



Safeguarding Policy

This policy is to be adhered to across all of our New Springs UK activities and all staff and volunteers are to have access to and adhere to the guidance herein.

Purpose and scope of this policy statement:

New Springs UK believes that anyone who walks across the threshold of the building have a right to be completely secure from both the fear and reality of abuse, and we are committed to protecting all in our care from harm. This policy will outline specific safeguarding requirements towards the children and young people in our care.

Details of DSL

The Designated Safeguarding Leads for New Springs UK are Rev. Ellen Lockwood and Rev Nathan Weaver (based in Sunderland branch). They are both trained in child protection and are responsible for liaising with the Local Safeguarding Children's Board. In the first instance all incidents regarding allegations against a member of staff/volunteer should be reported to the Local Authority Designated Officer. In the event of either DSL not being available their appointed vice DSL is Rev Phil Weaver. If at any time either individual is implicated in an issue of child protection then the report must go to the individual not implicated.

At no time will any information be divulged to the implicated individual concerned. If a staff member or volunteer is dismissed for safeguarding reasons or of a staff member or volunteer leaves voluntarily for the same reason the LADO will be contacted.

New Springs UK child protection procedures comply with all relevant legislation and other guidance or advice from the LSCB. We are committed to reviewing our Child Protection policy and procedures at least annually. Our policy and procedures will be available with parents/carers when their child joins any of our projects.

This policy is consistent with the legal duty to safeguard and promote the welfare of children, as described in the statutory guidance "*Working Together to Safeguard Children*", 2018.

Staff Support and Training

- All staff and volunteers are carefully recruited, have verified references and full and up to date Criminal Record Bureau checks. If they do not have a DBS they will only be allowed to work with and in our activities unless under the supervision of someone who does. Please note volunteers who do not have a DBS will not and must not be with children on their own at any of our activities.

- All staff and volunteers are given a copy of the Child Protection policy during their induction, and have its implications explained to them.
- All staff and volunteers receive training on child protection issues and are aware of the main indicators of child abuse. This is to be offered to all within a three year period but for some activities this is offered annually as this will be a catchall refresher for our constant volunteers and pull in new volunteers who need to be instructed as to safe procedures and measures here at New Springs UK.
- DSL will undertake annual SG training and maintain up to date contact with external agencies specialising in all Safeguarding matters including those that concern vulnerable adults.
- All staff and volunteers are aware of their statutory requirements in respect of disclosure or discovery of child abuse and the procedure for doing so. Everyone is instructed to report any disclosure or discovery to the safeguarding officer in their area (detailed below). It is the safeguarding officers responsibility to pass all information onto New Springs UK DSL or deputy DSL if the DSL is not available.
- New Springs UK will take appropriate action in relation to the findings of any investigation into allegations of abuse, consistent with its duties to protect the safety of children and uphold fair processes for staff and volunteers.
- Any staff or volunteer under investigation for alleged abuse of a child will be suspended immediately.

Safe Caring

All staff understand child protection procedures in the principles of safe caring. To this end:

- Every effort will be made to avoid or minimise time when staff or volunteers are left alone with a child. If anyone is left alone with a child the door of the room must be kept open and another member of staff informed.
- If a child makes inappropriate physical contact with a member of staff or volunteer then this is fully recorded in the Safeguarding folder and investigated accordingly.
- Staff will never carry out a personal task for a child that they can do for themselves. Where this is essential, one or two staff members will help a child. Staff should not accompany children to the toilet unless the child has a specific requirement. A staff member must always inform another staff member if they are accompanying a child to the toilet, the parent must have given forewarning of this need (in cases of special needs) and female volunteers will be on hand to advise those young ladies that may be experiencing their period for the first time.
- Staff will be mindful of how and where they touch children, given their age and emotional understanding. Unnecessary or potentially inappropriate physical contact will be avoided at all times.
- All allegations made by a child against a member of staff will be fully recorded, including any actions taken - these are typed up, signed and kept confidentially in a locked office. In the event of a witness to the incident they should sign the records to confirm the details.
- In accordance with the Children and Social work act 2017 we will act as a appropriate partner where advised by any social workers or advice given by professionals involved in the welfare of children and young people.

Common signs of child abuse (NSPCC & What to do if you're worried a child is being abused 2015)

Some common signs that there may be something concerning happening in a child's life include:

- unexplained changes in behaviour or personality
- becoming withdrawn
- seeming anxious
- becoming uncharacteristically aggressive
- lacks social skills and has few friends, if any
- poor bond or relationship with a parent
- knowledge of adult issues inappropriate for their age
- running away or going missing
- always choosing to wear clothes which cover their body.

These signs don't necessarily mean that a child is being abused, there could be other things happening in their life which are affecting their behaviour – but we can help you to assess the situation.

You may also notice some concerning behaviour from adults who you know have children in their care, which makes you concerned for the child/children's safety and wellbeing.

Signs of Physical Abuse

Knowing the signs of physical abuse can help give a voice to a child. Any child can experience physical abuse, but some parents and carers might find it difficult to provide a safe and loving home if they are experiencing financial hardship and poverty, isolation, issues with drugs and alcohol, inadequate housing, mental health issues, relationship issues, domestic abuse, or a lack of support.

All children have bumps, trips, and falls, and not all cuts and bruises mean that a child is being physically abused. If a child has repeated or patterned injuries, this needs to be reported. Other signs of physical abuse include:

- Bruises (particularly indicative of abuse if observed in infants and immobile children)
- Broken or fractured bones, or evidence of old fractures
- Burns or scalds, particularly to the feet or the bottom
- Lacerations to the body or mouth
- Bite marks
- Scarring
- The effects of poisoning (e.g. vomiting, drowsiness, seizures)
- Breathing problems from drowning, suffocation, or poisoning
- Head injuries in babies and toddlers may be signalled by the following symptoms: swelling, bruising, fractures, being extremely sleepy, breathing problems, vomiting seizures, being irritable or not feeding properly
- Seeming frightened of parents, reluctant to return home after school
- Displays frozen watchfulness
- Constantly asking in words/actions what will happen next
- Shrinks away at the approach of adults

Signs of Sexual Abuse

[For more information on sexual abuse and its effect on children, click here.](#)

Knowing the signs of sexual abuse can help to give a voice to children. Any child is at risk, though it is important to remember that both boys and girls can be sexually abused. Children more vulnerable to sexual abuse are children with disabilities (since the child

might not be able to understand what is happening to them is abuse, or might not be able to tell someone), and children who are experiencing neglect or other forms of abuse. Most children who have been sexually abused were abused by somebody they know, such as a family member, a friend or family friend, a teacher or sports coach. Children can also be sexually abused online by somebody they know. The abuse could be a one-off sexually abusive act, or the perpetrator could build a relationship with the child.

Signs that a child is being sexually abused may include:

- Difficulty walking or sitting
- Pain, itching, bleeding, bruising, or unusual discharge to the genital area or anus
- Urinary infections or sexually transmitted infections
- Persistent sore throats
- Pregnancy
- Refusing to change for PE or participate in physical activities
- Avoids or is afraid of being left alone with people or a specific person
- Exhibits an inappropriate knowledge of sex for their age
- Uses inappropriate sexual language
- Exhibits sexualised behaviour in their play or with other children
- Bed-wetting
- Changes in eating habits or developing eating disorders
- Lack of peer relationships
- Sleep disturbances or nightmares
- Refusing to go to school
- Running away from home
- Alcohol or drug use
- Anxiety
- Self-harm or attempts at suicide

If a child is being sexually abused online, they may exhibit the following behaviour:

- Spending more time than usual online, texting, or gaming
- Seeming distant, upset, or angry after using the internet or texting
- Being secretive about what they are doing online or who they are talking to
- Having lots of new phone numbers, texts, or messages

Signs of Emotional Abuse

Knowing the signs of emotional abuse can help give a voice to children. Any child can be a victim of emotional abuse, although some may be more vulnerable than others. When families go through a tough time (e.g. experiencing relationship problems, financial hardship, poverty, mental health issues, addiction to drugs or alcohol), parents or carers may struggle to maintain a loving home for their child.

Some signs of emotional abuse might be mistaken for 'normal' teenage behaviour, and it can be difficult to tell if a child is being emotionally abused. As is the nature of emotional abuse, children may not understand they are being abused and may not talk about it, so it is important to look out for signs in how a child is acting.

Signs of emotional abuse include:

- Lack of confidence and self-esteem
- Difficulties controlling emotions
- Extreme behaviour, like becoming overly demanding, aggressive, having outbursts, or becoming passive
- Difficulties making and maintaining relationships
- Behaviour that is inappropriately infantile or adult-like
- Persistent running away from home or being missing from school

- Anxiety, unhappiness or withdrawal
- Having few or no friends
- Seeming to be isolated from parents/family
- Lack social skills
- Self-harm or attempts at suicide
- Babies or toddlers might not have a close relationship or bond with their parent(s)
- Babies or toddlers might be overly affectionate with strangers

Signs of Neglect

Knowing the signs of neglect can help to give a voice to children. Any child can suffer neglect, although some may be more vulnerable than others. When families go through a tough time (e.g. experiencing relationship problems, financial hardship, poverty, mental health issues, addiction to drugs or alcohol), parents or carers may struggle to maintain a loving home for their child. Children more vulnerable also include children who are born prematurely, have a disability or have complex health needs, are in care, or are seeking asylum.

Neglect can be very difficult to notice as having one of the signs doesn't mean that a child is experiencing neglect. You might be able to tell that there is a serious problem if a child display multiple signs over an extended period of time.

Signs of neglect include:

- Being frequently absent from school
- Inappropriate clothing (e.g. shoes too small, clothes are ill-fitted or unsuitable for the weather conditions)
- Clothes are consistently dirty or smelly
- Being hungry
- Hands are cold, red and swollen
- Unkempt appearance and poor hygiene; hair quality is poor or is messy, teeth are dirty, skin dirty
- Lacking necessary medical or dental care, including immunisations or glasses
- Missing medical appointments
- Health problems, including anaemia, body issues, poor muscle tone or prominent joints, regular illness or infections, repeated accidental injuries (often cause by lack of supervision), skin issues (e.g. sores, rashes, flea bites, scabies, ringworm), thin or swollen tummy, weight or growth issues, untreated injuries
- Developmental problems, including poor language or social skills
- Frequent and untreated nappy rash in infants
- Being constantly underweight or considerably losing weight
- The parent or carer has failed to keep the child protected from physical harm or danger
- Begging or stealing things like money or food
- Living in an unsuitable environment (e.g. no heating, messy)
- Being left home alone for long periods of time
- Taking on the role of a carer for other family members
- Changes in behaviour, such as becoming clingy, aggressive, withdrawn, depressed or anxious, displaying obsessive behaviour
- Changes in eating habits
- Using drugs or alcohol
- Self-harm or attempts at suicide

Wider Safeguarding Concerns

Prevent

All organisations, including charities have a duty according to the Prevent Duty 2023 to have due regard to the need to prevent people from being drawn into terrorism.

The Government has defined extremism in the Prevent strategy as: “vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs”. (<https://www.gov.uk/government/publications/prevent-duty-guidance/revised-prevent-duty-guidance-for-england-and-wales>)

This aspect of Safeguarding manifests itself in ensuring others, as suggested above are guaranteed their individual liberty and granted respect and tolerance. New Springs UK is an anti-bullying organisation and maltreatment towards children and adults will not be tolerated.

New Springs UK will be on guard against radicalisation of all but especially children, young people and vulnerable adults.

We recognise we have a duty of care to report illegal or harmful information, pictures or videos and that the gov.com website makes provision for this.

You can report things like:

- articles, images, speeches or videos that promote terrorism or encourage violence
- websites made by terrorist or extremist organisations
- videos of terrorist attacks

Should behaviours be recognised that support a lack of British values, lack respect for those of other faiths or intolerance it will be recorded, monitored and confronted unless unsafe to do so. Should an unsafe level be reached the Police will be called.

FGM (female genital mutilation)

(<https://learning.nspcc.org.uk/child-abuse-and-neglect/fgm>)

Female genital mutilation (FGM) is the partial or total removal of the external female genitalia for non-medical reasons. It's also known as female circumcision or cutting.

FGM is often performed by someone with no medical training who uses instruments such as a knife, scalpel, scissors, glass or razor blade. Children are rarely given anaesthetic or antiseptic treatment and are often forcibly restrained.

The age at which FGM is carried out varies. It may take place:

- when a female baby is newborn
- during childhood or adolescence
- just before marriage
- during pregnancy.

There are four main types of FGM:

- Type 1 (clitoridectomy) – removing part or all of the clitoris.
- Type 2 (excision) – removing part or all of the clitoris and cutting the inner and/or outer labia.
- Type 3 (infibulation) – narrowing the vaginal opening.
- Type 4 – other harmful procedures to the female genitals including pricking, piercing, cutting, scraping or burning (NHS Choices, 2021).

Labia elongation (also referred to as labia stretching or labia pulling) involves stretching the labia minora, sometimes using sticks, harnesses or weights (AFRUCA, 2016).

FGM is child abuse and is illegal in the UK. It can be extremely dangerous and can cause:

- severe pain
- shock
- bleeding
- infection such as tetanus, HIV and hepatitis B and C
- organ damage
- blood loss and infections
- death in some cases.

Sometimes religious, social and cultural reasons are given to justify FGM, however it's a dangerous practice and can cause long-lasting health problems that continue throughout a child's life, including:

- incontinence or difficulties urinating
- frequent or chronic vaginal, pelvic or urinary infections
- menstrual problems
- kidney damage and possible kidney failure
- cysts and abscesses
- pain during sex
- infertility
- complications during pregnancy and childbirth
- emotional and mental health problems (NHS Choices, 2021).

Risks and vulnerability factors

FGM can happen in the UK or abroad. Instances of FGM have been recorded in some African countries, areas of the Middle East, some Asian countries, the Americas, Europe and Australia (Department for Education (DfE), Department of Health and Social Care (DHSC) and Home Office, 2020).

The DfE, DHSC and Home Office have identified higher rates of FGM in certain countries, which may put children from these communities at higher risk. A list of these countries is provided in the multi-agency statutory guidance on female genital mutilation (DfE, DHSC and Home Office, 2020).

Children are also considered to be at higher risk if FGM has already been carried out on their mother, sister or a member of their extended family (DfE, DHSC and Home Office, 2020).

Signs and indicators

A child at immediate risk of FGM may ask you directly for help. But even if they don't know what's going to happen, there may be other signs. You may become aware of:

- a relative or 'cutter' visiting from abroad
- a special occasion or ceremony to 'become a woman' or prepare for marriage
- a female relative being cut – a sister, cousin, or an older female relative such as a mother or aunt
- a family arranging a long holiday or visit to family overseas during the summer holidays
- unexpected, repeated or prolonged absence from school
- a girl struggling to keep up in school and the quality of her academic work declining
- a child running away from or planning to leave home.

A child or woman who's had female genital mutilation (FGM) may:

- have difficulty walking, standing or sitting
- spend longer in the bathroom or toilet
- appear withdrawn, anxious or depressed
- display unusual behaviour after an absence from school or college
- be particularly reluctant to have routine medical examinations
- ask for help, but may not be explicit about the problem due to embarrassment or fear.

Assessing risk

The National FGM Centre has produced an assessment tool to help social workers dealing with situations where there are concerns about FGM to decide on the most appropriate action to take (National FGM Centre, 2021).

The Department of Health also provides guidance to help health professionals identify and assess the risk of female genital mutilation (FGM) for patients in their care and talk to patients and family members about FGM (Department of Health, 2017).

Responding to FGM

Providing support

If a child has already undergone FGM, they should be offered medical help and counselling. You should also take action to protect any other children in the family and to investigate possible risk to others in the community.

Reporting

If you think that a child may be at risk of FGM or if you suspect that FGM has already occurred, you must seek help and advice – even if the FGM didn't happen recently.

If you think a child is in immediate danger, contact the police on **999**. If you're worried about a child but they are not in immediate danger, you should share your concerns.

- **Contact the FGM helpline** on [0800 028 3550](tel:08000283550) or by emailing fgmhelp@nspcc.org.uk.
- **Apply for an FGM protection order.** Anyone can [apply on Gov.uk](https://www.gov.uk/apply-for-an-fgm-protection-order) if they are concerned that someone is at risk of FGM.

- **Contact your local child protection services.** Their contact details can be found on the website for the local authority the child lives in. <https://www.leicestershire.gov.uk/leisure-and-community/community-safety/report-abuse-or-neglect-of-a-child>
- **Contact the police on 999.**

Regulated health and social care professionals and teachers in England and Wales must report 'known' cases of FGM in those under age 18 to the police (Home Office, 2016).

Under [Section 5](#) of the Criminal Law (Northern Ireland) Act 1967 it is an offence to fail to report a 'relevant offence' to the police. This includes:

- knowing or believing that an offence has been committed
- having information which could lead to the apprehension, prosecution or conviction of an offender.

This legislation covers offences against children and adults and includes offences related to FGM.

New Springs UK, although not a medical organisation can and will certainly look and listen out for signs and indicators that a girl has been subjected to FGM (or is anticipated to be). We can and will report all cases where a child or older female raises this as an issue. It will be reported to the relevant authority.

County Lines (<https://www.nationalcrimeagency.gov.uk/what-we-do/crime-threats/drug-trafficking/county-lines>)

County Lines is where illegal drugs are transported from one area to another, often across police and local authority boundaries (although not exclusively), usually by children or vulnerable people who are coerced into it by gangs. The 'County Line' is the mobile phone line used to take the orders of drugs. Importing areas (areas where the drugs are taken to) are reporting increased levels of violence and weapons-related crimes as a result of this trend.

NPCC definition of a County Line

The 2018 Home Office Serious Crime Strategy states the NPCC definition of a County Line is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas [within the UK], using dedicated mobile phone lines or other form of "deal line". They are likely to exploit children and vulnerable adults to move [and store] the drugs and money and they will often use coercion, intimidation, violence (including sexual violence) and weapons.

If a child or young person is becoming drawn into county lines drug dealing these are signs we can look out for:

- An increase in visitors and cars to a house or flat
- New faces appearing at the house or flat
- New and regularly changing residents (e.g different accents compared to local accent)
- Change in resident's mood and/or demeanour (e.g. secretive/ withdrawn/ aggressive/ emotional)
- Substance misuse and/or drug paraphernalia

- Changes in the way young people you might know dress
- Unexplained, sometimes unaffordable new things (e.g clothes, jewellery, cars etc)
- Residents or young people you know going missing, maybe for long periods of time
- Young people seen in different cars/taxis driven by unknown adults
- Young people seeming unfamiliar with your community or where they are
- Truancy, exclusion, disengagement from school
- An increase in anti-social behaviour in the community
- Unexplained injuries

As Loughborough, and our building, are on the county lines between Leicestershire, Nottinghamshire and Derbyshire we are uniquely positioned to be vulnerable to county line drug issues. We will be vigilant and look out where possible for the signs that a child or young person has become connected to drug trafficking and should the matter arise, will report and record accordingly involving the Police and any other necessary organisations.

Our other centres have different county lines so there is a collective commitment to addressing the needs of our geographical location and working, as much as possible, with alternative agencies and professional bodies to bring greater protection to those we may serve.

Child sexual exploitation (CSE) is a form of sexual abuse In return for gifts, money, drugs, affection, and status, children and young people are coerced, manipulated and deceived into performing sexual activities.

CSE (<https://safeguarding.network/content/safeguarding-resources/child-criminal-exploitation/child-sexual-exploitation/>)

It is not just something that affects teenage girls or specific groups and can happen in and out of school, in community groups, clubs and religious organisations. Children and young people can be tricked into believing they are part of a loving and consensual relationship that could be framed as friendship, mentoring or romantic. Child sexual exploitation can happen in schools, in the community and online.

Child sexual exploitation can affect any child. Sometimes there are indicators, sometimes there are none, and professionals we engage with can dismiss these as simply the behaviour associated with children and young people growing up.

Children and young people are more vulnerable to abuse when they:

- have a prior experience of neglect, physical and/or sexual abuse;
- lack a safe/stable home environment, now or in the past (due to domestic abuse or parental substance misuse, parental mental health issues or criminality, for example);
- experience a bereavement or loss;
- are socially isolated or have social difficulties;
- don't have a safe environment to explore their sexuality;
- Are economically vulnerable;
- are homeless or in insecure accommodation;
- have connections with other children and young people who are being sexually exploited;
- have family members or other connections involved in adult sex work;
- have a physical or learning disability;

- are in care (particularly those in residential care and those with interrupted care histories).

Child sexual exploitation is never the victim's fault. Avoid suggesting young people might be making 'lifestyle choices' to be abused, or minimising concern because they have 'agreed to' or received something for the abuse. These are indicators of heightened vulnerability.

If we have reasonable cause to suspect abuse, the local authority must investigate.

Warning signs include

a child or young person who:

- acquires money, clothes, mobile phones etc, without plausible explanation;
- has gang association and/or isolation from peers/social networks;
- is excluded or has unexplained absences from school, college or work;
- leaves home/care without explanation and persistently goes missing or returns late;
- is in excessive receipt of texts/phone calls;
- returns home under the influence of drugs/alcohol;
- undertakes inappropriate sexualised behaviour for their age/develops sexually transmitted infections;
- displays evidence of/suspicion of physical or sexual assault;
- has relationships with controlling or significantly older individuals or groups;
- has multiple callers (unknown adults or peers);
- frequents areas known for sex work;
- has concerning use of the internet or other social media;
- displays increasing secretiveness around behaviours;
- self-harms or displays significant changes in emotional well-being.

What To Do...

- Always take young people seriously.
- Build and use your relationships with children and young people to understand what is happening in their community (in school, locally and online) and be a safe person for them to come to if required.
- Share information at an early stage about concerns. You may be preventing CSE by working with children and young people who experience neglect, domestic abuse or a breakdown in their relationship with their parents.

New Springs UK is committed to helping children, young people and vulnerable adults and will as much as possible, create a safe environment for play, receive supportive services or anything else that New Springs UK provides.

Should CSE come to light the DSL will report directly to the LADO, the Police or any other connections within the LSCB that will ensure the safety of the child and the required investigation. New Springs UK will ensure correct and adequate reporting and recording.

Online Safety

learning@nspcc.org.uk

The policy statement applies to all staff, volunteers, children and young people and anyone involved in New Springs UK's activities.

Legal framework

This policy has been drawn up on the basis of legislation, policy and guidance that seeks to protect children in England.

We recognise that:

- the online world provides everyone with many opportunities; however it can also present risks and challenges
- we have a duty to ensure that all children, young people and adults involved in our organisation are protected from potential harm online
- we have a responsibility to help keep children and young people safe online, whether or not they are using [name of organisation]'s network and devices
- working in partnership with children, young people, their parents, carers and other agencies is essential in promoting young people's welfare and in helping young people to be responsible in their approach to online safety
- all children, regardless of age, disability, gender reassignment, race, religion or belief, sex or sexual orientation, have the right to equal protection from all types of harm or abuse.

We will seek to keep children and young people safe by:

- ensuring that where applicable online safety is mentioned in our training and induction e.g. New Springs UK volunteers are not to engage with children or young people online either on Facebook as friends, through snap chat or instagram, in fact they are asked to make their accounts invisible so that children cannot find them and approach them online.
- Those who have a connection with young people or children online are only in groups where parents are also present and can see all online conversations e.g. the New Springs UK youth
- supporting and encouraging the young people using our service to use the internet, social media and mobile phones in a way that keeps them safe and shows respect for others. This is particularly supported in our New Springs UK camp where children and young people are actively encouraged not to bring their phones. We are also strict with volunteers at CAMP that they should not be using their phones during the day - they are absolutely forbidden from taking photos and videos of children. It is *only* certain key team leads that are allowed to have their phone with them this is to: take permitted photos and videos for publicity purposes following confirmation from a parent/guardian, contact parents/ambulance re first aid, connect with the CEO or other key leads across a large site.
- developing clear and robust procedures to enable us to respond appropriately to any incidents of inappropriate online behaviour, whether by an adult or a child or young person
- ensuring personal information about the adults and children who are involved in our organisation is held securely and shared only as appropriate, e.g. at camp all information is kept by a key person at the first aid desk or kept in a locked office by the volunteer coordinator.
- providing supervision, support and training for staff and volunteers about online safety, this is always mentioned in our in house safeguarding training.

Peer on Peer abuse (<https://learning.nspcc.org.uk/child-abuse-and-neglect/harmful-sexual-behaviour>)

Peer-on-peer sexual abuse is a form of HSB (Harmful Sexual Abuse), where sexual abuse takes place between children of a similar age or stage of development. Child-on-child sexual abuse is a form of HSB that takes place between children of any age or stage of development.

Harmful sexual behaviour (HSB) is developmentally inappropriate sexual behaviour displayed by children and young people which is harmful or abusive¹.

Problematic sexual behaviour (PSB) is developmentally inappropriate or socially unexpected sexualised behaviour which doesn't have an overt element of victimisation or abuse.

Peer sexual abuse can happen in a range of settings, including:

- at school;
- at home;
- in public sNew Springs UKs;
- at parties;
- at a friend's house; and
- online.
- Church
- New Springs UK Camp / Youth activities

Young people can be confused about whether or not they have experienced peer sexual abuse. Reasons for this include:

- they are confused about what constitutes 'normal' sexual activity;
- they don't know whether they gave consent;
- they were drunk when the abuse took place;
- the abuse was carried out by a friend or partner;
- the abuse took place online; and/or
- they blame themselves for what happened.

Young people are often reluctant to tell anybody about peer sexual abuse. They may:

- worry that they won't be taken seriously;
- fear they will be blamed or bullied about what happened;
- be frightened of what the other young person will do to them if they speak out; and/or
- not think that what happened was serious enough to report.

Experiencing peer sexual abuse can have a long lasting impact on a young person. In some cases it can result in symptoms associated with Post-Traumatic Stress Disorder (PTSD).

We recognise that children and young people typically display a range of sexualised behaviours as they grow up. However some may display problematic or abusive sexualised behaviour. This is harmful to the children who display it as well as the people it's directed towards. This is something that should and will be looked out for, recorded and reported, first of all to the DSL and or Vice DSL. Then to the appropriate authorities, LADO, possibly the police and LSCB.

Everyone who works or volunteers with children should be able to distinguish developmentally typical sexual behaviour from sexual behaviours that are problematic or harmful. This will help you respond appropriately and provide children and young people with the right protection and support.

In general, typical sexual behaviour should be:

- playful and curious, not aggressive or angry (National Sexual Violence Resource Centre, 2013)
- displayed towards children of a similar age, stage of development and physical size, who know each other well (National Sexual Violence Resource Centre, 2013; National Child Traumatic Stress Network (NCTSN), 2009)
- voluntary and consensual (NCTSN, 2009).

So, volunteers and staff members here at New Springs UK will be on the look out or listening out for any suggestions of aggressive or angry sexual play, particularly if it is directed towards an age range that is vastly different or towards a child, young person or adult that has a disability, it should also be described as voluntary and consensual.

Any incidents of Peer on Peer abuse will follow the same process in that once it has been recognised it will be recorded (and stored away confidentially), reported and then referrals made where appropriate.

Dealing with Allegations

New Spring UK is committed to ensuring that it meets its responsibilities in respect of child protection by treating any allegation seriously and sensitively. New Springs UK will not carry out any investigation itself into a suspected child abuse incident. On discovering an allegation of abuse, the Designated Safeguarding Lead, will immediately refer the case to the Children and Young Peoples services (relevant to the area).

If any staff member or volunteer feels it is appropriate to get in touch direct with the above bodies after informing the DSL or vice DSL, *they are free to do so*. The necessary phone numbers and contacts are listed at the end of this policy document. There are also ways for individuals to 'whistleblow' should they deem it necessary. This is also outlined in this policy.

Further to this, the following principles will govern any suspected or reported case of abuse:

- Where actual or suspected abuse comes to the attention of staff or volunteers they will report this in the first instance to Ellen Lockwood at the earliest opportunity.
- Full written records of all reported incidents will be produced and maintained. Information recorded will include details of alleged incident, parties involved, evidence or explanations offered by relevant parties, relevant dates, times and locations and any supporting information or evidence from staff or volunteers. Great care will be taken in distinguishing fact and opinion when recording suspected incidents of child abuse.
 - Records must be dated, signed and kept confidentially.
 - If an allegation of abuse is made against Ellen Lockwood then Phil Weaver will assume responsibility for the situation and vice versa.
 - Staff and volunteers will ensure that all concerns and allegations are treated with sensitivity and confidentiality.
 - Any children involved in alleged incidents will be comforted and reassured.

In circumstances where a child makes an allegation or disclosure the staff or volunteer concerned will:

- Listen fully to all the child has to say.
- Make no observable judgement
- Ask open questions that encourage child to speak in their own words
- Ensure the child is safe, comfortable and not left alone
- Make no promises that cannot be kept; such as promising not to tell anyone what they are being told

Procedure

Where a worker becomes concerned about the potential or actual abuse of a volunteer or employed worker, this must be discussed as soon as possible with the safeguarding officer for that church. Action is not possible unless appropriate identifying information is known. The workers concerns, reasons for these and the outcome of discussions with the volunteer or paid worker, CEO, or Project Developer must be recorded in the Incident Log Record.

If a volunteer or paid worker is in a situation which is harmful and he/she feels unable to take action themselves to remove this threat, they can receive support to do this through the Vulnerable Adults Protection Procedures

If after the discussion, you are still concerned and the service user refuses to take action and does not give consent, any action must comply with the general principles above.

It is worth noting that unless an adult wants to engage in the procedure, any investigation is likely to stop at stage one because the wishes of the adult are held paramount. The exception to this is if the service user is assessed not to have the capacity to make their own decisions and that others are put at risk by the alleged perpetrator

If an abuse is disclosed or alleged which identifies an adult or another young person connected with New Springs UK as the alleged perpetrator, it is important that this is responded to quickly and seriously. The volunteer or worker will be suspended until all investigations are completed.

NB This is the standard procedure adopted by all New Springs UK employees and volunteers

Throughout this process the DSL and Vice-DSL recognise the importance of: Recognise, Record, Report and Refer. These 4 R's are enforced in our safeguarding training. Throughout our procedures we understand the importance of accurately recording at every stage of the process.

Whistleblowing

If someone accuses Rev Ellen Lockwood of misconduct this policy states that Rev Phil Weaver should be contacted to suspend her from all activities and make the necessary contact with external agencies. Likewise, if Rev Phil Weaver is accused this policy instructs that Rev Ellen Lockwood be contacted to take the matter forward and report any incident.

IMPORTANT PHONE NUMBERS:

- Rev Ellen Lockwood (Loughborough) – 07850 520734
- Rev Phil Weaver (Loughborough) – 07956 657207
- Rev Nathan Weaver (Sunderland) – 07745 166421
- Pastor Sarah Weaver (Hartlepool) – 07807 703517
- Pastor Trevor Weaver (Stoke) – 07813 925480

Whistleblowing is the activity of a person, often an employee, revealing information about activity within a private or public organisation that is deemed illegal, immoral, illicit, unsafe or fraudulent.

Whistleblowing concerns may include:

- where those who hold responsibility for the welfare of the children do not comply with the regulations they are encouraging from others. Should a person not be complying with the stipulations within this policy document in doing all they can to safeguard children, should the other lead members of the team do nothing about the complaints and take no action they run the risk of a person internally or externally blowing the whistle on their behaviour.

Process for Whistle blowing within New Springs UK:

Should an individual, child, young person or adult have an issue with a another member of the team their first port of call is to Ellen Lockwood and Phil Weaver (Loughborough), should they be in Hartlepool - Sarah Weaver or Phil Weaver, Sunderland Nathan Weaver or Phil Weaver and Stoke Trevor Weaver or Phil Weaver. These are core members of the leadership team and are accountable in the first instance to the CEO - Phil Weaver and the Board of Trustees.

Should there be a complaint an individual should follow these processes depending on the severity of the issues presented.

- **If the act is illegal and has immediately threatened the safety of the a child, young person or vulnerable adult - this includes, sexual and physical abuse in particular - they should call The Police on 999. If they do not think a crime is being committed they can call the Police on 101.**
- **They can also telephone LCC First Response Children's Duty Team if you have urgent concerns about a child who needs a social worker or police officer today: Call [0116 305 0005](tel:01163050005) (24 hour phone line)**
- If the persons conduct is inappropriate but not considered serious enough to contact the Police the Whistleblower can speak directly to another member of the team (all numbers above) and express their concern. This will be dealt with as a matter of urgency and the member of the team investigated for their conduct. It is possible, following reprimand, this person will be given an opportunity to improve their conduct, moved to a different task or removed from site completely.
- Should the Whistleblower not feel that their complaint has been taken seriously enough they are welcome to write a formal complaint to the Board of Trustees: *Board of Trustees, NSC Arena, 4 Belton Road West Ext. Loughborough, Leicestershire, LE11 5XH.* They should expect written correspondence within 14 days as proof of receipt, they should then expect a response from the Board

within a further 30 days (should this be enough) of any investigations underway or action taken.

- If the Whistleblower is not satisfied with this process or wishes to they can contact the LADO directly on

Should an individual feel that any of the DSLs, Vice DSL or Safeguarding officers are not legally complying with 'Working Together to Safeguard Children 2018' they are encouraged to blow the whistle and report the incident to the Police or the LADO.

Referring Allegations to the ISA or LSCB

If the DSL or vice DSL has reasonable grounds for believing that a child has been – or is in grave danger of being made subject to abuse of any kind, the following procedure will be activated:

- Contact will be made at the earliest possible opportunity with the relevant authority and their safeguarding procedure will be followed using the contact details below.
- As much information about the allegation and related incidents will be shared and recorded as is consistent with advice given by the appropriate bodies.
- At all times, the safety, protection and interests of the person concerned will take precedence.
- New Springs UK will assist the appropriate bodies, as far as it is able, during any investigation of abuse or neglect. This will include disclosing written and verbal information and evidence.

Contact details for safeguarding concerns

New Springs Loughborough

Safeguarding officers – Rev Ellen Lockwood / Rev Phil Weaver

Social Care referral details:

- An advice or guidance line is available for **professionals seeking clarity** around whether to make a referral. This line is for this purpose only - 0116 3055500.
- If you are wanting to make a referral for services to Leicestershire County Council, including Early Help or Social Care you will need to complete the online form [Multi Agency Referral Form \(MARF\)\(Link is external and opens in new window\)](#). If you work with children professionally or as a volunteer, please use this form.
- Phone 999 if a crime is being committed or if a child is in **immediate** danger.

Contact our First Response Children's Duty Team if you think a child is being:

- neglected
- physically abused
- sexually abused

Telephone our First Response Children's Duty Team if you have **urgent** concerns about a child who needs a social worker or police officer today:

Call [0116 305 0005](tel:01163050005) (24 hour phone line)

- Contact Leicestershire police on 101 if you think a crime has been committed but there is no immediate danger.

If you're a friend, relative or neighbour of the child, we ask that you contact our First Response Children's Duty Team on [0116 305 0005](tel:01163050005) where you will be able to speak to a Social Worker about your worries. The Social Worker will discuss these with you and take as much information as possible.

You will be able to remain anonymous if you wish and a Social Worker will discuss this with you.

HOW TO REFER CONCERNS/ALLEGATIONS ABOUT AN ADULT MEMBER OF STAFF OR VOLUNTEER

Referral / Contact Process:

Contact us form: this is a venue or advice request that enables us to share information with the LADO without giving the adults details. We would use this form to:

- seek advice on a matter to see if it meets the threshold for intervention
- For venue advice or consultation
- To report general information
- For all initial contact

The form will be returned via secure email to: CFS-LADO@leics.gov.uk and marked "**For the attention of the LADO**"

Allegations referral form:

This form is required when completing a formal referral about a named adult. When we make a referral we will consider the criteria outlined below:

MAKING A REFERRAL WITH THE LEICESTERSHIRE LADO IF THERE IS REASONABLE CAUSE TO BELIEVE THAT A PERSON WHO WORKS WITH OR WHO HAS RESPONSIBILITY FOR CHILDREN HAS:

- Behaved in a way that has harmed or may have harmed a child
- Possibly committed a criminal offence against or related to a child or,
- Behaved towards a child or children in a way that indicates she or he is unsuitable to work with children

Should a person be suspected of committing one of the above, we will report to the LADO within one working day.

Once we have completed the form (MARF - see above), it will be sent via secure email to: CFS-LADO@leics.gov.uk and marked “**For the attention of the LADO**”.

Leicestershire Social Care - ABUSE OF AN ADULT

<https://www.leicestershire.gov.uk/leisure-and-community/community-safety/report-abuse-of-an-adult> - complete online referral form

OR

Adult Social Care

Telephone: 0116 305 0004

(Monday to Thursday, 8.30am to 5pm, Friday 8.30am to 4.30pm)

If it is an emergency or out of hours please call:

Emergency Duty Team

Telephone: 0116 255 1606 (Evenings, weekends, Bank Holidays)

New Springs Sunderland

Safeguarding officer – Rev Nathan Weaver

Reporting an allegation of an **adult with a child or with another adult** please contact:

Together for Children - Sunderland **on 0191 5205560** (available 8.30am to 5.00pm Monday - Thursday, 8.30am to 4.30pm Friday); or the Out of Hours Team **on 0191 520 5552** (also available 24 hours Saturday and Sunday)

Reporting a safeguarding concern of a adult being at risk of harm please contact:

Sunderland Council

If the concern **is not** relating to immediate risk please visit the following website:

[Professional Safeguarding Form \(sunderland.gov.uk\)](https://www.sunderland.gov.uk) www.adultsportal.sunderland.gov.uk
- complete online referral form

OR

Call **0191 520 5552**

New Springs Stoke-on-Trent

Safeguarding officer – Pastor Trevor Weaver

Reporting an allegation of an **adult with a child or with another adult** please contact:

Stoke on Trent Council

www.stoke.gov.uk/safeguarding

Concerns for a child

Children's advice and duty service (CHAD) on 01782 235100 (Monday to Friday 8.30am to 6pm). If you need to contact us out of hours, then please call our emergency duty team on 01782 234234

Concerns for an adult

Contact the adult safeguarding team on **0800 561 0015**

New Springs Hartlepool

Safeguarding officers – Rev Nathan Weaver / Pastor Sarah Weaver

Reporting an allegation of an adult with a child or with another adult please contact:

Concerns for a child

Contact the children's hub on:

- Tel - 01429 284284
- Email - childrenshub@hartlepool.gov.uk
- website - <http://hartlepool.fsd.org.uk/>

The Emergency Duty Team provides an out-of-hours response to emergency situations involving child protection, child care, mental health and other adult care service matters.

They provide a point of advice and, where necessary, immediate service to individuals and families who are experiencing problems. They work closely with other emergency services including Health, Warden Call, Police, Women's Refuges and the Benefits Agency.

They are only available **outside** of normal office hours.

Contact Details:

- Tel - 01642 524552

Concerns for an adult

The Integrated Single Point of Access (iSPA)

You can contact the iSPA Monday Thursday 8:30am-5pm, Friday 8:30am – 4:30pm

Tel: **01429 523390**

SMS: **078336 72357**

Email: ispa@hartlepool.gov.uk

If you need urgent help when our offices are closed, you can contact the **Emergency Duty Team** on **01642 524552**

Equality

The Equality Act 2017 deals with discrimination comprehensively and in respect of both employment and the provision of goods and services on the grounds of:

- age;
- disability;
- gender reassignment;
- marriage and civil partnership;
- pregnancy and maternity;
- race;
- religion or belief;
- sex; and
- sexual orientation.

The Act aims to provide equality of opportunity and makes it unlawful to discriminate, harass or victimise a person in employment or as a user of private and public services. It also creates positive obligations on employers to make reasonable adjustments for those with disabilities within our establishments, particularly to those who are employed.

In relation to our provision we aim to respect the protected characteristics mentioned above. This will be mentioned within our training and reinforced throughout our provision. We have a zero tolerance stance on bullying and aim as much as possible to act quickly to bring universal well being to our provision settings.

Additional Considerations (Code of Practice for Out of School Settings 2020)

Children with special educational needs and disabilities (SEND)

We are aware that the Equality Act 2010 requires us to make reasonable adjustments to for children with SEND and we are aware that we cannot discriminate.

We do our best to provide training at least once a year and actively give sNew Springs UK for volunteers with expertise in this field to give advice, particularly during the activities that run and during the debrief sessions following the activities. We are aware that we may not always be qualified to support children with particular additional needs but will always ensure that advertising stipulates the type of activities being organised so that parents can make the best choices for their child.

We do and have taken into account information from parents which helps us to create better environments for children with SEND. We actively discuss with parents should their be issues and work with them to support the child. Should we not be able to do this safely we attempt to make alternative arrangements.

We are aware that children with SEND can face additional safeguarding difficulties.

Additional risks and barriers can exist when recognising abuse and neglect among such children.

These can include:

- assumptions that signs of possible abuse such as behaviour, mood and injury relate to the child's disability, without further exploration
- being more prone to peer group isolation than other children
- the potential for these children to be disproportionately affected by behaviours such as bullying, without showing any outward signs
- communication barriers and difficulties in managing or reporting these challenges
- difficulty in being unable to understand the difference between fact and fiction in online content
- repeating content or behaviours without understanding the consequences of doing so.

Safeguarding Training

Safeguarding refreshers take place annually and include as many team members, staff and volunteers as possible where many of these topics are covered including signs of what to look out for and the details of the reporting process. This document is also available on request.

We outsource Safeguarding training to key members of the team where necessary and ask them to provide certification to prove their attendance.

DSL Training takes place every other year but they also attend the annual update sessions OR 'drop in' sessions if as a team we believe a refresher is required.

Any member of staff or volunteer who joins the organisation is invited to attend Safeguarding training even if their role does not take them in direct contact with children, young people or vulnerable adults. Safeguarding is everyone's responsibility.

Safeguarding Adults: Statement and Policy

Safeguarding is everyone's business. It is about being proactive in all that we do as a charity to prevent and reduce abuse across all our groups, centres and activities.

We meet vulnerable adults through the majority of our activities but particularly through our food bank, baby group and seniors group.

This policy deals specifically with the abuse of vulnerable adults, whether by a carer/relative, employee/volunteer or by other service users.

Aims and Principles

The aims of adult safeguarding are to:

- stop abuse or neglect wherever possible;
- prevent harm and reduce the risk of abuse or neglect to adults with care and support needs;
- promote an approach that concentrates on improving life for the adults concerned;
- provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult;
- address what has caused the abuse or neglect by contacting the correct authorities or associations;

The following six Person Centred principles (from the Care Act 2014) apply to all sectors and settings including care and support services. The principles should inform the ways in which professionals from statutory agencies and staff and volunteers work with adults. As a part of the voluntary sector we will endeavour to play our part in helping to encourage:

- Empowerment: wherever possible, the vulnerable should be supported and encouraged to make their own decision; it should be assumed that decisions are made by the people concerned or with their informed consent.
- Prevention: wherever possible the aim of staff and volunteers will be to take action before harm occurs and ensure that there is early engagement with all relevant people.
- Proportionate: all response should be appropriate to the risk presented, and where possible the least intrusive response should be ensured.
- Protection: support and representation should be given to ensure protection for those in greatest need - in our context we will protect by offering to support as we are practically able. We have strict processes involved where communication is more pronounced/prolific among the team when the people we are serving are vulnerable (regardless of age). We keep tight lines of communication and have paper trails that highlight important conversations, actions and input from external agencies.
- Partnership: local solutions should be sought through those services which are already working with the individual's communities. Communities have a part to play in preventing,

detecting and reporting neglect and abuse. We always do our best to work with family and friends where possible.

● Accountability: there should always be transparency and accountability ensured in the delivery of safeguarding

Definitions

The definition of an Adult at Risk (under section 42 of 2014 Care Act) is someone who:

- Is aged 18 and over,
- Has needs for care and support (whether or not the Local Authority is meeting any of those needs), and
- Is experiencing, or at risk of abuse and/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.

Adults at risk definition may include: older people; people with mental health needs, learning disabilities, a long term illness or physical impairments; people with alcohol or substance dependency; family carers providing assistance to a vulnerable adult; victims of domestic harm etc. This could include volunteers working with us who could be included in the above definition of adults at risk.

Harm is defined as:

- A single act or a repeated act;
- An act of neglect or a failure to act;
- Multiple acts, for example, an adult at risk may be neglected and also financially harmed - this can be particularly true within the range of our work in and with the community.
- Self-neglect - Self-neglect involves a person failing to care for their basic needs, which can include hygiene, health, and living environment. This can manifest as poor personal hygiene, unkempt appearance, living in unsanitary conditions, and neglecting household maintenance. Other signs include malnutrition, dehydration, and refusing medical care.

Specific signs and symptoms of self-neglect include:

- **Poor personal hygiene**: This can include being dirty, smelly, having unwashed clothes, or having untreated skin issues.
- **Unkempt appearance**: This can involve not bathing, not brushing hair, or **wearing dirty or inappropriate clothing**.
- **Living in unsanitary or unsafe conditions**: This can involve clutter, infestations, hazardous conditions, or lack of basic utilities like running water or heating.
- **Malnutrition or dehydration**: This can be due to not eating properly, having limited access to food, or not drinking enough fluids.
- **Neglecting household maintenance**: This can involve not repairing damage, not taking care of the yard, or letting clutter accumulate.
- **Hoarding**: This involves collecting and keeping too many items, even if they are not needed or useful, to the point where it interferes with daily life.

- **Refusal of services:** This can involve refusing help from social services, healthcare professionals, or other support services.
- **Withdrawal from social activities:** This can include isolating oneself from friends and family.
- **Untreated medical issues:** This can include not attending doctor's appointments, not taking medication as prescribed, or not seeking treatment for injuries or illnesses.

Self-neglect can be a sign of other underlying issues, such as mental health problems, substance misuse, or cognitive impairment. It's important to remember that self-neglect is not always intentional and can be a complex issue with a range of contributing factors

Underlying principles

Employees/volunteers should not wait until an incident occurs to put these principles into practice. Doing nothing is not an option; acting positively may prevent risks arising.

- It's not always clear if a situation could be considered abusive, criminal or meet other definitions of concern. If in any doubt, then the employee or volunteer must talk to their line manager so that guidance is sought about whether action is warranted.
- It is likely that, even if a point of concern is raised it's likely that a record would be made and details shared with the CEO for joint accountability and ensure greater diligence in caring for those we meet as part of our work/volunteering.
- All New Springs UK employees and volunteers working with vulnerable adults need to make sure they have undertaken safeguarding training, this may look like induction training that all new starters/volunteers receive and the more in-depth safeguarding training that all staff attend as part of their role.
- Line managers and employees/volunteers providing services to vulnerable adults will co-operate fully in any adult protection investigation/assessment and comply with any recommendations of an adult protection plan.
- Those who use our centres, groups and activities have the right to be treated with respect by employees/volunteers. If they do not know how to support someone they are encouraged to share with a line manager, centre manager or appropriate adult in charge.
- It should not be assumed that in any set of circumstances where predisposing factors are present, there is actual harm occurring. The important point is that a discussion takes place or a referral leads to gathering of information and then a detailed assessment to define the risk and agree necessary action - this may not necessarily be done by the volunteer(s) or members of staff. It is likely, depending on the issue, the concern would be passed on to an external agency.
- At no point should a volunteer or member of staff make a decision without consent of the vulnerable adult in question, especially if they have been deemed as able to give such consent. The only time this could be superseded is if there is imminent harm to come from themselves or another.

Risk, Disclosure and Confidentiality

- **THE RIGHT TO CHOSE** - Adults have the right to make their own decisions and to exercise choice. These rights are not unconstrained and must be assessed alongside a consideration of the importance of the freedom of others and the risks others may be exposed to. Sometimes there are legal constraints (e.g. mental health legislation), where an individual cannot safely exercise choice for themselves. It is unlikely that a vulnerable adult with these constraints will access our facilities, groups etc without being joined by a carer or care agency.
- **ASSESSING CAPACITY** - It is the responsibility of the employee/volunteer to ensure that the proper account is taken of the individual's capacity to evaluate risk for him or herself and to decide whether the individual is able to act appropriately having evaluated the risk. It must be recognised that the right to autonomy can involve risk and where the individual chooses to stay in risky situations, these will be discussed with line manager, CEO and Social Services or other external agencies so that they can decide how to proceed. We accept, however, that we are not qualified to make professional assessments as to a person's capacity. This is where involving the wider team/external agencies is helpful as long as confidentiality can be maintained and doesn't impede the individuals autonomy.
- **RESPECTING THE PERSONS WISHES** - When an individual has the capacity to make an informed decision regarding their personal circumstances, and where risk has been identified but the individual does not wish to accept the intervention, then that individual's wishes will generally be respected - unless other factors apply, e.g. the safety of others including minors. It is the responsibility of Social Services to make this assessment and where there is any doubt, they should be consulted.
- **CRIMINAL ACTIVITY** - Where the situation appears to include elements of serious crime, risk or harm to the individual or to others, there is an overwhelming responsibility to intervene and set aside the fact that the information was provided in confidence. This will be documented and records kept confidentially (see documentation example at the end of this policy). Of course, as in any safeguarding incident where crimes are suspected, Police will be called and we then adhere to their processes.
- **PASSING ON INFORMATION** - The decision to pass on information without the consent of a service user will not be taken lightly. Decisions about breaching confidentiality need to be made by staff members only with the decision being reached between the staff member involved with the individual (taking on board the views of any volunteers directly involved), the project lead, and one of the safeguarding leads (previously shared), taking into account the capacity of the individual to understand the consequences of their action or inaction and the reasonableness of the decision with regard to the circumstances.

If it should be necessary to breach confidentiality, every effort should be made to inform the individual beforehand where this does not put the vulnerable adult at risk.

It will always be necessary to monitor and re-examine situations in the light of changing circumstances, and the general rule should be to actively secure the care of the individual or alleviate risks whenever possible.

Some individuals accessing our premises, groups and activities, may fear reprisals or not understand the seriousness of what has occurred, and therefore they may require support, whether or not they have consented to the disclosure taking place. We accept that we have a limited capacity to do this but will endeavour to support as we are able.

Responsibilities for raising a concern (where there is a risk of suicide)

Staff and volunteers should contact the emergency services if a client:

- a) Is currently significantly harming themselves, just has, or is about to
- b) Is unable to respond (e.g. is losing consciousness)
- c) Clearly intends to take their own life

Where a client has a suicide plan in place a referral to the appropriate statutory or other support services should be made (guidance should be sought from the safeguarding leads).

Staff and volunteers should be aware that the risk of suicide is higher if a client has taken alcohol, drugs, or is on medication; has previously attempted suicide or has a history of mental health issues.

Where concerns are raised and the client is not in the same place as the volunteer or staff member (e.g. is on the phone) then the staff member or volunteer should find out the location of the person, whether they are alone and whether they are under the influence of alcohol, drugs or other substance.

Here, as with any incident/safeguarding

Responsibilities for raising a concern (where there is a suspicion of abuse)

If you are an employee or volunteer and you suspect abuse, or you are being told about alleged abuse, you should:

Always seek permission to share the information given – however, it may not always be possible to respect the individual's wishes for confidentiality. You will need to override this if:

- a) There is a risk of harm
- b) It is in the public interest
- c) There are child welfare issues
- d) Consent has been given only under duress
- e) There is a serious criminal offence

- **LISTEN** - Listen carefully to what the person reporting the alleged abuse is saying, accept this without challenge. If necessary, ask questions **ONLY** to establish the basic facts, and reassure them that the matter will be taken seriously; then reassure them that they will be involved in decisions about what will happen. You are **ONLY** asking questions to ascertain whether abuse has taken place at which point questioning should stop and left for statutory agencies as appropriate.
- If the person reporting the abuse is not the at-risk adult concerned, then you should **not** take the initiative in discussing the matter with the ‘; you should simply follow the appropriate actions described below.
 - Do not under ANY circumstances:
 - a) get the person to justify what they are saying,
 - b) promise that you'll keep what they say a secret,
 - c) be judgemental,
 - d) contact the alleged abuser.
- Ensure that the individual allegedly being abused is safe from harm or further abuse, and then report the concern to the project lead, line manager or one of the safeguarding leads.
- Record the incident in writing (electronically or manually); seek to recall the exact words used by the person; state who was involved, any other witnesses, the appearance and behaviour of the person, including any injuries observed; keep the record factual, and confidential. Remember that from a legal point of view, “if it is not written down, it did not happen”. Do NOT make an audio or video recording of the conversation.
- After the disclosure, or event that leads to the concern, staff should discuss the case with the project lead and/ or one of the staff safeguarding leads who will make the decision as to whether to refer the case to statutory services. Referrals to statutory services **MUST** be made by a staff member and not a volunteer.
- Where there is physical evidence suggesting a crime may have been committed, contact the police immediately and follow their advice; try not to disturb the scene i.e. do not clean up, wash anything or throw anything away; secure the area where the

incident took place and make notes of the state of the victim's clothing or any injuries observed.

- All referrals to any statutory service must be written up and reported to a New Springs UK/PACE safeguarding lead as soon as possible. Other concerns that are not reported to statutory bodies should be recorded, filed and locked away, if considered significant should be reported to a safeguarding lead.
- If the alleged abuser is also a service user, then a member of staff will need to be allocated to attend to their needs and ensure that they do not pose a risk to other vulnerable adults.
- If the alleged abuser is a member of staff or a volunteer, consideration must immediately be given to protecting the vulnerable adult(s) from the possibility of further abuse until the issues have been investigated. Any such concerns must be raised with the New Springs UK staff safeguarding leads who will consider what further action should be taken.
- If you have reason to believe your line manager is colluding in the abuse, you should report your concerns directly to the CEO or if not possible to one of the nominated trustees for safeguarding. Failing that you should report your concerns directly to the Duty Officer of the appropriate Social Services team closest to the home of the vulnerable adult. In addition to this you should consult the New Springs UK Whistle-blowing Policy. See contact details below.

Contacts

Loughborough

Leicestershire Social Care - ABUSE OF AN ADULT

<https://www.leicestershire.gov.uk/leisure-and-community/community-safety/report-abuse-of-an-adult> - complete online referral form

OR

Adult Social Care

Telephone: 0116 305 0004

(Monday to Thursday, 8.30am to 5pm, Friday 8.30am to 4.30pm)

If it is an emergency or out of hours please call:

Emergency Duty Team

Telephone: 0116 255 1606 (Evenings, weekends, Bank Holidays)

Hartlepool

What to do

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Update January 2026

If you are worried about someone being abused or neglected please contact:

The Integrated Single Point of Access (iSPA)

You can contact the iSPA Monday Thursday 8:30am-5pm, Friday 8:30am – 4:30pm

Tel: 01429 523390

SMS: 078336 72357

Email: ispa@hartlepool.gov.uk

If you need urgent help when our offices are closed, you can contact the Emergency Duty Team on 01642 524552

Stoke

Contact details for social care:

- Stoke-on-Trent: 0800 561 0015 (during office hours) or 01782 234234 (outside of office hours)

Adult social care - Speak to a trained contact centre adviser who will be able to help and advise you, and start the assessment process.

Telephone: [0800 561 0015](tel:08005610015)

There is also an online form to fill out that can be accessed through the www.stoke.gov.uk website.

Sunderland

Go to the www.sunderland.gov.uk website and look under the section on 'Adult Social Care'. There is a helpful portal of information and online sheets to fill out if you are concerned about a vulnerable adult.

IF YOU SUSPECT THAT THE ADULT IS IN IMMINENT DANGER PLEASE DON'T HESITATE TO CALL 999 OR 111 TO DISCUSS THE MATTER FURTHER WITH THE EMERGENCY SERVICES.

Safeguarding Concern / Incident Report Template

New Springs UK/PACE

Safeguarding incident or concern:

This form is designed to report any safeguarding incidents or concerns. It should be completed by the worker who has been disclosed to, who witnessed the incident, was directly involved or who provided first aid if relevant. Once completed it must be submitted as per the organisation's reporting protocols.

**REFERENCE
NUMBER**

Name & role of person completing this form:

Programme name:

Date form is completed:

Details of child, young person or adult at risk:

Name:

Address:

Contact number:

Gender:

Date of birth:

Any further information that may be useful to consider:

Parents/carers details:

Name:

Address:

Contact number:

Email address:

Have parents/carers been notified of the incident?: Yes / No

If yes, please provide details:

Details of reporter:

Are you reporting your own concerns or responding to concerns raised by someone else?	Reporting my own concerns	
	Responding to someone else's concerns	
If responding to someone else's concerns, please provide their details below:		
Name:		
Relationship to child, young person or adult at risk:		
Email address:		
Contact number:		

Incident Details:

Date/ Time:	Group name (if applicable):
Location of incident:	
<p>Description of the incident or concern: (continue on separate sheet if necessary & include reference number): <i>(Include relevant information such as what happened and how it happened, description of any injuries sustained, behaviour witnessed and whether the information provided is being recorded as fact, opinion or hearsay)</i></p>	
<p>Details of any previous concerns, incidents or relevant safeguarding records:</p>	

Child, young person or adult at risk account of the incident or concern: *(use their own words)*

Witness account of incident or concern: *(include further accounts on separate sheets as necessary. Include reference number on each accompanying account)*

Details of any witnesses:

Name(s): *(Consider anonymising where this will not negatively impact the ability to take immediate response actions)*

Relationship to child, young person or adult at risk:

Contact details:

Details of any persons involved in the incident or alleged to have caused the incident, injury or presenting risk:

Name(s): *(Consider anonymising where this will not negatively impact the ability to take immediate response actions)*

Relationship to child, young person or adult at risk:

Contact details:

Outcome of incident & immediate actions taken: (tick box where relevant)		
Ambulance required? Y/N Name of hospital / medical facility attended if applicable: Police/fire/rescue services attended? Y/N Notes:	First aid treatment provided: and by whom	Medication given:
Any resulting change of plans or disruption to the programme, if applicable:	Disciplinary procedures enacted:	Were any immediate changes to risk management procedures made?
Signed By Author:	Name:	Date:

Reporting to the Designated Safeguarding Lead (DSL) section: (to be completed by DSL)

Date & time DSL notified of incident/concern:
Date & time this form passed on to DSL (if different from above):
DSL comments: <i>(actions taken / impact on rest of programme / external agency involvement / initial lessons learned / follow-up actions required):</i>
External agency referral:

Social services notified? Y/N	LADO notified? Y/N	Other referral made? Y/N
Date & time of referral:	Date & time of referral:	Agency:
Name of contact person:	Name of contact person:	Date & time of referral:
Contact number / email:	Contact number / email:	Name of contact person:
Agreed action or advice given:	Agreed action or advice given:	Contact number / email:
		Agreed action or advice given:

Signed By DSL:	Name:	Date:
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For Office Use Only:

Follow-up action required:		
Action:	Due date:	Whom responsible: