



# SAFEGUARDING POLICY

## SAFEGUARDING CHILDREN, YOUNG PEOPLE AND ADULTS AT RISK

### POLICIES, PROCEDURES & GUIDANCE ON WORKING WITH VULNERABLE GROUPS

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# 1. INTRODUCTION

## Policy Statement

### 1.1 Our Duty of Care

The purpose of this document is to outline the procedures to be adopted by Oulton Broad Water Sports Centre in ensuring the safety of children, young people, and adults at risk in its care.

Oulton Broad Water Sports Centre recognise that, whilst carrying out their normal duties, some members of staff and appointed volunteers are responsible for, or work with, children, young people, and adults at risk. In most instances, this is rewarding and satisfying work and plays an important role in helping them to develop social and physical skills. However, working for a Sports Centre, implies trust and respect which can manifest itself as a child feeling comfortable enough to disclose an incident of previous abuse or make it easier for someone in a responsible position to abuse that trust.

The Trustees of the Centre want to be certain that all the services they provide to children, young people and adults at risk, their families, parents and carers are designed to ensure that they are treated with respect and kept safe from harm. This document is designed to help employees and volunteers to fulfil this aim and set out procedures to cover the recruitment policy, standards of service and means of reporting concerns.

It is intended that all employees and volunteers working with children, young people and adults at risk, their families, parents and carers will receive appropriate training to assist them in the recognition of abuse, adopt sensible working practices and know who the Leads and Deputies for Safeguarding are within the Centre, whom staff can contact about safeguarding issues.

As part of our Safeguarding Policy Oulton Broad Water Sports Centre will;

- Promote and prioritise the safety and wellbeing of children, young people & adults at risk
- Ensure everyone understands their roles and responsibilities in respect of safeguarding and is provided with appropriate learning opportunities to recognise, identify and respond to signs of abuse, neglect and other safeguarding concerns relating to children, young people & adults at risk
- Ensure that appropriate action is taken in the event of incidents/ concerns of abuse and support provided to the individual(s) who raise or disclose the concern
- Ensure that confidential, detailed, and accurate records of all safeguarding concerns are maintained and securely stored
- Prevent the employment/ deployment of unsuitable individuals
- Ensure robust safeguarding arrangements and procedures are in operation

Additional information relating to specific safeguarding issues is provided in the following documents:

- Bullying and Harassment Policy
- Anti-Bullying Policy (Children and Young people)
- Safeguarding Whistle Blowing Policy
- Safeguarding Procedures
- Disciplinary, Dispute and Appeal Regulations
- Code of Conduct for Coaching Workforce
- Safeguarding Adults Policy

For the purposes of this policy, as in the Children Acts 1989 and 2004, a **child** is defined as anyone who has not yet reached their 18<sup>th</sup> birthday.

An **adult at risk** is defined by the Care Act 2014 as any person aged 18 years and over whom:

- (a) Has needs for care and support (whether or not the authority is meeting any of those needs),
- (b) Is experiencing, or is at risk of, abuse or neglect, and
- (c) As a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

**The policy and procedures will be widely promoted and are mandatory for everyone at Oulton Broad Water Sports Centre. Failure to comply with the policy and procedures will be addressed without delay and may ultimately result in dismissal from the Centre. It is supplemented by essential reading as detailed in references at the back of the Policy.**

## 1.2 Principles

British Canoeing / RYA recognises that some children may have additional vulnerabilities or are disadvantaged by their experiences. It is important that all those who work with children are vigilant in creating a safe culture and are aware of those who may have additional vulnerabilities. We know that if procedures are to help protect children, everyone involved in watersports needs to see and discuss them.

The Centre recognises that:

- The child's welfare is paramount.
- All children, regardless of age, disability, gender, race, religion or belief, marital status, pregnancy, maternity and sexual orientation have a right to be protected from abuse.
- The rights wishes and feelings of young people should be respected in line with the UN Convention on the Rights of the Child.
- The welfare of children is everyone's responsibility, particularly when it comes to protecting a child from abuse. Everyone in sailing and paddle sports can help - administrator, Centre official, instructor, parent, friend and children themselves.
- Abuse can occur wherever there are children- at home, at school, in the park, at the Centre. Sadly, there are some people who will seek to be where children are simply in order to abuse them. All children, young people, and adults at risk, whatever their age, ability, culture, disability, gender, language, racial origin, religious belief and/or sexual orientation, have equal rights to protection from abuse.
- Whilst the welfare of children is our first consideration in establishing child protection policies and procedures, we have also taken account of the needs of instructors and other staff, particularly where falsely accused. A feature of our policy on safeguarding children is to ensure that we provide individuals with access

to confidential advice, guidance, and support, provided separately to that provided for those with concerns that abuse may be taking place.

- Staff need to be provided with advice to raise awareness of best practice and guidance and support should they become involved in an abuse situation.
- It is the responsibility of the relevant statutory agencies to determine whether or not abuse has taken place, but it is everyone's responsibility to report any concerns.
- All incidents of poor practice and allegations should be taken seriously and responded to swiftly and appropriately.

### **1.3 Summary of the Centre's Responsibilities**

All children deserve the opportunity to achieve their full potential.

Working Together 2015 (revised February 2017) and Keeping Children Safe in Education 2016 have the overall aim that for every child, whatever their background or circumstances, have the support they need to:

- be healthy.
- stay safe.
- enjoy and achieve.
- make a positive contribution.
- achieve economic well-being.

This means that every Local Authority working with its partners and through children's trust partnerships are working to find out what works best for children, young people, and adults at risk in its area and acting on it.

### **1.4 Declaration**

To achieve the above the Centre will:

- Accept the moral and legal responsibility to implement procedures, to provide a duty of care for children, young people and adults at risk, safeguard their wellbeing and protect them from abuse.
- Respect and promote the rights, wishes and feelings of children, young people and adults at risk and celebrate their results and achievements.
- Share the multi-agency responsibility to determine whether or not abuse has taken place and it is everyone's responsibility to report any concerns.
- Adopt and abide by this Safeguarding Policy and Good Practice Guidelines (given at induction).
- Respond to staff allegations appropriately and implement the appropriate disciplinary and appeals procedures.
- Monitor and evaluate the policy annually or in the light of any changes to the Trust or any significant incident.
- Ensure that all contractors/partners working with the Centre meet the safeguarding standards expected by the Centre.
- Maintain a balanced trustee board seeking to avoid dominance of one trustee or one aspect of the service. All trustees are expected to work together.
- Provide sufficient resources, including trained staff/volunteers/trustees for safeguarding and protecting people.

### **1.5 Areas of Specific Responsibility**

Although everyone has a role to play in ensuring that children are safe, the trustees will appoint a **Centre Welfare Officer** with specific responsibility for implementing the Safeguarding policy. They should inform the RYA and BC Safeguarding Managers when they are appointed, to ensure that they receive relevant information and advice.

This person will be a senior member of staff or a trustee – ideally not the centre manager and someone who is independent of any disciplinary procedure.

The designated person's role description includes:

- Maintaining up-to-date policy and procedures, compatible with that of the RYA and BC.
- Ensuring that relevant staff and/or volunteers are aware of and follow the procedures, including implementing safe recruitment procedures.
- Advising the management committee on safeguarding and child protection issues.
- Maintaining contact details for local Children's Services and Police.

A Safeguarding Lead and a Deputy will be designated to whom referrals can be made (see section 7.4). Everyone in the Centre should know who the Welfare Officer and the Safeguarding Lead and Deputy is and how to contact them. The identity and contact details for the Welfare Officer should be displayed.

The Trustees of the Centre hold key roles of responsibility for the Centre, championing the importance of safeguarding and promoting the welfare of children, young people, and adults at risk.

Listed below are some services which have a more direct relationship with children, young people, adults at risk and their families. However, safeguarding concerns may be raised, and referrals made, by members of any team in the Centre. Any concerns may arise from contact during activities, via home visits or in a public reception. In the event of a safeguarding investigation, the Centre may be involved in any enquiry if there has been involvement in any aspect of service provision to the child, young person or adult at risk or family involved.

Everyone in the organisation should know who the Centre Welfare Officer is and how to contact them. An RYA poster for clubs and training centres to display this information can be downloaded from the RYA website [www.rya.org.uk/go/safeguarding](http://www.rya.org.uk/go/safeguarding) or contact the Safeguarding and Equality Manager (see below).

#### **RYA/BC designated persons**

RYA Safeguarding and Equality Manager, tel. 023 8060 4104, RYA Safeguarding Officer, tel. 023 8060 4226, e-mail [safeguarding@rya.org.uk](mailto:safeguarding@rya.org.uk)

Contact details for the Safeguarding Leads at RYA Scotland, RYA Cymru Wales and RYA Northern Ireland are shown in Section 7.

British Canoeing Safeguarding Lead Tel: 07540 739391\*

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## **2. THE LEGAL FRAMEWORK**

Everyone who works with children needs to be aware of the government legislation and guidance that aims to protect vulnerable from harm.

## CHILDREN & YOUNG PEOPLE

### 2.1 The Children Act 1989

The Children Act 1989 provides Local Authorities (social services departments) and others with powers and duties to protect children whilst at the same time providing safeguards for both children and parents against excessive or unwarranted intervention.

There are a number of general principles, which need to be borne in mind when considering any part of the legal framework. The child's welfare is of paramount importance.

Under section 47 of the Children Act, a Local Authority must make enquiries regarding a child's welfare where:

- they are informed that a child who may be considered at risk who lives or is found in the area is
  - a) The subject of an Emergency Protection Order, or
  - b) In police protection, or
- there has reasonable cause to suspect that a child living or found in their area is suffering or likely to suffer significant harm.

### 2.2 Keeping Children Safe in Education 2020

This is statutory guidance from the Department for Education outlining education establishments' duties and responsibilities to safeguard and promote the welfare of children at all times in all that they do. Oulton Broad Water Sports Centre must follow the principles outlined in this document.

## ADULTS

### 2.3 The Care Act 2014

The Care Act 2014 has **6 key principles**:

- Empowerment
- Prevention
- Proportionality
- Protection
- Partnership
- Accountability

Under Section 42 of the act *"The local authority must: make enquiries, or ensure others do so, if it believes an adult who has care and support needs and is, or at risk of, abuse and neglect. Any enquiry should establish whether any action needs to be taken to stop prevent abuse or neglect, and if so, by whom."*

In both cases the enquiries will enable the Centre to decide whether they should take any specific action to safeguard and/or promote an individual's welfare.

All investigations will be carried out by Social Care Services and the Police at the Multi Agency Safeguarding Hub (MASH) and will be in accordance with local Safeguarding Children and Safeguarding Adult Board's guidelines. For this reason, if you become aware of something that may need further investigation, do not attempt to investigate the matter yourself.



## 2.4 The Children Act 2004 – Section 11 Statutory Guidance

Statutory guidance on making arrangements to safeguard and promote the welfare of children came into force on 1 October 2005. It details how the Centre already contributes to the lives of children and young people and what is expected of them, including:

1. The Trustees commitment to the importance of safeguarding and promoting well-being.
2. A clear statement of the Centre's responsibilities towards children, made available to all staff
3. Clear lines of accountability for work on safeguarding and promoting well-being.
4. Using safe recruitment procedures for those coming into contact with children, young people, and adults at risk.
5. Appropriate training for all staff.
6. Effective working relationships within the Centre and with other agencies to safeguard and promote well-being and to share information effectively.

## 2.5 Adults at Risk

The Care Act 2014 Care and Support Statutory Guidance under the Care Act 2014

The aims of adult safeguarding are to:

- prevent harm and reduce the risk of abuse or neglect to adults with care and support needs.
- stop abuse or neglect wherever possible.
- safeguard adults in a way that supports them in making choices and having control about how they want to live.
- promote an approach that concentrates on improving life for the adults concerned.
- raise public awareness so that communities, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect.
- provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult.
- address what has caused the abuse or neglect.

To achieve these aims, it is necessary to:

- ensure that everyone, both individuals and organisations, are clear about their roles and responsibilities.
- create strong multi-agency partnerships that provide timely and effective prevention of and responses to abuse or neglect.
- support the development of a positive learning environment across these partnerships and at all levels within them to help break down cultures that are risk-averse and seek to scapegoat or blame practitioners.
- enable access to mainstream community resources such as accessible leisure facilities, safe town centers and community groups that can reduce the social and physical isolation which in itself may increase the risk of abuse or neglect.
- clarify how responses to safeguarding concerns deriving from the poor quality and inadequacy of service provision, including patient safety in the health sector, should be responded to.

## 2.6 Key Documentation

The Centre will ensure that its policy and procedures follow the guidance given in relevant Government documents, including:

- Working Together to Safeguard Children (2015)
- What to do if you are worried a child is being abused (2015)
- Care and Support Statutory Guidance under the Care Act 2014

## 3. RECRUITMENT AND SELECTION

### 3.1 Processes

The Centre has recruitment policies. All new starters to the Centre will be given Safeguarding Good Practice Guidelines leaflets, prior to them undertaking certified training.

All Centre staff will be asked to provide references. Trustees and volunteers whose role brings them into regular contact with young people will also be asked to provide references. The Centre staff, trustees, and those regularly instructing, coaching or supervising young people or adults at risk, including volunteers, will also be asked to apply for an Enhanced Criminal Records Disclosure, with Barred List check if appropriate (DBS).

### 3.2 Data Protection and Confidentiality

The Data Protection principles and policies of the Centre must be followed. This means that:

- The information sought must be adequate, relevant to the purpose and not excessive.
- It must be fairly and lawfully processed.
- The information must not be retained for longer than necessary
- The information must be kept confidential and accessed only by those who need to know.
- All media enquires will be handled by the Centre's Senior Managers or Trustees.
- The information must not be transferred to other people without the person's permission unless required by a statutory body with the authority to request it.
- All steps of the recruitment process will be recorded on personnel files and held centrally.

**The principle is fully endorsed that the welfare of children, young people and adults at risk override the obligations of confidence held to others.**

## 4. INDUCTION AND TRAINING

### 4.1 Induction

All staff, trustees and volunteers should receive clear induction and training in recognising and understanding possible signs of child & adult abuse and know what steps need to be taken in response. This will include guidance on all relevant procedures in treating children, young people, and adults at risk with respect. Safeguarding training takes place on a three-year cyclical basis.

Extracts from this Policy will be included in all general induction training with line managers supplementing induction training for staff who have direct access to children. All employees will receive Good Practice Leaflets upon induction which highlights their responsibility to be alert to concerns regarding the safeguarding and promotion of welfare of all children, young people, and

adults at risk.

## 4.2 Training

All managers are accountable for evidencing that such training for themselves, as relevant to their job role, and their staff has been undertaken.

Relevant training, beyond induction, is mandatory for staff who do not have direct contact with children, young people or adults at risk, but who do have access to information systems containing the details of these client groups.

Under the **Counter-Terrorism and Security Act 2015** and accompanying **Channel Duty Guidance 2015** all staff will also undergo government approved free and certificated Channel and PREVENT online training.

The Centre Welfare Officer will also act as Designated Professional for PREVENT, attend local training Workshop to Raise Awareness of Prevent (WRAP) as available.

Under the **Serious Crime Act 2015** all front-line staff will also undergo government approved free and certificated FGM (Female Genital Mutilation) online training.

All safeguarding training is delivered by appropriate qualified professionals, kept up to date, certificated and recorded on the single central staff tracking record, with copies of the certificate kept on the employees' personnel files.

## 4.3 Further Training

Training will be given according to job roles at the following levels:

Introduction to Adult and Child: in house and/or specialist provider training. This is designed for all who come into contact, either directly or indirectly, with children, young people, adults at risk and their families, parents or their carers, within their work or voluntary capacity. This should enable them to understand their roles and responsibilities in safeguarding vulnerable groups. Some staff, Trustees and volunteers in this category will need further multi-agency training as detailed below.

Multi-agency Working Together: training endorsed by the Safeguarding Children and Safeguarding Adults Boards. This is for the person(s) who take the lead on safeguarding (and deputy) for the Centre and the Centre Welfare Officer who would make a referral, write a report or attend a child or adult protection case conference.

Additional multi-agency specialist training, to be undertaken at the discretion of the Centre Welfare Officer: for specific target groups. It is expected that staff will have already undertaken the above training. For this level, knowledge of identification and referral of concern of abuse will be assumed.

The Centre's officer responsible for HR should be informed of any attendance at relevant training events. This should be evidenced by retaining certificates of attendance for the course, which are to be held on Personnel files.

# 5. PROTECTING STAFF AND VULNERABLE GROUPS

## 5.1 Good Practice Guidelines

Safer Working Culture

- i. All staff have an obligation for safeguarding children, young people and adults at risk in their area of work and it is important that these groups are listened to and any concerns in relation to their welfare are acted upon promptly.
- ii. All staff are monitored by their line managers both in the probationary period and beyond to ensure that all staff comply with expected behaviours and attitudes that constitute best practice in relation to safeguarding and their job role.
- iii. Such monitoring is evidenced through performance management and professional development arrangements such as training and appraisal systems.
- iv. All staff will work within their professional boundaries and ensure they work professionally, and within the law, at all times.

All staff should be encouraged to demonstrate exemplary behaviour in order to protect themselves from possible allegations. The following are common sense examples of how to create a positive culture and climate.

## 5.2 Good practice means:

Always observe the following:

- always work in an open environment (e.g. avoiding private or unobserved situations and encouraging an open environment (e.g. no secrets)
- treating all children, young people and adults at risk equally, and with respect and dignity
- always putting the welfare of each individual first
- maintaining a safe and appropriate distance with the vulnerable groups you come into contact with.
- building balanced relationships based on mutual trust which empowers children, young people and adults at risk to share in the decision-making process.
- involving parents/carers, if relevant, wherever possible (e.g., in decisions about work experience)
- being an excellent role model – this includes not smoking or drinking alcohol in the company of customers.
- giving enthusiastic and constructive feedback rather than negative criticism
- recognising the developmental needs and capacity of children, young people and adults at risk requesting written parental or carer's consent if staff are required to transport children, young people and adults at risk in their cars.

## 5.3 Practice to be avoided

The following should be **avoided** except in emergencies. If cases arise where these situations are unavoidable, they should only occur with the full knowledge and consent of someone in charge in the organisation or the child's parents. For example, a child, young person or adult at risk sustains an injury and needs to go to hospital, or a parent fails to arrive to pick up at the end of a session:

- Avoid spending excessive amounts of time alone with children, young people and adults at risk away from others.
- never take child, young person or adult at risk to your home
- Avoid giving children lifts in your car, especially alone. Always seek management approval and also parental/carers permission

## 5.4 Practice never to be sanctioned

The following should **never** be sanctioned:

- engagement in rough, physical or sexually provocative games, including horseplay.
- being alone in a room with a child, young person or adult at risk.
- allowing or engaging in any form of inappropriate touching.
- allowing children, young people and adults at risk to use inappropriate language unchallenged.
- making sexually suggestive comments to a child, young person or adult at risk, even in fun.
- reducing a child to tears as a form of control.
- allowing allegations made by a child, young person or adult at risk to go unchallenged, unrecorded or not acted upon.
- doing things of a personal nature for children, young people and adults at risk, that they can do for themselves.
- inviting or allowing children, young people and adults at risk to visit you at your home.
- engaging with child, young person or adult at risk via your personal social media or your phone.
- taking photographs or filming a child, young person or adult at risk for your own use, or if for the Centre, without written agreement from your line manager.

It should be remembered that breach of any of the above listed in section 5.4 by any employee, will be deemed as gross misconduct and will result in disciplinary action being taken against you.

## 5.5 Specific Guidance for Work Experience Placements

All managers offering work experience should be familiar with the contents of these safeguarding guidance notes.

Where activities described in 5.3 above (e.g., time alone with the student or providing a lift in your car) are necessary for the provision of genuine work experience, the following steps should be followed:

- A full risk assessment for the placement should be completed and copied to the school and to the officer responsible for HR. A template is usually provided by the school. Advice on completing the risk assessment can be gained from the officer responsible for HR.
- A Responsible Manager will contact the school or work experience coordinator to gain confirmation of the parent's written consent to the student undertaking such activities.
- The supervisor should complete the Work Experience Disclosure form, as shown at Appendix A and return to the Responsible Manager.
- Students should be given copies of the "Work Experience" Safeguarding leaflet by their workplace supervisor on their first working day.
- Evidence of suitable insurance should be given to the officer responsible for HR.

- Logs of mileage, parking tickets etc. should be kept.
- Line managers need to know what time you will leave and an estimated time of arrival back.
- If out of working hours, a manager should be texted as soon as you arrive at the destination or back to home/work.

## **6. RECOGNISING SIGNS OF ABUSE**

The first indication that a child, young person or adult at risk is being abused is not necessarily the presence of a severe injury. Concerns of abuse may be raised by the signs of bruises or marks on a child's body or by remarks made by a child, young person or adult at risk his/her parents or carers or friends, or the observation of behaviour or reactions, from an awareness that a family is under stress caused by a number of other factors and may need help or are indicators of Child Abuse.

### **6.1 Abuse**

A form 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 others (e.g., via the internet). They may be abused by an adult or adults or by another child or children.

### **6.2 Physical**

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

### **6.3 Emotional**

Emotional abuse is the persistent emotional ill treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to the child(ren) that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's capability, as well as overprotection and limitation of exploration or 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 causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

### **6.4 Sexual**

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

### **6.5 Neglect**

Neglect is the persistent failure to meet a child's basic and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur in 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 and clothing, shelter including exclusion from home or abandonment, failing to protect a child from physical harm or danger, failure to ensure adequate supervision including the use of inadequate care-takers, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

## 6.6 Bullying

If a child alleges bullying or shows signs of being bullied, this must be investigated. For a definition of bullying, see Appendix A. Safeguarding and child protection procedures should include an Anti-Bullying policy. The RYA's Anti-bullying policy is available on the website under Racing & Performance, British Youth Sailing, Information, Policy Guidance or click on this link: Youth and Junior Racing Policies.

The Child Protection in Sport Unit also publishes a sample Anti-bullying policy and guidance, see <https://thecpsu.org.uk/help-advice/topics/anti-bullying/> Resources and advice for young people can be found on [www.kidscape.org.uk](http://www.kidscape.org.uk) and [www.childline.org.uk](http://www.childline.org.uk)

## 6.7 Grooming

Grooming is when someone develops a relationship with a child over a period of time to gain their trust for the purposes of sexual abuse or exploitation. Children and young people can be groomed online or face-to-face, by a stranger or by someone they know - for example a family member, friend or professional. For more information on possible signs of grooming, see <https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/grooming/> Sometimes the perpetrator grooms the entire family, building a relationship with the child's parents/carers so that they are allowed more access to the child than would normally be the case.

Similar behaviour could be used to radicalise young people and recruit them to a religious or political cause. This is unlikely to happen in a sailing club setting, but under the government's 'Prevent' strategy teachers and others working with young people receive training on recognising the warning signs.

## 6.8 Other Issues

Other issues include:

- Children under 16 years old living away from home with someone who is not a close relative. If this happens for more than 28 days, their parent/carer (or anyone else if this has not been done, or not possible) need to register the private fostering arrangements with Suffolk/Norfolk County Council.
- Children going missing from home, course or work placement for whatever reason as they may be exploited or trafficked.
- Young unaccompanied asylum seekers who have no responsible adults with them
- Peer abuse including bullying as children can be abusers too.
- Radicalisation and why people may be vulnerable to being drawn into terrorism and describe indicators which may suggest so and provide guidance on the support that can be provided to safeguard those at risk of being drawn into terrorism.
- Violent extremism is when groups or individuals who condone violence as a means to a political end is a particular risk for some children. Any concerns should be reported.
- Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for

something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

- Female genital mutilation: FGM is a criminal offence – it is child abuse and a form of violence against women and girls, and therefore should be treated as such. FGM is a procedure where the female genital organs are injured or changed and there is no medical reason for this. It is frequently a very traumatic and violent act for the victim and can cause harm in many ways. The practice can cause severe pain and there may be immediate and/or long-term health consequences, including mental health problems, difficulties in childbirth, causing danger to the child and mother; and/or death.
- Forced marriage: Forced marriage is a criminal offence – it is a form of child/ adult/ domestic abuse and has to be treated as such; ignoring the needs of victims should never be an option. Forced marriage affects people from many communities and cultures, so cases should always be addressed using all of your existing structures, policies and procedures designed to safeguard children, adults with support needs and victims of domestic abuse.
- Concealed pregnancy when a mother of any age does not seek medical help or support so the unborn baby may be at risk of harm as a result of not accessing maternity services.
- Child trafficking: Children are trafficked for many reasons, including sexual exploitation, domestic servitude, labour, benefit fraud and involvement in criminal activity such as pick-pocketing, theft and working in cannabis farms. There are a number of cases of minors being exploited in the sex industry. Trafficked children may not only be deprived of their rights to health care and freedom from exploitation and abuse but may also be denied access to education.
- eSafety: when children, young people or adults at risk may be targeted online for sexual abuse, financial gain, radicalisation and / or other crimes.
- Domestic violence when an individual exercises control over another in an intimate or family relationship. It takes many forms and can include neglect, physical, sexual, financial, property and / or emotional abuse.
- Coercive behaviour in the family or in a person's intimate relationships is a criminal offence. Controlling or coercive behaviour does not relate to a single incident, it is a purposeful pattern of behaviour which takes place over time in order for one individual to exert power, control or coercion over another. It is a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.
- Modern slavery is a complex crime that takes a number of different forms. It encompasses slavery, servitude, forced and compulsory labour and human trafficking. Traffickers and slave drivers coerce, deceive and force individuals against their will into a life of abuse, servitude and inhumane treatment. Victims may be sexually exploited, forced to work for little or no pay or forced to commit criminal activities against their will. Victims are often pressured into debt-bondage and are likely to be fearful of those who exploit them, who will often threaten and abuse victims and their families. All of these factors make it very difficult for victims to escape.
- Child abuse linked to faith or belief which includes belief in concepts of witchcraft and spirit possession, demons or the devil acting through children or leading them astray.



It includes neglect, physical, sexual and/or emotional abuse.

- Honour killings; where the killing of a relative, especially a girl or woman, who is perceived to have brought dishonour on the family.

## 6.9 Adults at Risk

Abuse is defined as a violation of an individual's human and civil rights by another person or persons.

It may involve a single or repeated act or omission occurring within a personal or professional relationship whether there is an expectation of trust which causes harm to an adult at risk.

Significant harm includes:

- Ill-treatment (including sexual abuse and forms of ill treatment that are not physical).
- The impairment of, or an avoidable deterioration in, physical or mental health.
- The impairment of physical, emotional, social or behavioural development.

Abuse may be by commission or omission that causes harm to an adult at risk.

Behaviours Include:

Physical Abuse:	Hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.
Sexual Abuse:	Rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.
Psychological Abuse:	Emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
Financial or Material Abuse:	Theft, fraud, exploitation, pressure in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits. It can be online, by phone or face to face.
Neglect and Acts of Omission:	Ignoring medical or physical care needs, failing to provide access to appropriate health, social care, welfare benefits or educational services, withholding the necessities of life such as medication, adequate nutrition and heating.
Discriminatory Abuse:	Racism, sexism or acts based on a person's disability, age or sexual orientation. It also includes other forms of harassment, slurs or similar treatment such as disability hate crime.
Domestic Abuse:	Psychological, physical, sexual, financial, emotional abuse, coercive behaviour in the family or intimate relationships, and so called 'honour' based violence.

Organisational Abuse:	Neglect and poor care practice within a care setting such as a hospital or care home or in relation to care provided in someone's own home ranging from one off incidents to on-going ill-treatment. It can be neglect or poor practice as a result of the structure, policies, processes and practices within a care setting.
Modern Slavery:	Encompassing slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.
Self-Neglect:	Covers a wide range of behaviour including neglecting to care for one's personal hygiene, health or surroundings and behaviour such as hoarding.
Hate and "Mate" Crime:	A form of hate crime in which a vulnerable person is manipulated or abused by someone they believed to be their friend.
Forced Marriage:	When one or both spouses do not consent to the marriage but are coerced into it. Duress can include physical, psychological, financial, sexual and emotional pressure. In cases of vulnerable adults who lack the capacity to consent to marriage, coercion is not required for a marriage to be forced.

<b>Mental Capacity</b>											
a.	<p>The primary purpose of the Mental Capacity Act 2005 is to promote and safeguard decision-making within a legal framework. It does this in two ways:</p> <ul style="list-style-type: none"> <li>• by empowering people to make decisions for themselves wherever possible, and by protecting people who lack capacity by providing a flexible framework that places individuals at the heart of the decision-making process</li> <li>• by allowing people to plan ahead for a time in the future when they might lack the capacity, for any number of reasons</li> </ul> <p>It is a criminal offence for anyone to ill-treat or wilfully neglect a person who lacks capacity.</p>										
b.	<p>It is vital for all staff to understand and work to the 5 key principles of Section 1 the Mental Capacity Act 2005:</p>										
	<table border="1"> <tr> <td><b>Principle 1:</b></td> <td>A presumption of capacity – every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise. This means that you cannot assume that someone cannot make a decision for themselves just because they have a particular medical condition or disability.</td> </tr> <tr> <td><b>Principle 2:</b></td> <td>Individuals being supported to make their own decisions – a person must be given all practicable help before anyone treats them as not being able to make their own decisions. This means you should make every effort to encourage and support people to make the decision for themselves. If lack of capacity is established, it is still important that you involve the person as far as possible in making decisions.</td> </tr> <tr> <td><b>Principle 3:</b></td> <td>Unwise decisions – people have the right to make decisions that others might regard as unwise or eccentric. You cannot treat someone as lacking capacity for this reason. Everyone has their own values, beliefs and preferences which may not be the same as those of other people.</td> </tr> <tr> <td><b>Principle 4:</b></td> <td>Best interests – anything done for or on behalf of a person who lacks mental capacity must be done in their best interests.</td> </tr> <tr> <td><b>Principle 5:</b></td> <td>Less restrictive option – someone making a decision or acting on behalf of a person who lacks capacity must consider whether it is possible to decide or act in a way that would interfere less with the person’s rights and freedoms of action, or whether there is a need to decide or act at all. Any intervention should be weighed up in the particular circumstances of the case.</td> </tr> </table>	<b>Principle 1:</b>	A presumption of capacity – every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise. This means that you cannot assume that someone cannot make a decision for themselves just because they have a particular medical condition or disability.	<b>Principle 2:</b>	Individuals being supported to make their own decisions – a person must be given all practicable help before anyone treats them as not being able to make their own decisions. This means you should make every effort to encourage and support people to make the decision for themselves. If lack of capacity is established, it is still important that you involve the person as far as possible in making decisions.	<b>Principle 3:</b>	Unwise decisions – people have the right to make decisions that others might regard as unwise or eccentric. You cannot treat someone as lacking capacity for this reason. Everyone has their own values, beliefs and preferences which may not be the same as those of other people.	<b>Principle 4:</b>	Best interests – anything done for or on behalf of a person who lacks mental capacity must be done in their best interests.	<b>Principle 5:</b>	Less restrictive option – someone making a decision or acting on behalf of a person who lacks capacity must consider whether it is possible to decide or act in a way that would interfere less with the person’s rights and freedoms of action, or whether there is a need to decide or act at all. Any intervention should be weighed up in the particular circumstances of the case.
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c.	<p>The Mental Capacity Act Code of Practice explains how the Mental Capacity Act works on a day-to-day basis and provides guidance to those working with people who may lack capacity. The Code explains the key features of the Mental Capacity Act in more detail, as well as some of the practical steps that people using and interpreting the law need to</p>										

	take into consideration. Any staff who work with people who lack capacity and are a professional and/or are paid for the work they do have a legal duty to have regard to the Code. It is also relevant to unpaid carers who will be helped and guided by it.
d.	Staff who work directly with the public may have particular questions about: <ul style="list-style-type: none"> <li>• an individual's capacity to consent</li> <li>• the legal status of a carer's or friend's Power of Attorney (ability to make a decision on behalf of the person lacking capacity)</li> <li>• the appointment an Independent Mental Capacity Advocate (IMCA ) for an adult who does not have family or friends who can represent them</li> </ul> and should refer to their Head of Service who will seek advice and guidance from Suffolk Adult Services.

## 7. WHAT TO DO IF YOU SUSPECT POSSIBLE ABUSE

### 7.1 Duty to refer

Staff may become aware of suspected or likely abuse by: -

- Their own observations or concerns.
- Being told by another person that they have concerns about a child, young person or adult at risk.
- The child, young person or adult at risk tells them, either verbally or through play or behaviour.
- The abuser tells them.
- Even if there is not direct contact with the child, young person or adult at risk Staff may become concerned because of difficulties experienced by the adults, e.g.
  - Domestic Violence incidents
  - Mental Health issues
  - Substance and Alcohol misuse incidents

There is a duty on staff to respond to concerns about children where they may at risk of significant harm. A flowchart showing the procedure for referral is shown at Appendix A.

### 7.2 Confidentiality

Sometimes, it is only when information from several sources has been shared and combined that it becomes clear that a child, young person or adult is at risk. Personal information about children, young people, adults at risk and their families will usually be confidential and should not be disclosed to a third party without the consent of the subject. **However, the law allows for the disclosure of confidential information where this is necessary to safeguard a child in the public interest.**

### 7.3 Adults at risk consent to referrals and information sharing

In all cases when an adult lacks capacity, i.e., cannot make an informed decision about:

- a safeguarding alert / referral actions which may be taken under multi-agency policy and procedures.
- their own safety or that of others, including an understanding of longer-term harm as well as immediate effects.

- their ability to take action to protect themselves from future harm.

The concern must be referred to the Safeguarding Lead (or Deputy) relevant as soon as possible and recorded on the Centre's safeguarding concern form.

Under the MCA, people who lack capacity and are alleged to be responsible for abuse, are entitled to the help of an Independent Mental Capacity Advocate, to support and represent them in the enquiries that are taking place. This is separate from the decision whether or not to provide the victim of abuse with an independent advocate under the Care Act.

If an adult has capacity and does not consent to a referral, s/he should be signposted to sources of help if s/he should change their mind in the future. Staff must assess, where possible, that the adult's decision not to consent has not been made under duress. In any case the concern must still be referred to the Designated Safeguarding Lead (or Deputy), recording the concern on the Safeguarding Concern Form, including the adult's decision and what information was given to him/her at the time. Sign/date/time. Include name and job role. If there are safeguarding concerns about the adult and his/her contact with children, a child safeguarding concern must be referred on

Disclosure of confidential information must be justifiable in each case, according to the particular facts of the case and must be limited to those people who need to know in order to take appropriate action.

#### 7.4 Referral Procedures

- Make a careful note of the injuries or behaviours which have caused concern.
- Listen carefully to anything the child, young person or adult at risk tells you. If you have observed an injury, you may ask the child how the injury happened. Do not ask leading questions.
- Remember, your role is to note and pass information on accurately, not to conduct the early stages of an investigation.
- If there is still concern, e.g., if the explanation for an injury is inconsistent with the signs you have observed, make a careful note of what you have heard and observed, sign, date it and note the time. It is important that the form is completed at the time.
- Immediately report your concerns to the Centre Welfare Officer or Safeguarding Lead (or Deputy). See below.

Safeguarding Leads	
Name	Contact Numbers
Deputy Safeguarding Leads	

If you cannot get hold of either of these people, it is still important that the referral is made. You should contact Children's or Adult Social Care via the MASH immediately and ensure you

inform the safeguarding lead at the earliest opportunity. Forms for completion are available in staff rooms (in Appendix B and Appendix C)

MASH Suffolk	0808 800 4005
MASH Norfolk	0344 800 8020

1. The Safeguarding Lead will immediately report the matter to the MASH and will also clarify who will inform the parents and or carers.
2. Send your completed referral form to the Safeguarding Lead you have spoken to as soon as possible (agree with them the best way to do this). This may be handwritten or typed. If typed a hard copy must be printed off and dated and signed by hand. Do not keep a copy for yourself. Do not discuss the matter or show the form to anyone else unless you know that they are authorised to have access to the information. Make sure any written information providing personal details is sent in a sealed envelope marked Private and Confidential.
3. All referrals to the MASH must be confirmed in writing within 24 hours. The MASH may also request the Lead or Deputy to complete and securely return a MASH Safeguarding Referral Form
4. Safeguarding matters must not be investigated by Trust staff although they may be asked to take part in a strategy discussion or further meetings if the MASH consider that there is reasonable cause to suspect that the child is suffering, or is likely to suffer, significant harm or if staff are implicated.

In an emergency, anyone should ring 999 without delay if a young person or adult at risk is in immediate danger or a crime has, or may have, been committed.

Safeguarding records should be kept securely for 6 years after the last contact with the individual when a safeguarding referral has been made; and one year for concerns which were not referred to the relevant agency. Safeguarding Leads and the officer responsible for HR will have access to these records.

Safeguarding records regarding children should be kept until at least eight years following their 18<sup>th</sup> birthday.

## **8. HANDLING COMPLAINTS/ALLEGATIONS OF ABUSE BY AN EMPLOYEE**

### **8.1 Overview**

Any allegation or complaint about a Trust employee or volunteer that involves possible harm to a child, young person or adult at risk and where this is related to the employee's work, must be reported immediately to the Centre Welfare Officer and officer responsible for HR (on the same day). If these persons are not available, it is important that a report is made to the person in charge or an officer of the Centre. It is essential that any allegation of abuse made against a person who works with children, young people or adults at risk, including those who work in a voluntary capacity are dealt with fairly, quickly and consistently in a way that provides effective protection for the child and at the same time supports the person who is the subject of the allegation.

In such cases, if staff are given the information in confidence, they must explain to the person that they have no choice but to report what they have been told.

Centre staff should not start their own enquires but should follow similar guidelines to those provided under section 7 above. The allegation must be referred as soon as possible to Children's Social Care or the Police (or the Local Authority Designated Officer (LADO) or Adult Protection Team (APT)). Recording what is known and passing the information on to the Centre Welfare Officer immediately, followed by a written report. The Local Authority Designated Officer (LADO) - see contact details below) should be informed at the earliest opportunity, to determine the next appropriate step.

The employee or volunteer may need to be suspended from work whilst the matter is investigated and if their role involves contact with children, young people and adults at risk this is likely to be the case. However, this will not be automatic and will take into account the relevant circumstances and outcome of any possible strategy discussion with the LADO or APT. In some cases, it may be sufficient to ensure that the employee or volunteer does not have unsupervised access to children. In all cases the person who is the subject of the investigation should be kept informed of the progress of the case and supported appropriately. Every effort should be made to keep the details confidential and to guard against any publicity whilst the allegation is being investigated.

Social Care (and/or the Police) will be informed and the procedures for managing allegations against people who work with children or adults at risk or are in a position of trust will be followed. Any internal investigation or action will not commence until this can be done without prejudicing their proper procedures. (Where internal procedures are underway and a child or adult protection issue comes to light, the internal procedures may be suspended pending Social Services/Police action.) It is also helpful to share information about the alleged employee/volunteer(s) and any other possible employment/activities they may be involved in with children, e.g., coaching.

## 8.2 Managing Allegations

Managing Allegations Against Staff or Learners (who are placed in regulated activity placements)

The Centre will make clear distinction between an allegation, a concern about the quality of care or practice or a complaint. and when there is a safeguarding concern, complaint or allegation that a member of staff or learner has:

- behaved in a way that has harmed, or may have harmed a child or adult at risk
- possibly committed a criminal offence against or related to a child or adult at risk; or
- behaved towards a child or adult at risk in a way that indicates they may pose a risk of harm to vulnerable groups

Under the **Safeguarding of Vulnerable Groups Act 2006** if an individual (paid worker or unpaid volunteer) is removed from "regulated" activity such as looking after children or adults at risk (or would have, had the person not left first) because the person poses a risk of harm to children or adults at risk, the Centre will make a referral to the DBS as soon as possible

and, in any case, within 5 days of closure of the case. It is an offence to fail to make a referral without good reason.

- i. ALL staff and learners will contact the Centre Welfare Officer (or Deputy if the Lead is unavailable) without delay as detailed in section 7.3 above

The Lead or Deputy will follow the relevant Safeguarding Adults Board and Safeguarding Children Board's policies and procedures

- i. S/he will ensure the person with the direct concern has factually recorded their concerns, in writing and on the same day, on the Centre's safeguarding concern form; timed, dated & signed, including job role
- ii. S/he will ensure the Centre follows the LADO's or APT's advice, fulfils any requests for action and inform the Chair of Trustees, and officer responsible for HR
- iii. S/he will record the outcomes of discussions on the Centre's safeguarding concern form, date, time and signed
- iv. The LADO or APT will advise on next steps, media management, communication with other staff, safeguarding risk assessments, possible suspension of the member of staff or learner and, for those staff in regulated activity, possible referral to the DBS which should be made within 5 days of the closure of the case at the latest
- v. The Lead (or Director of Resources) will ensure that the staff involved will be made aware of their rights under employment legislation and any internal disciplinary procedures.

All such records of staff allegations will be kept for 10 years or until the person retires, if that is longer.

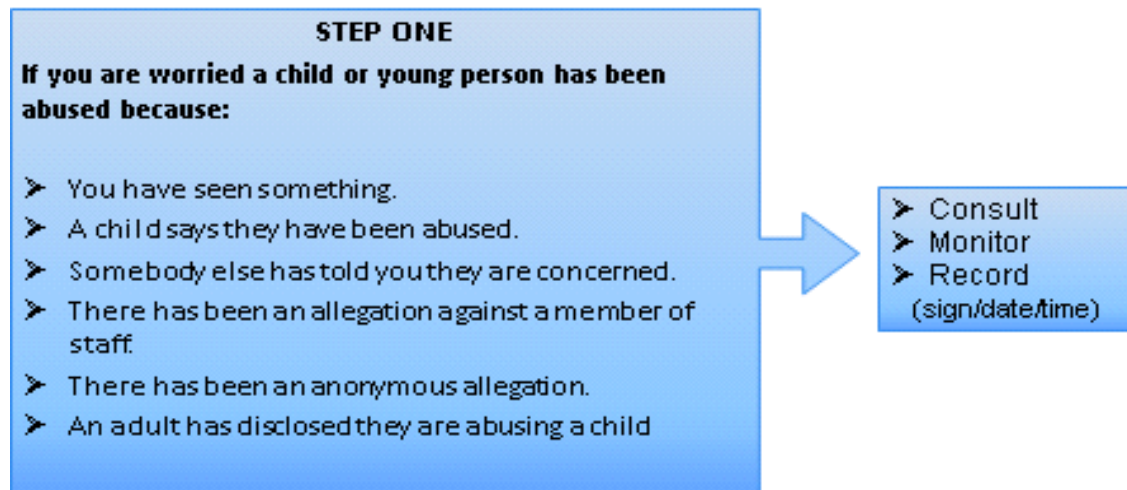
## 9. REFERENCES

- For further information please visit <http://www.safecic.co.uk/freebies>
- An RYA poster for clubs and training centres to display contact details for the Welfare Officer can be downloaded from the RYA website [www.rya.org.uk/go/safeguarding](http://www.rya.org.uk/go/safeguarding)
- Suffolk LADO referral form  
[https://www.google.co.uk/search?safe=active&sxsrf=ALeKk014kUEbu4-Kco0qanQaAfgazh9kig%3A1610125789422&source=hp&ei=3ZH4X-S1F9Og1fAP0caBwAM&iflsig=AINFCbYAAAAAX\\_if7QThdFTMEK3KoMxwRR-4NTbfmHx7&q=suffolk+lado+referral+form&oq=Suffolk+LADO+&gs\\_lcp=CgZwc3ktYWIQARgAMgUIABDJAzlGCAAQFhAeMgYIABAWEB4yBggAEBYQHjoHCCMQ6gIQJzoHCC4Q6gIQJzoECCMQJzoLCAAQsQMqgwEQyQM6CwguELEDEMcbEKMCOq4lLhCxAXCDARDHARCjAjoICAQsQMqgwE6CqguEMcbEK8BECc6BQgAELEDOgsILhDHARCjAhDJAZoCCAA6BQguELEDOggILhCxAXCDAToKCC4QyQMqChCTAjoECC4QCjoKCC4QxwEQrwEQCjoECAAQCjoICAQsQMqyQM6CAguEMcbEK8BOq4lLhDHARCvARDJAXCTAjoLCC4QsQMqXwEQrwE6AgguULAiWk9RYNd2aAJwAHgAqAHqAYgBiwmSAQYxMi4xLjGYAQCgAQGgAQdnd3Mtd2l6sAEK&sclient=psy-ab](https://www.google.co.uk/search?safe=active&sxsrf=ALeKk014kUEbu4-Kco0qanQaAfgazh9kig%3A1610125789422&source=hp&ei=3ZH4X-S1F9Og1fAP0caBwAM&iflsig=AINFCbYAAAAAX_if7QThdFTMEK3KoMxwRR-4NTbfmHx7&q=suffolk+lado+referral+form&oq=Suffolk+LADO+&gs_lcp=CgZwc3ktYWIQARgAMgUIABDJAzlGCAAQFhAeMgYIABAWEB4yBggAEBYQHjoHCCMQ6gIQJzoHCC4Q6gIQJzoECCMQJzoLCAAQsQMqgwEQyQM6CwguELEDEMcbEKMCOq4lLhCxAXCDARDHARCjAjoICAQsQMqgwE6CqguEMcbEK8BECc6BQgAELEDOgsILhDHARCjAhDJAZoCCAA6BQguELEDOggILhCxAXCDAToKCC4QyQMqChCTAjoECC4QCjoKCC4QxwEQrwEQCjoECAAQCjoICAQsQMqyQM6CAguEMcbEK8BOq4lLhDHARCvARDJAXCTAjoLCC4QsQMqXwEQrwE6AgguULAiWk9RYNd2aAJwAHgAqAHqAYgBiwmSAQYxMi4xLjGYAQCgAQGgAQdnd3Mtd2l6sAEK&sclient=psy-ab)
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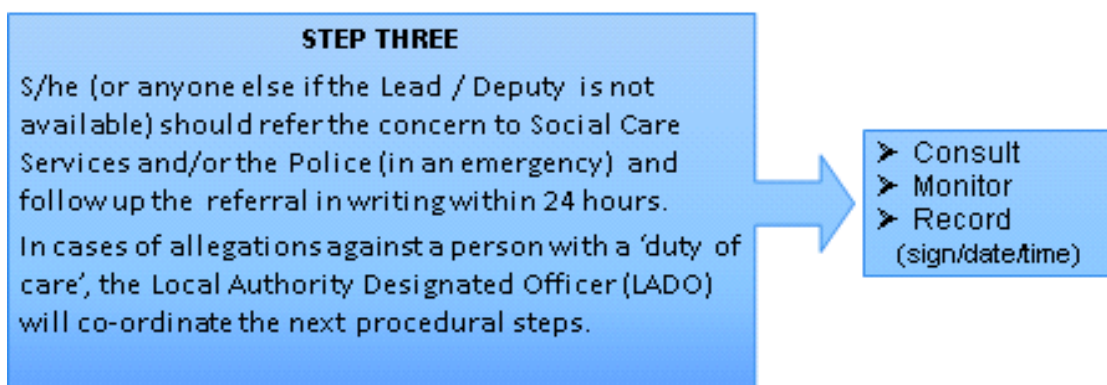
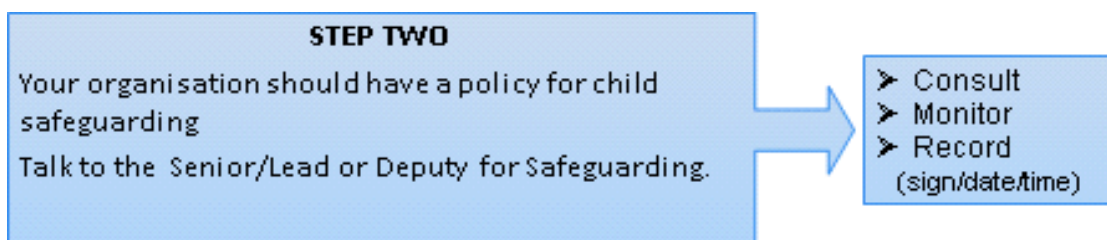


**APPENDIX A: Referral Flowcharts**  
**Child Referral**

**Responding to Concerns:  
Flowchart for referral when you have concerns that a  
child/young person/is being abused.**



1



**Any Consultation should not delay a referral.  
In an emergency, dial 999.**

2

## Adult Referral

### Step 1

If you are worried an adult at risk has been abused because:

- You have seen something
- An adult at risk says they have been abused
- Somebody else has told you they are concerned
- There has been an allegation against a colleague
- There has been an anonymous allegation
- A responsible adult has disclosed they are abusing an adult at risk

### Step 2 (within 24 hours)

Your organisation should have a policy for adult safeguarding - check this for guidance.  
Talk to the lead or deputy for safeguarding.

CONSULT, MONITOR  
AND RECORD,  
Sign/date/time.

*Include name  
and job role*

### Step 3

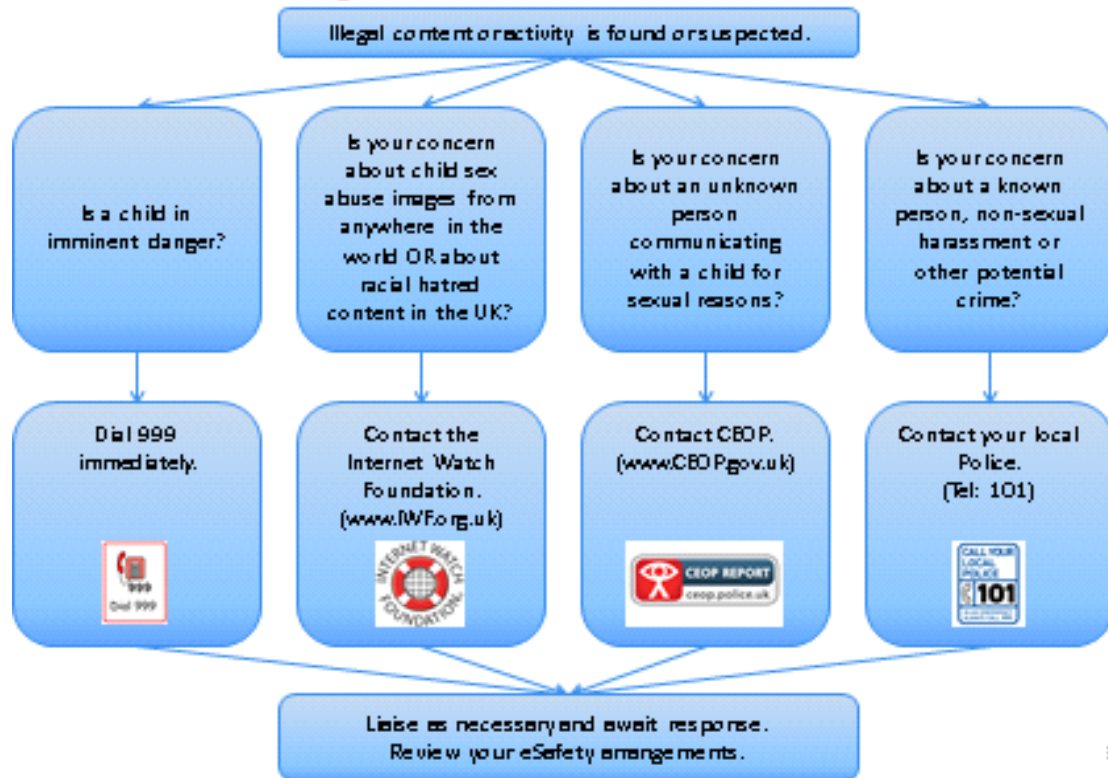
The lead or deputy for safeguarding should refer the concern to Social Care Services and/or the Police (in an emergency) and follow up the referral in writing within 24 hours.

In cases of allegations against a person with a "duty of care", the Designated Adult Safeguarding Manager (or local equivalent) at Social Care Services (and the Police if a crime may have been, or has been committed) will advise the next steps.

Under "whistleblowing", anyone can refer direct to either the police or social care services if, in good faith, they are concerned the organisation is not managing safeguarding concerns appropriately.

**Any consultation should not delay a referral  
In an emergency do not delay, dial 999**

# eSafety Referral Flow Chart



## APPENDIX B: Form for recording allegations or concerns about a child, young person or adult at risk

Please use this form as a prompt, recording any additional information on the back or on another sheet of paper. PLEASE HAND WRITE YOUR NOTES OR TYPE AND PRINT THEM OFF

**REMEMBER – your job is not to investigate, but to record accurately all information you receive or signs and symptoms you observe. ONLY FILL IN WHAT YOU ALREADY KNOW.**

Child or adult's Name:	Child or adult's Date of Birth:
Child or adult's Address:	
Child or adult's phone number:	Child or adult's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
or adult's Parents, Carers' or Guardian's Details: (where known)  Address:  Phone number:	
Have parent's / carer's been notify of this incident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you reporting your own concerns or responding to concerns raised by someone else: <input type="checkbox"/> Responding to my own concerns <input type="checkbox"/> Responding to concerns raised by someone else. (Person with concerns should report it themselves)	
If responding to concerns raised by someone else: Please provide further information below;  Name:  Relationship to the child:  Contact phone number:	
Date(s) & Time(s) of incident(s):	

Describe what the concern/ incident is here:

Describe fully any signs, symptoms you or others have observed (include here what the child has told you):

**Where** did this occur (as far as you know)?

**When** did this happen (as far as you know)?

If some earlier signs/symptoms were noticed before today, **when and where** was this?

Record details of anyone else who may have been present or have relevant information:

Record who has been informed (You must inform one of the Centres' Safeguarding Co-ordinators or Human Resources immediately and the child's parents or guardian unless it is possible that they may be responsible.)

Sign & Print name:

Dated:

Timed:

Job Title:

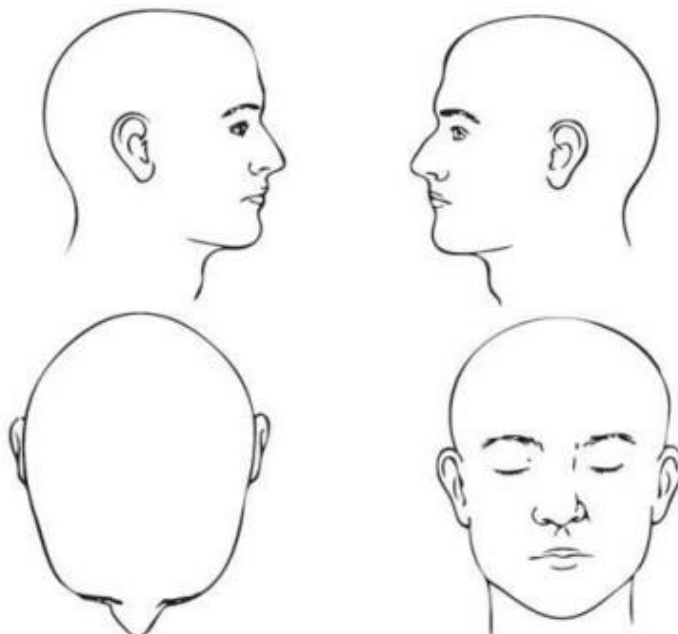
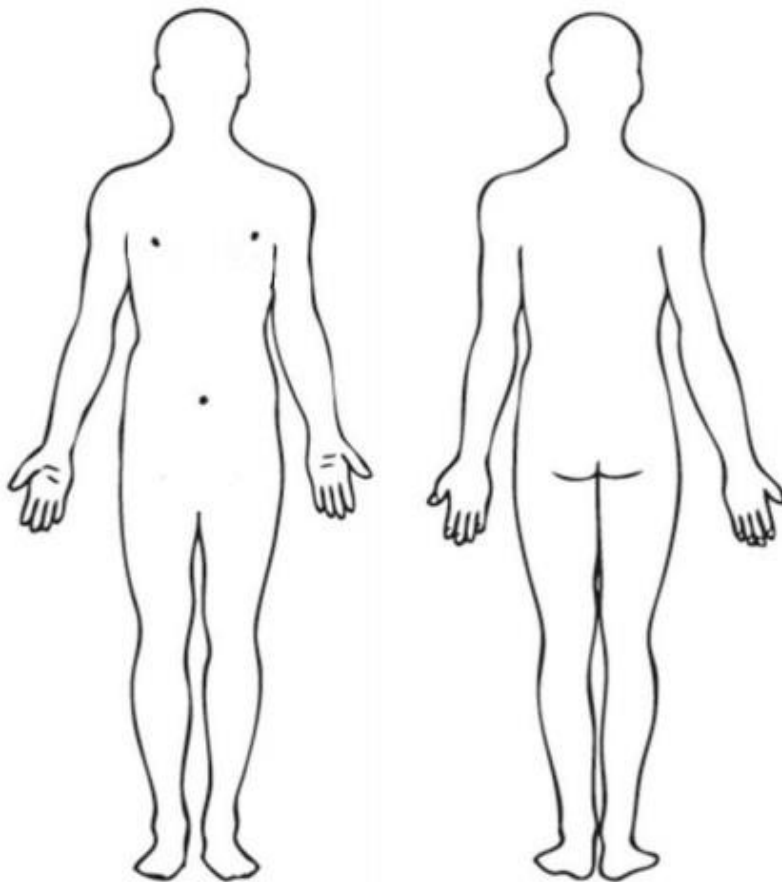
Telephone No:

**SEND OR HAND THIS FORM (in envelope marked Private & Confidential) TO A SAFEGUARDING LEAD AS SOON AS POSSIBLE**

**APPENDIX C: Safeguarding Body Map: report form**

**SEND OR HAND THIS FORM (in envelope marked Private & Confidential) TO A SAFEGUARDING LEAD AS SOON AS POSSIBLE**

**Safeguarding Body Map**



<b>Child's Name:</b>
<b>Date of Birth:</b>
<b>Staff Name:</b> who witnessed the injuries
<b>Date &amp; time injuries seen:</b>
<b>Date &amp; time info recorded:</b>
<b>Details of injuries/location on body:</b>
<b>Signed/Name of SLT / Date:</b>
<b>Actions by SLT:</b>

