



ASCENSION TRUST SAFEGUARDING POLICY

SAFEGUARDING POLICY FOR CHILDREN AND ADULTS AT RISK

SUMMARY

A. Responsibilities

Ascension Trust staff and volunteers will:

1. Fully recognise its responsibilities for safeguarding children and adults at risk.
2. Respect and promote the rights, wishes and feelings of children and adults at risk.
3. Promote and implement appropriate procedures to safeguard the well-being of children and adults at risk and protect them from abuse.
4. Recruit, train, support and supervise its volunteers to adopt best practice to safeguard and protect children and adults at risk from abuse and to minimise risk to themselves.
5. Require volunteers to adopt and abide by this Safeguarding Policy for Children and Adults at Risk and these Procedures.
6. Respond to all allegations of misconduct or abuse of children and/or adults at risk in line with this Policy and these Procedures.
7. Liaise with statutory and all other appropriate agencies in safeguarding everyone that staff or volunteers come into contact with in carrying out its work.

B. Principles

The welfare of children and adults at risk is everyone's responsibility, particularly when it comes to protecting them from abuse. The possibility arises that through the normal working practices of Ascension Trust staff and volunteers will come into contact with children and adults at risk who may require safeguarding and assistance. Ascension Trust will uphold its duty to offer such safeguarding and assistance.

This Policy and these Procedures are based on the following principles:

1. The welfare of children and adults at risk is of paramount concern.
2. All children and adults at risk, whatever their age, culture, disability, gender, language, racial origin, socio-economic status, religious belief and/or sexual identity have the right to safeguarding from abuse.
3. It is everyone's responsibility to report any concerns about abuse and it is the responsibility of the statutory authorities (e.g. Children's Social Services and the Police) to conduct, where appropriate, a safeguarding investigation.
4. All incidents of alleged poor practice, misconduct and abuse will be taken seriously and responded to swiftly and appropriately.
5. All personal data will be processed in accordance with the requirements of the Data Protection Act 2018 and the UK General Data Protection Regulation.

C. Review

This Policy and these Procedures will be regularly monitored and reviewed:

1. In accordance with changes in legislation and guidance on the safeguarding of children and adults at risk or any changes within Ascension Trust.
2. Following any issues or concerns raised about the safeguarding of children or adults at risk within Ascension Trust or arising from the charity's activities.
3. In all other circumstances, at least annually.

Child and Adult at Risk Safeguarding Procedures

1. Recruitment and Employment

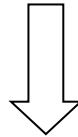
All reasonable steps must be taken to ensure unsuitable people are prevented from working with children and adults at risk.

For all positions that require regular contact with children or adults at risk, the following recruitment procedures must be completed.

1.1. Pre-application Information

Pre-application information for positions involving regular contact with children or adults at risk will be sent to applicants and will include:

- 1.1.1. An application form and self-declaration form.
- 1.1.2. Information on Ascension Trust and related topics.



1.2. Application and Self-Declaration Form

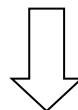
All applicants must complete an Application form and a self-declaration form.

The purpose of the application form is to obtain relevant details from the applicant for the position. The purpose of the self-declaration form is to collect information on criminal behaviour that is relevant to the position e.g. criminal records or investigations.

The self-declaration form is requested in a separate sealed envelope and is not opened until the applicant is selected. If the applicant is not selected the form is destroyed.

1.3. Interviews

All shortlisted applicants will be interviewed. Ascension Trust will ensure that general principles of good practice in asking questions at interview are followed and that all questions will be relevant to the position, open, fair, appropriate and legitimate.



1.4. References

References will be sought from the Leader of the applicant's church and a referee of the applicant's choice, who must not be a member of their family but should know them well.



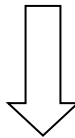
1.5. Checks

Prior to appointment a **DBS check at the relevant level and with the relevant Barred List Check** should be completed. This will require the applicant to complete and submit a DBS form, with the results returning to Ascension Trust's Legal & Policy Officer.



1.6. Offer of Position

Subject to the outcome of the DBS check and whilst it is being processed, the individual will be informed when their induction commences, and that they will be under observation and close supervision.



1.7. Training

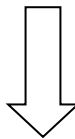
Newly appointed staff members and volunteers will complete the following training over an agreed period as necessary to their role:

- 1.7.1. Protecting children and adults at risk.
- 1.7.2. Any other identified training needs.



1.8. Assessment

Appointed staff members and volunteers will undergo a process of continuous assessment and development.



1.9. Monitoring and Performance Appraisal

Line managers will monitor all volunteers who have contact with children or adults at risk. Every staff member or volunteer will have opportunity for supervision with their line manager.

Ascension Trust's Legal & Policy Officer may ask for additional references.

The Self-Declaration form will be compared to the result of the DBS check to assess the honesty and openness of the applicant. Where a post involves substantial contact with children and/or adults at risk, it is exempt from the Rehabilitation of Offenders Act 1974 and other similar legislation. When a DBS check is carried out on someone applying for

such work, details of cautions, reprimands or final warnings and formal convictions will be on the certificate sent by the DBS service.

More information on DBS checks is available from <https://www.gov.uk/guidance/dbs-check-requests-guidance-for-employers>

2. Specific Responsibility for the Safeguarding of Children and Adults at Risk

2.1. Child and Adult at Risk Officer

The Child and Adult at Risk Officer ("CARO") is: Bejoy Pal, Ascension Trust's CEO

The CARO has the main responsibility for managing child and adults at risk safeguarding issues within Ascension Trust. The role and responsibilities of the CARO are detailed below. Specific responsibilities in relation to allegations against staff members or volunteers are detailed in the Procedure for Managing Suspicions and Allegations of Abuse of a Child or Adults at Risk against Volunteers (Section 4.3)

2.2. Role and Responsibilities of the Child and Adults at Risk Officer

Within Ascension Trust the Child and Adult at Risk Officer will:

1. Implement and promote the Child and Adult at Risk Safeguarding Policy and Procedures.
2. Act as the main contact within Ascension Trust for the safeguarding of children and adults at risk.
3. Provide information and advice on the safeguarding of children and adults at risk.
4. Support and raise awareness of the safeguarding of children and adults at risk.
5. Communicate with staff members and volunteers on issues of child and adult at risk safeguarding.
6. Keep abreast of developments and understand the latest information on data safeguarding, confidentiality and other issues that impact on the safeguarding of children and adults at risk.
7. Encourage good practice and support of procedures to protect children and adults at risk.
8. Establish and maintain contact with local statutory agencies including the Police and Care Trust and Children's Services Directorate.
9. Maintain confidential records of reported cases and action taken and liaise with the statutory agencies and ensure they have access to all necessary information.
10. Organise training for staff members and volunteers as necessary.
11. Regularly monitor and review the Ascension Trust Adult at Risk Safeguarding Policy and Procedures.
12. Attend training on the safeguarding of children and adults at risk.

2.3. Code of Conduct for the Safeguarding of Children and Adults at Risk

This code of conduct details the types of practice required by all staff and volunteers of Ascension Trust when in contact with children or adults at risk. The types of practice are categorised into good practice; practice to be avoided and practice never to be

sanctioned. Suspicions or allegations of non-compliance of the Code by a staff member or volunteer will be dealt with through Ascension Trust's Disciplinary Procedure for misconduct or through Responding to a Suspicion or Allegation of Abuse (p. 4).

2.4. Good Practice

Ascension Trust supports and requires the following good practice by staff and volunteers when in contact with children and adults at risk:

1. Partner up with another staff member or volunteer throughout the course of the shift.
2. Treat all children and adults at risk equally, with respect and dignity.
3. Be an excellent role model including not smoking in the company of children or adults at risk.
4. Give enthusiastic and constructive feedback rather than negative criticism.
5. Ensure that if any form of physical support is required for a child or adult at risk, it is provided openly, the child or adult at risk is informed of what is being done and their consent is obtained.
6. Involve parents, guardians and carers wherever possible.
7. Build balanced relationships based on mutual trust that empower children and adults at risk to share in the decision-making process.

2.5. First Aid and Treatment of Injuries:

If, in your capacity as a staff member or volunteer of Ascension Trust a child or adult at risk requires first aid or any form of medical attention whilst in your care, then the following good practice must be followed:

1. Keep a written record of any injury that is presented or occurs, along with the details of any treatment given.
2. Only those with current recognised First Aid training should respond to any injuries.
3. Where possible any course of action should be discussed with the child/adult at risk, in language that they understand, and their permission sought before any action is taken.
4. In more serious cases, assistance must be obtained from a medically qualified professional as soon as possible.
5. The child's or adults at risk's parents/guardians or carers must be informed of any injury and any action taken as soon as possible, unless it is in the child's or adult at risk's interests and on professional advice not to do so.

2.6. Reporting

If staff members or volunteers have concerns about an incident involving a child or adult at risk that seems untoward or unusual, they must report their concerns as soon as possible to their line manager, or the CARO. Parents should also be informed of the incident as soon as possible unless it is not in the child's or adult at risk's interests to tell them in which case line managers or the CARO will act as a point of reference for all referrals to professional agencies.

Report, record and inform if the following occur:

1. If you accidentally hurt a child or adult at risk; or
2. If a child or adult at risk seems distressed in any manner; or

3. If a child or adult at risk misunderstands or misinterprets something said or done.

3. Listening to Disclosures

3.1. Introduction

It is not the responsibility of anyone from Ascension Trust to decide whether or not a child or adult at risk has been abused. **However, it is everyone's responsibility to report concerns.** If you are unclear about the nature of the information (and therefore which category the disclosure falls into), advice must be sought from the Child and Adult at Risk Officer, the Police, Care Trust or Children's Services Directorate.

In the context of your role within Ascension Trust, never allow allegations made by a child or adult at risk to go unchallenged, unrecorded or not acted upon.

3.2. How to Listen to a Disclosure

It is important to listen carefully to the information a child or adult at risk discloses. When listening to a disclosure, the following good practice is required:

1. React calmly so as not to frighten the child/adult at risk.
2. Listen carefully to the child/adult at risk.
3. Do not show disbelief.
4. Tell the child/adult at risk that he/she is not to blame and that he/she was right to tell.
5. Take what the child/adult at risk says seriously, recognising the difficulties inherent in interpreting what a child/adult at risk says, especially if they have a speech disability and/or differences in language.
6. Do not presuppose that the experience was bad or painful - it may have been neutral or even pleasurable. Always avoid projecting your own reactions onto the child or adult at risk.
7. If you need to clarify, keep questions to the absolute minimum to ensure a clear and accurate understanding of what has been said.
8. If you need to clarify or the statement is ambiguous, use open-ended, non-leading questions.
9. Do not introduce personal information from either your own experiences or those of other children or adult at risk.
10. Reassure the child or adult at risk.

When receiving a disclosure:

1. Avoid panic, showing shock or distaste.
2. Avoid probing for more information than is offered.
3. Avoid speculating or making assumptions.
4. Avoid making negative comments about the person against whom the allegation has been made.
5. Avoid approaching the individual against whom the allegation has been made.
6. Avoid making promises or agreeing to keep secrets.
7. Avoid giving a guarantee of confidentiality.

4. Responding to Disclosures

It is vital that the staff member or volunteer responds well to a suspicion or allegation of abuse, inappropriate behaviour or misconduct from a child or adult at risk. Staff members and volunteers should understand what is meant by the term 'abuse'. The different types of abuse are:

1. Emotional Abuse
2. Neglect
3. Physical Abuse
4. Sexual Abuse
5. Negative Discrimination (including racism)
6. Bullying (includes bullying by gangs; bullying by family volunteers; physical bullying; verbal bullying; teasing; and harassment)

The definitions for the types of abuse, and the signs that may suggest abuse, are detailed in **Types of Abuse p10** and **Signs and Symptoms p12**. It is very important that this appendix is read and understood.

4.1. Basic procedures

In the course of your role within Ascension Trust, a child or adult at risk may disclose information to you about a person that leads to a suspicion or allegation of inappropriate behaviour or misconduct:

1. Listen to the child as detailed above.
2. Acknowledge the information received.
3. Pass the information to the Child and Adult at Risk Officer.
4. Make a full written record of disclosure as soon as practical.
5. Sign and date the record then pass it to the Child and Adult at Risk Officer.

4.2. Extended procedures

All allegations of abuse must be taken seriously. Although false allegations of abuse do occur, they are less than usual. If a child or adult at risk says or indicates that he/she is being abused or information is obtained which gives concern that a child or adult at risk is being abused, you must react as soon as possible that day in line with the following procedures.

Where there is uncertainty about whether the concern relates to abuse or misconduct, the Child and Adult at Risk Officer must firstly be consulted for advice on the appropriate course of action. If the Child and Adult at Risk Officer is unavailable, external agencies such as the Police and local Care Trust and Children's Services Directorate must be consulted for advice. This is important because they have an overview of child safeguarding issues and they may well have other information that together causes concern.

Make a full written record of what has been seen, heard, and/or told as soon as possible in the child/adult at risk's own words. Ensure to write down any action taken and keep all handwritten notes even if subsequently typed up. The information recorded in conjunction with the line manager must, where known, include:

1. Name of child/adult at risk.

2. Age, date of birth of child/adult at risk.
3. Home address and telephone number of the child/adult at risk.
4. The nature of the allegation in the child/adult at risk's own words.
5. Any times, dates or other relevant information.
6. Whether the person making the report is expressing their own concern or the concerns of another person.
7. The child/adult at risk's account, if it can be given, of what has happened and how any injuries occurred.
8. The nature of the allegation (include all of the information obtained during the initial account e.g. time, date, location of alleged incident).
9. A description of any visible (when normally dressed) injuries or bruising, behavioural signs, indirect signs (do not examine the child/adult at risk).
10. Details of any witnesses to the incident.
11. Whether the child/adult at risk's parents/guardians/carers have been contacted.
12. Details of anyone else who has been consulted and the information obtained from him or her.
13. If it is not the child/adult at risk making the report, whether the child/adult at risk has been spoken to, if so what was said.
14. Record, sign and date on the day what you have seen, heard or been told.
15. Pass the record to the Local Authority Designated Officer ("LADO") and the Police.

4.3. Disclosures about a staff member or volunteer

If you receive a disclosure that leads to a suspicion or allegation of inappropriate behaviour or misconduct against a staff member or volunteer:

1. Listen to the child or adult at risk as detailed above.
2. Acknowledge the information received.
3. Pass to the Child and Adult at Risk Officer.
4. Make a full written record of the disclosure as soon as is practical
5. Sign and date the record then pass to the Child and Adult at Risk Officer.

The Child and Adult at Risk Officer must clarify the basic facts to establish whether there is reasonable cause to suspect or believe that misconduct has occurred. If the basic facts support a suspicion or allegation of misconduct by a staff member or volunteer, the matter will be dealt with in accordance with Ascension Trust's Complaints Policy only after the matter has been fully dealt with by the appropriate authorities.

4.4. Making a Referral in Cases of Suspected and/or Alleged Abuse

1. The Child and Adult at Risk Officer on the instruction of the Charity Trustees will refer the suspicion and/or allegation to the Local Authority Designated Officer ("LADO") and the Police as soon as possible after the shift.
2. Appropriate steps may be required to ensure the safety of the child(ren) or adult at risk(s) who may be at risk.
3. A record should be made of the name and designation of the Local Authority Designated Officer ("LADO") and the Police Officer to whom the concerns were

passed, together with the time and date of the call, in case any follow up is required.

4. **Important Note:** *Reporting of the matter to the Police or local Care Trust or Children's Services Directorate see above must not be delayed by attempts to obtain more information.*

4.5. Managing the Volunteer against Whom the Allegation has been made

The LADO will in most cases call a strategy meeting to which the Police would be invited if the concerns were of a serious nature. The meeting will plan the investigation. It is not up to the CARO or any other member of staff to tell the staff member or volunteer that an allegation of abuse has been made against them.

4.6. Suspension

1. Suspension is not a form of disciplinary action. The staff member or volunteer may be suspended whilst an investigation is carried out. If a staff member or volunteer is suspended there does not need to be a timescale communicated except to say that '*the outcome of the current investigation is complete*'.
2. The Legal & Policy Officer or a line manager in accordance with Ascension Trust's Disciplinary Procedures will carry out the suspension.
3. Only once the investigation process is complete and after taking advice of the relevant agencies, should a suspension interview be arranged. The staff member or volunteer should then be informed of the reason the suspension is taking place and given the opportunity to give a statement should he/she wish. Notification of the suspension and the reasons will be conveyed in writing to the staff member or volunteer in accordance with Ascension Trust's Complaints Policy, only when the investigation process with the other relevant agencies has been completed.

4.7. Managing False or Malicious Allegations

1. Where after investigation, the allegation is found to be false or malicious the staff member or volunteer will receive an account of the circumstances and/or investigation and a letter confirming the conclusion of the matter. The staff member or volunteer involved may wish to seek legal advice.
2. Records should not be destroyed. Information detailing the outcome of the investigation should be carefully noted making it clear if applicable that the allegation was unfounded or malicious. This is so that any further allegations made in the future and found to be true can be cross referenced with the previous information.
3. Where this involves a staff member or volunteer of Ascension Trust, they will be advised of the appropriate counselling services available.

4.8. Confidentiality

Staff members or volunteers receiving information about possible abuse should always treat that information as confidential in the sense that it must not be disclosed to anybody except those having a legal duty to receive it, for example the Police, a social work reporter or the Child and Adult at Risk Officer. Communicating information obtained from a DBS certificate under the Police Act 1997 is a criminal offence (See the DBS Requirements, Section 8).

Remember: Listen; Respond; Report and Record!

5. Definitions Sections

5.1. Statutory Authorities or Statutory Local Agencies:

This is a term to describe those agencies with legal responsibility to investigate suspicions or allegations of abuse. This includes the Police, who would investigate to see if a crime has been committed, and Children or Adult Social Services. These may be organised differently throughout the country and known by different names. Children's Social Services may be known as Children's Social Care and be organised within a Children's Services Directorate or similar. Adult Social Services similarly may be known as Adult Social Care and be organised within a Care Trust.

5.2. Child and Adult at Risk Officer:

This is the person with designated responsibility for safeguarding within Ascension Trust. His/her deputy should usually be a member of the Senior Management Team.

5.3. Child:

The legal definition of a child is someone under the age of 18. Some legislation in the UK allows young people from age 16 to make certain decisions for themselves (e.g. getting married), but safeguarding legislation applies to anyone under the age of 18 because this is the legal definition of a child. The Children Act 1989 and 2004 in England and Wales, the Children (Scotland) Act 1995 in Scotland and the Children (Northern Ireland) Order 1995 in Northern Ireland similarly define a child as someone under the age of 18.

5.4. Adult at risk or adult in need of safeguarding:

An adult is someone over 18 (unless specific legislation states otherwise). Some adults because of circumstance or particular vulnerability or risk may be in need of safeguarding. Adults at risk were previously referred to as "vulnerable adults".

An adult at risk can be defined as an adult who has needs for care and support who is experiencing, or is at risk of, abuse or neglect, and as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it. ([section 42 Care Act 2014](#))

In Scotland, the [Adult Support and Safeguarding \(Scotland\) Act 2007](#) defines an adult at risk as someone who is:

1. unable to safeguard their own well-being, property, rights or other interests,
2. at risk of harm, and because they are affected by disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than adults who are not so affected.
3. at risk of harm if another person's conduct is causing (or is likely to cause) the adult to be harmed, or the adult is engaging (or is likely to engage) in conduct which causes (or is likely to cause) self-harm.

There are also specific definitions for DBS purposes of who is regarded as an adult at risk and for Scotland in relation to Disclosure Scotland and the Protecting Vulnerable Groups Scheme.

Adults at risk may be in need of health or social support services and may be unable to take care of himself/herself and to protect themselves from harm or exploitation.

6. Types of Abuse

6.1. Statutory Definitions of Abuse (Children)

It is generally accepted that there are five main categories of abuse for children - physical abuse, emotional abuse, sexual abuse, child sexual exploitation and neglect. The five definitions of abuse below operate in England based on the government guidance '[Working Together to Safeguard Children \(2018\)](#)'. There are similar definitions for Wales, Scotland and Northern Ireland. Contact Ascension Trust's CARO for specific definitions outside England.

Abuse is 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. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child or children.

6.1.1. Physical Abuse

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

6.1.2. Emotional Abuse

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 a child 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 a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

6.1.3. Sexual Abuse

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

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

6.1.4. Child sexual exploitation

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.

6.1.5. Neglect

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

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

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

6.2. Statutory Definitions of Abuse (Adults at Risk)

For adult at risk the statutory authorities use the following categories; physical abuse, sexual abuse, psychological or emotional abuse, financial or material abuse, discriminatory abuse, institutional abuse as well as neglect or act of omission.

The following definition of abuse is laid down in the [Office of the Public Guardian safeguarding policy \(11 January 2022\)](#):

"Abuse and neglect take many forms. Abuse can lead to a violation of someone's human and civil rights by another person or persons. Abuse can be physical, financial, verbal or psychological. It can be the result of an act or a failure to act.

It can happen when an adult at risk is persuaded into a financial or sexual exchange they have not consented to, or can't consent to. Abuse can occur in any relationship and may result in significant harm or exploitation.

Some types of abuse are illegal, and in these cases adults who lack capacity are protected by law the same as everyone else. If OPG suspects that a crime against a client has been committed, we refer the matter to the police. Sometimes, an urgent referral is made for the safety of the adult at risk and/or to preserve evidence.

Abuse is a misuse of power and control that one person has over another. Where someone is dependent on another, there is the possibility of abuse or neglect unless enough safeguards are put in place."

Abuse can fall into the following categories:

6.2.1. Physical Abuse

This includes assault, hitting, slapping, pushing, giving the wrong (or no) medication, restraining someone or only letting them do certain things at certain times.

6.2.2. Domestic Abuse

This includes psychological, physical, sexual, financial or emotional abuse. It also covers so-called 'honour' based violence.

6.2.3. Sexual Abuse

This includes rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, taking sexual photographs, making someone look at pornography or watch sexual acts, sexual assault or sexual acts the adult didn't consent to or was pressured into consenting.

6.2.4. Psychological Abuse

This includes emotional abuse, threats of harm or abandonment, depriving someone of contact with someone else, humiliation, blaming, controlling, intimidation, putting pressure on someone to do something, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or support networks.

6.2.5. Financial or Material Abuse

This includes theft, fraud, Internet scamming, putting pressure on someone about their financial arrangements (including wills, property, inheritance or financial transactions) or the misuse or stealing of property, possessions or benefits.

6.2.6. Modern slavery

This covers slavery (including domestic slavery), human trafficking and forced labour. Traffickers and slave masters use whatever they can to pressurise, deceive and force individuals into a life of abuse and inhumane treatment.

6.2.7. Discriminatory Abuse

This includes types of harassment or insults because of someone's race, gender or gender identity, age, disability, sexual orientation or religion.

6.2.8. Organisational Abuse

This includes neglect and poor care in an institution or care setting such as a hospital or care home, or if an organisation provides care in someone's home. The abuse can be a one-off incident or repeated, on-going ill treatment. The

abuse can be through neglect or poor professional practice, which might be because of structure, policies, processes and practices within an organisation.

6.2.9. Neglect and Acts of Omission

This includes ignoring medical, emotional or physical care needs, failure to provide access to educational services, or not giving someone what they need to help them live, such as medication, enough nutrition and heating.

6.2.10. Self-neglect

This covers a wide range of behaviour which shows that someone isn't caring for their own personal hygiene, health or surroundings. It includes behaviour such as hoarding.

Abuse can take many forms. It might not comfortably fit into any of these categories, or it might not fit into more than one. Abuse can be carried out by one adult at risk towards another. This is still abuse and should be dealt with. The adult at risk who abuses may also be neglecting him/herself which could also be reason for a safeguarding referral.

7. Signs and Symptoms

7.1. Signs and symptoms generally

Recognising abuse is not easy and it is not a person's responsibility to decide whether or not a child or adult at risk has been abused. It is a person's responsibility to pass on any concerns to the statutory agencies for them to investigate.

The signs of abuse listed are not definitive or exhaustive. The list is designed to help staff members and volunteers to be more alert to the signs of possible abuse.

Children and adults at risk may display some of the indicators at some time; the presence of one or more should not be taken as proof that abuse is occurring. Any of these signs or behaviours must be seen in the context of the child/adult at risk's whole situation and in combination with other information related to the child/adult at risk and his/her circumstances. There can also be overlap between different forms of abuse.

7.2. Physical Abuse

<i>Children and young people</i>	<i>Adults at risk</i>
Most children will sustain cuts and bruises throughout childhood. These are likely to occur in bony parts of the body like elbows, shins and knees. In most cases injuries or bruising will be genuinely accidental. An important indicator of physical abuse is where bruises or injuries are unexplained, or the explanation does not fit the injury, or the injury appears on parts of the body where accidental injuries are unlikely e.g. on the	Signs of possible physical abuse include: <ol style="list-style-type: none"> 1. A history of unexplained falls, fractures, bruises, burns, minor injuries 2. Signs of under or overuse of medication and/or medical problems unattended

<p>cheeks or thighs. The age of the child must also be considered.</p> <p>Signs of possible physical abuse include:</p> <ol style="list-style-type: none"> 1. Unexplained injuries or burns, particularly if they are recurrent, improbable excuses given to explain injuries. 2. Refusal to discuss injuries. 3. Fear of parents being approached for an explanation. 4. Untreated injuries or delays in reporting them. 5. Excessive physical punishment to themselves. 6. Arms and legs kept covered in hot weather. 7. Avoidance of swimming, physical education etc. 8. Fear of returning home. 9. Aggression towards others. 10. Running away. <p>When considering the possibility of non-accidental injury it is important to take in to consideration that injuries may have occurred for other reasons e.g. skin disorders such as impetigo, rare bone diseases.</p>	
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7.3. Sexual Abuse

<i>Children and young people</i>	<i>Adults at risk</i>
<p>A child or adult at risk who is distressed may display some of the following physical, behavioural or medical signs that should alert you to a problem. It is the combination and frequency of these that may indicate sexual abuse. Always seek advice.</p> <p>Signs of possible sexual abuse:</p> <ol style="list-style-type: none"> 1. Behavioural 2. Lack of trust in adults or over familiarity with adults 3. Fear of a particular adult 	<p>Signs of possible sexual abuse:</p> <ol style="list-style-type: none"> 1. Pregnancy in a woman who is unable to consent to sexual intercourse 2. Unexplained change in behaviour or sexually implicit/explicit behaviour 3. Torn, stained or bloody underwear and/or unusual difficulty in walking or sitting

<ol style="list-style-type: none"> 4. Social isolation - withdrawn or introversion 5. Sleep disturbance (nightmares, bed-wetting, fear of sleeping alone, needing a night light) 6. Running away from home 7. Girls taking over the mothering role 8. Sudden street problems e.g. falling standards, truancy 9. Reluctance or refusal to participate in physical activity or to change clothes for games 10. Low self-esteem 11. Drug, alcohol or solvent abuse 12. Display of sexual knowledge beyond child's age e.g. French kissing 13. Unusual interest in the genitals of adults, children or animals 14. Fear of bathrooms, showers, closed doors 15. Abnormal sexual drawings 16. Fear of medical examinations 17. Developmental regression 18. Over-sexualised behaviour 19. Compulsive masturbation 20. Stealing 21. Irrational fears 22. Psychosomatic factors e.g. recurrent abdominal or headache pain 23. Sexual promiscuity 24. Eating disorders 25. Sleeping problems, nightmares, fear of the dark 26. Bruises, scratches, bite marks to the thighs or genital areas 27. Anxiety, depression 28. Eating disorder e.g. anorexia nervosa or bulimia 29. Pregnancy -particularly when reluctant to name the father 30. Itchiness, soreness, discharge, unexplained bleeding, pain on passing urine, recurring urinary tract problem, vaginal infections or genital damage 31. Sexually transmitted infections 32. Soiling or wetting in children who have been trained 33. Self-mutilation, suicide attempts 	<ol style="list-style-type: none"> 4. Infections or sexually transmitted diseases 5. Full or partial disclosure or hints of sexual abuse 6. Self-harming
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7.4. Emotional Abuse

<i>Children and young people</i>	<i>Adults at risk</i>
<p>Signs of possible emotional abuse:</p> <ol style="list-style-type: none"> 1. Low self esteem 2. Continual self-deprecation 3. Sudden speech disorder 4. Significant decline in concentration 5. Immaturity 6. 'Neurotic' behaviour e.g. rocking 7. Self-mutilation 8. Compulsive stealing 9. Extremes of passivity or aggression 10. Running away 11. Indiscriminate friendliness 	<p>Signs of possible emotional abuse:</p> <p>Psychological</p> <ol style="list-style-type: none"> 1. Alteration in psychological state e.g. withdrawn, agitated, anxious, tearful 2. Intimidated or subdued in the presence of the carer 3. Fearful, flinching or frightened of making choices or expressing wishes 4. Unexplained paranoia <p>Financial or Material</p> <ol style="list-style-type: none"> 1. Disparity between assets and living conditions 2. Unexplained withdrawals from accounts or disappearance of financial documents 3. Sudden inability to pay bills 4. Carers or professionals fail to account for expenses incurred on a person's behalf 5. Recent changes of deeds or title to property

7.5. Neglect

<i>Children and young people</i>	<i>Adults at risk</i>
<p>Signs of possible neglect:</p> <ol style="list-style-type: none"> 1. Constant hunger 2. Poor personal hygiene 3. Constant tiredness 4. Poor state of clothing 5. Frequent lateness or unexplained non- 	<p>Signs of possible neglect:</p> <ol style="list-style-type: none"> 1. Malnutrition, weight loss and /or persistent hunger 2. Poor physical condition, poor hygiene, varicose ulcers, pressure sores

<p>attendance at events or appointments</p> <p>6. Untreated medical problems</p> <p>7. Low self esteem</p> <p>8. Poor peer relationships</p> <p>9. Stealing</p>	<p>3. Being left in wet clothing or bedding and/or clothing in a poor condition</p> <p>4. Failure to access appropriate health, educational services or social care</p> <p>5. No callers or visitors</p>
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8. Disclosure and Barring Service Requirements

Contact the Legal & Policy Officer or thirtyone:eight for further advice.

8.1. Handling of Disclosure Information

(This relates to organisations using the Disclosure and Barring Service, Disclosure Scotland or Access NI)

1. Storage and Access

Disclosure Information must never be kept on an applicant's personal file. It must be stored separately in a secure, lockable, non-portable cabinet, with access strictly controlled and limited to those who are entitled to see it as part of their duties.

2. Handling

In accordance with Section 124 of the Police Act 1997, Disclosure Information is only passed to those who are authorised to receive it in the course of their duties. A record should be kept of all those to whom Disclosures or Disclosure Information has been revealed and it is a criminal offence to pass this information to anyone who is not entitled to receive it.

3. Usage

Disclosure Information must only be used for the specific purpose for which it was requested and for which the applicant's full consent has been given.

4. Retention

Once a recruitment (or other relevant) decision has been made, Disclosure Information should not be kept for any longer than is absolutely necessary. This is generally for a period of up to six months, to allow for the consideration and resolution of any disputes or complaints. If, in very exceptional circumstances, it is considered necessary to keep Disclosure Information for longer than six months, consultation should be made with the registered/umbrella body and/or the DBS/SCRO/AccessNI.

Advice can then be given to the Data Safeguarding and Human Rights of the individual. The above conditions regarding safe storage and strictly controlled access would still apply in these circumstances.

5. Disposal

Once the retention period has lapsed, Disclosure Information must be suitably destroyed by secure means, i.e. shredding, pulping or burning. Whilst awaiting destruction, Disclosure Information must not be kept in any insecure receptacle (e.g. waste bin or confidential waste sack). No copies of the Disclosure Information may be kept, in any form. However, a record can be kept of the date of the issue of a disclosure, the name of the subject, the type of disclosure requested, the position for which the disclosure was requested, the unique reference number of the disclosure and the details of the recruitment decision taken.

9. Ascension Trust Safeguarding Check-Sheet

Detailed Safeguarding Procedures

1. Under no circumstances should a staff member or volunteer carry out their own investigation into an allegation or suspicion of abuse. Follow the procedures as set out below:
2. The person in receipt of allegations or suspicions of abuse should report concerns as soon as possible to Bejoy Pal who is the Child and Adult at Risk Officer who has been nominated by Ascension Trust 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. Bejoy can be contacted on 020 8330 2809.
3. In the absence of the Child and Adult at Risk Officer or, if the suspicions in any way involve the Child and Adult at Risk Officer, then the report should be made to, Eustace Constance, the Operations Director who can be contacted on 020 8329 9640.

The role of the Child and Adult at Risk Officer 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.

4. If the suspicions implicate both the Child and Adult at Risk Officer, then the report should be made in the first instance to Eustace Constance, the Operations Director who can be contacted on 020 8329 9640.
5. You may also contact the [thirtyone:eight](mailto:thirtyone:eight@ascensiontrust.org.uk) PO Box 133, Swanley, Kent, BR8 7UQ. Telephone 0303 003 11 11. thirtyone:eight would be well positioned to guide you as to whether to proceed to contact Social Services or the police.
6. Where the concern is about a child the Child and Adult at Risk Officer should contact Children's Social Services. Where the concern relates to an adult in need of safeguarding, contact Adult Social Services or take advice from thirtyone:eight as above.

7. The local Children's Social Services office **telephone number (office hours) is 020 8545 4226 or 020 8545 4227**. The **out-of-hours emergency number is 020 8770 5000**.
8. The local Adult Social Services office **telephone number (office hours) is 020 8545 3983 and 020 8545 4388**. The **out-of-hours emergency number is 08456 189 762**.
9. The **Police Child Safeguarding Team** telephone number is _____.
10. Suspicions 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.
11. Whilst allegations or suspicions of abuse will normally be reported to the Child and Adult at Risk Officer, or his/her deputy, the absence of these persons should not delay taking advice from the thirtyone:eight and if necessary, referral to Social Services and the Police.
12. Staff members and volunteers will support the Child and Adult at Risk Officer 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.
13. 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. However, we hope that all those working or volunteering for Ascension Trust will use the procedure mentioned above. If, however, the individual with the concern feels that the Child and Adult at Risk Officer has not responded appropriately, or where they have a disagreement with the Child and Adult at Risk Officer as to the appropriateness of a referral, they are free to contact an outside agency direct. We hope by making this statement that Ascension Trust demonstrates its commitment to effective safeguarding and the safeguarding of all those who are vulnerable.

10. Ascension Trust Disclosure Report

This report must be completed where staff members or volunteers are concerned about an incident involving a child or adult at risk. This form must be completed as soon as possible after the incident that causes concern in conjunction with the Child and Adult at Risk Officer.

Note: Confidentiality must be maintained at all times. Information must only be shared on a need to know basis i.e. only if it will protect the child. Do not discuss this incident with anyone other than those who need to know. This form can be found in the Staff Handbook.

Details of person making report:

Name:
Position:
Contact telephone number:

Details of Child/Adult at Risk

Name:
Date of Birth:
Address:
Contact telephone number:
Names and address of parents/guardian/carers:

Note: If you are reporting concerns on behalf of someone else, please provide details of that person.

Name:
Position:
Address:

Contact telephone number:

Date this person advised you of their concerns/incident:
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Details of the incident/concerns

Date of incident/concern arose:

Time

Place

Names and addresses of other people who may have information about the concerns/incident
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Describe in detail what happened:

Describe in detail visible injuries/bruises and concerning behaviour of the child/adult at risk, if any (use diagrams if this helps you to describe):

Was the child/adult at risk asked about the incident: YES/NO
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If yes, record exactly what the child said in their own words and any questions asked if the situation needed clarification:

Details of action taken

Detail what action, if any, has been taken following receipt of this information:

Other Information

Record any other information you have about this matter (it is important that all information is passed on even that which you think is not important or helpful).

Signature:

Name:

Position:

Date:

11. Charity Commission Guidance

The Charity Commission regulates charitable organisations including all Pastor initiatives coming under the Ascension Trust umbrella regardless of whether they are registered with the Commission or not. The Charity Commission considers that the pastoral care that local initiatives provide to people in need as constituting working with vulnerable people/groups. As a consequence and as good practice, local initiatives should also refer their trustees/management committees to the Commission's guidance on safeguarding duties for charity trustees available at the Commission's [website](#).

The Commission highlights that the safeguarding duty on trustees is for the protection of beneficiaries, staff, volunteers and others coming into contact with the local initiative. The Commission's guidance includes a summary infographic of [ten key actions for trustees](#) which is shown below. Please consider this guidance carefully and ensure that these requirements will be met in the services delivered by the local initiative.



Charity Commission useful links:

<https://www.gov.uk/guidance/safeguarding-duties-for-charity-trustees>

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/756636/10_safeguarding_actions_for_charity_trustees_infographic.pdf