Vulnerable adult and child protection policy

Wembdon Village Hall and Playing Fields Trust (The Trust) is committed to and will promote the safeguarding of children, young people and vulnerable adults. It fully accepts and endorses the Children Act 1989 & 2004 & The Protection of Freedoms Act 2012.

The Trust is working towards creating a safe and non-discriminatory environment by being aware of some of the particular situations that create vulnerability. Issues which need to be considered include both the physical environment and the attitudes of workers and volunteers.

A person (adult or child) who might be considered vulnerable has the right to:

* Be treated with respect and dignity.
* Have their privacy respected.
* Be able to lead as independent a life as possible.
* Be able to choose how to lead their life.
* Have the protection of the law.
* Have their rights upheld regardless of their ethnicity, gender, sexuality, impairment or disability, age, religion or cultural background.
* Be able to use their chosen language or method of communication.
* Be heard.

In any situations where there may be a difference of opinion about priorities, the welfare of any child or vulnerable adult should be the paramount concern.

The Trust will foster and encourage best practice by setting standards for working with children, young people and vulnerable adults. It will work with statutory bodies, voluntary agencies and other communities to promote the safety and well-being of children, young people and vulnerable adults.

We are committed to acting promptly whenever a concern is raised about a child, young person or vulnerable adult or about the behaviour of an adult in a position of trust, and will work with the appropriate statutory bodies when an investigation is necessary.

This statement of principles applies to children, young people and adults.

We are committed to:

* The care and nurture of, all children, young people and adults
* The safeguarding and protection of all children and adults
* The establishment of a safe, caring community which provides an environment where there is a culture of informed vigilance regarding the dangers of abuse, and where victims of abuse can report or disclose abuse and find support.
* The promotion of best practice that contributes to the prevention of abuse.

The safeguarding and protection of children, young people and vulnerable adults is everyone’s responsibility, not just parents or those who have formal leadership or caring responsibilities. Procedures and formal processes alone, though essential, will not protect children and adults. The community, including all its members, needs to be aware of the dangers and be prepared to report concerns and take action if necessary.

We will carefully select and train all those with any responsibility for children, young people and vulnerable adults within the Trust in line with safer recruitment principles, including taking up references and the use of criminal records checks.

The suitability of an applicant or nominated volunteer for work with children, young people or vulnerable adult should not be solely dependent upon Disclosure & Barring Service (DBS) disclosures and vetting checks. Someone whose DBS disclosure is clear may still be unsuitable. Hence the need for an interview and references to assure ourselves, as far as we can, that someone is suitable.

As part of the Safer Recruitment process, it is the policy of this Trust that:

* All those who regularly work with children, young people and vulnerable adults including those who work on a rota, should have enhanced DBS checks if they reach the criteria;
* Those who work only occasionally will be asked to apply for a DBS check if they reach the criteria;
* Those who manage or supervise people who work with vulnerable groups will be required to be DBS plus Barred List checked if they reach the criteria.

The Trust accepts that, through its workers and volunteers, it is responsible for children, young people and vulnerable adults when in a Trust building and on Trust property.

The term ‘complaint’ can cover an allegation, disclosure or statement, something seen or something heard. The complaint need not be made in writing but once received it must be recorded and acted upon. Complaints can be taken from alleged victims and third parties.

If a child, young person or vulnerable adult comes to notice as having suffered abuse in the past, Trust officers will notify the appropriate authorities to ensure that the matter is on record. Support will be offered to adult survivors of child abuse, who will also be encouraged to make a statement to the Police if they have not done so before.

We will seek to offer support to anyone who has suffered abuse and recognise the importance of understanding the needs of those who have been abused, including their feelings of alienation and / or isolation. We recognise that anyone can be a victim of abuse in any setting, including in their own home, and in a Trust environment, and will work hard to make our Trust a safe place for people to disclose any concerns they have and receive appropriate support. We will seek to protect survivors of abuse from the possibility of further harm and abuse.

We will seek to challenge any abuse of power, especially by anyone in a position of trust and responsibility, where they are trusted by others.

## ORGANISATIONS HIRING THE FACILITIES FOR ACTIVITIES FOR CHILDREN OR VULNERABLE ADULTS

* Individuals or organisations hiring the hall or playing fields for activities for children or vulnerable adults will be asked to show their Child Protection/Vulnerable Adults policy before their first booking commences.
* In addition any user hiring the hall to provide a facility for Children (playgroups, football training, cricket training youth clubs for example) will be required to show their DBS Disclosure Certificate to the general manager and the disclosure number will be recorded. Any delegation of that hirer to other people to supervise the children is the responsibility of the hirer and the Management Committee will not vet these delegates for DBS Disclosure.

## SAFEGUARDING IN VIRTUAL MEETINGS

Developing clear and robust procedures will enable us to respond appropriately to any incidents of inappropriate online behaviour, whether by an adult or a child/young person.

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

* Leaders must ensure that at least 2 adults are present on any Zoom (or any form of online communication) interactive sessions and all children are held in the ‘waiting room’ until 2 adults are present before being admitted.
* It is good practice to make some ground rules with the group and explain how the activity will work.
* All new children to the group will be introduced so that the existing group members feel safe.
* The chat feature will be disabled to prevent private chatting taking place during the call which could lead to bullying etc. (Click Chat in Meeting Controls, click More, choose option “Allow attendees to chat with no-one”.)
* No-one except the leaders and parents of the young people will be given the zoom address and passwords.
* Meetings to be set so that only leaders can screen share. This reduces the risk of personal information being shared by accident or on purpose. (Click arrow next to Share Screen and then Advanced Sharing Options.)
* Virtual meetings will only be recorded with the prior consent of parents/carers.
* No one-to-one communication will take place with a child or young person.
* Using the same guidance as face to face groups adult leaders would only meet virtually on their own with children where the PCC, the child and their parent/carer have given written consent (can be via email).

**What consent do we have to get from those who want to join a virtual group?**

Consents from parents/carers to allow their child(ren) to access virtual meetings will be gathered and kept by the Trust:

“I agree for my child/ren to take part in a virtual group with other children and two adult leaders. I am aware that ‘rooms’ will be shown to others as they connect.”

## POLICY REVIEW

This policy will be reviewed annually. Policy Number CP 3

Next Review due August 2023

## DEFINITIONS

Safeguarding

The term safeguarding covers vetting and safer recruitment, safer working practices, responding to concerns, working with partner agencies, dealing with allegations against those responsible for children, young people and vulnerable adults. It is used for responding to concerns where it appears that a child, young person or vulnerable adult may have been harmed.

Child

A child is defined as anyone who has not yet reached their 18th birthday.

‘Child’ or ‘Children’ should therefore be understood to include ‘young people’ throughout this document.

Vulnerable Adult

Any adult aged 18 or over who, by reason of mental or other disability, age, illness or other situation may be permanently or for the time being unable to take care of him or herself, or to protect him or herself against significant harm or exploitation.

The Disclosure and Barring Service defines a vulnerable adult as:

A person aged 18 or over who receives services of a type listed in paragraph 1) below and in consequence of a condition of a type listed in paragraph 2) below, has a disability of a type listed in 3) below:

1) The services are:

* + Accommodation and nursing or personal care in a care home
	+ Personal care or support to live independently in his or her own home
	+ Any services provided by an independent hospital, independent clinic, independent medical agency or National Health Service body
	+ Social care services, or any services provided in an establishment catering for a person with learning disabilities.

2) The conditions are:

* A learning or physical disability
* A physical or mental illness, chronic or otherwise including an addiction to
* alcohol or drugs, or
* A reduction in physical or mental capacity

3) The disabilities are:

* + A dependency upon others in the performance of, or a requirement for assistance in the performance of basic physical functions,
	+ Severe impairment in the ability to communicate with others, or impairment in a person’s ability to protect him/herself from assault, abuse or neglect.

## **HARM DEFINITIONS:**

### Mistreatment.

Mistreatment is defined in Department of Health circular ‘No Secrets’ published 20th March 2000, as ‘a violation of an individual’s human and civil rights by any other person or persons’. The term covers abuse, bullying and harassment. These categories are not watertight and can merge into one another.

### Harm and significant harm.

Harm is what results from mistreatment or abuse. Harm means ill-treatment or the impairment of health or development, including, for example, impairment suffered from seeing or hearing the ill-treatment of another. The Children Act 1989 & 2004 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children, and gives local authorities a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm. Significant harm has no precise definition. It can be caused by a single traumatic event or a cluster of smaller incidents over time. Any concern about significant harm requires careful investigation and assessment.

## **Forms of abuse towards a child**

There are four identified categories of abuse described in “Working Together to Safeguard Children 2010”, from which the following definitions are taken.

### Physical abuse.

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

### Sexual abuse.

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

### Neglect.

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

1. Provide adequate food, clothing and shelter (including exclusion from home or abandonment).
2. Protect a child from physical and emotional harm or danger.
3. Ensure adequate supervision (including the use of inadequate care-givers).
4. Ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs.

### Emotional abuse.

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

### Other forms of child abuse.

Within these categories, a wide range of abuse can occur. The Government issues guidance documents or advice for several of these special topics. Among those which have been the subject of attention are:

### Stranger abuse.

The majority of abuse is carried out by people known to the child, but abuse can also be carried out by strangers.

### Internet-related abuse.

Adults may target chat rooms, social networking sites, messaging services, digital cameras, mobile phones and the internet generally in order to groom and abuse children. Children are particularly vulnerable to abuse by adults who pretend to be children of comparable ages in social networking sites and who try to obtain images or engineer meetings. Children themselves can also misuse these facilities, sometimes inadvertently and sometimes with malicious intent. The downloading, keeping or distributing of indecent images of children are all offences.

### Bullying (abuse by other children).

There is no clear boundary between bullying and abuse, and some sex offenders are themselves minors. Young perpetrators of abuse are still children and are entitled to have their needs considered though steps may need to be taken to protect other children. Such cases should always be referred to the local authority Children’s Social Care service.

### Children affected by gang activity.

 Such children may be at risk of violent crime and are therefore considered vulnerable. Risks include access to weapons (including firearms), retaliatory violence and territorial violence with other gangs. Other risks include increased likelihood of involvement in knife crime, dangerous dogs, sexual violence and substance misuse.

### Fabricated or induced illness.

Parents and carers can induce or pretend to observe symptoms in a child which lead to unnecessary investigations or treatment.

### Abuse of disabled children.

Research has shown that disabled children are more likely than able-bodied children to be subjected to abuse. Disability covers not only physical disabilities of various kinds but also mental illness and learning disability.

### Deliberate self-harm.

 (e.g. overdoses, cutting, misuse of drugs or alcohol). Local Safeguarding Children Boards vary in their approach to deliberate self-harm. It will always be appropriate to discuss such a case with the local authority children’s social care. Help can also be obtained from child and adolescent mental health services (CAMHS), through the general practitioner (GP) and, sometimes, from direct access counselling services.

### Domestic violence or abuse.

The terms ‘violence’ or ‘abuse’ are used interchangeably and carry the same meaning. Domestic violence is the abuse of adults within a household. It need not involve physical assault to count as violence, and the adults concerned need not be married or of opposite sexes. If there are children in the household they are witnesses to the abuse and are considered to be emotionally abused at least, whether or not they are in the same room.

### Parents who are themselves vulnerable adults.

It is not uncommon for the parents of children who are abused or neglected to be themselves vulnerable adults. Particularly common are problems of mental ill health, domestic abuse and substance abuse (i.e. drugs and alcohol), often in combination. Where someone with such a difficulty is known to be a parent with a child living with them, a referral to the local authority Children’s Social Care service may be required.

### Allegations of possession by evil spirits.

It is sometimes suggested that a child is possessed by evil spirits and that this may account for behavioural issues in the child or be considered to justify harsh treatment by the parents or carers.

### Female genital mutilation.

This is an offence and any suggestion that it is being sought or has been carried out should be referred to the local authority Children’s Social Care or the Police.

### Child trafficking.

Child trafficking is the bringing of children into the country, sometimes without proper immigration arrangements, for a variety of illegal purposes which can include domestic service, illegal adoption, organ harvesting, benefit claims or prostitution. Such children may speak little English. The police or local authority Children’s Social Care service should be contacted immediately if a Trust member comes across such a child.

### Sexual exploitation and involvement in prostitution.

Children can be exploited by being given rewards in return for sexual activities. Internet and other media technology may be used in the abuse. Violence, coercion and intimidation are common. Regardless of the challenging behaviours they may display, exploited children should be viewed as victims of child sexual abuse, not as criminals.

### Forced marriage and honour-based violence.

Disclosures of actual or possible forced marriage should not be treated as a family matter or be disclosed to family members. Local authority Children’s Social Care or the Police should be contacted.

### Complex (organized or multiple) abuse.

This is abuse which involves one or more abusers and a number of children. The abusers may be acting in concert, or in isolation, or may be using an institutional framework or position of authority to abuse children. The internet may also be used.

### Spiritual abuse.

Spiritual abuse is not covered by the statutory definitions but harm can also be caused by the inappropriate use of religious belief or practice. This can include the misuse of the authority of leadership or penitential discipline, oppressive teaching, or intrusive healing and deliverance ministries. Any of these could result in children experiencing physical, emotional or sexual harm. These incidents should be referred for investigation in cooperation with the appropriate statutory agencies.

### **Children in need**.

A child is a child in need if:

1. He or she is unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him or her of services by a local authority;
2. His or her health or development is likely to be significantly impaired, or further impaired, without the provision for him or her of such services;
3. He or she is disabled. The critical factors to be taken into account in deciding whether a child is in need under the Children Act 2004 are:
4. What will happen to a child’s health or development without services being provided;
5. The likely effect of services on the child’s standard of health and development.

## **Forms of abuse towards an adult**

### What is mistreatment, abuse or harm?

1. Unexplained fear.
2. Denial of a situation.
3. The person becoming extremely withdrawn and non-communicative or non-responsive.
4. The adult telling you they are being verbally or emotionally abused.

### Physical abuse.

The ill-treatment of an adult, which may or may not cause physical injury, is regarded as physical abuse. Instances might include hitting, slapping, pushing, kicking, inappropriate restraint, withholding or misuse of medication, squeezing, biting, suffocating, poisoning, drowning. It could include racially or religiously motivated attacks. A requirement for someone to work in an unsafe environment can be construed as physical abuse.

### Possible indicators of physical abuse:

1. Cuts, lacerations, puncture wounds, open wounds, bruising, welts, discolouration, black eyes, burns, broken bones and skull fractures.
2. Untreated injuries in various stages of healing or not properly treated.
3. Poor skin condition or poor skin hygiene.
4. Dehydration and/or malnourishment without an illness-related cause, loss of weight, soiled clothing or bedding.
5. Broken eyeglasses or frames, physical signs of being subjected to punishment, or signs of being restrained. • Inappropriate use of medication, overdosing or under dosing.
6. The adult telling you they have been hit, slapped or mistreated.

### Emotional or psychological abuse

The use of threats or fear, the power of the carer’s or other adult’s position to negate the vulnerable person’s independent wishes. Such behaviour can create very real emotional or psychological stress. Bullying, sexual and racial harassment would also come into this category. It includes lack of privacy or choice, denial of dignity, deprivation of social contact or deliberate isolation, making someone feel worthless, lack of love or affection, threats, verbal abuse, humiliation, blaming, controlling, pressurizing, coercion, fear, ignoring the person.

### Possible indicators of emotional/psychological abuse:

1. Feelings of helplessness.
2. Hesitation in talking openly.
3. Implausible stories.
4. Confusion or disorientation.
5. Anger without an apparent cause.
6. Sudden changes in behaviour.
7. The person becoming emotionally upset or agitated.
8. Unusual behaviour (sucking, biting or rocking).

Other behaviours which may take place within a working relationship include public or unreasonable criticism, insults and shouting, ignoring a person’s wishes or point of view, setting unreasonable work targets, removing areas of responsibility, undervaluing a person’s efforts.

### Harassment.

Harassment may include name calling, victimization and ostracism, unwanted sexual attention, stalking, compromising invitations or gifts, the display of images that are racially or sexually offensive, the suggestion that sexual favours might further promotion prospects.

### Financial or legal abuse.

The wilful extortion or manipulation of the vulnerable person’s legal or civil rights must be construed as abuse. Such activity may include misappropriation of monies or goods, the misuse of finances, property or possessions, or withholding money, the exploitation of a person’s resources or embezzlement. Such abuse may involve the use of a position of authority or friendship to persuade a person to make gifts, to leave legacies or change a will.

### Possible indicators of financial abuse:

1. Signatures on cheques etc. that do not resemble the adult’s signature or which are signed when the adult cannot write.
2. Any sudden changes in bank accounts including unexplained withdrawals of large sums of money.
3. The inclusion of additional names on an adult’s bank account.
4. Abrupt changes to or creation of wills.
5. The sudden appearance of previously uninvolved relatives claiming their rights to a vulnerable person’s affairs or possessions.
6. The unexplained sudden transfer of assets to a family member or someone outside the family.
7. Numerous unpaid bills, overdue rent, when someone is supposed to be paying the bills for the vulnerable person.
8. Unusual concern from someone that an excessive amount of money is being expended on the care of the vulnerable person.
9. Lack of amenities, such as TV, personal grooming items, appropriate clothing, that the vulnerable person should be able to afford.
10. The unexplained disappearance of funds or valuable possessions such as art, silverware or jewellery.
11. Deliberate isolation of a vulnerable person from friends and family resulting in the caregiver alone having total control.

### Neglect

Neglectful behaviour is any pattern of activity by another person, which seriously impairs an individual. Neglect can include: failure to intervene in situations where there is danger to a vulnerable person or to others, particularly when a person lacks the mental capacity to assess risk, not giving personal care, deliberately withholding visual or hearing aids, withholding food, drink, light and clothing, restricting access to medical services, denying social, religious or cultural contacts, denying contact with family, lack of appropriate supervision.

### Possible indicators of neglect:

1. Dirt, faecal or urine smell, or other health and safety hazards in the vulnerable person’s living environment.
2. Rashes, sores, lice on the vulnerable person.
3. Inadequate clothing.
4. Untreated medical condition.
5. Poor personal hygiene.
6. Over or under medication.
7. Lack of assistance with eating or drinking.
8. Unsanitary and unclean conditions.

### Sexual abuse.

A sexual act carried out without the informed consent of the other individual is abuse. Such behaviour includes contact and non-contact abuse. The issue of informed consent is a fraught one and would need to be carefully investigated. No one should enter into a sexual relationship with someone for whom they have pastoral responsibility or have a position of trust. Contact abuse may include rape, indecent assault, being forced to touch another person, sexual intercourse or being pressurized into consenting to sexual acts. Non-contact abuse may include sexual remarks and suggestions, introduction to indecent material, indecent exposure.

### Possible indicators of sexual abuse:

1. Bruises around the breasts or genital areas.
2. Unexplained venereal disease or genital infections.
3. Unexplained vaginal or anal bleeding.
4. Torn, stained or bloody underclothing.
5. The vulnerable person telling you they have been sexually assaulted or raped.

### Other indications that abuse may be occurring:

1. The vulnerable person may not be allowed to speak for themselves, or see others, without the caregiver (suspected abuser) being present.
2. Attitudes of indifference or anger towards the vulnerable person
3. Family member or caregiver blames the vulnerable person (e.g. accusation that incontinence is a deliberate act)
4. Aggressive behaviour (threats, insults, harassment) by the caregiver towards the vulnerable person.
5. Previous history of abuse of others on the part of the caregiver.
6. Inappropriate display of affection by the caregiver.
7. Flirtations, coyness, etc., which might be possible indicators of an inappropriate sexual relationship.
8. Social isolation of the family or restriction of activity of the vulnerable person by the caregiver.
9. Conflicting accounts of incidents by the family, supporters or the vulnerable person.
10. Inappropriate or unwarranted defensiveness by the caregiver. indications of unusual confinement (closed off in a room, tied to furniture, change in routine or activity).
11. Obvious absence of assistance or attendance.

### Spiritual aspects of abuse.

Harm can be caused by the inappropriate use of religious belief or practice; this can include the misuse of the authority of leadership or penitential discipline, oppressive teaching, or intrusive healing and deliverance ministries, which may result in vulnerable people experiencing physical, emotional or sexual harm. If such inappropriate behaviour becomes harmful it should be referred for investigation in the usual way.

## RESPONDING TO ALLEGATIONS OF ABUSE

Under no circumstances should a Trust member or employee carry out their own investigation into the allegation or suspicion of abuse. The person in receipt of allegations or suspicions of abuse will do the following:

1. Concerns must be reported as soon as possible to Lyn Tyrrell (hereafter the “Safeguarding Person”) Tel No: 01278 458 434 who is nominated by the Trust to act on its behalf in dealing with the allegation or suspicion of neglect or abuse, including referring the matter to the statutory authorities. In her absence, concerns may be reported to Children’s Social Care 0845 3459122, Somerset Safeguarding Adults Boards 0845 3459133 or Avon and Somerset Constabulary 0845 456 7000.
2. Suspicions must not be discussed with anyone other than those nominated above. A written record of the concerns should be made, as soon as possible and kept in a secure place.
3. Whilst allegations or suspicions of abuse will normally be reported to the Safeguarding Person, the absence of the Safeguarding Person should not delay referral to the relevant statutory department.
4. The Trust will support the Safeguarding Person in their role and accept that any information they may have in their possession will be shared in a strictly limited way on a need to know basis.
5. It is, of course, the right of any individual as a citizen to make a direct referral to the safeguarding agencies, although the Trust hopes that everyone will use the above procedure. If, however, the individual with concerns feels that the Safeguarding Person has not responded appropriately, or where they have a disagreement with the Safeguarding Person as to the appropriateness of a referral, they are free to contact an outside agency direct.

The role of the Safeguarding Person is to collate and clarify the precise details of the allegation or suspicion and pass this information on to the relevant Social Care department.

## ALLEGATIONS OF PHYSICAL INJURY, NEGLECT, EMOTIONAL or SPIRITUAL ABUSE

If a child, young person or vulnerable adult has a physical injury, a symptom of neglect or where there are concerns about emotional abuse, the Safeguarding Person will:

1. Contact Children’s Social Care or Somerset Safeguarding Adults Board for advice in cases of deliberate injury, if concerned about the safety of a child or vulnerable adult or if said individual is afraid to return home.
2. Will not tell the parents or carers unless advised to do so having contact the Safeguarding Adviser and Children’s Social Care team or Somerset Safeguarding Adults Board.
3. Seek medical help if needed urgently, informing the doctor of any suspicions.

## ALLEGATIONS OF SEXUAL ABUSE

In the event of allegations or suspicions of sexual abuse, the Safeguarding Person will:

1. Contact the Children’s Social Care, Somerset Safeguarding Board or Avon and Somerset Constabulary.
2. They will not speak to the parent/carer or anyone else

## ALLEGATIONS OF ABUSE AGAINST A PERSON WHO WORKS WITH CHILDREN OR VULNERABLE ADULTS

If an allegation is made against a worker (whether a paid member of staff or volunteer), the Safeguarding Person will report the allegation to the Local Authority Designated Officer (LADO).

## APPOINTMENT, SUPPORT, SUPERVISION AND TRAINING OF LEADERS AND WORKERS

The Trust will ensure all those authorised to work with children or vulnerable adults are appropriately recruited according to safer recruitment practice, and are trained and supported. Training on safeguarding will be provided for those working with children and young people annually by the Safeguarding Person.

## REQUIREMENT TO HOLD VALID DBS CERTIFICATION

All persons (voluntary or employed) working with children, young people or vulnerable adults will be required to obtain DBS certification at the level their role indicates.

## LEGAL DUTY OF REFERRAL

The Trust acknowledges that there is a legal duty as providers of regulated activity to forward relevant information about our workforce (both employed and voluntary) if any of the following circumstances occur:

1. A volunteer or employee is sacked because they harmed an adult or child
2. A volunteer or employee is sacked or removed from working in regulated activity because they might have harmed a child or adult otherwise
3. There had been plans to sack or remove a person for either of these reasons, but they resigned from their position first.

If such a referral is required, the Safeguarding Person will make the referral.

Policy Number CP 2

This Policy will be reviewed annually. Next review due May 2024