

SAFEGUARDING POLICY – CHILDREN AND VULNERABLE ADULTS

Definitions

Safeguarding is the protection of Children and Vulnerable Adults and also includes prevention of harm. Safeguarding means that all agencies working with children, young people and their families, or vulnerable adults, should take all reasonable measures to ensure that the risks of harm are minimized. Where there are concerns about the welfare of children/vulnerable adults, all agencies should take appropriate action to address those concerns. For the purposes of this document we will use the term “member” to refer to the children and vulnerable adults in our care and/or accessing our services. Please read this policy in conjunction with all other Forest Pulse policies, in particular (but not exclusively) Health & Safety, Behavior Management, Personal Care and Whistle Blowing.

Forest Pulse is aware that it has a duty to protect children/vulnerable adults from abuse and the charity will therefore ensure that all those using our services have the following rights when taking part in social and recreational activities.

- To be valued as an individual
- To be listened to
- To be treated with dignity and respect
- To be respected as an individual
- To be safe

See Appendix 2 for further details

All staff, volunteers and any other persons involved in Forest Pulse activities have a responsibility to ensure that all members are treated in a way which conforms with these guidelines.

A Child in Need is defined under the Children Act 1989 s.17 as a child who is disabled and/or unlikely to reach or maintain satisfactory levels of health/development or whose health/development will be significantly impaired without provision of services.

A Vulnerable Adult is a term used to describe a person who is aged 18 years or over, who is or may be in need of community care services because of frailty, learning or physical disability or mental health difficulty and who is or may be unable to take care of him or herself or take steps to protect him or herself from significant harm or exploitation. All three factors must be present for a person to be classed as a Vulnerable Adult.

What is Abuse and Neglect?

Abuse is a violation of an individual’s human and civil rights by any other person or persons. It may consist of a single act or repeated acts. It may be an act of neglect, or omission, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented or cannot consent.

Categories of Abuse

- Sexual Abuse
- Physical Abuse
- Psychological or Emotional Abuse
- Domestic Violence or Abuse (including Female Genital Mutilation)
- Financial Abuse
- Modern Slavery
- Discriminatory Abuse

- Organisational Abuse
- Self-neglect
- Neglect or acts of omission

See Appendix 3 for indicators of Abuse and Neglect

Agencies involved in Safeguarding

- Local authority Children's & Adult Services
- Education
- Health Services
- Gloucestershire Safeguarding children Partnership/Gloucestershire Safeguarding Adults Board
- Police
- Probation Service
- Housing Agencies

Responsibilities of the Charity

1. Forest Pulse fully recognises its responsibilities for protecting its members, and will: -
 - 1.1 ensure that the Chief Executive Officer, who is the designated senior person for Safeguarding, receives the relevant training and support for this role. In his/her absence the Activity Manager will undertake this responsibility and should also be appropriately trained. This currently includes multiagency Safeguarding (Adult and Children), Safeguarding Children with Disabilities, Advanced Practitioner Training and Managing Allegations.
 - 1.2 appoint a nominated trustee responsible for Safeguarding, who will undertake relevant training.
 - 1.3 ensure that all staff members, volunteers and trustees know that the Chief Executive Officer is the designated senior person for Safeguarding.
 - 1.4 ensure that all senior staff members at any activity have relevant and current Safeguarding training; that all staff and volunteers as appropriate will have access to Safeguarding training; that all staff and volunteers are aware of their responsibilities in relation to the safeguarding procedures of the charity.
 - 1.5 ensure that all staff are aware of the possible risks of abuse.
 - 1.6 ensure all new staff and volunteers have a basic understanding of Safeguarding, given to them on their initial induction, and sign that they understand this. Staff sign to say they have read and understood Safeguarding, and all other policies, on an annual basis.
 - 1.7 ensure that all staff and volunteers understand their responsibility to be alert to anything about appearance, behaviour or conversation that might give cause for concern, and also their responsibility for referring any concerns to the person in charge of the activity. To further ensure that all members of staff/volunteers in charge of an activity are aware of their responsibility to refer any concerns to senior staff or to the designated senior person for Safeguarding (Chief Executive Officer).
"Safeguarding is everyone's business; there is an expectation that staff will pass on to the appropriate manager any welfare concerns that may arise in the course of their duties"
 - 1.8 ensure that families using the services of the charity are encouraged to report any concerns they have to a staff member or a trustee of the charity, or to the Gloucestershire Children & Young People's Directorate through the Children and Families Help Desk, or the Adult Help Desk
 - 1.9 ensure that all concerns about the health, welfare and safety of any of its members are taken seriously and looked into.
 - 1.10 ensure that the safeguarding policy is available to all and can be downloaded from the Forest Pulse website.
2. Forest Pulse has a responsibility to ensure that all staff employed are suitable to work with children/vulnerable adults:
 - 2.1 any staff employed will have adequate qualifications and/or experience to carry out responsibilities outlined in their job description.
 - 2.2 On any job advert Forest Pulse will state it recognises the importance of Safeguarding and will carry

- out DBS checks.
- 2.3 all staff posts will have a job description and person specification.
- 2.4 at least one member of any interview panel will have undergone Safer Recruitment training.
- 2.5 all new staff will submit application form with full employment history, provide two references and undergo enhanced Disclosure and Barring Service (DBS) check.
- 2.6 All staff encouraged to sign on to the annual DBS update service and Forest Pulse to cover any costs incurred.
- 3. When volunteers, or any other person supporting a member at any activity (whether paid or unpaid), are working at Forest Pulse activities, the charity will ensure that: -
 - 3.1 experienced staff/volunteers provide supervision as required.
 - 3.2 all volunteers under 18 years of age will complete application form including safeguarding checklist.
 - 3.3 all volunteers over the age of 18, and any aged 16-18 years likely to have unsupervised contact with children, or involved with intimate care, will complete an application form, provide two references and will have an enhanced DBS check. Until 2021 Forest Pulse renewed DBS checks three yearly, but then initiated a new system where whenever a new staff member started, or an existing staff member required DBS updating, they were required to update their certificate so that it can be checked on line by the charity on a more regular basis, and Forest Pulse will cover the annual cost of these updates for individual staff.
 - 3.4 Any outside organisation providing staff/volunteers to support a child/vulnerable adult attending any Forest Pulse activities will confirm that all staff working within their organisation that might attend our activities will hold a current enhanced DBS certificate. Forest Pulse may at their discretion request production of a DBS certificate for any such individual, and if this is not available or is deemed unsatisfactory, they may refuse to allow that person to attend Forest Pulse activities.
 - 3.5 Any parent providing a Personal Assistant to support their child at a Forest Pulse activity will evidence they have a current enhanced DBS check, unless they are already a volunteer or staff member with Forest Pulse.
 - 3.6 Any parent supporting their child at any Forest Pulse activity will undertake enhanced DBS check if they are likely to have unsupervised contact with any child other than their own.
 - 3.7 all adult volunteers will be expected to provide two references, unless already having a minimum of twelve months involvement with the charity.
 - 3.8 volunteers will only be involved in carrying out intimate care tasks, or working with children in isolation, with the express approval/agreement of the Activity Manager, Charity Manager/Director or person with overall responsibility for the activity - who will ensure that the volunteer has the appropriate skills and experience to carry out the task.
 - 3.9 Trustees will have enhanced DBS check. The designated Safeguarding Trustee will undertake Safeguarding Training.
- 4 Forest Pulse has a Whistleblowing Policy. The charity strives to create an environment where all staff/volunteers are encouraged to share any concerns they may have relating to the well being of any child/vulnerable adult attending Forest Pulse activities. This may be as a result of the action of any member of staff, volunteer or any other person present, or as the result of any Forest Pulse practice. Any staff 'whistle blowing' will be supported to make their disclosure, and will be reassured that they will not be penalised in any way.

Action in the Event of Suspected Abuse

Forest Pulse recognises that exploitation and abuse could be perpetrated by staff, volunteers, other children/young adults, family friends or strangers. In the event of a case of suspected abuse, the guidelines below will be followed.

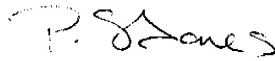
Although dealing with such situations is difficult and may involve feelings of conflict and denial, it should be emphasised that families, Forest Pulse staff and trustees and Gloucestershire Children & Young People's Directorate share a common aim and responsibility – to protect children and vulnerable adults from abuse in all its forms. **To this end Forest Pulse will abide by the Gloucestershire Safeguarding Procedure Manual as far as it practical and reasonable.**

1. This policy applies to any activity organised or hosted by Forest Pulse.

2. All concerns about the welfare of any of its members will be treated seriously.
3. All staff will be made aware of the possible risks, and will sign to confirm they have read, understood and will adhere to this policy.
4. Forest Pulse will support any volunteers or staff who have concerns that any member may be at risk in any way. No volunteer or staff member will be penalised in any way for raising such concerns, irrespective of whether concerns raised relate to a staff member at any level.
5. Any unexplained bruises, cuts or other physical symptoms should be recorded on an accident record sheet. Body maps can be used if required. Any unusual or uncharacteristic language or behaviour should be recorded on an incident record sheet, as should any concerns expressed about the care of welfare of any of its members care or welfare after they have left the care of Forest Pulse. The accident/incident record sheets will be monitored by senior staff and any patterns of incidents which may give rise to concern will be noted and acted upon as necessary.
6. All volunteers are directed to inform the Activity Manager (or senior staff member leading the activity) of any concerns, and any concerns reported to staff by volunteers will be thoroughly investigated.
7. If a member of staff has any concern whatsoever that any of its members are at risk, this should be reported to the Activity Manager/Charity Chief Executive Officer immediately. If appropriate, they will then discuss their concerns with parents, or with other staff members or involved persons, to clarify the situation.
8. If senior management feel there is any indication that a child may be at risk of abuse, they should contact the child's social worker, if one is allocated, to discuss the matter. Alternatively, they may seek advice from the Community Social Worker/Duty Social Worker. The matter should be discussed with the parents/carers, unless it is felt this might put the child at risk. If felt appropriate, a referral should be made to the Children & Families Helpdesk or the Adult Helpdesk (Emergency Duty Team for out of hours contact) or the Police Control Room. Unless there is concern for the immediate safety of the child, the parents/carers should be informed that this referral will be made.
9. If any staff member or volunteer feels that any of its members are at risk and no senior staff or trustees are available to whom these concerns can be reported, the parents should be informed unless it is felt this could put the child at further risk, and the Children and Families Helpdesk or Adult Helpdesk (Emergency Duty Team for out of hours referrals) or Police Control Room should be informed immediately.
10. Where there is an injury related to possible abuse which requires immediate treatment this should be arranged without delay. The Duty Social Worker should be informed immediately and a decision made about future action, and parental involvement.
11. If a member begins to talk about an abusive incident, he/she should be allowed to speak, and listened to carefully. Time should be taken to gain an understanding of what they are trying to say. No promise of confidentiality about any disclosures should be made. The Activity or Charity Manager should be involved at the earliest opportunity. The child's Social Worker (or Duty Social Worker) and the parents (if appropriate) should be notified.
12. If an allegation of abuse is made against a member of staff (or volunteer) either by a child, a vulnerable adult or another person, that member of staff (or volunteer) will immediately be suspended from direct child contact. This will remain the case until a decision has been reached by senior staff and/or the Trustee Management Committee regarding appropriate action, or until an investigation has been completed by Gloucestershire Safeguarding Board or the Police Protection Service. Parents will be informed of the situation at the earliest opportunity.
13. If a member of staff (or volunteer) is unhappy with the action taken by senior staff they should make a complaint to the Trustee Management Committee. Alternatively, they can inform Gloucestershire Safeguarding Partnership, the Children & Families Helpdesk, the Adult Helpdesk or the Police Protection Service directly.
14. If a parent is unhappy about the action taken by staff in the event of suspected abuse, they should make a complaint to the Trustee Management Committee, or inform their own social worker, Gloucestershire Safeguarding Children Board, the Children & Families Helpdesk or the Adult Helpdesk.
15. If senior staff reporting a safeguarding concern are not confident that the matter is being dealt with appropriately, they should follow the Gloucestershire Safeguarding Escalation Policy.
16. All staff will be made aware of the above escalation policy and encouraged to follow this policy if they feel that any child protection concern is not being dealt with appropriately and they have not received satisfactory feedback from senior staff to whom the matter was reported.
17. Confidentiality is of the utmost consideration in all matters of Safeguarding reporting. Any information will be shared on a strictly need to know basis. All written reports will be securely filed.

Information cannot be shared with other organisations without permission of parents/carers, unless the child/vulnerable adult is considered at risk of abuse.

18. The Trustee Management Committee should be informed of any action taken in relation to Safeguarding, including any allegations made against staff. Action taken in relation to children under the age of eight should be reported to Ofsted.
19. In line with the Early Help Offer, Forest Pulse will do everything it can to recognise abuse and train its staff and regular volunteers in recognizing and preventing the risk.
20. Forest Pulse staff will be aware of the risk of grooming, which can come in many forms including sexual and political. All regular staff should complete Channel Training to make them aware of the risk of members becoming radicalised.



Signed on Behalf of the Charity:

Name/Role : Pamela Jones, Charity Director

Date: 23rd May 2023

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APPENDIX 1

Contact Details for Relevant Agencies:

Gloucestershire Safeguarding Children Board

Safeguarding Children service
Gloucestershire County Council
Room 129, Block 1, Shire Hall
Gloucester
Gloucestershire
GL1 2TP
United Kingdom

Email: gscb@gloucestershire.gov.uk

Tel: 01452-426994

Children and Young People's Directorate:

Children and Families Front Door Service for advice, information, and referrals 8 a.m. to 5 p.m.
Tel: 01452-426565

Adult Helpdesk – 01452-426868

Emergency Duty Team – for out of hours emergency referrals 5 p.m. – 8 a.m.
Tel: 01452 614758

During office hours

You can call Children and Families Front Door Service on 01452 426565 (Monday to Friday 9am to 5pm).

Out of office hours

If the issue cannot safely wait until the next working day, please contact the Emergency Duty Team on 01452 614758 and provide us with as much information as possible.

Police

Emergency Control Room: 0845-0901234
Police Child Protection Unit: 01242-261112

Forest Pulse:

Designated Child Protection Staff:
Chief Executive Officers – Kimberly Roberts/Pam Jones Office 01594-826357 / Mobile 07863-339702
c/o Heart of the Forest Community Special School,
Speech House, Coleford, Glos GL16 7EJ.
Tel: 01594-826357 Email developmentmanager@forestpulse.co.uk

Trustee with Responsibility for Safeguarding can be contacted through the Forest Pulse office.

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APPENDIX 2

Each young person attending Forest Pulse has the following rights:

1. To be valued as an individual: -
 - 1.1 cared for and treated as unique and encouraged to be their own individual personality
 - 1.2 consistently cared for across settings
 - 1.3 allowed to understand, and to be understood
 - 1.4 given enough time to take part, to do things as independently as possible
 - 1.5 empowered by being allowed to make choices whenever possible

2. To be treated with dignity and respect: -
 - 2.1 addressed with respect; never referred to by a disability
 - 2.2 involved in conversations; not talked about as if they were not there
 - 2.3 privacy to be respected at all times
 - 2.4 all personal information treated with respect, kept secure and shared only with those people who need to know.
 - 2.5 given the best possible care that can be provided, in line with all policies and procedures.
 - 2.6 involved in discussions and decisions directly affecting them, and actively encouraged to express their views. If these views cannot be taken into account, an explanation should be given as to why not.

3. To be respected as an individual: -
 - 3.1 to be listened to, and heard, even if it takes a long time, or it is difficult to understand what is being said, or if a method of communication other than words is necessary.
 - 3.2 allowed, and encouraged, to express feelings and opinions.
 - 3.3 given choices.
 - 3.4 given access to opportunities to take part in play, sports, social and recreational activities.
 - 3.5 given information in advance about things that are going to occur which will affect them and being given explanations of procedures before they occur whenever this is possible.
 - 3.6 given whatever level of help and support is needed to take part in any activity that an individual chooses, or expresses a desire to be involved in.
 - 3.7 to have choice, whenever possible, about which people help, support and spend time with them
 - 3.8 to choose their own friends
 - 3.9 to have cultural and religious beliefs respected.

4. To be safe:
 - 4.1 to be protected from unnecessary risks
 - 4.2 to be protected from exploitation - to be allowed to play and develop as a child
 - 4.3 to be safe from physical abuse; not to be subjected to physical punishment or unnecessary rough handling, kicking, biting or punching; to be physically well cared for generally
 - 4.4 to be safe from emotional abuse - not to be subjected to fear, humiliation, malicious teasing, name-calling, unpleasant secrets, coercion, unreasonable expectations; not to be unjustifiably ignored
 - 4.5 to be safe from sexual abuse. To have a choice in the manner of carrying out intimate personal care, and whenever possible a choice in the person providing intimate personal care. To be protected from involvement in any sexual act or innuendo, including inappropriate touching, or indecently exposing a child.
 - 4.6 to be protected from all forms of racial abuse
 - 4.7 to understand that I have these rights, and that they can only be denied with good cause

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APPENDIX 3

Types of abuse and possible indicators:

Physical abuse

Assault, hitting, slapping, punching, kicking, hair-pulling, biting, pushing, scalding and burning rough handling, physical punishments, inappropriate or unlawful use of restraint, making someone purposefully uncomfortable, involuntary isolation or confinement, misuse of medication (e.g. over-sedation), forcible feeding or withholding food, unauthorised restraint restricting movement (e.g. tying someone to a chair)

Possible indicators of physical abuse

- No explanation for injuries or inconsistency with the account of what happened
- Injuries are inconsistent with the person's lifestyle
- Bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps
- Frequent injuries
- Unexplained falls
- Subdued or changed behaviour in the presence of a particular person
- Signs of malnutrition
- Failure to seek medical treatment or frequent changes of GP

Domestic violence or abuse

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

- psychological
- physical
- sexual
- financial
- emotional.

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

Honour based Violence is a collection of practices used to control behaviour within families to protect perceived cultural or religious beliefs and honour. Violence can occur when offenders perceive that a relative has shamed the family or community by breaking their 'code of honour'. Honour Based Violence cuts across all cultures and communities: Turkish, Kurdish, Afghani, South Asian, African, Middle Eastern, South and Eastern European for example. This is not an exhaustive list. Where a culture is heavily male dominated, HBV may exist.

A **forced marriage** is a marriage in which one or both spouses do not (or, in the case of some vulnerable adults, cannot) consent to the marriage and duress is involved. Duress can include physical, psychological, financial, sexual and emotional pressure.

Female Genital Mutilation is the partial or complete removal, or modification of, the female genitalia for cultural or religious reasons. It is illegal in the UK and is a form of child abuse with long-lasting harmful consequences. In most cases, FGM can be seen as an attempt to prevent female infidelity and sexual independence by reducing a woman's sex drive. If it is suspected or it is alleged that any of the above has happened or there is an immediate risk to a child or young person, local safeguarding procedures should be activated, and both Police and Social Care notified.

Coercive or controlling behaviour is a core part of domestic violence. Coercive behaviour can include:

- acts of assault, threats, humiliation and intimidation

- harming, punishing, or frightening the person
- isolating the person from sources of support
- exploitation of resources or money
- preventing the person from escaping abuse
- regulating everyday behaviour.

Possible indicators of domestic violence or abuse

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

Sexual abuse

- Rape, attempted rape or sexual assault
- Inappropriate touch anywhere
- Non-consensual masturbation of either or both persons*
- Non-consensual sexual penetration or attempted penetration of the vagina, anus or mouth*
- Any sexual activity that the person lacks the capacity to consent to*
- Inappropriate looking, sexual teasing or innuendo or sexual harassment
- Sexual photography or forced use of pornography or witnessing of sexual acts
- Indecent exposure

* “Non-consensual” is automatically assumed for children under 16 years of age, and for anyone who does not have the capacity to give consent in such situations.

Possible indicators of sexual abuse

- Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck
- Torn, stained or bloody underclothing
- Bleeding, pain or itching in the genital area
- Unusual difficulty in walking or sitting
- Foreign bodies in genital or rectal openings
- Infections, unexplained genital discharge, or sexually transmitted diseases
- Pregnancy in a woman who is unable to consent to sexual intercourse
- The uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude
- Incontinence not related to any medical diagnosis
- Self-harming
- Poor concentration, withdrawal, sleep disturbance
- Excessive fear/apprehension of, or withdrawal from, relationships
- Fear of receiving help with personal care
- Reluctance to be alone with a particular person

Child Sexual Exploitation (CSE)

Child sexual exploitation is a form of sexual abuse that involves exploitative situations, contexts and relationships where young people receive something (for example food, accommodation, drugs, alcohol, gifts, money or in some cases affection/pseudo-affection) as a result of engaging in sexual activities. Sexual exploitation may take many forms ranging from the seemingly consensual relationship where sex is exchanged for affection/pseudo-affection or gifts, to serious organised crime by gangs and groups. It can involve violent, humiliating and degrading sexual assaults. What marks out exploitation is an imbalance of power in the relationship. The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops. Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including cyber bullying and grooming. However, it is important to recognise that some young people who are being sexually exploited do not show any external signs of this type of abuse.

Possible indicators of sexual exploitation:

- Children who appear with unexplained gifts or new possessions
- Children who associate with other young people involved in exploitation

- Children who have older boyfriends or girlfriends
- Children who suffer from sexually transmitted infections or who become pregnant
- Children who suffer from changes in emotional well-being
- Children who misuse drugs or alcohol
- Children who go missing for periods of time or regularly come home late; and
- Children who regularly miss school or education or do not take part in education.

All referrals go to the central referral unit (01242 276846 for any queries and 01242 247999 to refer). There is a CSE screening tool on the GSCB website that covers the indicators of CSE. The screening tool can be accessed with or without the consent of parents or carers. In the case of CSE it is important to think about whether the young person is being exploited rather than in terms of consent – as an example, a 16 year old can consent to sex but can still be being exploited.

Psychological or emotional abuse

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

Possible indicators of psychological or emotional abuse

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

Financial or material abuse

Types of financial or material abuse

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

Possible indicators of financial or material abuse

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

Modern slavery

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

Possible indicators of modern slavery

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

Further information on identifying and reporting modern slavery is available from the Home Office

Discriminatory abuse

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

Possible indicators of discriminatory abuse

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

Organisational or institutional abuse

- Discouraging visits or the involvement of relatives or friends
- Run-down or overcrowded establishment
- Authoritarian management or rigid regimes
- Lack of leadership and supervision

- Insufficient staff or high turnover resulting in poor quality care
- Abusive and disrespectful attitudes towards people using the service
- Inappropriate use of restraints
- Lack of respect for dignity and privacy
- Failure to manage residents with abusive behaviour
- Not providing adequate food and drink, or assistance with eating
- Not offering choice or promoting independence
- Misuse of medication
- Failure to provide care with dentures, spectacles or hearing aids
- Not taking account of individuals' cultural, religious or ethnic needs
- Failure to respond to abuse appropriately
- Interference with personal correspondence or communication
- Failure to respond to complaints

Possible indicators of organisational or institutional abuse

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

Neglect and acts of omission

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

Possible indicators of neglect and acts of omission

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

Self-neglect

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

Indicators of self-neglect

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

Preventing Radicalisation

Protecting children and young people from the risk of radicalisation is seen as part of the charity's wider safeguarding duties and is similar in nature to protecting children and young people from other forms of harm or abuse. Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism. There is no single way of identifying an individual who is likely to be susceptible to an extremist ideology, but the internet and the use of social media in particular has become a major factor in the radicalisation of young people.

Prevent

Section 26 of the Counter-Terrorism and Security Act 2015 imposes a duty on those caring for children and vulnerable adults to have due regard to the need to prevent people from being drawn into terrorism. This duty is known as the Prevent Duty. As a part of this duty we need to assess the risk of our members being drawn into terrorism. If we believe that a child or young person in our care is at risk, we must follow local safeguarding procedures.

Channel

Channel is a programme which focuses on providing support at an early stage to children and young people who are identified as being vulnerable to being drawn into terrorism. The Local Authority has 'Channel Panels' in place where individuals are assessed, consent is obtained, and support is provided to the referred individual. All regular staff should complete the on line Channel Training to make them aware of the risk of young people becoming radicalised.

Safeguarding Policy – Children and Vulnerable Adults

APPENDIX 4 – Additional Safeguarding Covid Guidelines

Hands must be washed on arrival to Forest Pulse activities, before entering any of the Pods. Hands should be washed thoroughly with soap and warm water for a minimum of 20 seconds. (See guidance below). Once hands have been thoroughly washed **and dried**, you should put on your face shield. *For guidance relating to temperature taking and use of LFTs please see current generic guidelines*

How to wash your hands

You should wash your hands with warm water and soap for a minimum of 20 seconds, or for the duration of the Happy Birthday song twice.

1. Wet hands with water.
2. Apply enough soap to cover your hands.
3. Rub hands together:
 - Use 1 hand to rub the back of the other hand. Repeat with the opposite hand.
 - Interlock fingers and rub hands together to clean fingers. Do this when palms are facing each other, and repeat with a palm to the back of the hand.
 - Rub backs of fingers against palms.
 - Rub thumb using the other hand. Repeat with the opposite thumb.
 - Rub tips of fingers on the palm of the hand in circular motions. Repeat with the opposite hand.
4. Rinse hands with water.
5. Dry hands thoroughly, if using a paper towel use this to turn off the tap afterwards, if not use your elbow.

When to wash your hands

- When arriving at Forest Pulse activities. You should wash your hands when entering the building before touching anything. Once you have washed your hands you should put on your face shield.
- Before putting on any Personal Protective Equipment (PPE)
- Before and after eating or drinking.
- Immediately after you cough or sneeze
- Before and after activities, especially cooking etc.

Personal Protective Equipment (PPE)

Types of PPE we will be using at Forest Pulse activities:

- Face Shields
- Disposable face masks
- Disposable aprons
- Disposable Vinyl gloves (non-latex)

When wearing PPE:

- You must wash your hands before putting on PPE, and after removing PPE.
- All PPE should be disposed of after use, except from Face Shields which will be cleaned daily.

Face Masks

- Face mask/shield, an apron and gloves must be worn when carrying out personal care, administration of medication, enteral feeding, First Aid and at any other times when considered necessary.

- You must wash your hands before touching or putting on/taking off your face masks.
- Face masks must be disposed of after use, they cannot be reused. You can however, use this for a period of time as long as the facemask has not been touched or taken off. For example, you could carry out personal care for multiple YP consecutively with the same face mask as long as it has not been touched or taken off in between. ***You must change your apron and gloves between each YP.**
- Only disposable face masks supplied by Forest Pulse are to be worn at activities.

Donning and Doffing of Face Masks:

1. Wash your hands thoroughly before touching the mask.
2. Once you have washed your hands, pick up the mask using the ear loops, and place over your face. The mask should cover your nose, mouth and chin and not have any gaps.
3. When wearing the mask do not touch the front of the mask when wearing.
4. Before removing the mask, wash your hands thoroughly.
5. Remove the mask by using the ear loops and pull away from the face, discard in a bin immediately.
6. Wash your hands again.

Aprons

- Disposable aprons must be worn when carrying out personal care, administration of medication, gastrostomy feeding, and First Aid.
- You must wash your hands before you put on/take off PPE.
- Aprons must be disposed of after use in a bin. These should be changed in between all tasks.

Gloves

- Gloves must be worn when carrying out personal care, administration of medication, gastrostomy feeding, and First Aid.
- You must wash your hands before/after putting and taking off gloves.
- Gloves must be disposed of after use in a bin, and are single use only. These should be changed in between all tasks.

Anti-bacterial Hand Sanitiser

- Hand sanitizer should be kept on staff at all times and not left unattended.
- Hand sanitizer should not be used instead of hand washing, but in addition to hand washing.
- Hand sanitizer should be rubbed into hands in a similar way to how hands are washed.

Personal Care

- Before carrying out personal care, staff should ensure they are wearing all PPE. This includes wearing all PPE when hoisting individual's also.
- All PPE should be disposed of in a separate bin after carrying out personal care.
- All staff and young people should wash hands once personal care has finished.
- All wipes etc should be bagged and disposed of in a bin.
- All changing beds should be cleaned down with Anti-Bacterial spray after each use and tissues disposed of after use.

Administration of Medication / Gastrostomy Feeding

- Before carrying out administration of medication, staff should ensure they are wearing all PPE.
- Staff should ensure that any surfaces they may use, such as tables, have been cleaned before using them to put medication or equipment on.

First Aid

- Before carrying out First Aid, staff should ensure they are wearing all PPE.
- Staff should ensure that any surfaces they may use, such as tables, have been cleaned before using them to put First Aid Supplies on.

- Staff to only touch First Aid supplies whilst wearing gloves, and to dispose of any rubbish or waste correctly and safely.