

SPS Child Protection and Safeguarding Adults at Risk Policy (incorporating Sexual Harassment & Safe Recruitment)



MEETING, WORSHIPING, AND LEARNING IN A SAFE ENVIRONMENT

1. Why we need to have this policy

It is incumbent on all charities and non-government organisations, including Synagogues, to have safeguarding and child protection policies. *'Kol Yisrael aravim zer l'zeh'* - all of Israel is responsible for one another; SPS is firmly committed to ensuring that all members stay safe within our community.

2. Purpose of the policy and these procedures

Safeguarding is for the whole community, but these policies and practices are employed to keep children (under 18s) and adults at risk (formerly known as 'vulnerable adults') safe and promote their wellbeing.

This means everything from the security of the buildings to the safe recruitment of staff, and everything else in between needs to have inclusivity as its basic foundation.

This policy is to let us all know what to do if we have concerns of abuse, neglect, or inappropriate behaviours towards anyone, but especially children, young people, or adults at risk, and also how to recognise signs of those issues.

3. Our commitment

Southgate Progressive Synagogue (referred to as SPS hereafter) has a fundamental commitment to create an environment that is safe, caring, and respectful.

We recognise our responsibility to provide worship and education in such an ethos so as to inspire our members and young people, indeed, everyone participating in all our activities. This applies equally to us all - members, our children, trustees, SPS employees, our volunteers, and visitors.

Safeguarding needs to be a proactive ethos, not just a reactive response to events. Ideally, we should respond to potential risks in an appropriate, ideally unintrusive, manner by ensuring everyone has the necessary knowledge - and where appropriate training - required to protect people from abuse by ensuring everyone understands their responsibilities around safeguarding.

4. Scope of the policy

4.1 Overall Safeguarding covers what we do to keep everyone safe, whilst our Child Protection and Safeguarding Adults at Risk Policy particularly relates to children and vulnerable adults - regardless of gender, age, ethnicity, disability, sexuality, or religion - and informs us of the steps we take when we become aware of a specific child or adult being harmed or at risk of abuse. **Both these aspects are equally relevant for us all, so we include them in this single policy document.**

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4.2 Children and young people should feel safe and that they are ‘heard,’ both in Religion School and in Synagogue services, and also at any SPS organised events such as clubs, tours, visits, external activities, or camps - likewise adults at risk.

4.3 A child is any person under the age of eighteen. A vulnerable adult is any person of 18 years and above with care and support needs, regardless of whether those needs are being met, who could potentially be at risk to abuse, including neglect, because of age, physical infirmity, disability of any type, illness or who requires community care services and/or assistance in the conduct of their own affairs.

It should be remembered that some of our teachers in Religion School are under eighteen, so for the purposes of safeguarding are considered as ‘children.’

4.4 Child protection is an integral part of the overall safeguarding process.

4.5 We will tackle any abuse of power or trust and stand firmly against bullying, intimidation or harassment, discrimination, or victimisation in all we do.

4.6 It is NOT a safeguarding issue as such if the adult concerned is NOT an ‘adult at risk,’ but it could still be a serious matter and our community will respond accordingly to any reports of inappropriate behaviour.

4.7 All SPS staff, volunteers, members, and parents are encouraged to talk about any concerns they may have, as safeguarding of children and adults at risk is the duty and responsibility of us **all** within SPS, whatever our role.

5. Dealing with Suspected Abuse

Most importantly, ‘what we expect of you’ includes:

5.1 Adopting the practices and behaviour we have set as our shared values and code of conduct when conducting our roles. (*See separate SPS document - ‘Ethos and Code of Conduct’*).

5.2 Recognising abuse to be any violation of an individual’s human rights - this includes neglect, physical, sexual, or emotional abuse, or any other inappropriate behaviour, including intimidation, harassment, bullying, or witnessing of domestic violence.

Importantly nowadays this includes online safety - currently an enormous issue - with respect to abuse, bullying, account hacking or online radicalisation resources, all of which can have long term detrimental effects.

Unexplained changes in behaviour, personality, hygiene, self-care, or appearance are often indicators of abuse or neglect.

(See Appendices 2 and 3 for the definitions and signs of abuse regarding children and adults at risk).

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5.3 'Whistleblowing' is an essential tool for successful safeguarding and child / vulnerable adult protection, not a barrier. It is absolutely vital that you share any concerns you have.

SPS will at all times protect any 'whistle-blower' by keeping their identity confidential, restricted to only the safeguarding team (designated DSL, Deputy DSL, and the one SPS Council member with overall responsibility for Safeguarding).

5.4 Reporting straightaway any concerns or complaints of abuse, including neglect, within the community is essential - in the first instance to our trained SPS Designated Safeguarding Lead (DSL) or our Deputy DSL, the specialist in Child Protection. (See Appendix 1 for contact details).

5.5 Stay calm and be reassuring. OPEN questions only must be used, NEVER 'lead' the complainant in any way. Always say 'thank you for telling me' or 'thank you for trusting me.'

5.6 It must be made clear that information sharing on a 'need to know' basis is vital and NO offer of 'confidentiality' should ever be given in order for child / adult at risk protection to work successfully. NEVER promise not to tell anyone or 'keep it a secret' - safeguarding always surpasses GDPR!

All professionals, volunteers and community members have a duty to disclose information where failure to do so would result in a child, children, or adult(s) at risk suffering from neglect or physical, sexual, or emotional abuse. We will ensure only the right information is disclosed, appropriately.

5.7 A written record will be made contemporaneously by the DSL or Deputy DSL - of facts, not opinions - and, as appropriate, then reported by him/her to the SPS Council Member with overall responsibility for Safeguarding (See Appendix 1) and/or to external authorities responsible for child / adult protection and/or to the police, regardless of whether that reported abuse is being perpetrated by employees, volunteers within SPS, Synagogue members, or by those outside of it including those from the child or adult at risk's own family, extended family, their family's extended network, carers, or strangers.

5.8 If the SPS DSL or Deputy DSL is concerned that a child or vulnerable adult is at IMMEDIATE risk, the threshold for actual abuse having been reached, she/he MUST report the incident IMMEDIATELY to the appropriate statutory agencies - the Police and, as appropriate, children's or adult social services - the LADO (Local Authority Designated Officer). In the London Borough of Enfield, in which SPS is situated; this is Enfield MASH (Multi Agency Safeguarding Hub), the 'early help' team. As we are a designated a registered charity it should also be reported to the Charity Commission.

5.9 A risk assessment may need to be completed by the DSL or Deputy DSL, particularly if it is an issue requiring statutory reporting.

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6. Roles and Responsibilities

For every stakeholder in the organisation - from Trustees and employees to volunteers and worshippers - with regard to Safeguarding we reinforce the message that this is **everyone's** responsibility, meaning:

6.1 SPS recognises that we have acquired a position of trust with regard to the lives of children, young people, and adults at risk, conferring on us a duty of care towards them, which includes safeguarding their welfare and protecting them from harm.

6.2 We also recognise our responsibility to the safety of employees and volunteers, which includes ensuring they have the required training and understanding to enable them in turn to fulfil their duties and responsibilities, as well as keeping themselves safe.

6.3 We further accept that it is SPS's responsibility to keep up to date with changes to the law and changes to conventions in the community around us and to make these changes known to all staff and volunteers - no one can expect employees and volunteers to perform those responsibilities unless they are clearly conveyed and understood.

6.4 Prevention of sexual harassment

From 26th October 2024 new legislation comes into place making it incumbent on all employers to take the necessary proactive measures to prevent sexual harassment in the workplace. This includes the requirement to anticipate scenarios when staff or volunteers may be subject to sexual harassment in the course of their work and take steps to prevent it taking place, and if it has taken place, to prevent it recurring.

SPS recognises this responsibility and considers it to be an integral part of Safeguarding, hence this constitutes part of this, our SPS Child Protection and Safeguarding Adults at Risk Policy. This may include training, where appropriate, assessing the risk, considering measures to put into place, and encouraging a culture of transparency, as indeed does this entire policy. This confirms our zero-tolerance approach to any form of harassment and support for anyone who does suffer any form of harassment or bullying.

Reporting of sexual harassment and the actions SPS will take in response are as detailed in section 7 (pages 4-5), below, and the definition of sexual harassment is detailed as appropriate below in Sections 11 (page 8), 13a.4 (Appendix 2, page 11-12), and 13b.11 (Appendix 3, page 15).

For the avoidance of doubt, this section (6.4) applies to all areas of Synagogue life and not just in the context of Safeguarding.

6.5 The grounds that '*this is not my area*' or '*it is not part of my job to deal with this*' are **NEVER** applicable, nor acceptable, when it comes to matters of Child Protection and Safeguarding Adults at Risk.

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7. The safeguarding reporting procedure - How we deal with a disclosure

The five Rs of safeguarding are: recognise, respond, report, record, and refer.

7.1 Recognise

In order to safeguard vulnerable adults and young people, we must know how to identify the signs and indicators of abuse and neglect. Training in spotting these signs can be very helpful, as distinguishing between behaviours can vary from person to person, whilst those certified in safeguarding training have also been taught the correct response to detect signs of abuse. Private dialogue with our appointed safeguarding lead is encouraged if a concern is raised about an individual to a staff member or volunteer, or the individual who may be suffering has approached a staff member or volunteer other than the safeguarding lead.

7.2 Respond

Respond appropriately when you have a concern about abuse or neglect. Someone who has experienced or is experiencing some kind of abuse will likely be very vulnerable, so your behaviour in dealing with this is crucial. You should remain calm and ask open questions, encouraging them to give just enough information to validate the claim. Whilst you should not make any promises about what will follow, you should take any allegation seriously and assure them that reporting their concerns was the right thing to do. This safeguarding policy details the steps to take to respond safely and effectively to any potential safeguarding issue.

7.3 Report

SPS has a designated person responsible for dealing with safeguarding issues, and a deputy (see Appendix 1, below). Once you have responded to a safeguarding concern with the vulnerable person, you should report it immediately to our designated safeguarding lead, who will then take responsibility for acting upon the issue. You may check that the issue is being acted on appropriately, however, for the confidentiality of the person concerned, it may be unnecessary for the safeguarding lead to share further details with you.

7.4 Record

Ensure you record everything you have seen or heard in relation to the issue. Complete memory recall of every detail of the conversation is not expected, however, you should record exactly what the individual has alleged, using the individual's keywords and phrases. Record, as well, your own observations and interpretations, clearly distinguishing between your accounts and those of the individual raising the allegation, before passing it on to the safeguarding lead, who will keep it only accessible to those responsible for safeguarding issues. (See Appendix 5 for form).

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7.5 Refer

Refer your concerns to the correct authority. It is normally our designated safeguarding lead that will report this, so it is best to make sure you pass on everything you have to him/her. They should then decide on the appropriate action to take, perhaps consulting with the appropriate people, either inside or outside SPS, in order to arrive at a safe conclusion for the individual.

8. Lone and Individual Working Good Practice Guidelines

8.1 At any time when someone is working alone at SPS (e.g., the Rabbi or Office Administrator) there should be systems and procedures in place to ensure their safety and welfare. At the least the front gates should be closed, the front door locked, someone knows that they are working alone, and that there is at least one allocated contact.

8.2 No person, whether a member of staff, volunteer, or community member visiting an individual at home, should be alone with a child in a building - the Synagogue or a private home - or a vehicle.

8.3 When teaching individually (e.g., Bar/Bat Mitzvah lessons) there must always be another adult in the building, and the lessons must take place in a room with the door open.

8.4 If there is no other adult available to be in the building, then the lesson, meeting or interview cannot take place until such time as the above guideline can be fulfilled.

8.5 This equally applies to teaching via Zoom.

8.6 The above points 8.2 to 8.5 must be clearly communicated to children's parents, as and when relevant.

8.7 For an adult at risk, or potentially vulnerable adult, a risk assessment will be carried out and recorded. Meetings with, home visits to, or lifts in cars for, an adult at risk by an SPS employee or volunteer must always be prearranged and recorded in the Synagogue diary, plus a report back afterwards likewise recorded.

8.8 All individuals conducting teaching, whether staff or volunteers, in person or online, must be DBS checked. (see below)

9. Safe Recruitment of staff and volunteers, Risk Assessment

9.1 SPS will at all times practice safe recruitment procedures to check the suitability of potential employees or volunteers.

9.2 This will include at the very least that references are taken up, interviews are documented and that induction training is provided, which will include safeguarding.

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9.3 Where relevant a DBS check will be obtained in advance of appointing any employee, and also for volunteers in potentially critical situations.

If the result is not received prior to start date it **must** be made clear that the employment will be conditional on a satisfactory check being received.

9.4 All SPS employees and volunteers who come into contact with children, young people and/or adults at risk must be DBS checked.

9.5 All SPS Trustees need to have DBS checks - these are the Life President, the Life Vice-President, and all members of SPS Council and Custodian Trustees.

9.6 DBS checks should be repeated at regular intervals as required by the legislation and a nominated person will have responsibility for maintaining the records of these. (See Appendix 1).

10. Recording Allegations of Abuse

If an incidence of alleged abuse is reported to any SPS employee she/he **MUST NOT** give any assurance that the matter will be kept confidential.

Recording of the suspected abuse **MUST** be limited to the precise words used by the person making the allegation. Leading questions **MUST NOT** be asked, **NOR** any interpretation whatever be put into the written report.

If any **OPINIONS** do need to be recorded, they **MUST** be clearly identified as **OPINIONS** and clearly **SEPARATED** from the facts.

The written record must be sent straight to the SPS Designated Safeguarding Lead, who will acknowledge its receipt.

10.1 A record of any alleged incident should include at the least the following:

- Date and time of the alleged incident
- Date and time of the disclosure
- Parties involved, including any witnesses to the event
- What was said and or done, and by whom
- Any action taken by SPS employees or volunteers regarding the matter
- Where relevant, the reasons why a decision was taken **not** to refer those concerns to a statutory agency
- Any interpretation, opinion, or inference drawn from what was observed, said, alleged or disclosed **MUST** be clearly recorded to be as such
- The name of the person(s) reporting the concern, name(s) of the people involved, name and designation of the person to whom the concern was reported, date, time, and their contact details

10.2 A secure record of concerns will be kept by the SPS Designated Safeguarding Lead in a safe place.

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The SPS Council Member with overall responsibility for Safeguarding and the Designated Deputy Safeguarding Lead may have access to it as and when necessary. No other SPS employees, volunteers or members may have access to it. (see *Reporting Form, Appendix 3 to this document*)

11. Definitions and Notes:

Safeguarding is what we do to prevent harm - the actions taken to promote the welfare of children and adults at risk and protect them from harm to keep them secure from danger or against attack - while (child) **Protection** is the way in which we respond to harm.

The **six principles of safeguarding** are: empowerment, prevention, proportionality, protection, partnership, and accountability; the most important of these being **preventing neglect, harm, and abuse**.

Abuse means **intentional harm** - most commonly emotional, physical, sexual or by neglect.

Neglect is the most commonly reported category of abuse, followed by domestic violence.

Sexual harassment is any unwanted behaviour of a sexual nature that makes someone feel intimidated, degraded, humiliated, or offended, even if that is not the intent.

For adults, it is **not** a safeguarding issue if the adult concerned is **not** an adult at risk, it could nonetheless be a serious or significant issue to be reported.

Children in Synagogue for services or other activities, as opposed to for Religion School, **when their parent(s) are also present** are their parents' responsibility, not that of SPS.

It is the role of the DSL and/or Deputy to support the complainant, not the 'alleged accused.'

12. Relevant Legislation that informs this policy

The **UN Convention on the Rights of the Child 1989**, the **Children Acts of 1989** (where/when the term 'safeguarding' was first introduced) and **2004**, the **Safeguarding Vulnerable Groups Act 2006**, the **Health and Social Care Act 2012**, the **Care Act 2014**, the **Children and Social Work Act 2017**, and the **Working Together to Safeguard Children document 2015 and 2018**, **Charity Commission document 2019**, **The Worker Protection Act (Amendment of Equality Act 2010) 2023**, and the **London Child Protection Procedures** with a reference to the **Local Safeguarding Children's Board**. These all make clear that 'the welfare of the child is paramount.'

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For this SPS policy, and any policies that may be put as an appendix or in addition hereto, the definitions of Abuse and Neglect are taken from the Working Together to Safeguard Children (2015 and 2018) document(s).

13. Recognising Abuse and Neglect

What are Abuse and Neglect?

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

See Appendices 2 and 3 for details.

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Policy Implementation: 1st July 2022

Policy Updated and Revised: 1st October 2024

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Date: 1<sup>st</sup> October 2024

Review Date: September 2027

Signature: *Mark Howard Shaw*

Printed Name: Mark H Shaw

SPS Chair on behalf of SPS Executive and Council

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Appendix 1

CONTACT DETAILS

The SPS Designated Safeguarding Lead (DSL) is Lee Lewis - Tel: 020 8360 2382; Mob: 07770 918 256; email: leelewis@sps.uk.com

His Deputy DSL is Shelley Samuels - Tel: 01920 870 396; Mob: 07946 55 49 33; email: religionschool@sps.uk.com

The SPS Council Member with overall responsibility for Safeguarding is Amanda Lesley - Tel: 020 8360 3161; Mob: 07904 859 627; email: alesley1963@sky.com

The nominated person for maintaining DBS check records is Emma Coleman, the SPS Administrator - Tel: 020 8886 0977; email: office@sps.uk.com

Referral contact details for Enfield MASH (Multi Agency Safeguarding Hub) are:

Regarding children - telephone 0808 379 5555 (Monday to Friday 9am to 5pm); out of office hours call: 020 379 1000 (select option 2 and to be transferred to an advisor), or alternatively report online at: ChildrensMASH@enfield.gov.uk

NSPCC reporting contact line: 0808 800 5000.

Regarding (vulnerable) adults - telephone 020 8379 3196 (Monday to Fri 9am to 5pm) or call the Adult Abuse line on: 020 8379 5212 (this is 24-hour and you can leave your concern anonymously if you wish), or alternatively report online at: TheMashTeam@enfield.gov.uk

IN THE CASE OF AN URGENT or ONGOING INCIDENT CALL 999 for THE POLICE.

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Appendix 2

13a Child Protection - Recognition and Definitions of Abuse and/or Neglect

13a.1 - Neglect

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

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

It may also include neglect of, or unresponsiveness to, a child basic emotional needs (Ref: Working Together to Safeguard Children, 2011).

13a.2 - Emotional abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.

It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.

It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.

Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

13a.3 - Physical abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning, 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.

13a.4 - Sexual harassment and sexual abuse

Sexual harassment is any unwanted behaviour of a sexual nature that makes someone feel intimidated, degraded, humiliated, or offended, even if that is not the intent. Examples include flirting, gesturing, or making sexual remarks about someone's body, clothing, or appearance; telling sexually offensive jokes; asking questions about someone's sex life; making sexual comments or jokes about someone's sexual orientation or gender reassignment, or touching someone against their will, including hugging or massaging.

Sexual harassment is not limited to in-person contact. It also includes unwanted behaviour in messages, emails, and phone calls.

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.

The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing, and touching outside of clothing.

They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).

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

13a.5 - Significant Harm

There are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation, and the presence or degree of threat, coercion, sadism, and bizarre or unusual elements.

Each of these elements has been associated with more severe effects on the child, and/or greater difficulty in helping the child overcome the adverse impact of the maltreatment.

Sometimes, a single traumatic event may constitute significant harm, for example, a violent assault, suffocation, or poisoning. More often, significant harm is a compilation of significant events, both acute and long-standing, which interrupt, change, or damage the child's physical and psychological development.

Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long term emotional, physical, or sexual abuse that causes impairment to the extent of constituting significant harm.

In each case, it is necessary to consider any maltreatment alongside the child's own assessment of his or her safety and welfare, the family's strengths and supports, as well as an assessment of the likelihood and capacity for change and improvements in parenting and the care of children and young people.

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13a.6 - Under section 31(9) of the Children Act 1989 as amended by the Adoption and Children Act 2002:

'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; 'development' means physical, intellectual, emotional, social, or behavioural development; 'health' means physical or mental health; and 'ill treatment' includes sexual abuse and forms of ill-treatment which are not physical.

13a.7 - Under section 31(10) of the Act:

Where the question of whether harm suffered by a child is significant turns on the child's health and development, compared with that which could reasonably be expected of a similar child.

To understand and identify significant harm, it is necessary to consider:

- the nature of harm, in terms of maltreatment or failure to provide adequate care.
- the impact on the child's health and development.
- the child's development within the context of their family and wider environment.
- any special needs, such as a medical condition, communication impairment or disability, which may affect the child's development and care within the family.
- the capacity of parents to meet adequately the child's needs; and
- the wider and environmental family context.

The child's reactions, his or her perceptions, and wishes and feelings should be ascertained and the local authority should give them due consideration, as far as is reasonably practicable and consistent with the child's welfare and having regard to the child's age (or developmental stage) and understanding.

(With thanks to Migdal Emunah's Child Protection Policy for the original basis of most of these definitions)

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Appendix 3

13b Adult at Risk Protection - Recognition and Definitions of Neglect and/or Abuse

13b.1 - Safeguarding adults

This is everyone's responsibility as all adults have the right to be protected from abuse and poor practice. This is regardless of their:

- Age
- Ability or disability
- Gender
- Race
- Religion
- Ethnic origin
- Sexual orientation
- Marital status
- (Trans)gender status

Best practice in safeguarding means committing to both a legal and moral responsibility to all paid staff, volunteers, members, and visitors.

We demonstrate this commitment to safeguarding by accepting our responsibilities and striving to embed safeguarding within the culture of our organisation.

13b.2 - The Principles of Adult Safeguarding are summarised as:

Empowerment; Prevention; Proportionality; Protection; Partnership; Accountability and Transparency.

13b.3 - Common Conditions affecting Adults who are potentially at Risk include:

Arthritis, Asperger's Syndrome, Autism, Blindness, Brain Damage, Cerebral Palsy, Cystic Fibrosis, Deaf/blind (including Usher Syndrome), Deafness, Dementia, Disability (physical or mental impairment), Dysarthria (neurological speech disorders), Dyslexia, Dysphasia, Dyspraxia, Epilepsy, Huntingdon's Disease, Learning disabilities or difficulties, Mental Health disorders, Motor Neurone Disease, Multiple Sclerosis, Neurosis, Paraplegia, Parkinson's Disease, Personality Disorder, Polio, Psychosis, Rheumatism, Spina Bifida, Tetraplegia.

13b.4 - Key Legislation and Government Initiatives

Sexual Offences Act 2003

Mental Capacity Act 2005

Safeguarding Vulnerable Groups Act 2006

Deprivation of Liberty Safeguards

Disclosure & Barring Service 2013

The Care Act 2014 - statutory guidance

Making Safeguarding Personal Guide 2014

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Types of Abuse of Adults at Risk

The Care Act (England 2014) lists ten categories of abuse - these are a good basis for understanding the types of harm that an adult might experience:

13b.5 - Self-neglect

This covers a wide range of behaviour, but it can be broadly defined as neglecting to care for one's personal hygiene, health, or surroundings. An example of self-neglect is behaviour such as hoarding.

13b.6 - Modern Slavery

This encompasses slavery, human trafficking, forced labour, and domestic servitude.

13b.7 - Domestic Abuse

This includes psychological, physical, sexual, financial, and emotional abuse perpetrated by anyone within a person's family. It also includes so-called 'honour' based violence.

13b.8 - Discrimination

Discrimination is abuse centring on a difference, or perceived difference, particularly with respect to race, gender, disability, or any of the protected characteristics of the Equality Act.

13b.9 - Organisational

This includes neglect and poor care practice within an institution or specific care setting, such as a hospital or care home, or in relation to care provided in one's own home.

Organisational abuse can range from one off incidents to ongoing ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes, and practices within an organisation.

13b.10 - Physical

This includes hitting, slapping, pushing, kicking, restraint, and misuse of medication. It can also include inappropriate sanctions.

13b.11 - Sexual harassment and abuse

Sexual harassment is any unwanted behaviour of a sexual nature that makes someone feel intimidated, degraded, humiliated, or offended, even if that is not the intent. Examples include flirting, gesturing, or making sexual remarks about someone's body, clothing, or appearance; telling sexually offensive jokes; asking questions about someone's sex life; making sexual comments or jokes about someone's sexual orientation or gender reassignment, or touching someone against their will, including hugging or massaging.

Sexual harassment is not limited to in-person contact. It also includes unwanted behaviour in messages, emails, and phone calls.

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

13b.12 - Financial or Material

This includes theft, fraud, internet scamming, and coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance, or financial transactions. It can also include the misuse or misappropriation of property, possessions, or benefits.

13b.13 - Neglect and Acts of Omission

This includes ignoring medical or physical care needs and failing to provide access to appropriate health social care or educational services. It also includes the withdrawing of the necessities of life, including medication, adequate nutrition, and heating.

13b.14 - Emotional or Psychological

This includes threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation, or withdrawal from services or supportive networks.

Four Additional Types of Harm

There are four additional types of harm that are not included in The Care Act, but they are also relevant to safeguarding adults.

13b.15 - Cyber Bullying

Cyber bullying occurs when someone repeatedly makes fun of another person online, or repeatedly picks on another person through emails or text messages. It can also involve using online forums with the intention of harming, damaging, humiliating, or isolating another person. It includes various different types of bullying, including racist bullying, homophobic bullying, or bullying related to special educational needs and disabilities. The main difference is that, instead of the perpetrator carrying out the bullying face-to-face, they use technology as a means to do it.

13b.16 - Forced Marriage

This is a term used to describe a marriage in which one or both of the parties are married without their consent or against their will. A forced marriage differs from an arranged marriage, in which both parties' consent to the assistance of a third party in identifying a spouse. The Anti-Social Behaviour, Crime and Policing Act 2014 make it a criminal offence to force someone to marry.

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13b.17 - 'Mate Crime'

A 'mate crime' is when 'vulnerable people are befriended by members of the community who go on to exploit and take advantage of them.' It may not be an illegal act, but it still has a negative effect on the individual. A mate crime is carried out by someone the adult knows, and it often happens in private. In recent years there have been a number of Serious Care Reviews relating to people with a learning disability who were seriously harmed, or even murdered, by people who purported to be their friend.

13b.18 - Radicalisation

The aim of radicalisation is to inspire new recruits, embed extreme views and persuade vulnerable individuals to the legitimacy of a cause. This may be direct, through a relationship, or through social media.

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Appendix 4

Role of the Designated Safeguarding Lead (DSL)

Governing bodies and management committees should ensure an appropriate senior member is appointed to the role of designated safeguarding lead.

The designated safeguarding lead - Should take lead responsibility for safeguarding and child protection (including online safety). This person should have the appropriate status and authority within the organisation to carry out the duties of the post.

They should be given the training, resources, and support to provide advice and support to others in the organisation on matters of child protection and safeguarding adults at risk, to take part in strategy discussions and inter-agency meetings, and/or to support others to do so, and to contribute to the assessment of children / adults at risk.

There should also be a **deputy designated safeguarding lead**.

Manage referrals - The designated safeguarding lead is expected to:

- refer cases of suspected abuse to the local authority children's or adult's social care as required
- support staff, volunteers and members who make referrals to local authority children's or adult's social care
- refer cases to the appropriate team where there is a radicalisation concern, as required
- support individuals within the organisation who make referrals to that team
- refer cases where a person is dismissed or left due to risk/harm to a child or adult at risk to the Disclosure and Barring Service, as required
- refer cases where a crime may have been committed to the Police, as required

Work with others - The designated safeguarding lead is expected to:

- function as a point of contact with the safeguarding partners
- liaise with the lead trustee for safeguarding (see Appendix 1) to inform them of issues - especially ongoing enquiries under section 47 of the Children Act 1989 and police investigations
- as required, liaise with the 'case manager' and the designated officer(s) at the local authority for child protection / adult at risk safeguarding concerns in cases which concern an employee, volunteer, or member

Training - The designated safeguarding lead (and any deputies) should undergo training to provide them with the knowledge and skills required to conduct the role. This training should be updated at least every two or three years.

The designated safeguarding lead should undertake Prevent awareness training.

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In addition to the formal training set out above, their knowledge and skills should be refreshed (this might be via e-bulletins, meeting other designated safeguarding leads, or simply taking time to read and digest safeguarding developments) at regular intervals, as required, and at least annually, to allow them to understand and keep up with any developments relevant to their role so they:

- understand the assessment process for providing early help and statutory intervention, including local criteria for action and local authority children's and adults at risk social care referral arrangements
- have some knowledge of how local authorities conduct a child protection case conference and a child protection review conference - likewise for adults at risk - and be able to attend and contribute to these effectively if required to do so
- are alert to the specific needs of children and adults at risk, those with special educational requirements and also young carers
- understand relevant data protection legislation and regulations, especially the Data Protection Act 2018 and the General Data Protection Regulations
- are able to keep detailed, accurate, secure written records of concerns and referrals
- understand and support the organisation with regards to the requirements of the Prevent duty and to keep children and adults at risk safe whilst they are online at the organisation
- can recognise the additional risks that children and adults at risk with special educational needs and/or disabilities face online, for example, from online bullying, grooming and radicalisation and are confident they have the capability to support those individuals to stay safe online
- encourage a culture of listening to children and adults at risk, taking account of their wishes and feelings

Raise Awareness - The designated safeguarding lead should:

- ensure the organisation's child protection and adult at risk safeguarding policies are known, understood, and used appropriately
- ensure the organisation's child protection and adult at risk safeguarding policy is reviewed regularly
- ensure the policy is available publicly

Child protection / adult at risk safeguarding file - Where children or adults at risk leave the organisation the designated safeguarding lead should ensure their child / adult protection file (if any) is transferred to the appropriate forwarding organisation as soon as possible. This should be transferred separately from the main record file (if any), ensuring secure transit, and confirmation of receipt should be obtained.

Appendix 5 -

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(incorporating Sexual Harassment & Safe Recruitment)



SAFEGUARDING RECORDING FORM

Date & time of disclosure	
Date, time, and place of alleged incident	
Person reporting the concern	
Names of parties involved (including any witnesses)	
What was said and/or done by whom *	
Any action taken by SPS employees or volunteers regarding the matter *	
Name and designation of the person to whom the concern was reported	
Contact details, date, and time of reporting	
Date and time recorded by SPS DSL or Deputy	
Where relevant, reasons why if NOT referred to statutory body	
Notes	

*Any interpretation, opinion, comment, or inference drawn from what was observed, said, alleged or disclosed **MUST** be clearly recorded to be as such. * Continue overleaf or on separate sheet if necessary.*