

# **ANCHOR CHURCH LYMINGTON AND PENNINGTON**

**Charity Number: 1187597**

## **SAFEGUARDING POLICY**

### **Section 1 – About Anchor Church**

Pastor: Rev'd Christopher Henderson

Contact: 07759 695073 / [christopher@anchorchurch.org.uk](mailto:christopher@anchorchurch.org.uk)

Anchor Church Lyminster and Pennington is an independent evangelical church, part of the Anglican Mission in England (AMiE).

AMiE Safeguarding Lead: Vicki Bonnett, [vicki@anglicanmissionengland.org](mailto:vicki@anglicanmissionengland.org)

Safeguarding concerns will normally be raised with Anchor Church's Safeguarding Officer, see Section 4 for contact details.

Insurance Company: Ecclesiastical

Anchor Church launched in 2020. We hold weekly Sunday meetings at 10am, hiring the hall of Pennington Infant School, as well as some mid-week meetings. Children, young people and adults with care support needs can all join in our corporate worship. The children in the church are looked after within the main service. We also run a mid-week activity 'Tots and Tinies', for 0-4s and their carers.

### **Our commitment**

The trustees recognise the need to provide a safe and caring environment for children, young people and adults. We acknowledge that children, young people and adults can be the victims of physical, sexual and emotional abuse, and neglect. We accept the UN Universal Declaration of Human Rights and the International Covenant of Human Rights, which states that everyone is entitled to "all the rights and freedoms set forth therein, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status". We also concur with the Convention on the Rights of the Child which states that children should be able to develop their full potential, free from hunger and want, neglect and abuse. They have a right to be protected from "all forms of physical or mental violence, injury or abuse, neglect or negligent treatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s), or any other person who has care of the child." The trustees have therefore adopted the procedures set out in this safeguarding policy in accordance with statutory guidance. We are committed to build constructive links with statutory and voluntary agencies involved in safeguarding.

The trustees undertake to:

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- endorse and follow all national and local safeguarding legislation and procedures, in addition to the international conventions outlined above.
- provide on-going safeguarding training for all its workers and will regularly review the operational guidelines attached.
- ensure that the premises used meet the requirements of the Equality Act 2010 and all other relevant legislation, and that it is welcoming and inclusive.
- support the Safeguarding Coordinator(s) in their work and in any action they may need to take in order to protect children and adults with care and support needs.

## Section 2 - Prevention

### Understanding abuse and neglect

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

For the purposes of this policy, a child will be referred to as someone under 18 years old.

An adult at risk of harm will be defined in this policy as any person aged 18 years or older who:

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

We adhere to the UN Convention on the Rights of the Child and have as our starting point as a definition of abuse, Article 19, which states:

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

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

For adults the UN Universal Declaration of Human Rights, Article 5, states:

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

Detailed definitions, and signs and indicators of abuse, as well as how to respond to a disclosure of abuse, are added as appendices to this policy.

### Positions of Trust

All adults working with children, young people and vulnerable adults are in a position of trust. All those in positions of trust need to understand the power this can give them over those they care for and the responsibility they have because of this relationship.

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It is vital that all workers ensure they do not, even unknowingly, use their position of power and authority inappropriately. They should always maintain professional boundaries and avoid behaviour which could be misinterpreted.

As of April 2022, it is illegal in England and Wales and Northern Ireland for those in Positions of Trust in a faith setting to engage in sexual activity with a 16 or 17 year old under their care or supervision.

### **Safer recruitment**

There will be a variety of volunteer roles for activities run by Anchor Church. The Pastor and Assistant Pastor will be under contracts of employment, and there is the possibility of further paid workers in the future.

The trustees will ensure all paid workers and volunteers will be appointed, trained, supported and supervised in accordance with government guidance on safe recruitment. For paid workers, this includes ensuring that:

- There is a written job description for the post.
- Those applying have completed an application form and a self-declaration form.
- Those short-listed have been interviewed.
- Safeguarding has been discussed at interview.
- Written references have been obtained, and followed up where appropriate.
- A disclosure and barring check has been completed where necessary (we will comply with Code of Practice requirements concerning the fair treatment of applicants and the handling of information).
- Qualifications where relevant have been verified.
- A suitable training programme is provided for the successful applicant.
- The applicant has completed a probationary period.
- The applicant has been given a copy of the organisation's safeguarding policy and knows how to report concerns.

For volunteers, this includes ensuring that:

- Written job descriptions where appropriate for the role, or a clear process of briefing the volunteer by the church leadership.
- Those volunteering have completed a self-declaration form.
- Volunteers come from within the church membership and the church leadership have approved their suitability.

- Safeguarding is discussed with volunteers.
- A disclosure and barring check has been completed where necessary (we will comply with Code of Practice requirements concerning the fair treatment of applicants and the handling of information).
- Qualifications where relevant have been verified.
- Training is provided where this is relevant.
- Volunteers have been given access to Anchor Church's safeguarding policy and know how to report concerns.

### **Safeguarding training**

The trustees are committed to on-going safeguarding training and development opportunities for all workers and volunteers, developing a culture of awareness of safeguarding issues to help protect everyone. All our workers will receive induction training and undertake recognised safeguarding training on a regular basis.

The trustees will also ensure that children and adults with care and support needs are provided with information on where to get help and advice in relation to abuse, discrimination, bullying or any other matter where they have a concern.

### **Management of Workers – Codes of Conduct**

The trustees are committed to supporting all workers and ensuring they receive support and supervision. All workers have been issued with a code of conduct for supporting children, young people and adults with care and support needs.

### **Section 3 - Practice Guidelines**

As an organisation working with children, young people and adults with care and support needs we wish to operate and promote good working practice. This will enable workers to run activities safely, develop good relationships and minimise the risk of false or unfounded accusation.

As well as a general code of conduct for workers we also commit to have specific good practice guidelines for every activity we are involved in.

#### **Working in Partnership**

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

We therefore have clear guidelines in regards to our expectations of those with whom we work in partnership, whether in the UK or not. We will discuss with all partners our safeguarding expectations and have a partnership agreement for safeguarding.

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

## Section 4

### Responding to allegations of abuse

Under no circumstances should a volunteer or worker carry out their own investigation into an allegation or suspicion of abuse. Follow procedures as below:

The worker or volunteer should make a report of the concern in the following way:

- The person in receipt of allegations or suspicions of abuse should report concerns as soon as possible to **Dererca Sprake** (hereafter the "Safeguarding Co-ordinator") email: [safeguarding@anchorchurch.org.uk](mailto:safeguarding@anchorchurch.org.uk), who is nominated by the trustees to act on their behalf in dealing with the allegation or suspicion of neglect or abuse, including referring the matter on to the statutory authorities.
- In the absence of the Safeguarding Co-ordinator or, if the suspicions in any way involve the Safeguarding Co-ordinator, then the report should be made to **Ann Ivin** (hereafter the "Deputy") email: [safeguardingdeputy@anchorchurch.org.uk](mailto:safeguardingdeputy@anchorchurch.org.uk). If the suspicions implicate both the Safeguarding Co-ordinator and the Deputy, then the report should be made in the first instance to **thirtyone:eight** PO Box 133, Swanley, Kent, BR8 7UQ, tel no: 0303 003 1111. Alternatively contact Social Services or the police.
- The Safeguarding Co-ordinator may first ring the Thirtyone:eight helpline for advice. Based on the concern, they may then then contact the relevant statutory services.

#### **Children's Social Services (Hampshire)**

**Tel:** 0300 555 1384 / **Out of Hours:** 0300 555 1373

**Website Address:** [www.hants.gov.uk/socialcareandhealth/childrenandfamilies/contacts](http://www.hants.gov.uk/socialcareandhealth/childrenandfamilies/contacts)

#### **Adult Social Services (Hampshire)**

**Tel:** 0300 555 1386 / **Out of Hours:** 0300 555 1373

**Website Address:** [www.hants.gov.uk/socialcareandhealth/adultsocialcare/safeguarding](http://www.hants.gov.uk/socialcareandhealth/adultsocialcare/safeguarding)

#### **Police Protection Team Tel: 101 (999 for emergencies)**

- The Safeguarding Co-ordinator may need to inform others depending on the circumstances and/or nature of the concern, such as:
  - The trustee responsible for safeguarding (**Katy Bray**) who may need to liaise with the insurance company or the Charity Commission to report a serious incident.
  - The Pastor, to log that a safeguarding concern is being dealt with.
  - Designated officer or LADO (Local Authority Designated Officer) if the allegation concerns a worker or volunteer working with someone under 18.

- Concerns must not be discussed with anyone other than those nominated above. A written record of the concerns should be made in accordance with these procedures and kept in a secure place.
- Whilst allegations or suspicions of abuse will normally be reported to the Safeguarding Co-ordinator, the absence of the Safeguarding Co-ordinator or Deputy should not delay referral to statutory services, the Police or taking advice from thirtyone:eight.
- The trustees will support the Safeguarding Co-ordinator/Deputy in their role and accept that any information they may have in their possession will be shared in a strictly limited way on a need to know basis.
- It is, of course, the right of any individual as a citizen to make a direct referral to the safeguarding agencies or seek advice from thirtyone:eight, although the trustees hope that members of Anchor Church will use this procedure. If, however, the individual with the concern feels that the Safeguarding Co-ordinator/Deputy has not responded appropriately, or where they have a disagreement as to the appropriateness of a referral they are free to contact an outside agency direct. We hope by making this statement that the trustees demonstrate their commitment to effective safeguarding and the protection of all those who are vulnerable.

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

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

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

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

- Contact Children's Social Services (or thirtyone:eight) for advice in cases of deliberate injury, if concerned about a child's safety or if a child is afraid to return home.
- Not tell the parents or carers unless advised to do so, having contacted Children's Social Services.
- Seek medical help if needed urgently, informing the doctor of any concerns.
- For lower-level concerns, (e.g. poor parenting), encourage parent/carer to seek help, but not if this places the child at risk of significant harm.



- Where the parent/carer is unwilling to seek help, offer to accompany them. In cases of real concern, if they still fail to act, contact Children's Social Services direct for advice.
- Seek and follow advice given by thirtyone:eight (who will confirm their advice in writing) if unsure whether or not to refer a case to Children's Social Services.

### **Allegations of sexual abuse**

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

- Contact the Children's Social Services Department Duty Social Worker for children and families and Police.
- Depending on the circumstances, they will need to consider whether it is appropriate to speak to the parents of the child. If they are not sure about this, then they will contact Thirtyone:eight.
- Seek and follow the advice given by thirtyone:eight if for any reason they are unsure whether or not to contact Children's Social Services/Police. Thirtyone:eight will confirm its advice in writing for future reference.

### **Detailed procedures where there is a concern about an adult at risk:**

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

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

- Contact the Adult Social Care Team who will be able to advise whether this reaches the safeguarding threshold and that actions are required. Alternatively thirtyone:eight can be contacted for advice.
- If the adult is in immediate danger or has sustained a serious injury contact the Emergency Services, informing them of any suspicions.

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

- Identify support services for the survivor i.e. counselling or other pastoral support.

- Contact thirtyone:eight and in discussion with them will consider appropriate action with regards to the scale of the concern.

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

If an accusation is made against a worker (whether a volunteer or paid member of staff) whilst following the procedure outlined above, the Safeguarding Co-ordinator will:

- Make a referral to the Local Authority Designated Officer (LADO) whose function is to handle all allegations against adults who work with children and young people whether in a paid or voluntary capacity.
- Make a referral to Disclosure and Barring Service for consideration of the person being placed on the barred list for working with children or adults with care and support needs. This decision should be informed by the LADO if they are involved.
- Share information about the concern with the Police.

### **Allegations of abuse against a person who works with adults with care and support needs**

The Safeguarding Co-ordinator will:

- Liaise with Adult Social Services to establish whether this can be investigated under their safeguarding processes.
- Make a referral to the Disclosure and Barring Service following the advice of Adult Social Services.
- Share information about the concern with the Police.

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

### **Allegations of non-recent sexual abuse:**

If an accusation is made of non-recent sexual abuse from a child, the procedure in relation to sexual abuse will be followed (please see above).

If an accusation is made of non-recent sexual abuse from an adult, the Safeguarding Lead will:

- Give the adult the option to report this to the Police. If the adult does not wish to report this to the police, then the Safeguarding Lead can pass on the information relating to the alleged Perpetrator, however, must not share details of the Survivor.

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- If the alleged Perpetrator is in a role working or volunteering with children or young people, make a referral to the Local Authority Designated Officer, whose function is to handle all allegations against adults who work with children and young people whether in a paid or voluntary capacity.
- If the alleged Perpetrator is in a role working with adults with care and support needs, liaise with Adult Social Care to establish whether this can be investigated under their safeguarding processes.
- If the alleged Perpetrator is in a role within your organisation, contact Thirtyone:eight and in discussion with them will consider appropriate action with regards to the scale of the concern.

## **Section 5**

### **Pastoral Care**

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

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

#### **Working with offenders and those who may pose a risk**

When someone attending Anchor Church is known to pose a potential risk to children, or adults with care and support needs; the church leadership will supervise the individual concerned and offer pastoral care, but in its safeguarding commitment to the protection of children and adults with care and support needs, set boundaries for that person, which they will be expected to keep. These boundaries will be based on an appropriate risk assessment and through consultation with appropriate external parties.

#### **Adoption of the policy**

This policy was reviewed by the leadership in April 2025 and will be reviewed by May 2026.

# Appendix 1

Anchor Church Lymington & Pennington

## Policy Statement on Safeguarding

### PROTECTION OF CHILDREN AND ADULTS POLICY STATEMENT

The following statement was reviewed by the trustees on: 24<sup>th</sup> April 2025

- Anchor Church is committed to the safeguarding of children and adults with care and support needs and ensuring their well-being.
- We recognise that we all have a responsibility to help prevent harm or Abuse to children and adults with care and support needs in all their recognised forms.
- We recognise the personal dignity and rights of adults and children and will ensure all our policies and procedures will reflect this.
- We believe all adults should enjoy and have access to every aspect of the life of Anchor Church, as appropriate.
- We undertake to exercise proper care in the appointment and selection of those who will work with children and adults with care and support needs.
- We believe every child should be valued, safe and happy. We want to make sure that all those we have contact with know this and are empowered to tell us if they are experiencing significant harm.

#### **We are committed to:**

- Following statutory and specialist guidelines in relation to safeguarding children and adults and will ensure that as an organisation all workers will work within the agreed procedure of our safeguarding policy.
- Implementing the requirements of all relevant legislation including, but not limited to; Working Together to Safeguard Children 2023, the Disability Discrimination Acts 1995 and 2005, Equality Act 2010 and referring concerns about adults with care and support needs to the local authority under the Care Act 2014.
- Supporting, resourcing and training those who undertake this work.
- Ensuring that we are keeping up to date with national and local developments relating to safeguarding.
- Ensuring that everyone agrees to abide by these recommendations and the guidelines established by Anchor Church.
- Supporting anyone in Anchor Church affected by abuse.

#### **We recognise:**

- Children's Social Care has lead responsibility for investigating all allegations or suspicions of abuse where there are concerns about a child. Adult Social Care has lead responsibility for investigating all allegations or suspicions of abuse where there are concerns about an adult with care and support needs.

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- Where an allegation suggests that a criminal offence may have been committed then the Police should be contacted as a matter of urgency.
- Safeguarding is everyone's responsibility.

**We will review this statement and our policy annually.**


If you have any concerns for a child or adult, then speak to one of the following who have been approved as Safeguarding Co-ordinators for Anchor Church.

Dererca Sprake                      Safeguarding Co-Ordinator

Ann Ivin                              Deputy Safeguarding Co-Ordinator

A copy of Anchor Church's safeguarding policy can be seen on the website or by asking the Safeguarding Co-Ordinator.

Signed on behalf of the trustees:

Signed 

Date    24th April 2025

## Appendix 2 – Definitions & Signs of Abuse

### Statutory Definitions of Abuse (Children)

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting; by those known to them or, more rarely, by a stranger. They may be abused by an adult or adults or another child or children. Child protection legislation throughout the UK is based on the United Nations Convention on the Rights of the Child. Each nation within the UK has incorporated the convention within its legislation and guidance.

#### England

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

#### What is abuse and neglect?

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

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

**Emotional abuse** is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

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

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

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

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

**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

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

## Signs of Abuse (Children)

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

### Physical

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

### Sexual

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

### Emotional

- Changes or regression in mood or behaviour, particularly where a child withdraws or becomes clinging.
- Depression, aggression, extreme anxiety.
- Nervousness, frozen watchfulness
- Obsessions or phobias
- Sudden under-achievement or lack of concentration



- Inappropriate relationships with peers and/or adults
- Attention-seeking behaviour
- Persistent tiredness
- Running away/stealing/lying

### **Neglect**

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

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

## **Definitions of Abuse - Adults**

The following information relates to the Safeguarding of Adults as defined in the Care Act 2014, Chapter 14. Safeguarding, this replaces the previous guidelines produced in 'No Secrets' (Department of Health 2000).

The legislation is relevant across England and Wales but on occasions applies only to local authorities in England.

The Safeguarding duties apply to an adult who;

- has need for care and support (whether or not the local authority is meeting any of those needs) and;
- is experiencing, or at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

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

**Link:** The Care Act 2014

<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

**Link:** Care and Support Statutory Guidance under the Care Act 2014

<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

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

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

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

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

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

**Financial or material abuse** – including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

**Modern slavery** – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

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

**Organisational abuse** – including neglect and poor care practice within an Institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

**Neglect and acts of omission** – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

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

## **Signs of Abuse (Adults)**

### **Physical abuse**

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

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

Any injuries not consistent with the explanation given for them

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

Recurring injuries without plausible explanation

Loss of hair, loss of weight and change of appetite

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

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

### **Domestic violence**

Unexplained injuries or 'excuses' for marks or scars

Controlling and/or threatening relationship including psychological, physical, sexual,

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financial, emotional abuse; so called 'honour' based violence and Female Genital Mutilation.

Age range extended to 16 yrs

### **Sexual abuse**

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

Unexplained change in behaviour or sexually explicit behaviour

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

Infections or sexually transmitted diseases

Full or partial disclosures or hints of sexual abuse:

Self-harming

Emotional distress

Mood changes

Disturbed sleep patterns

Psychological abuse

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

Intimidated or subdued in the presence of a carer

Fearful, flinching or frightened of making choices or expressing wishes

Unexplained paranoia

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

Changes in sleep pattern or persistent tiredness

Loss of appetite

Helplessness or passivity

Confusion or disorientation

Implausible stories and attention seeking behaviour

Low self-esteem

### **Financial or material abuse**

Disparity between assets and living conditions

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

Sudden inability to pay bills, getting into debt

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

Recent changes of deeds or title to property

Missing personal belongings

Inappropriate granting and / or use of Power of Attorney

### **Modern slavery**

Physical appearance; unkempt, inappropriate clothing, malnourished

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

Few personal possessions or ID documents.

Fear of seeking help or trusting people.

### **Discriminatory abuse**

Inappropriate remarks, comments or lack of respect

Poor quality or avoidance care

Low self-esteem

Withdrawn

Anger

Person puts themselves down in terms of their gender or sexuality

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

Policy created using the Thirtyone:eight Model Safeguarding Template

perceive themselves

### **Institutional Abuse**

Low self-esteem

Withdrawn

Anger

Person puts themselves down in terms of their gender or sexuality

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

No confidence in complaints procedures for staff or service users.

Neglectful or poor professional practice.

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

Deteriorating despite apparent care

Poor home conditions, clothing or care and support.

Lack of medication or medical intervention

### **Self-neglect**

Hoarding inside or outside a property

Neglecting personal hygiene or medical needs

Person looking unkempt or dirty and has poor personal hygiene

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

Person is dressed inappropriately for the weather conditions

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

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

Depression

## Appendix 3: Responding to a Concern

### Part 1: Record of concern about a child/adult's safety and welfare

(for use by any staff/volunteers– This form can be filled in electronically. If the form is handwritten care should be taken to ensure that the form is legible)<sup>1, 2, 3</sup>

Child/Adult's name (subject of concern):	Date of birth/age:  Child/Adult:	Address:
Date & time of incident:	Date & time (of writing):	
Your Name (print): _____ Role/Job title:		
Signature: _____		
Other members of the household <sup>4</sup> :		
Record the following factually: Nature of concern, e.g. disclosure, change in behaviour, demeanour, appearance, injury, witnesses etc. <i>(please include as much detail in this section as possible. Remember – the quality of your information will inform the level of intervention initiated. Attach additional sheets if necessary.)</i>		
How did the concern come to light?		
What is the child/adult saying about what has happened <sup>4</sup> ?		
Any other relevant information. Previous concerns etc.		
Date and time of discussion with Safeguarding Co-ordinator <sup>5</sup> : _____		

Check to make sure your report is clear to someone else reading it.

## Please pass this form to your Safeguarding Coordinator without delay

### Guidance notes for Form 1 (volunteers/staff only):

Following are some helpful pointers in completing the above form:

1. As a registered body the church/charitable organisation is required to ensure that its duty of care towards its beneficiaries is carried out in line with the principles enshrined within the Working together to safeguard children and young people, 2018 and the Care Act, 2014. (Refer to your own church's/organisation's safeguarding policy at this point too).
2. Essential principles of recording the information received/disclosed/observed:
  - a. Remember: do not investigate or ask any leading questions
  - b. make notes within the first one hour of receiving the disclosure or observing the incident
  - c. be clear and factual in your recording of the incident or disclosure
  - d. avoid giving your opinion or feelings on the matter
  - e. aim to record using the 4 W's and 1 H: When, where, what, why and how
  - f. do not share this information with anyone else except your safeguarding co-ordinator in the first instance and they will advise on who else will need to be informed, how and when.
  - g. make use of the additional information section to add any other relevant information regarding the child/adult/ family that you may be aware of. This can include any historic concerns or observations.
3. **What constitutes a safeguarding concern?** – any incident that has caused or likely to cause significant harm to a child can be classed as a safeguarding concern. Abuse is classified under four different categories (with regards to children) as already stated within the safeguarding policy (physical, sexual, emotional, neglect). With regards to adults there are 6 further categorisations. Whilst it may be helpful to record a specific category in the above form, if possible, this may not always be the case. Therefore, it is important to seek advice from your safeguarding co-ordinator or thirtyone:eight at this stage.
4. **Why do you need information regarding 'other household members'?** – It has been demonstrated as important to include information about significant adults in the household especially when concerns relate to children as this has been a recurrent risk factor in several serious case reviews.
5. **Why is the view of the child/adult significant?** It is important to give whatever detail is available of the child or adult's explanation (or verbatim) of the matter to help ascertain if it is plausible and to help offer a context to the concern identified.
6. **Passing information to the Safeguarding co-ordinator** – Your safeguarding co-ordinator holds ultimate responsibility in responding to any safeguarding concerns within the church/organisation and therefore it is important that they have oversight of the actions being taken and make relevant and appropriate contact with statutory agencies if required. They will remain the most appropriate link between the organisation and external agencies.

## Part 2: Record of concern about a child/adult's safety and welfare

(for use by Safeguarding Coordinator - This form can be filled in electronically. If the form is handwritten care should be taken to ensure that the form is legible)

Information received by SC:	Date:	Time completed:	From whom:		
Any advice sought, if applicable	Date:	Time completed:	Source of advice: name/organisation:		
	Advice received:  Advice received about informing parents or in the case of adults, seeking consent/capacity <sup>1</sup> :				
Initial Assessment of concern following advice <sup>2</sup>					
Action taken with reasons recorded (e.g. Referral completed, monitoring advice given to appropriate staff, CAF etc)	Date:	Time completed:	By whom:		
	Referral		To whom		
	Signposting to other community resources				
	Pastoral Care and other support from church				
	Ongoing Monitoring				
Parent/carer informed?	<b>Y</b>	Who spoken to:	Date:	Time:	By whom:
	<b>N</b>	Detail reason:			

Any other relevant information			
Name of Safeguarding Coordinator:		Signature:	

### **OVERVIEW OF ACTIONS<sup>3</sup>:**

S.No	Date	Outcome (if known)	Service currently involved	Ongoing support offered by church (this can include monitoring)- include dates
1.				

### **Guidance notes for Form 2:**

Following are some helpful pointers in completing the above form(s)

- 1. Importance of consent from parents/carer or adults (in the light of mental capacity)** – With regards to children, consent of the parents is considered important before a referral is made to external agencies, unless of course doing so will place the child(ren) at greater risk of harm. With regards to adults, it is important to be aware that their consent is crucial before reporting concerns onto statutory agencies. The individual's mental capacity will also be a significant factor to consider at this stage. You can always seek the advice of local authority social services.
- 2. Initial assessment-** Based on the advice you may have received from relevant individuals/agencies (i.e. this could be school/thirtyone:eight/CEOP etc), what are the concerns categorised as?
- 3. Overview of actions** - Includes a summary of the actions taken so far and who holds responsibility for it. You can use this section to add on information gathered when monitoring the situation or offering pastoral care over a defined period of time.