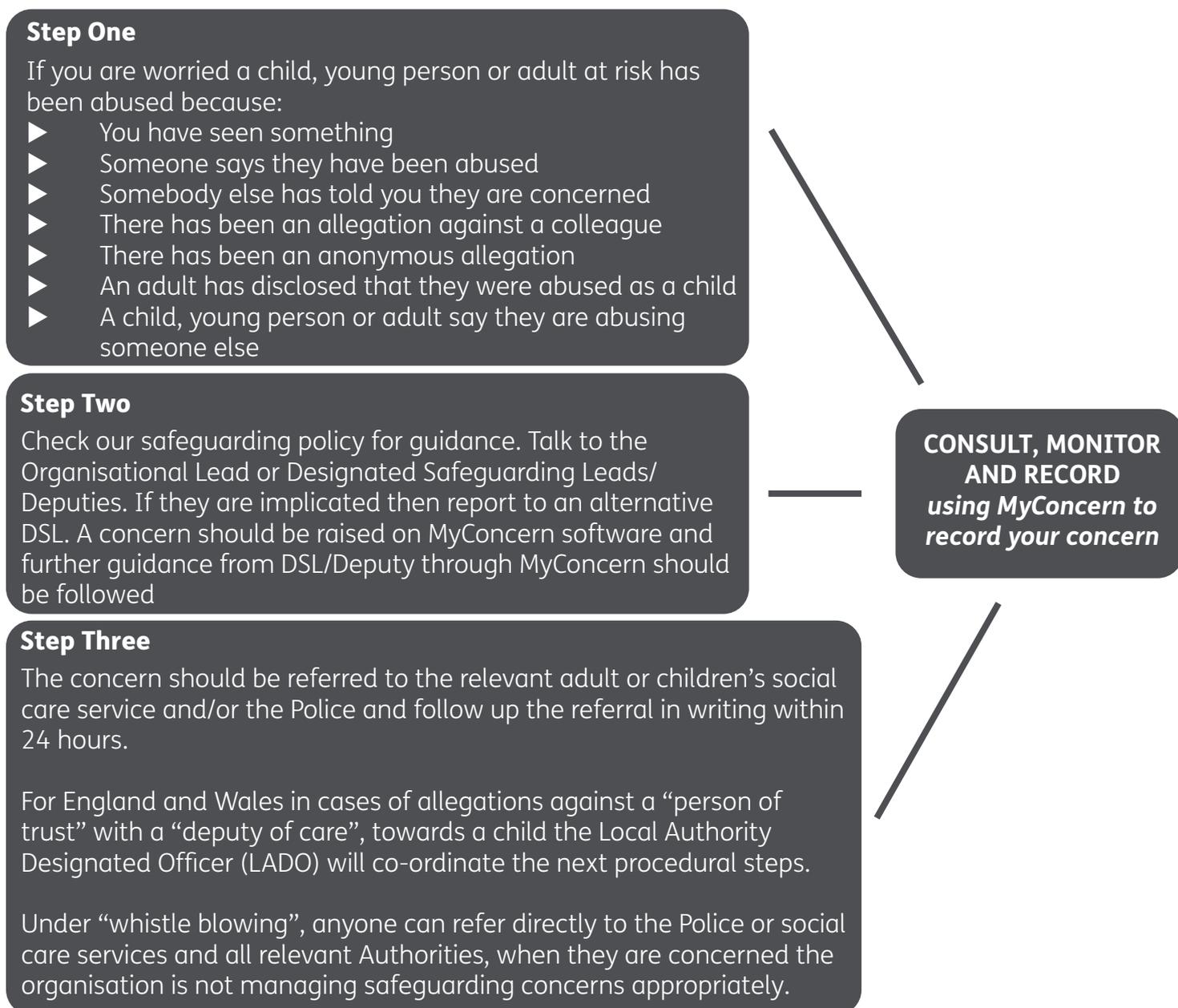
We ensure and emphasise that everyone in our organisation understand and know how to share

any concerns immediately with the Organisational Lead or Designated Safeguarding Leads/Deputies.

## How to Respond

- ▶ Reassure the person concerned.
- ▶ Listen to what they are saying.
- ▶ Remain calm and do not show shock or disbelief.
- ▶ Tell them that the information will be treated seriously.
- ▶ Ask questions to ensure you gather the full facts but do not start to investigate or ask detailed or probing questions.
- ▶ Do not promise to keep it a secret.
- ▶ Tell the child or adult at risk what you are going to do next to get help to keep him/her safe.
- ▶ Record accurately what you have been told/witnessed as soon as possible by raising a concern on MyConcern.

Everyone, including both the Organisational Lead or Designated Safeguarding Leads/Deputies will deal with concerns using the following flowchart:



## Safer Recruitment

Our organisation is committed to safe recruitment in line with the relevant legislation and guidance from government and Regulatory Authorities for recruiting all staff, paid or unpaid.

We do this by:

- ▶ advertising vacancies with a clear commitment required to safeguarding
- ▶ assigning all posts detailed job descriptions
- ▶ obtaining full personal details including fitness to work with children, young people and adults at risk by application form (not CV) with particular relevance to previous work with children, young people and adults at risk
- ▶ when a candidate is selected for interview the relevant criminal declaration form will be sent for completion as set out by the Rehabilitation of Offenders Act 1974
- ▶ always taking up two written references, one from the most recent employer
- ▶ undertaking all interviews face to face (including video calling), based on the job description
- ▶ ensuring at least one person on each interview panel will have undertaken Safer Recruitment training, in line with the relevant Regulatory Authorities, e.g. Ofsted, HCA, Charity Commission etc. safe recruitment guidelines.
- ▶ having sound procedures and recording for interviewing to ensure we are satisfied, and can evidence that the applicant is appropriate and suitable

Any appointment will only be confirmed subject to:

- ▶ a satisfactory disclosure and barring service check at the appropriate level
- ▶ a follow up of two written references by telephone if relevant to vacant post
- ▶ a check of essential qualifications where needed
- ▶ confirmation of the Right to Work in the UK where relevant
- ▶ fitness to work as relevant

## Induction and Training

We have a clear induction and training strategy with clear job descriptions and responsibilities and all relevant procedures. All new staff, paid and unpaid, will receive induction training as soon as possible and sign to record they have:

- ▶ Received and understood this policy.
- ▶ Been given any relevant resources
- ▶ Understood the commitment to safeguarding training

When needed, staff will receive further safeguarding training, at the appropriate level, as soon as possible. We also agree a probationary period of 3 months with clear goals and then provide supervision at regular intervals of 6 weeks with the line manager.

Updated training is normally required every 2 years (on line) or three years (face to face).

Staff working directly with at risk groups will also undertake the free online government training for [PREVENT/Channel](#) and [FGM](#)

## **Young People who work in our Organisation**

All young people who are undertaking volunteer work, apprenticeships or work experience within our organisation/group are to be included within this policy and their safeguarding as individuals given the same importance as all young people we come into contact with. Any disclosures, observations of possible harm or disturbing behaviour must be reported to the Lead or Deputy immediately.

They will also require an induction program that includes their commitment to safeguarding within the remit of the safeguarding policy and in line with all staff induction.

In addition, information on the young person's contacts will be recorded as relevant e.g. parents, carers, school representatives and any supervisors, with emergency contact numbers.

## **Expected Standards**

We aim to provide a safe environment free from discrimination, upholding and promoting equality, diversity and inclusion. We undertake to:

- ▶ treat all children and young people and adults at risk with respect and dignity
- ▶ ensure that their welfare and safety is paramount at all times
- ▶ maintain professional boundaries both face to face and when using technology
- ▶ ensure any intimate touch required, to carry out care, treatment or training is within relevant guidelines and is safe and appropriate. Intimate touch and care will always be part of a plan, agreed with the individual concerned, their parents or carers.
- ▶ always listen to individuals and take account of their wishes and feeling
- ▶ always act in a professional way and not accept bullying, swearing or other disruptive behaviour
- ▶ liaise openly with parents and carers
- ▶ only use physical contact if absolutely necessary
- ▶ avoid being alone with children, young people and adults at risk whenever possible
- ▶ listen to, and act upon, any disclosures allegations, or concerns of abuse
- ▶ participate in approved safeguarding training at appropriate levels and monitor compliance with training requirements
- ▶ ensure restraint is only used as part of an agreed plan by staff trained in the use of the particular restraint or as an emergency action to protect from harm. All use of restraint will be reported and recorded by the member of staff concerned to the Lead or Deputy lead for safeguarding and to the relevant manager
- ▶ follow our safeguarding policy at all times
- ▶ make activities FUN and enjoyable

## **Working Practices**

### **Consent**

When consent is required for any care, activity or intervention we will, unless it is an emergency, obtain consent from the individual if of sufficient age and or understanding.

Consent will be requested from a parent/carer or relative for a child, young person or an adult at risk as defined within Ofsted, HCA and Charity Commission.

Where relevant, we will ensure we fulfil our obligations under Child Care Law in terms of parental responsibility and Mental Capacity Legislation on supporting, where possible, the individual's right to make their own decisions. Any decisions made should be the least restrictive and recorded.

## **Staff Ratios to Children, Young People and Adults at Risk**

There must always be a minimum of two responsible adults present for any activities. However, we will always meet regulatory guidelines for minimum ratios and aim to go above this where possible at all times. We will ensure that no activities take place without implementing recommendations of our Regulatory Authorities e.g. Ofsted, Homes England, Charity Commission etc. and implementing specific regulations for more hazardous activities. Risk assessments for all activities are always in place before the activities begin.

## **Lone and One to One Working**

We will avoid lone working and one to one working whenever possible to protect both individuals. However, lone working may have to take place and safety is of paramount importance. A lone working policy and procedure is in place and can be found on Cascade. [Lone working policy and procedure.](#)

A risk assessment will always be undertaken to ensure:

- ▶ the care or activity provided is suitable for one to one working,
- ▶ the lone worker has been recruited, trained and supervised to undertake this particular role,
- ▶ that health and safety issues have been identified and recommendations followed,
- ▶ safeguards are in place to protect individual's rights to safe working practice,
- ▶ safeguards are in place in relation to strategies for emergency situations,
- ▶ accurate and relevant written recording is maintained following any care and activity, signed and dated.

## **Home Visits**

Home visits will only be made when necessary and booked by the organisation. Each home visit will be carefully planned and recorded and include:

- ▶ who is being visited
- ▶ the purpose of the visit
- ▶ who will carry out the visit
- ▶ the time expected to carry out the visit
- ▶ who will also be present during the visit
- ▶ members of staff paid or unpaid, and others
- ▶ any physical contact which may be required, and will be undertaken in line with the code of conduct within this policy.

All home visits will be made in a polite and friendly manner. Personal relationships or showing favouritism must not happen.

Any safeguarding concerns raised and any untoward incidences, such as no access or a child being at home alone, should be followed up, recorded and managed in line with this safeguarding policy.

## **Transport**

We ensure that we:

- ▶ gain written permission from parents or carers to carry children, young people and adult at risk
- ▶ keep a register of who is being transported and who is driving, when, to where and return, with collection and return times being specified

- ▶ provide all transporting and being transported with emergency contact numbers
- ▶ plan journeys regarding time, distance and stopping points
- ▶ consider if another driver might be required or the possible need for extra supervision
- ▶ have emergency procedures in place
- ▶

and we ensure that drivers:

- ▶ are recruited under safeguarding recruitment procedures
- ▶ suitably qualified to drive the required vehicle
- ▶ provide proof of insurance regarding business use and comprehensive insurance
- ▶ can evidence the vehicle is roadworthy and suitable for transporting each individual
- ▶ provide suitable and age appropriate seat belts, booster seats and wheelchair anchor points
- ▶ avoid transporting children, young people or adult at risk on their own

### **Activities, Events and Visiting Speakers/Activity Leaders**

We will always ensure visitors and activities undertaken are risk assessed and we are committed to:

- ▶ ensuring that those who run activities have the expertise, knowledge and skills to do so properly
- ▶ completing a risk assessment which involves identifying risks and the means of reducing or eliminating those risks for all activities or events
- ▶ risk assessing any changes being made to activities or events involving children, young people and adults at risk
- ▶ having a written plan in place if event or activity has to be cancelled
- ▶ having a written plan in place in case of emergency including contact numbers
- ▶ implementing the required actions identified by the risk assessment process and reviewing the effectiveness of these on a regular basis

### **The Late Pick Up of a Child, Young Person or Adult at Risk**

If attempts to contact the parent and nominated emergency contact fail, then the supervising adult should wait with the child, young person or adult at risk with other staff, volunteers or parents wherever possible. Where an activity has its own policy and procedure for this, e.g. Childcare, that should be followed in conjunction with the safeguarding policy and procedure.

Staff paid and unpaid should avoid:

- ▶ taking the child, young person or adult at risk home or to another location;
- ▶ waiting alone with the child, young person or adult at risk in a vehicle or at the venue;
- ▶ sending the child, young person or adult at risk home with another person, without parental consent;
- ▶ leaving the child, young person or adult at risk alone

If all attempts to make contact fail, it may be advisable to contact the police for advice.

### **Child, Young Person or Adult goes Missing**

If a child, young person or adult at risk goes missing from the group or organisation it should be reported to the police. Use 999 where there is a concern that they cannot be found or are vulnerable. Where a specific policy and procedure is available for this, e.g. Accommodation Services, it should be used in conjunction with the Safeguarding policy and procedure.

A missing person may be assessed as 'at risk' if they fit one or more of the following categories.

- ▶ is under 16
- ▶ has expressed feelings of suicide
- ▶ has dementia
- ▶ has been acting totally out of character
- ▶ has mental health issues
- ▶ is under increased stress
- ▶ has an illness or a physical disability
- ▶ has a learning disability
- ▶ is in need of regular medication/care
- ▶ is an addict

The Lead or Deputy should be informed as soon as possible, and all details and actions recorded dated timed and signed.

## **First Aid**

Our First Aiders have completed specific training as set out by the Health and Safety Executive (HSE). They hold valid and up to date certificates of competence issued by an organisation whose training and qualifications are approved by the HSE.

The duties of a First Aider are:

- ▶ to give immediate First Aid to children, young people, adults at risk, staff or visitors when needed
- ▶ to ensure that an ambulance or other professional medical help is called when necessary

Our organisation undertakes to ensure there is always a trained first aider on site at our venues (or we meet regulatory requirements for example in Childcare) or, if other venues used such as schools, that they have appropriate first aid cover.

We also provide training and guidance on dealing with hazardous materials such as blood, other bodily fluids and chemicals. We ensure sufficient equipment is available to deal with accidents or spillage.

All incidents will be reported and recorded in the First Aid and Incident Accident Books.

## **Buildings and Venues**

Safeguarding risk assessments will be carried out on all building and venues used by our organisation or by the host's venue management, such as schools.

The safeguarding risk assessment should cover:

- ▶ access especially how people enter and leave the building
- ▶ signing in protocol
- ▶ use of keys
- ▶ toilets and changing rooms
- ▶ any outside space
- ▶ car parks
- ▶ any other relevant issues

## Ethical fundraising

We are committed to our fundraising being:

- ▶ **Legal:** All fundraising must meet the requirements of the law.
- ▶ **Open:** Fundraisers must be open with the public about their processes and must be willing to explain (where appropriate) if they are asked for more information.
- ▶ **Honest:** Fundraisers must act with integrity and must not mislead the public about the cause they are fundraising for or the way a donation will be used.
- ▶ **Respectful:** Fundraisers must demonstrate respect whenever they have contact with any member of the public.

## Recognising Abuse in Children, Young People and Adults at Risk

The following list is for guidance only. It is important to be observant, listen to what is being said and record, e.g., is what you are observing and being told about an injury consistent with the injury.

- ▶ Alcohol and Substance misuse
- ▶ Child criminal and sexual exploitation including County Lines
- ▶ Concealed pregnancy
- ▶ Criminal exploitation
- ▶ Discriminatory
- ▶ Domestic violence, including “honour” based abuse
- ▶ Emotional
- ▶ Exploitive use of technology
- ▶ Female Genital Mutilation (FGM)
- ▶ Financial or material abuse
- ▶ Gangs
- ▶ Gambling
- ▶ Hate and “mate” crime
- ▶ Misuse of technology
- ▶ Modern slavery
- ▶ Neglect and acts of omission
- ▶ Organisational or institutional
- ▶ Peer on peer abuse including sexual violence and upskirting
- ▶ Psychological
- ▶ Physical
- ▶ Radicalisation
- ▶ Self-neglect
- ▶ Sexual
- ▶ Spiritual abuse
- ▶ Trafficking
- ▶ Upskirting

***Types and indicators of abuse in Children and Young people (taken from SCIE website 2021)***

## Physical abuse

Types of physical abuse

- ▶ Hitting, slapping, punching, kicking, hair-pulling, biting, pushing
- ▶ Rough handling
- ▶ Scalding and burning
- ▶ Physical punishments
- ▶ Inappropriate or unlawful use of restraint
- ▶ Physical harm caused by a parent or carer fabricating the symptoms of, or inducing, illness

## Possible indicators of physical abuse

Injuries caused by accidents are not uncommon in children, becoming less common as the child develops and grows. This means that recognising the signs of physical abuse in children can be especially difficult and leave practitioners unsure of what may be abusive.

The following is a guide to injuries that are more likely to be accidental or abusive. However, it is not absolute and it is important that those working with children consider the child's stage of development, any pattern of injuries and the account given by the child, parents, carers or others of how the injury was sustained.

## Typically accidental injuries

Accidental injuries typically involve bony prominences – the bones that are close to the surface and so more likely to become injured through falls, slips and trips.

This can include:

- ▶ Forehead
- ▶ Knees
- ▶ Elbows
- ▶ Palms of hands
- ▶ Nose
- ▶ Shins

The injuries will match the account given by the child and parent/carer and be in keeping with the child's level of development and activity.

## Typically abusive injuries

Abusive injuries, however, tend to involve softer tissue and be in areas that are harder to damage through slips, trips, falls and other accidents.

This may include:

- ▶ upper arm
- ▶ forearm (defensive injuries)
- ▶ chest and abdomen
- ▶ thighs or genitals
- ▶ facial injuries (cheeks, black eyes, mouth)
- ▶ ears, side of face or neck and top of shoulders ('triangle of safety')
- ▶ back and side of trunk

Abusive injuries may be seen on both sides of the body and match other patterns of activity. They may not match the explanation given by the child or parent/carer and there may also be signs that injuries are being untreated, or at least a delay in seeking treatment.

## **Sexual abuse**

### **Types of sexual abuse**

Sexual abuse may take place either in person or online or offline. It may be perpetrated by family or non-family members, males or females, older adults or by other young people.

- ▶ Forcing or enticing a child or young person to take part in sexual activities, which may or may not involve violence
- ▶ Penetrative acts
- ▶ Non-penetrative acts (kissing, masturbation, rubbing or inappropriate touching)
- ▶ Sexual photography or forced use of pornography or witnessing of sexual acts
- ▶ Non-contact (looking at or producing pornography or sexual images, watching sexual activities, grooming in preparation for abuse)

### **Possible indicators of sexual abuse**

- ▶ Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck
- ▶ Bleeding, pain or itching in the genital area
- ▶ Difficulty in walking or sitting
- ▶ Sudden change in behaviour or school performance
- ▶ Displays of affection that are sexual or not age-appropriate
- ▶ Use of sexually explicit language that is not age-appropriate
- ▶ Alluding to having a secret that cannot be revealed
- ▶ Bedwetting or incontinence
- ▶ Reluctance to undress around others (e.g. for PE lessons)
- ▶ Infections, unexplained genital discharge, or sexually transmitted diseases
- ▶ Unexplained gifts or money
- ▶ Self-harming
- ▶ Poor concentration, withdrawal, sleep disturbance
- ▶ Reluctance to be alone with a particular person

## **Psychological or emotional abuse**

### **Types of emotional abuse**

Some level of emotional abuse is present in all types of abuse or neglect, though it may also appear alone. It is the persistent mistreatment of a child that has a severe and negative impact on their emotional development. Emotional abuse may also be perpetrated by other young people through serious bullying and cyberbullying.

- ▶ Overprotection – preventing someone accessing educational and social opportunities and seeing friends
- ▶ Intimidation, coercion, harassment, use of threats, humiliation, bullying, swearing or verbal abuse
- ▶ Conveying feeling of worthlessness, inadequacy or that a child is unloved
- ▶ Threats of harm or abandonment
- ▶ Placing inappropriate expectations on children
- ▶ Witnessing or hearing the abuse or ill-treatment of others (including domestic violence)

## **Possible indicators of emotional abuse**

- ▶ Concerning interactions between parents or carers and the child (e.g. overly critical or lack of affection)
- ▶ Lack of self-confidence or self-esteem
- ▶ Sudden speech disorders
- ▶ Self-harm or eating disorders
- ▶ Lack of empathy shown to others (including cruelty to animals)
- ▶ Drug, alcohol or other substance misuse
- ▶ Change of appetite, weight loss/gain
- ▶ Signs of distress: tearfulness, anger

## **Neglect**

### **Types of neglect**

Neglect is found to be a factor in 60 per cent of child deaths that are investigated through Serious Case Reviews. However, even though it is often suspected by those who work with children, it is under-reported. Neglect is a persistent failure to meet basic needs (physical or emotional) and it leads to serious harm to the health or development of a child.

- ▶ Failing to provide adequate shelter, clothing or food
- ▶ Failing to protect a child from harm or danger
- ▶ Failing to ensure that a child is supervised appropriately
- ▶ Failing to access medical care or treatment for a child when it is needed. Possible indicators of neglect
- ▶ Excessive hunger
- ▶ Inadequate or insufficient clothing
- ▶ Poor personal or dental hygiene
- ▶ Untreated medical issues
- ▶ Changes in weight or being excessively under or overweight
- ▶ Low self-esteem, attachment issues, depression or self-harm
- ▶ Poor relationships with peers
- ▶ Self-soothing behaviours that may not be age-appropriate (e.g. rocking, hair-twisting, thumbsucking)
- ▶ Changes to school performance or attendance

## **Safeguarding Adults**

### **Care Act Information**

The Care Act 2014 has six key principles which should inform the way in which all of the workforce should work with adults.

They are:

1. Empowerment
2. Prevention
3. Proportionality
4. Protection
5. Partnership
6. Accountability

The Care and Support Statutory Guidance Issued under the Care Act 2014 outlines how abuse may take many forms and how individual circumstances should be considered.

Exploitation is a particular theme in the following list of abuse:

- ▶ Physical
- ▶ Domestic violence, including “honour” based violence
- ▶ Sexual
- ▶ Psychological
- ▶ Financial or material abuse
- ▶ Modern slavery
- ▶ Discriminatory
- ▶ Organisational or institutional
- ▶ Neglect and acts of omission
- ▶ Self-neglect
- ▶ Female Genital Mutilation (FGM)
- ▶ Hate and “mate” crime

## **Mental Capacity**

We fully recognise and uphold the 5 key principles of the Mental Capacity Act 2005 in all aspects of our work by:

- ▶ Presuming each adult at risk has capacity
- ▶ Supporting individuals to make their own decisions
- ▶ Recognising the right for individuals to make their own decisions, even if they may seem eccentric
- ▶ Making sure what we do for adults at risk (without capacity) is in their best interests
- ▶ Making sure that anything we do is the least restrictive action for the individual

We will involve the Independent Mental Capacity Advocate (IMCA) Service when there is no appropriate person to represent a person without mental capacity, when/if:

- ▶ Serious medical treatment is provided, withheld or stopped
- ▶ The person is moved into long-term care or a different hospital or care home
- ▶ This also includes where safeguarding measures are in place for ANY adult at risk

We are mindful of the Deprivation of Liberty Safeguards (DOLS) 2009 and before thinking about applying for an authorisation, we will think about providing care in different ways which avoid depriving someone of their liberty.

## ***Types of abuse and indicators in adults (taken from SCIE website 2021)***

(many of these types and indicators may apply to residents over the age of 16 living at YMCA Trinity, even though they are technically children; they should be taken into consideration when assessing safeguarding concerns in this group)

## **Physical abuse**

- ▶ Assault, hitting, slapping, punching, kicking, hair-pulling, biting, pushing
- ▶ Rough handling
- ▶ Scalding and burning
- ▶ Physical punishments
- ▶ Inappropriate or unlawful use of restraint
- ▶ Making someone purposefully uncomfortable (e.g. opening a window and removing blankets)
- ▶ Involuntary isolation or confinement
- ▶ Misuse of medication (e.g. over-sedation)
- ▶ Forcible feeding or withholding food
- ▶ Unauthorised restraint, restricting movement (e.g. tying someone to a chair) Signs of physical abuse
- ▶ No explanation for injuries or inconsistency with the account of what happened
- ▶ Injuries are inconsistent with the person's lifestyle
- ▶ Bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps
- ▶ Frequent injuries
- ▶ Unexplained falls
- ▶ Subdued or changed behaviour in the presence of a particular person
- ▶ Signs of malnutrition
- ▶ Failure to seek medical treatment or frequent changes of GP

## **Domestic violence or abuse**

Domestic violence or abuse can be characterised by any of the indicators of abuse outlined in this policy and procedures relating to:

- ▶ psychological
- ▶ physical
- ▶ sexual
- ▶ financial
- ▶ emotional
- ▶

## **Signs of domestic violence or abuse**

- ▶ Low self-esteem
- ▶ Feeling that the abuse is their fault when it is not
- ▶ Physical evidence of violence such as bruising, cuts, broken bones
- ▶ Verbal abuse and humiliation in front of others
- ▶ Fear of outside intervention
- ▶ Damage to home or property
- ▶ Isolation – not seeing friends and family
- ▶ Limited access to money

Domestic violence and abuse includes any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been, intimate partners or family members regardless of gender or sexuality. It also includes so called 'honour' -based violence, female genital mutilation and forced marriage. Coercive or controlling behaviour is a core part of domestic violence.

Coercive behaviour can include:

- ▶ acts of assault, threats, humiliation and intimidation
- ▶ harming, punishing, or frightening the person
- ▶ isolating the person from sources of support
- ▶ exploitation of resources or money
- ▶ preventing the person from escaping abuse
- ▶ regulating everyday behaviour

## **Sexual abuse**

- ▶ Rape, attempted rape or sexual assault
- ▶ Inappropriate touch anywhere
- ▶ Non- consensual masturbation of either or both persons
- ▶ Non- consensual sexual penetration or attempted penetration of the vagina, anus or mouth
- ▶ Any sexual activity that the person lacks the capacity to consent to
- ▶ Inappropriate looking, sexual teasing or innuendo or sexual harassment
- ▶ Sexual photography or forced use of pornography or witnessing of sexual acts
- ▶ Indecent exposure
- ▶ Signs of sexual abuse
- ▶ Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck
- ▶ Torn, stained or bloody underclothing
- ▶ Bleeding, pain or itching in the genital area
- ▶ Unusual difficulty in walking or sitting
- ▶ Foreign bodies in genital or rectal openings
- ▶ Infections, unexplained genital discharge, or sexually transmitted diseases
- ▶ Pregnancy in a woman who is unable to consent to sexual intercourse
- ▶ The uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude
- ▶ Incontinence not related to any medical diagnosis
- ▶ Self-harming
- ▶ Poor concentration, withdrawal, sleep disturbance
- ▶ Excessive fear/apprehension of, or withdrawal from, relationships
- ▶ Fear of receiving help with personal care
- ▶ Reluctance to be alone with a particular person

## **Psychological or emotional abuse**

- ▶ Enforced social isolation – preventing someone accessing services, educational and social opportunities and seeing friends
- ▶ Removing mobility or communication aids or intentionally leaving someone unattended when they need assistance
- ▶ Preventing someone from meeting their religious and cultural needs
- ▶ Preventing the expression of choice and opinion
- ▶ Failure to respect privacy
- ▶ Preventing stimulation, meaningful occupation or activities
- ▶ Intimidation, coercion, harassment, use of threats, humiliation, bullying, swearing or verbal abuse
- ▶ Addressing a person in a patronising or infantilising way
- ▶ Threats of harm or abandonment
- ▶ Cyber bullying

## **Signs of psychological or emotional abuse**

- ▶ An air of silence when a particular person is present
- ▶ Withdrawal or change in the psychological state of the person
- ▶ Insomnia
- ▶ Low self-esteem
- ▶ Uncooperative and aggressive behaviour
- ▶ A change of appetite, weight loss/gain
- ▶ Signs of distress: tearfulness, anger
- ▶ Apparent false claims, by someone involved with the person, to attract unnecessary treatment

## **Financial or material abuse**

- ▶ Theft of money or possessions
- ▶ Fraud, scamming
- ▶ Preventing a person from accessing their own money, benefits or assets
- ▶ Employees taking a loan from a person using the service
- ▶ Undue pressure, duress, threat or undue influence put on the person in connection with loans, wills, property, inheritance or financial transactions 6 • Arranging less care than is needed to save money to maximise inheritance • Denying assistance to manage/monitor financial affairs
- ▶ Denying assistance to access benefits
- ▶ Misuse of personal allowance in a care home
- ▶ Misuse of benefits or direct payments in a family home
- ▶ Someone moving into a person's home and living rent free without agreement or under duress
- ▶ False representation, using another person's bank account, cards or documents
- ▶ Exploitation of a person's money or assets, e.g. unauthorised use of a car
- ▶ Misuse of a power of attorney, deputy, appointeeship or other legal authority
- ▶ Rogue trading – e.g. unnecessary or overpriced property repairs and failure to carry out agreed repairs or poor workmanship

## **Signs of financial or material abuse**

- ▶ Missing personal possessions
- ▶ Unexplained lack of money or inability to maintain lifestyle
- ▶ Unexplained withdrawal of funds from accounts
- ▶ Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity
- ▶ Failure to register an LPA after the person has ceased to have mental capacity to manage their finances, so that it appears that they are continuing to do so
- ▶ The person allocated to manage financial affairs is evasive or uncooperative
- ▶ The family or others show unusual interest in the assets of the person
- ▶ Signs of financial hardship in cases where the person's financial affairs are being managed by a court appointed deputy, attorney or LPA
- ▶ Recent changes in deeds or title to property
- ▶ Rent arrears and eviction notices
- ▶ A lack of clear financial accounts held by a care home or service
- ▶ Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person
- ▶ Disparity between the person's living conditions and their financial resources, e.g.

- ▶ insufficient food in the house
- ▶ Unnecessary property repairs

### **Modern slavery**

- ▶ Human trafficking
- ▶ Forced labour
- ▶ Domestic servitude
- ▶ Sexual exploitation, such as escort work, prostitution and pornography
- ▶ Debt bondage – being forced to work to pay off debts that realistically they never will be able to

### **Signs of modern slavery**

- ▶ Signs of physical or emotional abuse
- ▶ Appearing to be malnourished, unkempt or withdrawn
- ▶ Isolation from the community, seeming under the control or influence of others
- ▶ Living in dirty, cramped or overcrowded accommodation and or living and working at the same address
- ▶ Lack of personal effects or identification documents
- ▶ Always wearing the same clothes
- ▶ Avoidance of eye contact, appearing frightened or hesitant to talk to strangers
- ▶ Fear of law enforcers

### **Discriminatory abuse**

- ▶ Unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation (known as ‘protected characteristics’ under the Equality Act 2010)
- ▶ Verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic
- ▶ Denying access to communication aids, not allowing access to an interpreter, signer or lip-reader
- ▶ Harassment or deliberate exclusion on the grounds of a protected characteristic
- ▶ Denying basic rights to healthcare, education, employment and criminal justice relating to a protected characteristic
- ▶ Substandard service provision relating to a protected characteristic

### **Signs of discriminatory abuse**

- ▶ The person appears withdrawn and isolated
- ▶ Expressions of anger, frustration, fear or anxiety
- ▶ The support on offer does not take account of the person’s individual needs in terms of a protected characteristic

### **Organisational or institutional abuse**

- ▶ Discouraging visits or the involvement of relatives or friends
- ▶ Run-down or overcrowded establishment
- ▶ Authoritarian management or rigid regimes
- ▶ Lack of leadership and supervision
- ▶ Insufficient staff or high turnover resulting in poor quality care
- ▶ Abusive and disrespectful attitudes towards people using the service

- ▶ Inappropriate use of restraints
- ▶ Lack of respect for dignity and privacy
- ▶ Failure to manage residents with abusive behaviour
- ▶ Not providing adequate food and drink, or assistance with eating
- ▶ Not offering choice or promoting independence
- ▶ Misuse of medication
- ▶ Failure to provide care with dentures, spectacles or hearing aids
- ▶ Not taking account of individuals' cultural, religious or ethnic needs
- ▶ Failure to respond to abuse appropriately
- ▶ Interference with personal correspondence or communication
- ▶ Failure to respond to complaints

### **Signs of organisational or institutional abuse**

- ▶ Lack of flexibility and choice for people using the service
- ▶ Inadequate staffing levels
- ▶ People being hungry or dehydrated
- ▶ Poor standards of care
- ▶ Lack of personal clothing and possessions and communal use of personal items
- ▶ Lack of adequate procedures
- ▶ Poor record-keeping and missing documents
- ▶ Absence of visitors
- ▶ Few social, recreational and educational activities
- ▶ Public discussion of personal matters
- ▶ Unnecessary exposure during bathing or using the toilet
- ▶ Absence of individual care plans
- ▶ Lack of management overview and support

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

- ▶ Failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care
- ▶ Providing care in a way that the person dislikes
- ▶ Failure to administer medication as prescribed
- ▶ Refusal of access to visitors
- ▶ Not taking account of individuals' cultural, religious or ethnic needs
- ▶ Not taking account of educational, social and recreational needs
- ▶ Ignoring or isolating the person
- ▶ Preventing the person from making their own decisions
- ▶ Preventing access to glasses, hearing aids, dentures, etc.
- ▶ Failure to ensure privacy and dignity

### **Signs of neglect and acts of omission**

- ▶ Poor environment – dirty or unhygienic
- ▶ Poor physical condition and/or personal hygiene
- ▶ Pressure sores or ulcers
- ▶ Malnutrition or unexplained weight loss
- ▶ Untreated injuries and medical problems
- ▶ Inconsistent or reluctant contact with medical and social care organisations
- ▶ Accumulation of untaken medication
- ▶ Uncharacteristic failure to engage in social interaction

- ▶ Inappropriate or inadequate clothing

### **Self-neglect**

- ▶ Lack of self-care to an extent that it threatens personal health and safety
- ▶ Neglecting to care for one's personal hygiene, health or surroundings
- ▶ Inability to avoid self-harm
- ▶ Failure to seek help or access services to meet health and social care needs
- ▶ Inability or unwillingness to manage one's personal affairs

### **Signs of self-neglect**

- ▶ Very poor personal hygiene
- ▶ Unkempt appearance
- ▶ Lack of essential food, clothing or shelter
- ▶ Malnutrition and/or dehydration
- ▶ Living in squalid or unsanitary conditions
- ▶ Neglecting household maintenance
- ▶ Hoarding
- ▶ Collecting a large number of animals in inappropriate conditions
- ▶ Non-compliance with health or care services
- ▶ Inability or unwillingness to take medication or treat illness or injury

## Handling Disclosures

When a disclosure is made by a child, young person or adult at risk it is important to remember to:

- ▶ take what you are being told seriously
- ▶ stay calm and reassure
- ▶ do not investigate
- ▶ do not delay

and always

- ▶ seek advice from the Organisational Lead or Designated Safeguarding Leads/Deputies for Safeguarding
- ▶ make a careful recording of anything you are told or observe, date and sign.

A disclosure may come from someone telling you:

- ▶ they have or are being abused
- ▶ they have concerns about someone else
- ▶ they are themselves abusing or likely to abuse someone else

## Making a referral

Follow the guidance of your DSL or Deputy. You can always ring the Organisational Lead as well. Raise a concern on MyConcern and then follow the guidance of the DSL/Deputy. You will get emails detailing tasks to undertake.

If you are required to make a referral, follow the links below to access appropriate forms for referring both children and adults to either Suffolk or Cambridgeshire Social Care.

Ensure you also complete a referral on MyConcern and attach the Social Care referral form to that referral page.

You should continue to make a referral yourself, if you are concerned that YMCA Trinity Group are not following this policy and procedure and that a child, young person or adult is at risk of a safeguarding issue.

## Referral form links

**Anyone in imminent danger, ALWAYS DIAL 999 FOR THE POLICE.**

- ▶ The welfare of a child, young person or adult at risk, follow the links to the Safeguarding Partnership Boards below:

### Safeguarding Adults

[Suffolk](#)

[Cambridge and Peterborough](#)

### Safeguarding Children

[Suffolk](#)

[Cambridge and Peterborough](#)

- ▶ A known person's sexual behaviour or intentions, follow the above guidance
- ▶ A person who has a "duty of care" in the organisation, first consult with your DSL or the Organisational Lead for safeguarding. They will advise you. If you feel that YMCA Trinity is

not following this policy and procedures, contact the Local Authority Designated Officer (LADO), the local Social Care or Police.

- ▶ An unknown person's sexual behaviour or intentions, report to the police.
- ▶ Harmful content, including sexual abuse images or incitement to racial hatred content contact [IWF](#).

## Record Keeping

At all times when required, and especially where there is a safeguarding concern, we are committed to keeping records which are:

- ▶ recorded on MyConcern software
- ▶ of sufficient details of child, young person or adult at risk to identify individual who is subject of concern and any significant others
- ▶ accurate and factual/based on fact, as a true record of:
  - ▷ what has been monitored/observed
  - ▷ what has been said and by whom
  - ▷ what has given cause for concern
  - ▷ what action has and/or will be taken including the reason for those actions
  - ▷ the reason stated for no action being taken and by whom
- ▶ non judgmental
- ▶ timely within 24 hours
- ▶ signed and dated by the writer (automatic on MyConcern)
- ▶ shared as appropriate by the DSL or Deputy (automatic on MyConcern)
- ▶ stored safely and securely on MyConcern software (automatic)

## Handling Allegations/Dealing with Complaints/Disciplinary & Grievance Procedures

Our policies and procedures are in line with the statutory guidance, the relevant Regulatory Authorities guidelines, our disciplinary, complaints and grievance procedures. These are available to everyone on our HR software Cascade.

Where a complaint or allegation has been made with regards to any inappropriate behaviour or poor practice, the DSL/Deputy will, in all cases, discuss the situation with social care services (the LADO with regards to children England and Wales only) and/or the police before making an open decision about the best way forward.

In the case where the Organisational Lead is implicated, the CEO should be informed. In the exceptional circumstances that both are involved, the person concerned will inform any of the DSLs in conjunction with HR. If there is a belief that the concern has not been taken seriously or acted upon then any one can "Whistleblow". YMCA Trinity has a whistleblowing policy and procedure (see page 8) to follow in the first instance. If this is not acted upon by YMCA Trinity, you can phone NSPCC for a confidential conversation

### **NSPCC Whistle-blowing Hotline 0800 028 0285**

With regards to disciplinary and grievance procedures, we will take no steps until we have fully discussed and agreed a strategy with social care services and / or the police, (the LADO, with regards to children England and Wales only). Any investigation will override the need to implement any such procedures.

Our management are responsible for making referrals to the relevant:

- ▶ criminal records service
- ▶ Regulatory Authority
- ▶ professional body

## **Bullying and Harassment**

Bullying and harassment can take many forms and include:

- ▶ physical violence including threats, verbal assaults and taunts, the destruction of property, extortion, unwanted sexual interest or contact
- ▶ indirect forms of bullying including ignoring a person and the withdrawal of friendship, malicious gossip and spreading rumours, abusive or oppressive graffiti, the use of social media, electronic messages and websites.
- ▶ it is often motivated by prejudice against certain groups for example on the grounds of race, religion, gender and disability

Whether directed at children, young people, adults at risk, staff, volunteers, parent and carers, bullying and harassment, physical and/or emotional abuse will not be tolerated. All such behaviour will be treated as a safeguarding concern when aimed at children, young people and or adults at risk.

We will:

- ▶ provide a culture of equality and respect for all with zero tolerance to any form of bullying or harassment
- ▶ report all incidents of bullying or harassment observed or disclosed, to the Lead or Deputy
- ▶ take immediate steps to stop the behaviour and mitigate the effects of bullying and harassment
- ▶ record all incidents with observations and witness statements, and action taken, signed, timed and dated

## Online Safety

### Why do we need to include Online Safety?

Recent advances of the internet, mobile phones and other electronic technology has made access to information and communication increasingly easy for everyone. This is especially so for those who cannot always go out to socialise and rely on websites for social networking, watching films, downloading music, buying lottery tickets, shopping etc. Government guidance is clear, that all organisations working with children, young people adults at risk, families, parents and carers have responsibilities. It is also important to remember, children, young people and adults at risk can also abuse and such incidents fall into the remit of this policy

### Online Safety Code of Conduct

We expect everyone in our organisation to agree and sign up to our Online Safety code of conduct to:

1. use the internet and other forms of communication in a sensible and polite way.
2. only access websites, send messages or access and use other resources that will not hurt or upset anybody.
3. seek permission if I want to use personal information or take photographs of other people.
4. report any concerns to the Organisational Lead or DSLs/Deputies
5. be clear that we cannot maintain confidentiality if there is a concern about the welfare of a child, young person or adult at risk.

### What are the Risks?

There are many potential risks including:

- ▶ accessing inappropriate or illegal websites.
- ▶ receiving unwanted or upsetting texts, e-mail messages or images.
- ▶ being “groomed” by another with a view to meeting the child, young person or adult at risk for their own illegal purposes including sex, drugs or crime.
- ▶ viewing or receiving socially unacceptable material such as inciting hatred or violence.
- ▶ sending bullying messages or posting malicious details about others.
- ▶ ignoring copyright law by downloading e.g. music, videos, homework cheat materials etc.
- ▶ overspending on shopping and gambling sites.
- ▶ being at risk of identity fraud for money transactions.
- ▶ inappropriate relationships or prostitution.

### What else might be of concern?

A child, young person or adult at risk who:

- ▶ is becoming secretive about where they are going to or who they are meeting.
- ▶ will not let you see what they are accessing online.
- ▶ is using a webcam in a closed area, away from other people.
- ▶ is accessing the web or using a mobile for long periods and at all hours
- ▶ clears the computer history every time they use it.
- ▶ receives unexpected money or gifts from people you don't know.
- ▶ does not appear to have the money they should have.

A person who:

- ▶ befriends a child, young person or adult at risk on the internet or by text messaging.
- ▶ has links to children, young people and/or adults at risk on their social media pages especially if they work in a position of care such as a sports coach or care worker.
- ▶ is secretive about what they are doing and who they are meeting.

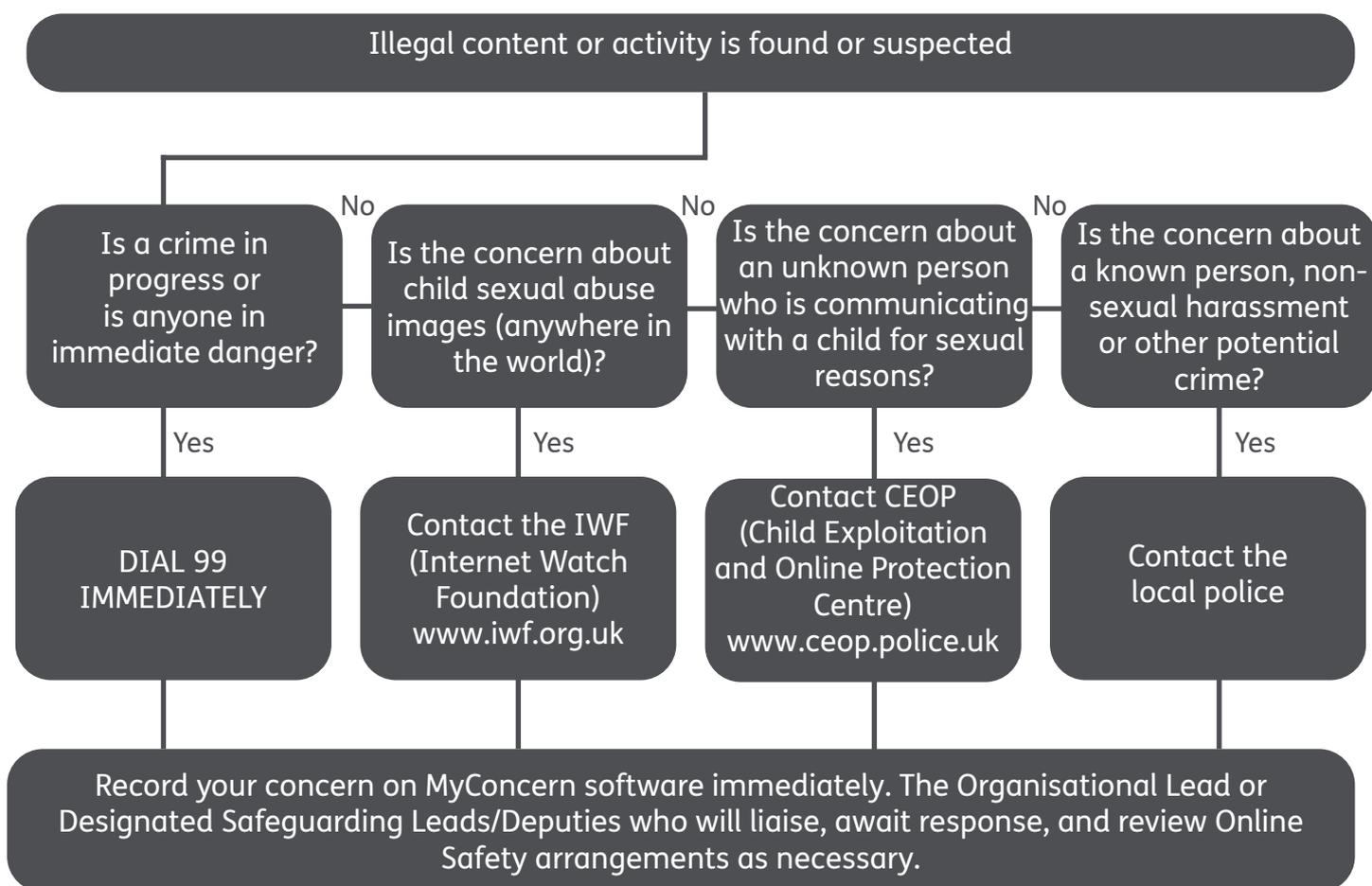
## What do I do if I am concerned?

If you have any concerns, speak to the Organisational Lead or Designated Safeguarding Leads/Deputies.

Remember:

- ▶ do not delay.
- ▶ do not investigate.
- ▶ seek advice from the Organisational Lead or Designated Safeguarding Leads/Deputies
- ▶ make careful recording on MyConcern of anything you observe or are told

## Online Safety Referral Flowchart



## Minimising the Risks

We will:

- ▶ talk to children, young people and adults at risk about what they are accessing online.
- ▶ ensure everyone uses PCs, iPads and other technology in a general space where we can monitor what is going on.
- ▶ explain the risks of giving out personal details online.
- ▶ talk about how people can be anyone they want to be online, e.g. by using misleading emails, photographs of other people, telling lies about their age, hobbies, school.
- ▶ encourage children, young people and adults at risk to think carefully about what photographs or videos they use online. They can be used and tampered with by other people, or they may not be appropriate.
- ▶ advise children, young people and adults at risk to only text, chat or webcam to people they know in real life.
- ▶ talk about how to identify SPAM messages or junk mail and how to delete them. This also applies to messages from people they do not know, or opening attachments.
- ▶ discuss how people hide their identities online and the importance of never meeting new online “friends” in real life.
- ▶ make sure children, young people and adults at risk understand they can always talk to us, or their parents and/or carers, about anything that makes them feel uncomfortable.
- ▶ look on the internet together for information about how to deal with or report problems.
- ▶ talk about how/when information or images get on to the internet, they can never be erased.

## Photography & Filming Guidance

The use of photography is important to record the successes and achievements of children, young people and adults at risk in their lives and activities. However, it is vital to remember that photography can be used and distributed inappropriately including on the Internet.

It is therefore important to be clear about:

- ▶ explaining to parents and carers why caution is necessary
- ▶ the purpose of photos e.g. parent’s and carer’s own record, media and publicity etc
- ▶ the content required when using a professional photographer
- ▶ informing parents and seeking their written consent for any publication or media use. This is recorded on the child/young person’s record. If verbal consent is given, this should be noted on the record by the member of staff.
- ▶ publishing only limited details alongside individual’s photos in newspapers etc
- ▶ taking photographs openly and away from changing areas
- ▶ the suitability of clothing e.g. swimsuits
- ▶ any group photos being taken only during the activity or on the premises
- ▶ all those taking photos signing a registration form, which includes the reason, use and storage of all photographs and films

The above guidance applies to any photographic and filming equipment including camera phones, digital or video cameras, which and who’s equipment is used should also be recorded on the registration form.

## **THE CRESSET LIMITED**

### **Safeguarding Children, Young People and Adults at Risk Policy and Procedures**

*(all of our main policy and procedures apply and this additional policy and procedure is specific to Cresset activities)*

#### **Application of the Policy**

The policy shall apply to all children under 18 years of age and to adults at risk of any age identified to the organisation prior to their arrival at the theatre. The Cresset will work to ensure Child and Adult at Risk safety during the event.

#### **Principles underlying this Policy:**

The Cresset shall:

- ▶ Treat children and young people with care, respect and dignity
- ▶ Listen to any concerns raised by children, parents, guardians or others.
- ▶ Ensure that all incidents of alleged poor practice, misconduct or abuse are responded to in a swift and appropriate manner.
- ▶ Set out stipulations to assist in ensuring the safety of children and adults at risk attending the theatre.

#### **Obligations**

The Cresset shall:

- ▶ Ensure that all staff and volunteer helpers are made aware of the child and adult at risk protection procedures set out in this policy.
- ▶ Enable concerns to be reported in accordance with this policy. This can be done through the Designated Lead for Safeguarding – Head of Operations (or in his absence the Head of Commercial Activity) who can be contacted via the Cresset Reception Desk.
- ▶ Provide copies of this policy to individuals, teachers and group leaders for circulation to parents and guardians.
- ▶ DBS check staff and volunteers where appropriate.
- ▶ Take all reasonable steps to assist those accompanying children or adults at risk to carry out their role under this policy.
- ▶ Make it a condition of the theatre that no video recording or photography is to take place during the performance in the theatre.

#### **Teachers and Group Leaders shall**

- ▶ Ensure that all children or adults at risk are accompanied by an appropriate chaperone.
- ▶ Ensure that where groups of children are attending, whether as participants or spectators that the number of children accompanied by a single chaperone shall not exceed twelve, subject to age and needs.
- ▶ Inform the Designated Lead for Safeguarding, prior to the date of the performance, if a performer is not to be approached by press photographers seeking permission to take photographs.

#### **Chaperones accompanying children or adults at risk shall**

- ▶ Take responsibility for ensuring the welfare of the children or adults at risk under their supervision.
- ▶ In the event of any concerns, which relate to the welfare of a child or adult at risk in their care, report these to the Designated Lead for Safeguarding.

- ▶ Ensure that children and adults at risk are not exposed to any risk to their personal safety when making use of areas where theatre staff are not in attendance; including practice rooms, changing rooms and toilets.

### **Lost or injured children**

The Cresset will ensure and identify members of the theatre staff with badges and/or uniform.

First Aid will be available in case of injury.

The Cresset shall identify a location at which a member of staff or volunteer helper will be present, where children or adults at risk who become separated from their chaperone may congregate.

### **Additional Needs**

The Organisation shall actively seek to meet the additional needs of any participant notified to it by teachers, group leaders, parents, guardians or chaperones.

### **Policy Reviews**

This policy will be regularly monitored and reviewed:

- ▶ In accordance with changes in legislation and guidance on the protection of children and adults at risk or any relevant changes within the organisation.
- ▶ Following any issue or concerns raised in relation to the protection of children or adults at risk in all circumstances, at least annually.

### **Contact details**

The Cresset Reception  
[boxoffice@cresset.co.uk](mailto:boxoffice@cresset.co.uk) 01733 265705

Designated Lead for Safeguarding for The Cresset Ltd:  
Darren Buckman, Head of Operations  
[dbuckman@cresset.co.uk](mailto:dbuckman@cresset.co.uk) 07866 770320

In his absence:  
Penny Hansen, Head of Commercial Activities  
[phansen@cresset.co.uk](mailto:phansen@cresset.co.uk) 07939 529858

### **SAFE Recommendations**

In order to attain and retain our SAFE Award everybody needs to be vigilant in adhering to this policy and assessing the risks of their own work and activities. These risk assessments will be carried out annually by the Organisational Lead or Designated Safeguarding Leads/Deputies. However, it is the responsibility of everyone to draw attention to practices and procedures that they are unhappy or uncomfortable with.

It is only through adopting SAFE policies and practices that we can all be confident we have done everything we can to safeguard the children, young people and adults at risk in our care.

## **Policy Date**

This policy was agreed and disseminated on 28 March 2022 and will be reviewed annually or when there are substantial organisational changes.

**Policy Review Date: 27 March 2023**

Signed: *Rowena Kerlake* *Chris Wilkinson*

**Organisational Lead for Safeguarding: Rowena Kerlake**

**Board Trustee Lead for Safeguarding: Chris Wilkinson**

**Date: 28 March 2022**

## Appendix 1

### Safeguarding Policy and Procedures Suffolk Services - Local Safeguarding Flowchart

This flowchart sets out the steps that staff members are required to take if there is a safeguarding concern. Staff members must ensure they read and fully understand the Safeguarding Policy which is linked [here](#).

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#### **A Safeguarding Concern has been identified**

If there is an immediate risk dial 999

Staff to add the Safeguarding concern to the My Concern database.  
The log in page is linked [here](#).



The staff guidance document for My Concern can be found [here](#).

#### **Your Designated Safeguarding Leads for the East (DSLs)**

Blake.Davison@ymcatrinity.org.uk - DSL

Lizzie.Woods@ymcatrinity.org.uk - Deputy DSL



If you would like to discuss whether the situation you are concerned about should be the subject of a safeguarding referral, please discuss this with your Designated Safeguarding Leads/line manager or you can contact the MASH (Multi-Agency Safeguarding Hub) Consultation Line on 0345 606 1499.

Where a young person has an allocated social worker, you must contact them to inform them of the concern and action being taken.



Customer First is the point of contact for safeguarding referrals for children and adult related concerns. Contact Customer First on 0808 800 4005 and give factual information and take details of the person you spoke to (Name, date, time).



Customer First may advise you to send in a MARF (Multi-agency Referral Form) or Adult referral form using this [portal link](#).

The first time you complete a form you will be asked to create a new portal account. It's quick and easy to register for an account, and it means the information you send to them is secure. There are user guides and video guidance available if you need help using the portal. Please remember to attach the MARF Forms in the Referral section on MyConcern



The Safeguarding Lead/Deputy will then triage and review the concern on My Concern including monitoring and requesting actions to be completed.



You will be liaising with the Safeguarding Lead/Deputy until the outcome of the Safeguarding referral is closed.

Reminders:

- ▶ If you are unsure about any of this process speak to your line manager or one of the safeguarding leads.
- ▶ Make sure you update My Concern and InForm databases with actions completed and updates.
- ▶ Staff must update the client risk assessment including actions to mitigate risks associated with this concern.
- ▶ Read the Safeguarding Policy and Procedure and the Good Practice Guidelines Safeguarding Children and Adults at risk which are both located [here](#).

## Appendix 2

### Safeguarding Policy and Procedures Cambridgeshire & Peterborough – Local Safeguarding Flowchart

This flowchart sets out the steps that staff members are required to take if there is a safeguarding concern. Staff members must ensure they read and fully understand the Safeguarding Policy which is linked [here](#).

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#### **A Safeguarding Concern has been identified –**

If there is an immediate risk dial 999

Staff to add the Safeguarding concern to the myconcern database.  
The log in page is linked [here](#).



The staff guidance document for myconcern can be found [here](#).

#### **Your Designated Safeguarding Leads for the West (DSLs)**

Karen.Milford@ymcatrinity.org.uk - Lead Safeguarding

Lizzy.Woods@ymcatrinity.org.uk - Deputy Safeguarding



If you would like to discuss whether the situation you are concerned about should be the subject of a safeguarding referral, please discuss this with your line manager or you can contact MASH (Multi-Agency Safeguarding Hub) on Cambridge: 03450455203 / Peterborough (01733) 864180

Where a young person has an allocated social worker, you must contact them to inform them of the concern and action being taken.



Cambridge: Customer Service Centre is the point of contact for safeguarding referrals for children and young people concerns. Contact M.A.S.H at Customer Service Centre on 0345 045 5203 (out of hours 01733 234724)

Peterborough: Contact (01733) 864180 (out of hours 01733 234724)  
give factual information and take details of the person you spoke to (Name, date, time). Please note a children referral will always need a referral [form completing](#) and sending to [referralcentre.children@cambridgeshire.gov.uk](mailto:referralcentre.children@cambridgeshire.gov.uk)

For adults Cambridge: Contact 0345 045 5202 [referralcentre-adults@cambridgeshire.gov.uk](mailto:referralcentre-adults@cambridgeshire.gov.uk)  
For adults Peterborough contact: (01733) 747474 [adultsocialcare@peterborough.gov.uk](mailto:adultsocialcare@peterborough.gov.uk)  
(Both areas out of hours 01733 234724)



**Please remember to attach the Referral Forms in the Referral section on MyConcern**



The Safeguarding Lead/Deputy will then triage and review the concern on myconcern including monitoring and requesting actions to be completed.



You will be liaising with the Safeguarding Lead/Deputy until the outcome of the Safeguarding referral is closed.

Reminders:

- ▶ If you are unsure about any of this process speak to your line manager or one of the safeguarding leads.
- ▶ Make sure you update myconcern and InForm databases with actions completed and updates.
- ▶ Staff must update the client risk assessment including actions to mitigate risks associated with this concern.
- ▶ Read the Safeguarding Policy and Procedure and the Good Practice Guidelines Safeguarding Children and Adults at risk which are both located [here](#).

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**TACA enables people to develop their full potential in mind, body and spirit. Inspired by, and faithful to, our Christian values, we create supportive, inclusive and engaging communities, where young people can truly belong, contribute and thrive.**