



Hartlepool United Community Sports Foundation

Adults at Risk Handbook

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Appendices

- a) Staff Disqualification Declaration
- b) Safeguarding Reporting Process
- c) Contacts and Advice
- d) Recording & Reporting Concerns, Disclosures & Allegations or Suspicions of Abuse
- e) Reporting, Recording and Reviewing Accidents, Incidents and Near Misses
- f) Essential HUCSF Service User Information
- g) E-Safety Agreement for Use with Adult at risk
- h) Contact Details for HUCSF's Adult at risk Safeguarding Responsibilities
- i) Low-level Concern Reporting Form

Safeguarding

Statement of intent

HUCSF is committed to safeguarding and promoting the welfare, both physical and emotional, of every attendee both inside and outside of the club premises. We implement a whole-club preventative approach to managing safeguarding concerns, ensuring that the wellbeing of attendees is at the forefront of all action taken.

This policy sets out a clear and consistent framework for delivering this promise, in line with safeguarding legislation and statutory guidance.

It will be achieved by:

- Creating a culture of safer recruitment by adopting procedures that help deter, reject or identify people who might pose a risk to children.
- Teaching attendees how to keep safe and recognise behaviour that is unacceptable.
- Identifying and making provision for any attendee that has been subject to abuse.
- Ensuring that members of the board of directors, the Manager and staff members understand their responsibilities under safeguarding legislation and statutory guidance, are alert to the signs of child abuse and know to refer concerns to the DSO.
- Ensuring that the Manager and any new staff members and volunteers are only appointed when all the appropriate checks have been satisfactorily completed.

Signed by:



Keith Nobbs
Manager

22.08.2022

Date:



Mark Tilling
Chairman of Trustees

22.08.2022

Date:

1. Definitions

- 1.1 Term “Adult at Risk” refers to all persons over the age of 18.
- 1.2 For the purposes of this policy, an adult at risk of abuse or neglect is defined as someone who has needs for care and support, who is experiencing, or at risk of, abuse or neglect and as a result of their care needs - is unable to protect themselves.
- 1.3 For the purposes of this policy, the term “harmful sexual behaviour” includes, but is not limited to, the following actions:
- Using sexually explicit words and phrases
 - Inappropriate touching
 - Sexual violence or threats
 - Full penetrative sex with other adults
- 1.4 For the purpose of this policy, the term “sexual violence” encompasses the definitions provided in the Sexual Offences Act 2003, including those pertaining to rape, assault by penetration and sexual assault.
- 1.5 For the purposes of this policy, “upskirting” refers to the act of taking a picture or video under another person’s clothing, without their knowledge or consent, with the intention of viewing that person’s genitals or buttocks (with or without clothing). Despite the name, anyone (including both attendees and staff), and any gender, can be a victim of upskirting.
- 1.6 The term “teaching role” is defined as planning and preparing lessons and courses for attendees; delivering lessons to attendees; assessing the development, progress and attainment of attendees; and reporting on the development, progress and attainment of attendees. These activities are not teaching work if the person carrying out the activity does so (other than for the purposes of induction) subject to the direction and supervision of a qualified member of staff or other person nominated by the Manager to provide such direction and supervision.

2. Legal framework

- 2.1 This policy has been created with due regard to all relevant legislation including, but not limited to, the following:

2.2 Legislation

- Safeguarding Vulnerable Groups Act 2006
- The Education (Club Staff’ Appraisal) (England) Regulations 2012 (as amended)
- Sexual Offences Act 2003
- The General Data Protection Regulation (GDPR)
- Data Protection Act 2018
- Voyeurism (Offences) Act 2019

2.3 Statutory guidance

- HM Government (2013) ‘Multi-agency practice guidelines: Handling cases of Forced Marriage’
- DfE (2018) ‘Working Together to Safeguard Children’

- DfE (2015) 'The Prevent duty'
- DfE (2019) 'Keeping children safe in education'

2.4 **Non-statutory guidance**

- DfE (2015) 'What to do if you're worried a child is being abused'
- DfE (2018) 'Information sharing'
- DfE (2017) 'Child sexual exploitation'
- DfE (2018) 'Sexual violence and sexual harassment between children in clubs and colleges'

2.5 **Other relevant club policies include:**

- **Data Protection Policy**
- **Whistleblowing Policy**
- **Anti-Bullying Policy**
- **Privacy Notice**

3. **Roles and responsibilities**

3.1 **The board of trustees has a duty to:**

- Ensure that the club complies with its duties under the above safeguarding legislation.
- Guarantee that the policies, procedures and training opportunities in the club are effective and comply with the law at all times.
- Confirm that the club's safeguarding arrangements take into account the procedures and practices of the LA as part of the inter-agency safeguarding procedures.
- Understand the local criteria for action and the local protocol for assessment, and ensure these are reflected in the club's policies and procedures.
- Ensure that staff members have due regard to relevant data protection principles which allow them to share personal information.
- Ensure that a member of the board of trustees is nominated to liaise with the LA and/or partner agencies on issues of child protection and in the event of allegations of abuse made against the Manager or another trustee.
- Ensure that there is a senior board level lead responsible for safeguarding arrangements.
- Appoint a Manager to the role of DSO as an explicit part of the role-holder's job description.
- Appoint a Deputy DSO(s) to provide support to the DSO and ensure that they are trained to the same standard as the DSO and that the role is explicit in their job description(s).
- Ensure all relevant persons are aware of the club's local safeguarding arrangements, including the board of directors itself, and DSO.
- Make sure that attendees are taught about safeguarding, including protection against dangers online, through teaching and learning opportunities.

- Ensure that staff members are appropriately trained to support attendees to be themselves at club, e.g. if they are LGBTQ+.
- Guarantee that volunteers are appropriately supervised.
- Make sure that at least one person on any appointment panel has undertaken safer recruitment training.
- Ensure that all staff members receive safeguarding and child protection training updates, such as e-bulletins, emails and staff meetings, as required, but at least annually.
- Certify that there are procedures in place to handle allegations against members of staff or volunteers.
- Confirm that there are procedures in place to make a referral to the DBS and the Teaching Regulation Agency (TRA), where appropriate, if a person in regulated activity has been dismissed or removed due to safeguarding concerns or would have been had they not resigned.
- Guarantee that there are procedures in place to handle attendees' allegations against other attendees.
- Ensure that appropriate disciplinary procedures are in place, as well as policies pertaining to the behaviour of attendees and staff.
- Ensure that procedures are in place to eliminate unlawful discrimination, harassment and victimisation, including those in relation to peer-on-peer abuse.
- Make sure that attendees' wishes and feelings are taken into account when determining what action to take and what services to provide to protect individual attendees.
- Guarantee that there are systems in place for attendees to express their views and give feedback.
- Establish an early help procedure and ensure all staff understand the procedure and their role in it.
- Introduce mechanisms to assist staff in understanding and discharging their roles and responsibilities.
- Make sure that staff members have the skills, knowledge and understanding necessary to keep LAC safe, particularly with regards to the attendee's legal status, contact details and care arrangements.
- Put in place appropriate safeguarding responses for attendees who go missing from the club, particularly on repeat occasions, to help identify any risk of abuse and neglect, including sexual abuse or exploitation, and prevent the risk of their disappearance in future.
- Ensure that all members of the board of trustees have been subject to an enhanced DBS check.
- Create a culture where staff are confident to challenge senior leaders over any safeguarding concerns.

3.2 **The Manager has a duty to:**

- Safeguard attendees' wellbeing and maintain public trust in the profession.
- Ensure that the policies and procedures adopted by the board of trustees are followed

by staff members.

- Provide staff, upon induction, with the Staff Code of Conduct, safety training, and the identity of the DSO and any deputies.

3.3 **The DSO has a duty to:**

- Understand and keep up-to-date with local safeguarding arrangements.
- Act as the main point of contact with the three safeguarding partners.
- Make the necessary child protection referrals to appropriate agencies.
- Liaise with the Manager to inform them of safeguarding issues and ongoing enquiries.
- Liaise with the deputy DSO(s) to ensure effective safeguarding outcomes.
- Act as a source of support, advice and expertise to staff members on matters of safeguarding by liaising with relevant agencies.
- Understand the assessment process for providing early help and intervention.
- Support staff members in liaising with other agencies and setting up inter-agency assessment where early help is deemed appropriate.
- Keep cases of early help under constant review and refer them to the CSCS if the situation does not appear to be improving.
- Ensure each member of staff has access to and understands the Safeguarding Policy and procedures – this will be discussed during the staff induction process.
- Keep detailed, accurate and secure records of concerns and referrals.
- Secure access to resources and attend any relevant training courses.
- Encourage a culture of listening to children and taking account of their wishes and feelings.
- Work with the board of directors to ensure the Safeguarding Policy is reviewed annually and the procedures are updated regularly.
- Ensure the Safeguarding Policy is available publicly, and parents are aware that the club may make referrals for suspected cases of abuse or neglect, as well as the role the club plays in these referrals.
- Link with local safeguarding arrangements to make sure that staff members are aware of the training opportunities available and the latest local policies on safeguarding.
- Be available at all times during club hours to discuss any safeguarding concerns. NB. The club will determine what “available” means, e.g. it may be appropriate to be accessible by electronic means such as phone or Skype.
- Hold the details of the LA personal advisor and liaise with them as necessary.

3.4 **Other staff members have a responsibility to:**

- Safeguard attendees’ wellbeing and maintain public trust in the teaching profession as part of their professional duties.
- Act in accordance with club procedures with the aim of eliminating unlawful discrimination, harassment and victimisation, including those in relation to peer-on-peer abuse.
- Maintain an attitude of ‘it could happen here’ where safeguarding is concerned.

- Be aware of the signs of abuse.
- Act as the lead professional in undertaking an early help assessment, where necessary.
- Be confident of the processing conditions under relevant data protection legislation, including information which is sensitive and personal, and information that should be treated as special category data.
- Provide a safe environment in which attendees can learn.
- Challenge senior leaders over any safeguarding concerns, where necessary.

4. Inter-agency working

- 4.1 The club contributes to inter-agency working as part of its statutory duty. The club is aware of and will follow the local safeguarding arrangements.
- 4.2 The club will work with CSCS, the police, health services and other services to protect the welfare of its attendees, through the early help process and by contributing to inter-agency plans to provide additional support.
- 4.3 Where a need for early help is identified, the club will allow access for CSCS from the host LA and, where appropriate, a placing LA, for that LA to conduct (or consider whether to conduct) a section 17 or 47 assessment.
- 4.4 The club recognises the importance of proactive information sharing between professionals and local agencies in order to effectively meet attendees' needs and identify any need for early help.
- 4.5 Considering 4.3, staff members are aware that whilst the GDPR and the Data Protection Act 2018 place a duty on clubs to process personal information fairly and lawfully, they also allow for information to be stored and shared for safeguarding purposes – data protection regulations do not act as a barrier to sharing information where failure to do so would result in the attendee being placed at risk of harm.
- 4.6 Staff members will ensure that fear of sharing information does not stand in the way of their responsibility to promote the welfare and safety of attendees.
- 4.7 If staff members are in doubt about sharing information, they will speak to the DSO or deputy DSO.

5. Abuse

- 5.1 All members of staff will be aware that abuse and safeguarding issues are rarely standalone events that can be given a specific label and multiple issues often overlap one another.
- 5.2 All staff members will be aware of the indicators of abuse and the appropriate action to take following an attendee being identified as at potential risk of abuse or neglect.
- 5.3 All members of staff will be aware of the indicators of peer-on-peer abuse, such as those in relation to bullying, gender-based violence, sexual assaults and sexting.
- 5.4 All staff will be aware of the necessary procedures to follow to prevent peer-on-peer abuse, as outlined in [section 40](#) of this policy.
- 5.5 All staff will be aware of the behaviours linked to drug taking, alcohol abuse, truancy and sexting, and will understand that these put attendees in danger.
- 5.6 Staff members will be aware of the effects of an attendee witnessing an incident of abuse, such as witnessing domestic violence at home.

6. What is abuse?

6.1 Abuse may be a single incident or something that occurs over a long period of time. It can take many forms including, but not limited to:

- financial or material abuse
- physical abuse
- mental abuse
- neglect and failures to act
- sexual abuse
- threats of abuse or harm
- controlling or intimidating conduct
- self-neglect
- domestic abuse
- poor practices within an organisation providing care
- modern slavery.

The abuse may come from employees, personal assistants, service users, relatives, neighbours, social workers, providers of support services etc.

7. Maintaining records

7.1 The Company will ensure that all details associated with allegation of abuse are recorded clearly and accurately. The records will be maintained securely in line with the Company's confidential record keeping procedure as detailed in the Data Protection Policy (Employee Handbook and the Privacy Notice).

8. Disciplinary action

8.1 If the investigation reveals that abuse has happened, or is happening, the Company will set up a disciplinary hearing for the employee concerned. Abuse of service users is regarded by the Company as an act of gross misconduct and the allegation could result in summary dismissal, in line with the Company's disciplinary procedure.

8.2 Employees will have the chance to appeal any disciplinary action that is taken against them.

9. Duty of disclosure

9.1 The Company is legally required to send information to the Disclosure and Barring Service or Disclosure Scotland if a decision is taken to dismiss an employee or remove them from working in regulated activity/work.

9.2 The Company may also be required to inform the Disclosure and Barring Service or Disclosure Scotland if the Company suspends an employee, or an employee resigns in suspicious circumstances, as the referral duty criteria may already be met at that stage.

10. Additional support and guidance

10.1 Employees who wish for further information on safeguarding are encouraged to contact their line manager or relevant HR representative. The Company will endeavour to provide up to date support and guidance to all staff when it comes to safeguarding and their duty to protect service users from harm. Relevant supporting material is also readily available online and the Company will look to furnish employees with this where requested.

11. Supervision

11.1 HUCSF recognises the need for regular and effective supervision of its employees to ensure that they feel well supported and motivated in their work; that the Company is delivering

quality services to the people that use its services and that the organisation can function effectively.

11.2 Purpose of Supervision: This is an opportunity to review an employee's work programme, to monitor their progress and to review the direction of their work. Supervision is also an opportunity to identify any gaps in skills and training, with a focus on enhancing professional development. Just as importantly, the employee's successes and achievements in their work can also be identified and celebrated. Supervision is also a place where an employee can be challenged supportively and constructively within mutually agreed and accepted boundaries. Issues relating to the workplace and to working practices can be identified and discussed. Ultimately, supervision is an ideal opportunity to demonstrate that the employee is a valued member of the team at HUCSF and offers them a chance to ensure that their emotional well-being is considered and that their personal development needs are being met. During the session, the employee will be able to 'offload' their concerns and have these discussed in a supportive environment. In summary, the purpose of supervision includes:

11.3

- Review of work programme
- A place to be challenged, supportively and constructively
- Issues related to the workplace are addressed
- A place to identify skills gaps and training needs - professional development
- Employee's experiences are valued
- Working practices are discussed
- Achievements are identified and celebrated
- Work progress is monitored and direction is reviewed
- Emotional well-being/work-life balance and a place for personal development
- Mutually agreed and acceptable boundaries
- A place to offload

11.4 What the employee can expect from supervision: This is an opportunity for the employee to review their current workload with their line manager and discuss future work and agree on targets. The line manager will acknowledge the work that the employee is responsible for and offer praise and constructive feedback where appropriate. Support and guidance can also be offered where necessary. This is also a time when the line manager can challenge the employee appropriately and address actions and anticipated follow-up relating to these. Training needs will also be identified during the meeting and notes will be made by the line manager and copied to the employee which will serve as a record to refer back to at the next supervision. Employees should feel able to raise any issues or concerns, both related to work or personal things unrelated to work. In summary, the employee can expect the following from supervision:

- A place where guidance is received
- To be challenged appropriately by their line manager
- A place to address actions and follow up
- That notes and records of the supervision are made and stored/copied
- An assessment of training needs is made
- Support is offered

- That their supervisor has an understanding of their work and workload
- Acknowledgement and praise is received
- Work is discussed and targets agreed
- A place where personal things (including those that are not work related) can be discussed if the employee so desires
- A place to talk about any concerns and issues

11.5 Frequency of supervision: Frequency and length of supervision is expected to be in line with the following minimums:

Full time and part time employees should receive supervision no less than once every six months for a minimum of 60 minutes.

Any supervisory sessions must be re-booked for as soon as possible after the missed sessions to maintain the minimum regularity set out above.

11.6 **Location of supervision:** Supervision should take place in a private and uninterrupted space during the employees scheduled working day.

11.7 **Recording supervision sessions:** It is the line manager’s responsibility to take notes and ensure that the employee receives a copy and that a copy goes on file. Both the line manager and the employee must agree and sign a final copy of the supervision records, which will then be kept in individual supervision files in a secure place. After six months, supervision notes should be archived and held in the employees HR folder for six years.

11.8 Records will be made in a manner that works for each line manager; however, a summary action sheet will be completed during or immediately after each session. It is important that any agreed actions are given to a named person and that the line manager ensures that actions are reviewed & agreements followed up - with negotiation around timescales & outcomes where necessary - in future sessions.

11.9 Access to supervision sessions: Should the line manager with responsibility for supervision of an employee leave, they are required to provide access - to the person taking over responsibility for that employee’s future supervision - to six months of previous supervision notes.

11.10 Confidentiality: There will be three levels relating to the need to breach confidentiality within supervision as set out below. This explanation is provided so that all employees receiving supervision within their employment at HUCSF are clear about what can and cannot remain confidential:

Issues	Level
<ul style="list-style-type: none"> ▪ If the behavior or activities which bring HUCSF into disrepute ▪ If it is about harm to self and/or others ▪ If it involves illegal activity - depending on currency and severity of activity ▪ If it concerns actions of gross misconduct ▪ If it concerns activities where safeguarding policies apply 	<ul style="list-style-type: none"> ▪ There is a duty as a line manager to report/action via HUCSF’s most senior person responsible for HR & appropriate public authorities - where appropriate.
<ul style="list-style-type: none"> ▪ If it concerns activities that may lead to disciplinary action being taken ▪ If it concerns actions relating to performance or capability 	<ul style="list-style-type: none"> ▪ Items may need to be reported via line management structures to HUCSF’s most senior person responsible for HR.
<ul style="list-style-type: none"> ▪ If the information given by the employee will have significant impact on HUCSF e.g. long term sickness 	<ul style="list-style-type: none"> ▪ Items may need to be reported through the line management structure and to HUCSF’s most senior person responsible for HR.

12. Preventing radicalisation

12.1 For the purpose of this policy, “**radicalisation**” refers to the process by which a person comes to support terrorism and extremist ideologies.

12.2 Protecting children from the risk of radicalisation is part of the club’s wider safeguarding duties.

12.3 The club will actively assess the risk of attendees being drawn into terrorism.

12.4 Staff will be alert to changes in attendees’ behaviour which could indicate that they may be in need of help or protection.

12.5 Staff will use their professional judgement to identify attendees who may be at risk of radicalisation and act appropriately, which may include making a referral to the Channel programme. The club will work with local safeguarding arrangements as appropriate.

12.6 The club will ensure that they engage with parents and families, as they are in a key position to spot signs of radicalisation. In doing so, the club will assist and advise family members who raise concerns and provide information for support mechanisms.

12.7 Any concerns over radicalisation will be discussed with a child’s parents, unless the club has reason to believe that the child would be placed at risk as a result.

12.8 Training

The DSO will undertake Prevent awareness training to be able to provide advice and support to other staff on how to protect children against the risk of radicalisation. The DSO will hold formal training sessions with all members of staff to ensure they are aware of the risk indicators and their duties regarding preventing radicalisation.

12.9 Risk indicators of vulnerable attendees

Indicators of an identity crisis include the following:

- Distancing themselves from their cultural/religious heritage

12.10 Uncomfortable with their place in society Indicators of a personal crisis include the following:

- Family tensions
- A sense of isolation
- Low self-esteem
- Disassociation from existing friendship groups

12.11 Searching for answers to questions about identity, faith and belonging Indicators of vulnerability through personal circumstances includes the following:

- Migration
- Local community tensions
- Events affecting their country or region of origin
- Alienation from UK values

12.12 A sense of grievance triggered by personal experience of racism or discrimination Indicators of vulnerability through unmet aspirations include the following:

- Perceptions of injustice
- Feelings of failure
- Rejection of civic life
- Indicators of vulnerability through criminality:
- Experiences of dealing with the police
- Involvement with criminal groups

12.13 **Making a judgement**

When making a judgement, staff will ask themselves the following questions:

- Does the attendee have access to extremist influences?
- Does the attendee access the internet for the purposes of extremist activities (e.g. using closed network groups, accessing or distributing extremist material, contacting such groups covertly using Skype)?
- Is there a reason to believe that the attendee has been, or is likely to be, involved with extremist organisations?
- Is the attendee known to have possessed, or be actively seeking, extremist literature/other media likely to incite racial or religious hatred?
- Does the attendee sympathise with or support illegal/illicit groups?
- Does the attendee support group with links to extremist activity?
- Has the attendee encountered peer, social, family or faith group rejection?
- Is there evidence of extremist ideological, political or religious influence on the attendee?
- Have international events in areas of conflict and civil unrest had a noticeable impact on the attendee?
- Has there been a significant shift in the attendee's outward appearance that suggests a new social, political or religious influence?
- Has the attendee come into conflict with family over religious beliefs, lifestyle or dress choices?
- Does the attendee vocally support terrorist attacks, either verbally or in their written work?
- Has the attendee witnessed or been the victim of racial or religious hate crimes?
- Is there a pattern of regular or extended travel within the UK?
- Has the attendee travelled for extended periods of time to international locations?
- Has the attendee employed any methods to disguise their identity?
- Does the attendee have experience of poverty, disadvantage, discrimination or social exclusion?
- Does the attendee display a lack of affinity or understanding for others?
- Is the attendee the victim of social isolation?
- Does the attendee demonstrate a simplistic or flawed understanding of religion or politics?
- Is the attendee a foreign national or refugee, or awaiting a decision on their/their family's immigration status?
- Does the attendee have insecure, conflicted or absent family relationships?

- Has the attendee experienced any trauma in their lives, particularly trauma associated with war or sectarian conflict?
- Is there evidence that a significant adult or other person in the attendee's life has extremist views or sympathies?

12.14 Critical indicators include where the attendee is:

- In contact with extremist recruiters.
- Articulating support for extremist causes or leaders.
- Accessing extremist websites.
- Possessing extremist literature.
- Using extremist narratives and a global ideology to explain personal disadvantage.
- Justifying the use of violence to solve societal issues.
- Joining extremist organisations.
- Making significant changes to their appearance and/or behaviour.

12.15 Any member of staff who identifies such concerns, because of observed behaviour or reports of conversations, will report these to the DSO.

12.16 The DSO will consider whether a situation may be so serious that an emergency response is required. In this situation, a 999 call will be made; however, concerns are most likely to require a police investigation as part of the Channel programme, in the first instance.

12.17 **Building resilience**

The club will:

- Allow attendees time to explore sensitive and controversial issues.
- Provide attendees with the knowledge and skills to understand and manage potentially difficult situations, recognise risk, make safe choices and recognise where pressure from others threatens their personal safety and wellbeing.
- Equip attendees to explore political and social issues critically, weigh evidence, debate, and make reasoned arguments.
- Teach attendees about mutual respect and understanding for the diverse national, regional, religious and ethnic identities of the UK.

12.18 **Resources**

The club will utilise the following resources when preventing radicalisation:

- Local safeguarding arrangements
- Local police (contacted via 101 for non-emergencies)
- The DfE's dedicated helpline (020 7340 7264)
- The Channel awareness programme
- The [Educate Against Hate](#) website

13. **Concerns about staff members and safeguarding practices**

13.1 If a staff member has concerns about another member of staff, it will be raised with the Manager.

13.2 If the concern is with regards to the Manager, it will be referred to the board of trustees.

13.3 Any concerns regarding the safeguarding practices at the club will be raised with the Manager,

and the necessary whistleblowing procedures will be followed, as outlined in the Whistleblowing Policy.

13.4 If a staff member feels unable to raise an issue with the Manager, they should access other whistleblowing channels such as the NSPCC whistleblowing helpline (0800 028 0285).

13.5 The use of mobile phones by staff and attendees is closely monitored by the club, in accordance with the Photography Policy.

14. Online safety

14.1 All attendees will be made aware of online risk and taught how to stay safe online. Through training, all staff members will be made aware of the following:

14.2 The use of mobile phones by staff and attendees is closely monitored by the club, in accordance with the Photography Policy.

14.3 The club will ensure that the use of filtering and monitoring systems does not cause “over blocking” which may lead to unreasonable restrictions as to what attendees can be taught regarding online teaching.

15. Mobile phone and camera safety

15.1 Staff members will not use personal mobile phones or cameras when attendees are present.

15.2 Staff may use mobile phones on club premises outside of working hours when no attendees are present.

15.3 Staff may use mobile phones in the staffroom during breaks and non-contact time.

15.4 Mobile phones will be safely stored and in silent mode whilst attendees are present.

15.5 Staff will use their professional judgement in emergency situations.

15.6 Staff may take mobile phones on trips, but they must only be used in emergencies and should not be used when attendees are present.

15.7 Mobile devices will not be used to take images or videos of attendees or staff in any circumstances.

15.8 The sending of inappropriate messages or images from mobile devices is strictly prohibited.

15.9 Staff who do not adhere to this policy will face disciplinary action.

15.10 ICT technicians and the e-safety officer will review and authorise any downloadable apps – no apps or programmes will be downloaded without express permission from an ICT technician or the e-safety officer.

15.11 Photographs and videos of attendees will be carefully planned before any activity with particular regard to consent and adhering to the club’s Data Protection Policy.

15.12 The DPO will oversee the planning of any events where photographs and videos will be taken.

15.13 Where photographs and videos will involve LAC attendees, adopted attendees, or attendees for whom there are security concerns, the Manager will liaise with the DSO to determine the steps involved.

15.14 The DSO will, in known cases of an attendee who is a LAC or who has been adopted, liaise with the attendee’s social worker, carers or adoptive parents to assess the needs and risk associated with the attendee.

15.15 The club will adhere to its Photography Policy at all times.

15.16 Staff will report any concerns about another staff member's use of mobile phones to the DSO, following the procedures outlined in the Child Protection and Safeguarding Policy.

15.17 **Upskirting**

Under the Voyeurism (Offences) Act 2019, it is an offence to operate equipment and to record an image beneath a person's clothing without consent and with the intention of observing, or enabling another person to observe, the victim's genitals or buttocks (whether exposed or covered with underwear), in circumstances where their genitals, buttocks or underwear would not otherwise be visible, for a specified purpose.

15.18 A "specified purpose" is namely:

- Obtaining sexual gratification (either for themselves or for the person they are enabling to view the victim's genitals, buttocks or underwear).
- To humiliate, distress or alarm the victim.

15.19 "Operating equipment" includes enabling, or securing, activation by another person without that person's knowledge, e.g. a motion activated camera.

15.20 Upskirting will not be tolerated by the club.

15.21 Any incidents of upskirting will be reported to the **DSO** who will then decide on the next steps to take, which may include police involvement.

16. Sports clubs and extracurricular activities

16.1 Clubs and extracurricular activities hosted by external bodies, e.g. charities or companies, will work in collaboration with the club to effectively safeguard attendees and adhere to local safeguarding arrangements.

16.2 Paid and volunteer staff running sports clubs and extracurricular activities are aware of their safeguarding responsibilities and promote the welfare of attendees.

16.3 Paid and volunteer staff understand how they should respond to child protection concerns and how to make a referral to CSCS or the police, if necessary.

16.4 All national governing bodies of sport that receive funding from either Sport England or UK Sport, must aim to meet the Standards for Safeguarding and Protecting Children in Sport.

17. Pre-employment checks

17.1 The board of directors will assess the suitability of prospective employees by:

- Verifying the candidate's identity, preferably from the most current photographic ID and proof of address except where, for exceptional reasons, none is available.
- Obtaining a certificate for an enhanced DBS check with barred list information where the person will be engaged in regulated activity.
- Obtaining a separate barred list check if an individual will start work in regulated activity before the DBS certificate is available.
- Verifying the candidate's mental and physical fitness to undertake their working responsibilities, including asking relevant questions about disability and health to establish whether they have the physical and mental capacity for the specific role.
- Checking the person's right to work in the UK. If there is uncertainty about whether an

individual needs permission to work in the UK, the advice set out on the [Gov.UK](https://www.gov.uk) website will be followed.

- If the person has lived or worked outside the UK, making any further checks that the club considers appropriate; this includes checking for any sanctions or restrictions that an EEA professional regulating authority has imposed.
- Checking professional experience.

17.2 An enhanced DBS certificate will be obtained from candidates before or as soon as practicable after appointment. An online update check may be undertaken through the DBS update service if an applicant has subscribed to it and gives their permission.

Existing employees

17.3 Existing employees may be required to provide a satisfactory disclosure check where their work becomes a regulated activity/work or the club requires them to start carrying out regulated activity/work. Existing employees cannot conduct any regulated activity/work until they have undertaken a satisfactory disclosure check.

The disclosure check will be conducted by the Disclosure and Barring Service in England and Wales and Disclosure Scotland in Scotland.

The check will confirm that the employee is suitable to carry out the work and has not been barred from performing this.

If employees are unable to provide a satisfactory disclosure check, or refuse to undertake a disclosure check, the club will consider the options for redeployment into any available job roles that do not involve regulated activity/work.

If existing employees become added to the children and adults barred lists by either disclosure body, the club will consider the options for redeployment into any available job roles that do not involve regulated activity/work. All employees who are added to the barred lists are required to inform their line manager of their inclusion on the list at the earliest opportunity. A failure to do so may be deemed a disciplinary matter to be dealt with under the disciplinary procedure.

In both cases, if this is not possible, the club may need to consider dismissal of the employee on the basis of the statutory ban imposed by the disclosure. The club may be unable to continue to employ the employee in any capacity if the continued association with the employee cannot be maintained, causes reputational damage to the employer or other reasons that harm its position in the marketplace.

ITT candidates

17.4 Where applicants for ITT are salaried by the club, the club will ensure that enhanced DBS checks with barred list information are carried out.

17.5 Written confirmation will be obtained to ensure that an enhanced DBS certificate and barred list check has been carried out for all fee-funded trainees.

Those who have lived or worked outside of the UK

17.6 For those who have lived or worked outside of the UK, additional checks regarding sanctions or restrictions will be conducted, this includes checking for any sanctions or restrictions that an EEA professional regulating authority has imposed.

Barred list check

- 17.7 An enhanced DBS check may be requested for anyone working in club that is not in regulated activity but does not have a barred list check.
- 17.8 If there are concerns about an applicant, an enhanced DBS check with barred list information may be requested, even if they have worked in regulated activity in the three months prior to appointment.
- 17.9 Written information about their previous employment history will be obtained from candidates and the appropriate checks undertaken to ensure information is not contradictory or incomplete.

References

- 17.10 References will be obtained directly from referees and scrutinised, with all concerns satisfactorily resolved prior to confirmation of employment.
- 17.11 References will only be accepted from a senior person and not from a colleague.
- 17.12 References will be sought on all short-listed candidates, including internal ones, before an interview and checked on receipt to ensure that all specific questions were answered satisfactorily.
- 17.13 References will be obtained prior to interviews taking place and discussed during interviews.
- 17.14 Open testimonials will not be considered.
- 17.15 Information about past disciplinary actions or allegations will be considered carefully when assessing an applicant's suitability for a post.
- 17.16 Information sourced directly from a candidate or online source will be carefully vetted to ensure they originate from a credible source.

Volunteers

- 17.17 No volunteer will be left unsupervised with an attendee or allowed to work in regulated activity until the necessary checks have been obtained.
- 17.18 An enhanced DBS certificate with barred list check will be obtained for all new volunteers in regulated activity that will regularly teach or look after children on an unsupervised basis or provide personal care on a one-off basis.
- 17.19 Personal care includes helping a child with eating and drinking for reasons of illness, or care in connection with toileting, washing, bathing and dressing for reasons of age, illness or disability.
- 17.20 A supervised volunteer who regularly teaches or looks after children is not in regulated activity.
- 17.21 The club will obtain an enhanced DBS certificate with barred list check for existing volunteers that provide pastoral care.
- 17.22 Unless there is cause for concern, the club will not request any new DBS certificates with barred list check for existing volunteers that have already been checked.
- 17.23 A risk assessment will be undertaken for volunteers not engaged in regulated activity when deciding whether to seek an enhanced DBS check.

Associate members

- 17.24 Associate members (i.e. individuals that are appointed by the board of directors to serve on

one or more committees) will not be required to obtain enhanced DBS checks.

Contractors

- 17.25 The club will ensure that any contractor or employee of the contractor working on the premises has been subject to the appropriate level of DBS check.
- 17.26 Checks will be conducted to ensure that the contractor presenting themselves for work is the same person on whom the checks have been made.
- 17.27 Contractors without a DBS check will be supervised if they will have contact with children. The identity of the contractor will be checked upon their arrival at the club.

Data retention

- 17.28 DBS certificates will be securely destroyed as soon as practicable, but not retained for longer than six months from receipt.
- 17.29 A copy of the other documents used to verify the successful candidate's identity, right to work and required qualifications will be kept for the personnel file. The personnel file will be held for the duration of the employee's employment plus six years.

Referral to the DBS

- 17.30 The club will refer to the DBS anyone who has harmed a child or poses a risk of harm to a child, or if there is reason to believe the member of staff has committed an offence and has been removed from working in regulated activity. The duty will also apply in circumstances where an individual is deployed to another area of work that is not in regulated activity or they are suspended.

Ongoing suitability

- 17.31 Following appointment, consideration will be given to staff and volunteers' ongoing suitability – to prevent the opportunity for harm to children or placing children at risk.

18. Single central record (SCR)

- 18.1 The club keeps an SCR which records all staff, including supply staff and trainees on salaried routes, who work at the club.
- 18.2 The following information is recorded on the SCR:
 - An identity check
 - A barred list check
 - An enhanced DBS check
 - A prohibition from teaching check
 - A check of professional qualifications
 - A check to determine the individual's right to work in the UK
 - Additional checks for those who have lived or worked outside of the UK
- 18.3 For agency and third-party supply staff, the club will also record whether written confirmation from the employment business supplying the member of staff has been received which indicates that all the necessary checks have been conducted and the date that confirmation was received.
- 18.4 If any checks have been conducted for volunteers, this will also be recorded on the SCR.
- 18.5 If risk assessments are conducted to assess whether a volunteer should be subject to an enhanced DBS check, the risk assessment will be recorded.

19. Staff suitability

- 19.1 All centres providing care for attendees under the age of eight must ensure that staff and volunteers working in these settings are not disqualified from doing so under the Childcare (Disqualification) and Childcare (Early Years Provision Free of Charge) (Extended Entitlement) (Amendment) Regulations 2018.
- 19.2 A person may be disqualified if they:
- Have certain orders or other restrictions placed upon them.
 - Have committed certain offences.
- 19.3 All staff members are required to sign the [declaration form](#) provided in the appendices of this policy confirming that they are not disqualified from working in the environment.

20. Training

- 20.1 Staff members will undergo safeguarding and child protection training at induction, which will be regularly updated on a **termly** basis or whenever there is a change in legislation.
- 20.2 The induction training will cover:
- The Staff Code of Conduct
 - The identity of the DSO and any deputies
 - The role of the DSO and deputy DSOs
- 20.3 All staff members will also receive regular safeguarding and child protection updates as required, but at least annually.
- 20.4 Training will cover, at a minimum:
- The issues surrounding sexual violence and sexual harassment.
 - Contextual safeguarding.
 - How to keep previously LAC safe.
 - Child criminal exploitation and the need to refer cases to the National Referral Mechanism.
- 20.5 Staff will receive opportunities to contribute towards and inform the safeguarding arrangements in the club.
- 20.6 The DSO and deputy DSO will undergo updated child protection training every two years, as well as additional training to refresh their skills and knowledge at regular intervals (at least annually) to allow them to keep up-to-date with any developments relevant to their role.
- 20.7 The DSO and deputy DSO will also undergo **biennial** Prevent awareness training which will enable them to understand and support the club with regards to the Prevent duty and equip them with the knowledge needed to advise staff.
- 20.8 The DSO and their deputy(s) will undergo online safety training to help them recognise the additional risk that attendees with SEND face online, for example, from online bullying, grooming and radicalisation, to ensure they have the capability to support attendees with SEND to stay safe online
- 20.9 Online training will also be conducted for all staff members as part of the overall safeguarding approach.

21. Low level concerns policy

Legal framework

21.1 This policy has due regard to all relevant legislation and statutory guidance including, but not limited to, the following:

- UK General Data Protection Regulation (UK GDPR)
- Data Protection Act 2018
- DfE (2022) 'Keeping children safe in education 2022'
- DfE (2018) 'Working Together to Safeguard Children'

21.2 This policy operates in conjunction with the following Foundation policies:

- Child Protection and Safeguarding Policy
- Inappropriate Relationships with Pupils Policy
- Staff Code of Conduct
- Physical Intervention Policy
- Allegations of Abuse Against Staff Policy
- Whistleblowing Policy
- Data Protection Policy

Definitions

21.3 For the purposes of this policy, a low-level concern is defined as any concern had about an adult's behaviour towards, or concerning, a child that does not meet the harms threshold (see below), or is otherwise not serious enough to consider a referral at the time of its reporting.

21.4 Low-level concerns refer to behaviour on the part of a staff member towards pupils that is considered inappropriate in line with statutory safeguarding advice, the Staff Code of Conduct, and the '[Appropriate and inappropriate behaviour](#)' subsection of this policy.

21.5 Low-level concerns are differentiated from concerns that can cause harm. The harms threshold is the point at which a concern is no longer low-level and constitutes a threat of harm to a child. This threshold is defined as accusations that an adult has:

- Behaved in a way that has harmed a child or may have harmed a child.
- Possibly committed a criminal offence against, or related to, a child.
- Behaved towards a child in a way that indicates they may pose a risk of harm to children.
- Behaved in a way that indicates they may not be suitable to work with children, including behaviour that has happened outside of the Foundation.

21.6 While low-level concerns are, by their nature, less serious than concerns which meet the harms threshold, the Foundation understands that many serious safeguarding concerns often begin with low-level concerns, e.g. being overly friendly with children. The Foundation will ensure that all staff are aware of the importance of recognising concerns before they have an opportunity to escalate from low-level to serious.

Roles and responsibilities

21.7 The Trust Board is responsible for:

- Ensuring that the Foundation complies with its duties under child protection and safeguarding legislation.

- Ensuring that policies, procedures, and training opportunities with regard to reporting safeguarding concerns are compliant and effective.
- Guaranteeing that there is an effective Staff Code of Conduct that outlines behavioural expectations.
- Ensuring that a suitably trained DSL has been appointed, alongside deputy DSLs where appropriate.
- Ensuring that there are robust reporting arrangements, including inter-agency collaboration.
- Ensuring that there are appropriate procedures in place to handle allegations and low-level concerns reported against members of staff.

21.8 The Manager is responsible for:

- Being a point of contact for all staff when they have safeguarding concerns, whether serious or low-level.
- Assessing whether safeguarding concerns about staff members meet the threshold for being termed an allegation, or whether they are low-level concerns.
- Implementing this policy, and all related policies, throughout the Foundation, and ensuring that staff adhere to it at all times.
- Safeguarding pupils' wellbeing and maintaining public trust in the teaching profession.
- Ensuring that all staff have undertaken safeguarding training.
- Ensuring that all staff have an ongoing awareness of low-level concerns and reporting procedures.

The DSL is responsible for:

- Being a point of contact for all staff when they have safeguarding concerns, whether serious or low-level.
- Assessing whether safeguarding concerns about staff members meet the threshold for being termed an allegation, or whether they are low-level concerns.
- Following all procedures outlined in this policy for acting upon low-level concerns.
- Liaising with the Manager, staff members, the Trust Board and all relevant agencies to act upon concerns, where necessary.
- Keeping detailed, accurate and secure records of all low-level concerns and any actions taken.

21.9 Staff are responsible for:

- Adhering to all the relevant policies and procedures, including acting within the Staff Code of Conduct at all times.
- Interacting with pupils in a way that is respectful and appropriate for their level of authority and has due regard to the power imbalance between pupils and staff members.
- Understanding the importance of reporting low-level safeguarding concerns.
- Reporting any and all safeguarding concerns they may have about pupils immediately.
- Reporting any and all safeguarding concerns they may have about the behaviour of a

member of staff immediately.

Prevention amongst staff

Appropriate and inappropriate behaviour

- 21.10 The Foundation will ensure that all staff members are aware of the standards of appropriate behaviour expected towards pupils.
- 21.11 Staff will ensure that they pay due regard to the fact that:
- They are in a unique position of trust, care, responsibility, authority, and influence in relation to pupils.
 - There is a significant power imbalance in the pupil-staff dynamic.
 - There are more stringent expectations on their behaviour with regard to pupils due to their position as a public professional.
- 21.12 Staff will remain aware of the fact that all pupils under the age of 18, regardless of the phase and year group they are at within the Foundation, are children by law – resultantly, staff will ensure that they do not assume maturity on behalf of a pupil and do not engage with pupils as they would with their own peers. Staff will be aware that where there is any doubt regarding whether the behaviour of another adult is appropriate, this should be reported to the DSL, Manager or other nominated person immediately.
- 21.13 Inappropriate behaviour can exist on a wide spectrum, from inadvertent or thoughtless behaviour to behaviour which is ultimately intended to enable abuse. Examples of inappropriate behaviour that would constitute a low-level concern that should be reported to the DSL include, but are not limited to:
- Being overly friendly with children – this could include, but is not limited to, communicating with a child through personal social media or allowing inappropriate conversations or enquiries to occur with pupils, e.g. conversations that are about a staff member’s personal life or are of a sexual nature.
 - Having favourites – this could include, but is not limited to, calling pupils by pet names or terms of endearment or buying pupils gifts.
 - Taking photographs of children on their personal mobile phones or devices.
 - Engaging with a child on a one-to-one basis in a secluded area or behind a closed door.
 - Humiliating pupils.
- 21.14 Staff will be aware that some of the above low-level concerns may meet the harms threshold depending on certain factors, e.g. the age or needs of the child or the content of exchanged messages, and that some of the above incidents may not be concerns in context, e.g. a pre-approved, one-to-one meeting with a child behind a closed door between the child and a Foundation counsellor who has received all appropriate safety checks.
- 21.15 Staff will also be made aware that behaviour which raises concerns may not be intentionally inappropriate, and that this does not negate the need to report the behaviour. Staff members who engage in low-level inappropriate behaviour in relation to pupils inadvertently will be made aware and supported to correct this behaviour in line with the Staff Code of Conduct. The Manager will also evaluate whether additional training would be beneficial for any staff members exhibiting concerning behaviour, or the staff cohort as a whole where low-level concerning behaviour is seen more widely.

Foundation culture

- 21.16 The Foundation understands that spotting the early signs of harmful behaviour towards children can be difficult, and that many will be hesitant to report concerns they have about their colleagues' behaviour, particularly the behaviour of their superiors. Staff are encouraged to maintain an attitude that recognises that abuse can happen anywhere, in any setting, and that anyone can be a perpetrator regardless of their age, sex, level of authority, personality, etc.
- 21.17 The Foundation will ensure that all staff members have received training as part of their induction that outlines appropriate behaviour towards pupils for staff members. All staff will read, understand, and adhere to the Appropriate and inappropriate behaviour subsection of this policy, as well as the Staff Code of Conduct and the Inappropriate Relationships with Pupils Policy.
- 21.18 Staff will address any questions they have regarding safeguarding to the DSL. The Foundation will work to foster an environment where personal and professional boundaries are clearly set and respected for all individuals in the Foundation community, e.g. pupils are not treated as friends and an appropriate professional distance is maintained by staff.
- 21.19 The Foundation will ensure that all staff are sufficiently trained surrounding the reporting of safeguarding concerns as part of their induction, and that refresher training is conducted as necessary. The Foundation will ensure that all staff understand how to recognise and report safeguarding concerns. Staff will be trained to identify inappropriate, concerning, or problematic behaviour towards pupils that may indicate a safeguarding concern, and how to identify signs of abuse or harm in pupils.

Evaluating Foundation culture following concerns

- 21.20 The Foundation will ensure that appropriate consideration is given to the Foundation's culture and whether or not it has enabled the inappropriate behaviour to occur. The Manager will review whether any changes need to be made to relevant policies or training programmes in light of any evaluations of the Foundation's culture, in order to achieve an open and transparent culture that deals with all concerns promptly and appropriately.

Reporting concerns

- 21.21 The Foundation will promote a culture in which safeguarding pupils is the uppermost priority, beyond any perceived professional loyalties to colleagues, ensuring that staff are actively encouraged to report concerns, regardless of their relationship with the staff member.
- 21.22 Staff will report all safeguarding concerns they have to the Manager, DSL, or other nominated person (such as a safeguarding champion) immediately in line with the procedures laid out in the Child Protection and Safeguarding Policy. Staff members will report concerns without undue delay. Where the report concerns a specific incident, staff members will report their concerns no later than 24 hours after the incident where possible. Staff members will be aware that concerns are still worth reporting even if they do not seem serious.
- 21.23 Staff members will report their concerns to the Manager or deputy Manager verbally, or by submitting a [Low-level Concern Reporting Form](#). When submitting concerns, staff will take care to ensure that they observe the Confidentiality Policy and the Allegations of Abuse Against Staff Policy, and protect the identity of all individuals to which the concern pertains as far as possible.
- 21.24 Staff members may request anonymity when reporting a concern, and the Foundation will endeavour to respect this as far as possible. The Foundation will not, however, promise anonymity to staff members who report concerns in case the situation arises where they must be named, e.g. where it is necessary for a fair disciplinary hearing. In line with the

Whistleblowing Policy, staff will be protected from potential repercussions caused by reporting a genuine concern.

- 21.25 Where a low-level concern relates to the Manager, it should be reported to the Chair of Trustees.
- 21.26 Where a low-level concern relates to a person employed by a supply agency or a contractor to work in the Foundation, staff will also be required to report this to the Manager, who will, in turn, inform the employer of the subject of the concern.
- 21.27 All concerns reported to the Manager will be documented in line with the Records Management Policy.

Self-reporting

- 21.28 On occasion, a member of staff may feel as though they have acted in a way that:
- Could be misinterpreted.
 - Could appear compromising to others.
 - They realise, upon reflection, falls below the standards set out in the Staff Code of Conduct or violates the Inappropriate Relationships with Pupils Policy.
- 21.29 The Foundation will ensure that an environment is maintained that encourages staff members to self-report if they feel as though they have acted inappropriately or in a way that could be construed as inappropriate upon reflection. The Manager and DSL will, to the best of their abilities, maintain a culture of approachability for staff members, and will be understanding and sensitive towards those who self-report.
- 21.30 Staff members who self-report will not be treated more favourably during any resulting investigations than staff members who were reported by someone else; however, their self-awareness and intentions will be taken into consideration.

Evaluating concerns

- 21.31 Where the Manager is notified of a safeguarding concern, they will use their professional judgement to determine if the concern is low-level or if it must be immediately escalated, e.g. where a child is at immediate risk of harm. When deciding if a concern is low-level, the Manager will discuss the concern with the DSL and the deputy Manager, and will seek advice from the LADO where there is any doubt about whether the concern in fact meets the harm threshold. When seeking external advice, the Manager will ensure they adhere to the Data Protection Policy, and the information sharing principles outlined in the Child Protection and Safeguarding Policy, at all times.
- 21.32 To evaluate a concern, the Manager and DSL will:
- Speak to the individual who raised the concern to determine the facts and obtain any relevant additional information.
 - Review the information and determine whether the behaviour displayed by the individual about whom the concern was reported is consistent with the Staff Code of Conduct and the law.
 - Determine whether the concern, when considered alongside any other low-level concerns previously made about the same individual, should be reclassified as an allegation and dealt with alongside the Allegations of Abuse Against Staff Policy.
 - Consult with, and seek advice from, external agencies when in doubt over the course of action to follow.

- Speak to the individual about whom the concern has been raised to inform them of the concern and to give them an opportunity to respond to it.
- Ensure that accurate and detailed records are kept of all internal and external conversations regarding evaluating the concern, and any actions or decisions taken.

Acting on concerns

Where the concern is unfounded

- 21.33 If it is discovered upon evaluation that the low-level concern refers to behaviour that was not considered to be in breach of the Staff Code of Conduct, the Inappropriate Relationships with Pupils Policy and the law, the Manager will speak to the individual about whom the concern was made to discuss their behaviour, why and how the behaviour may have been misconstrued, and what they can do to avoid such misunderstandings in the future. The Manager will also speak to the individual who shared the concern, outlining why the behaviour reported is consistent with Foundation standards and the law. The Manager will take care to ensure that conversations with individuals who reported concerns that transpired to be unfounded do not deter that individual from reporting concerns in the future.
- 21.34 The Manager will discuss the concern with the DSL (and if they have been involved, the LADO) to discern whether the behaviour, and the reporting of this behaviour, is indicative of ambiguity in the Foundation's policies or procedures, or the training it offers to staff. Where such ambiguity is found, the DSL and Manager will work together to resolve this with input from other staff members, as necessary.

Where the concern is low-level

- 21.35 Where the Manager determines that a concern is low-level, the Foundation will respond to this in a sensitive and proportionate manner. The following procedure will be followed:
- The DSL holds a meeting with the individual about whom the concern was reported, during which they will:
 - Talk to the individual in a non-accusatory and sympathetic manner.
 - Inform them of how their behaviour was perceived by the individual who reported the concern (without naming them, where possible).
 - Clearly state what about their behaviour was inappropriate and problematic.
 - Discuss the reasons for the behaviour with the individual.
 - Inform the individual clearly what about their behaviour needs to change.
 - Discuss any support that the individual may require in order to achieve the proper standards of behaviour.
 - Allow the individual the opportunity to respond to the concern in their own words.
- 21.36 The DSL asks the individual to re-read the Staff Code of Conduct and/or the Inappropriate Relationships with Pupils Policy, depending on the nature of the concern.
- 21.37 The DSL and the Manager will consider whether the individual should receive guidance, supervision or any further training.
- 21.38 Where considered appropriate in the circumstances, the Manager will develop an action plan, with input from the individual, that outlines ongoing and transparent monitoring of the individual's behaviour and any other support measures implemented to ensure the staff member's behaviour improves.

- 21.39 Where it is necessary to undergo an investigation into the behaviour, this will be done discreetly, and information will only be disclosed to individuals on a need-to-know basis.
- 21.40 Where any pupil or other individual has been made to feel uncomfortable by the individual's behaviour, they will be offered pastoral support, where appropriate.
- 21.41 The Manager will ensure that all details of the low-level concern, including any resultant actions taken, are recorded and securely stored in line with the Records Management Policy and the Data Protection Policy. The Manager will ensure that these records are kept organised and up-to-date, and that it is easy to refer back to them if any other concerns are reported about the same individual.
- 21.42 The specific approach to handling low-level concerns will be adapted on a case-by-case basis. It is unlikely that a low-level concern will result in disciplinary procedures; however, individuals may be given warnings in line with the Disciplinary Policy and Procedure where behaviour does not improve once it is brought to their attention. Where behaviour does not improve over a longer period of time, the concerns will be escalated and dealt with in line with the Allegations of Abuse Against Staff Policy.

Where the concern is serious

- 21.43 The Manager may decide upon evaluation that a concern is more serious than the reporter originally thought, e.g. when viewed in conjunction with other evidence or other concerns made about the same individual. Where this decision is made, the concern will be escalated, and dealt with as an allegation. The Manager will then follow the procedures laid out in the Allegations of Abuse Against Staff Policy.

Record keeping

- 21.44 The Foundation will retain all records of low-level concerns, including those that were found to be unfounded. The Manager will ensure that all records include the most accurate and up-to-date information and will store them in the electronic low-level concerns file. The Manager will ensure that all low-level concerns are stored together, in an organised and consistent manner, to ensure they can be easily reviewed and analysed where necessary.

Records will include:

- A clear and comprehensive summary of the concern.
 - The context in which the concern arose.
 - Details of how the concern was followed up and resolved.
 - A note of any action taken, decisions reached, and the outcome.
 - The name of the individual sharing concerns – if the individual wishes to remain anonymous, this will be respected as far as reasonably possible.
- 21.45 The DSL will periodically review the recent low-level concerns made to ensure that they are being appropriately dealt with and to check for any concerning behaviour patterns amongst the staff cohort as a whole. The DSL will keep records of these reviews.
- 21.46 Where any concerning patterns of behaviour have been identified with regard to a member of staff, the DSL will consult with the Manager to decide on a course of action. Where a pattern of behaviour has become so concerning that it meets the harms threshold, this will be referred to the LADO as soon as practicable. It should be considered whether there are any wider cultural issues within the Foundation that enabled the behaviour to occur and where appropriate policies, including this one, could be revised, or extra training provided to staff to decrease the risk of it happening again.

- 21.47 Records of low-level concerns will not be kept in the personnel file of the individuals to whom the concerns pertain, unless there have been multiple low-level concerns made about the same individual. Where a concern is thought to be serious and is processed as an allegation, records of this will be kept in staff personnel files. Where multiple low-level concerns have been made about the same individual, these will be kept together, and in chronological order.
- 21.48 Where an allegation is made about an individual who has previously been subject to such allegations, or where a low-level concern is reclassified as a serious concern after meeting the harms threshold, all records of low-level concerns about that individual will be moved to the staff personnel file and kept alongside records of the allegation.
- 21.49 The DSL will ensure that all records are kept in a manner that is consistent with the Data Protection Policy. Records will be confidential, kept password-protected, and securely destroyed after the staff member to whom the concerns pertain has left the Foundation.
- 21.50 The Foundation will only refer to concerns about a staff member in employment references where they have amounted to a substantiated safeguarding allegation, i.e. it has met the harms threshold and has been found to have basis through investigation, or where it is not exclusively a safeguarding issue and forms part of an issue that would normally be included in a reference, e.g. misconduct or poor performance. Low-level safeguarding concerns will not be included in a reference, unless they have comprised a pattern of behaviour that has met the harms threshold.

Monitoring and review

- 21.51 This policy will be reviewed **annually** by the Manager and DSL, and in response to any new safeguarding requirements or concerns surrounding the wider cultural issues in the Foundation. The next scheduled review for this policy is **date**.

22. Adult at risk and Safeguarding

Recognising the Signs and Suspicions of Abuse in Adults at risk

- 23.1 The following procedure applies to any paid member of staff or volunteer who may be concerned about the safety and protection of an Adult at risk.
- 23.2 Purpose and aim of procedure: We aim to ensure that adults who may at risk and who attend and/or participate in activities or events organised by HUCSF, and any other Adult at risk who may come to the attention of HUCSF, receive the protection and support they need if they are at risk of abuse or radicalisation. HUCSF believes that every person is entitled to have their civil and human rights upheld and to live a life free from abuse and neglect. Being able to respond appropriately to signs or suspicions of abuse of an adults at risk requires an understanding of what vulnerability and abuse is.
- 23.3 Understanding what can contribute to vulnerability in adulthood: An adult may be vulnerable to abuse because they have a mental health problem, a disability, a sensory impairment, is old or frail, has some form of illness or because of their living circumstances - for example, living alone, or in isolation, or in a residential care home, nursing home or other institutional setting. Staff and volunteers of HUCSF need to be aware of circumstances that may leave an adult vulnerable to abuse and be able to recognise the possible signs of abuse. They should be alert to the demeanour and behaviour of adults at risk - as well as those around them - and changes that may indicate that something is wrong.
- 23.4 Abuse can be either deliberate or the result of ignorance, or lack of training, knowledge or understanding. Often if a person is being abused in one way, they are also being abused in

other ways. Abuse can take many forms including the following:

- 23.5 Sexual abuse: This includes indecent exposure, sexual harassment, inappropriate looking or touching, as well as rape. Sexual teasing or innuendo, sexual photography, subjection to pornography, witnessing sexual acts, and sexual acts that an individual did not agree to or were pressured into consenting to all count as sexual abuse. Possible indicators of sexual abuse may include:

Unexpected or unexplained change in behaviour	A preoccupation with anything sexual
Torn, stained or bloody underwear	Soreness around the genitals
Sexually transmitted diseases	Indecent Assault
Loss of sleep	Pregnancy
Bruising	Rape

- 23.6 Sexual exploitation is a subset of sexual abuse. It involves exploitative situations and relationships where people receive 'something' (e.g. accommodation, alcohol, affection, money) as a result of them performing, or others performing on them, sexual activities.

- 23.7 Physical abuse: This can include being assaulted, hit, slapped, pushed, restrained, being denied food or water, or not being helped to go to the bathroom when the person needs to go. It can also include misuse of an individual's medication. Possible indicators of physical abuse may include:

Assault (can be intentional or reckless)	Unexplained weight loss
Multiple bruising	Depression
Fractures	Bed sores
Burns	Fear

- 23.8 Discriminatory abuse: This includes some forms of harassment, slurs or similar unfair treatment relating to race, gender and gender identity, age, disability, sexual orientation, or religion. Possible indicators of discriminatory abuse may include:

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

23.9 Psychological and emotional abuse: This includes someone emotionally abusing an individual or threatening to hurt or abandon them, stopping them from seeing people, and humiliating, blaming, controlling, intimidating or harassing them. It also includes verbal abuse, cyber bullying and isolation, or an unreasonable and unjustified withdrawal of services or support networks. Possible indicators of psychological and emotional abuse may include:

Deprivation of liberty (false imprisonment)	Unexpected or unexplained change in behaviour
Aggressive shouting causing fear of violence	Loss of sleep
Depression	Confusion
Fear	

23.10 If aggressive shouting (which causes fear) is carried out in a public place it may be an offence against Public Order Act 1986, or harassment under the Protection from Harassment Act 1997.

23.11 Financial and material abuse: This could be someone stealing money or other valuables from an individual, or it might be someone who is appointed to look after a person's money on their behalf using the money inappropriately or coercing them into spending it in a way they are not happy with. Internet scams and doorstep crime are also common forms of financial abuse. Possible indicators of financial and material abuse may include:

Unexplained withdrawals from the bank	Unusual activity in the bank accounts
Unexplained shortage of money	Unpaid bills
Fraud	Theft
Reluctance on the part of the person with responsibility for the funds to provide basic food & clothes	

23.12 Domestic abuse: This is typically an incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse by someone who is, or has been, an intimate partner or family member - regardless of gender or sexuality. Domestic abuse also includes psychological, physical, sexual, financial, & emotional abuse. In addition, female genital mutilation (FGM), forced marriage, as well as so called 'honour-based violence' are all classed as domestic abuse. Possible indicators of domestic abuse may include:

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

- 23.13 The age range for domestic abuse has been extended down to 16 and if domestic abuse was a concern in an individual then HUCSF's safeguarding children arrangements would be followed.
- 23.14 Please note that there is no requirement for automatic referral of adult women with FGM to adult social services or the police. Referral to the police must not be introduced as an automatic response when identifying adult women with FGM, and each case must be individually assessed. Adult women with FGM be supported by offering referral to community
- 23.15 groups who can provide support, and clinical intervention or other services as appropriate, for example through an NHS FGM clinic. The wishes of the woman must be respected at all times. If the woman is pregnant, the welfare of the unborn child or others in her extended family must be considered at this point, as these children are potentially at risk and safeguarding action must be taken accordingly.
- 23.16 Institutional abuse, neglect &/or poor practice: This may take the form of isolated incidents of poor or unsatisfactory professional practice at one end of the spectrum, through to persuasive ill treatment or gross misconduct. Possible indicators of institutional abuse, neglect &/or poor practice may include:

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

- 23.17 Self-Neglect: This particular area has now been recognised within The Care Act 2014 as part of the safeguarding framework and includes various behaviours such as a disregarding of personal hygiene, health or surroundings which results in a risk of impacting on the individual's wellbeing. Self-neglect could include such behaviours as hoarding. Possible indicators of self-neglect may include:

Living in squalid or unsanitary conditions	Non-compliance with health or care services
Lack of essential food, clothing or shelter	Neglecting household maintenance
Malnutrition and/or dehydration	Very poor personal hygiene

Unkempt appearance	Hoarding
Inability or unwillingness to take medication or treat illness or injury	
Collecting a large number of animals in inappropriate conditions	

23.18 Neglect and acts of omission: Neglect is also a form of abuse. Neglect includes not being provided with enough food or the right kind of food, or not being taken proper care of. Leaving an individual without help to wash or change dirty or wet clothes, not getting them to a doctor when they need one, or not making sure the person has the right medicines all count as neglect. Possible indicators of neglect and acts of omission may include:

Untreated medical problems	Over-sedation
Malnutrition	Bed sores
Deprivation of meals - can be "wilful neglect"	Confusion

23.19 Modern slavery: Modern Slavery is an international crime, it can include victims that have been brought from overseas, and vulnerable people in the UK. Slave Masters and Traffickers will deceive, coerce and force adults into a life of abuse, callous treatment and slavery. Possible indicators of modern slavery may include:

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

23.20 Despite the types of abuse and indicators listed above, staff and volunteers of HUCSF should also remember that any adult with care and support needs - such as older people or people with disabilities - are more likely to be abused or neglected. They may be seen as an easy target and may be less likely to identify abuse themselves or to report it. People with communication difficulties can be particularly at risk because they may not be able to alert others. Sometimes people may not even be aware that they are being abused, and this is especially likely if they have a cognitive impairment. Abusers may try to prevent access to the person they abuse.

23.21 Evidence of any one of the indicators identified above should not be taken on its own as proof that abuse is occurring. However, it should HUCSF’s staff and volunteers to make further enquiries and to consider other associated factors. The lists of possible indicators and examples of behaviour provided above are not exhaustive and individuals may be subject to a number of abuse types at the same time.

23.22 Understanding where might abuse occur: Abuse can happen anywhere and it is important to realise that it’s not specific to any one type of place or setting:

In someone’s own home	At a carer’s home
At work or in educational settings	In public places
Within day care, residential care, nursing care or other institutional settings	
In rented accommodation or commercial premises	

23.23 Understanding who can be abuse: An abuser can be anyone who has contact with the vulnerable person. This means that abusers can be a partner, spouse, child, relative, friend, informal carer, a healthcare, social care or other worker, a peer or – but less commonly - a stranger. On the following page, further detail is provided about each of the core areas mentioned about who can be abusers:

Domestic/familial abuse: This is where the abuse of an adult at risk comes from a family member such as a partner, son, daughter and/or sibling.

Professional abuse: This is defined as the misuse of power and abuse of trust by professionals, the failure of professionals to act on suspected abuse/crimes, poor care practice or neglect in services, resource shortfalls or service pressures that lead to service failure and culpability as a result of poor management systems.

Peer abuse: This would occur when there is abuse of one adult at risk by another adult at risk within a care setting. It can occur in group or communal settings, such as day care centres, clubs, residential care homes, nursing homes or other institutional settings.

Stranger abuse: An adult at risk may be abused by someone who they do not know, such as a stranger, a member of the public or a person who deliberately targets vulnerable people.

23. Procedure for Responding to, Recording and Reporting Actual or Suspected Adult Abuse

24.1 When there are concerns or a disclosure and/or allegations are made in relation to adult abuse, people will often feel anxious about passing on the information to anyone else. It is not unusual for a concerned individual to ask themselves: “What if I’m wrong?” This thought can hold back the person from taking action. Therefore, it is important for staff and volunteers of HUCSF to know that they are not responsible for deciding whether or not abuse has occurred; and neither are staff and volunteers responsible for conducting an investigation - as this is the role of the appropriate authorities. However, staff and volunteers do need to pass on any concerns they have through HUCSF’s reporting procedures.

24.2 Most importantly, this responding, recording and reporting procedure is in place to ensure

that HUCSF's staff or volunteers do not attempt to deal with the situation alone.

24.3 Methods that adults at risk may use to alert another to signs of abuse or neglect: There are a variety of ways that staff or volunteers of HUCSF could be alerted to the fact that an adult at risk is suffering harm. Some of these ways are listed below:

- An adult at risk may self-disclose
- Someone else may raise their concerns or something may happen that causes concern
- An adult at risk may show some signs of physical injury for which there does not appear to be a satisfactory or credible explanation
- An adult at risk's demeanour and/or behaviour may lead suspicions of abuse or neglect
- The behaviour of a person close to the adult at risk may make others feel uncomfortable - which can include another staff member, volunteer, peer or family member
- Through general good neighbourliness and social guardianship
- Being alert to potential abuse plays a major role in ensuring that adults at risk are safeguarded and it is important that all concerns about possible abuse are reported.

24.4 Steps to take if an adult at risk discloses abuse: In cases where an adult at risk discloses abuse to a staff member or volunteer of HUCSF, it is important that the individual knows how to react appropriately and in accordance with the guidelines provided in this handbook. Important things to remember to do include:

- Do stay calm
- Do listen and hear
- Do express concern and sympathy about what has happened
- Do reassure the person by telling them that they have done the right thing in speaking up
- Do let the person know that the information will be taken seriously and give them information about what will happen next
- If urgent medical and/or police help is required always call the emergency services
- Do ensure the safety of the person
- Do be aware that medical and forensic evidence might be needed
- Do let the person know that they will be kept involved at every stage
- Do record in writing using HUCSF's Adults at risk Abuse Report Form, ensuring that it is dated and signed where indicated and report directly - and without any delay - to HUCSF's Designated Safeguarding Officer or Deputy Designated Safeguarding Officer who are HUCSF's Nominated Managers in matters of adult safeguarding
- Do act without delay
- Important things to remember not to do include:
 - Do not stop someone disclosing
 - Do not promise to keep secrets
 - Do not press the person for more details or make them repeat the story
 - Do not gossip about the disclosure or pass on the information to anyone who does not have a legitimate need to know
 - Do not contact the alleged abuser
 - Do not attempt to investigate yourself
 - Do not leave details of your concerns on a voicemail or by email

- Do not delay
- 24.5 Checking out: Staff and volunteers should be aware that there may need to be some initial 'checking out' with the adult at risk who has disclosed information to them in order to ensure the adult at risk's safety;
- e.g. if a staff member or volunteer notices a bruise on an adult at risk's arm, it would be appropriate to ask, "I see you have a bruise on your arm. How did that happen?" However, HUCSF's staff and volunteers should be careful not to start investigating - as there is a clear distinction between 'checking out' and an investigation. For the avoidance of doubt, HUCSF's staff and volunteers should not begin to investigate alleged or suspected abuse by asking questions that relate to the detail, or circumstances of the alleged abuse, beyond initial listening, expressing concern and checking out.
- 24.6 Reporting and recording: Whilst HUCSF accepts that there will be emergency situations where it will be appropriate for the staff member or volunteer to contact the police and/or emergency services immediately, in general - whatever the circumstances of the concern, disclosure, allegation or suspicion - it is vital that the staff member or volunteer records the details and reports to their Line Manager or HUCSF's Nominated Manager without delay. Whenever there are concerns, disclosures, allegations and/or suspicions a record must always be made using the Adults at risk Abuse Report Form - a copy of which is provided in the appendix section of this handbook. In circumstances where a staff member or volunteer reports to a Line Manager, then the Line Manager will be accountable for reporting to HUCSF's Nominated Manager immediately.
- 24.7 Using the pro-forma provide in the appendix section of this handbook, an accurate record should be made of the date and time that the member of staff or volunteer became aware of the concerns, the parties who were involved, and any action taken e.g. if first aid was administered. Any questions that staff or volunteers asked in checking out the concerns must be recorded using exactly the words used. Above all, the record made should be clear and factual as this information will be invaluable to professionals investigating the incident - and may at some time in the future be used as evidence in court. Once this form has been completed HUCSF's Nominated Officer will ensure that the information (whether electronic or paper-based) will kept securely and will only be shared with those who need to know about the concerns, disclosures, allegations or suspicions of abuse.
- 24.8 Staff and volunteers are asked to make a personal record of the fact that they made a report, with the date and to whom the report was made.
- 24.9 Confidentiality: HUCSF will ensure that all information relating to an adult at risk - or any concerns about an adult at risk - will always be kept confidential and shared on a 'need to know' basis only. HUCSF's staff and volunteers must never discuss information relating to a concern, disclosure or allegation or suspicion - either inside or outside the organisation - other than with those that need to know such as their Line Manager or HUCSF's Nominated Manager. HUCSF's Data Protection policies and principles will underpin the maintenance of all records, which includes records of abuse or suspected abuse in relation to adults at risk. When HUCSF's Nominated Manager is alerted to concerns about an adult at risk they will act promptly and ensure:
- That the adult at risk is in no immediate danger and that any medical or police assistance required has been sought
 - Due consideration is given to whether the concern is a safeguarding issue or not – which

may involve some checking out of information, whilst taking every concern to not stray into the realm of investigation

- Action to be taken in the event of a non-safeguarding issue being raised: If HUCSF's Nominated Manager considers that the matter is not a safeguarding issue and as such no referral to a statutory authority is required, then the following action must be taken:
 - A written record must be made of the concern
 - Details must be kept on file
 - Details of any action taken must be noted
 - Details of the reasons for not referring must be noted
 - The situation must continue to be monitored on an ongoing basis

24.10 An example of a non-safeguarding occurrence could be an individual who, whilst normally very particular about their appearance and clothes, turns up unkempt with items of clothing on inside out for two days in a row. It would be important to record the details of the concern about the person's appearance and any action taken and the outcome of that action. In this example, the action taken may include speaking to the individual and to their carer (if appropriate) and recording the responses. The carer's response may indicate that they had also noticed the uncharacteristic change in appearance and is equally concerned.

24.11 If, as a consequence of appropriate checking out, it is then decided that a referral is not required at this stage, then HUCSF's Nominated Manager will record the decision not to refer and the reasons for not making a referral. In this example, the situation should be monitored so that a referral can be made if the situation deteriorates. Everything in this example - including the outcome of monitoring and any further concerns coming to light - should be recorded.

24.12 Action to be taken in the event of a safeguarding issue being identified: Where it is considered that the concerns represent a safeguarding issue the HUCSF's Nominated Manager will discuss the case with the relevant authorities who will help determine whether a crime may have been committed. HUCSF's Nominated Manager, as well as any other HUCSF's staff or volunteers who were involved in the raising of the concerns are to remain available as required to assist with any resulting investigation.

24.13 Information required to make a referral: If a referral is made, then as a minimum the following information will be required:

- The name and address of the adult at risk and their current location
- The nature of the harm
- The need for medical attention if required
- The reasons for suspicions of abuse
- Any action already taken
- Any other information that may be useful to an investigation e.g. information related to the alleged perpetrator and their location and whether or not the adult at risk is aware of/and has agreed to the referral

24.14 All referrals must be made without delay to HUCSF's Nominated Manager. However, the first priority must always be to ensure the immediate safety and protection of the adult at risk. In life threatening situations - such as severe physical abuse - then contact the relevant emergency services immediately

24. Procedure for Dealing with an Allegation made against an Employee or Volunteer

25.1 Allegation procedure to be followed: Where an allegation is made against an HUCSF staff member or volunteer it will be HUCSF's nominated manager who will be responsible for recording the details of the incident in full and passing it on to HUCSF's Community Manager. HUCSF's Community Manager will then follow the procedure outlined below:

- Through HUCSF's Nominated Manager, consultation will take place with the relevant authorities to ensure that any subsequent action taken in relation to the allegations does not prejudice any external investigation.
- Following step 1 being completed, HUCSF's Community Manager will inform the staff member or volunteer that an allegation has been made against them and provide the individual with an opportunity to respond to the allegation with the response to the allegation being recorded in full.
- Through HUCSF's Nominated Manager, further consultation will take place with the relevant authorities to agree the most appropriate way forward.

25.2 In all cases where allegations have been made against an HUCSF staff member or volunteer, protective measures will be taken - which may include either suspending the individual or moving them to alternative duties.

25.3 Where suspension takes place it will always be a neutral act to allow the investigation to proceed and to remove the HUCSF staff member or volunteer from the possibility of any further allegation. Suspension will always be for the shortest possible time and will be dealt sensitively. At all times HUCSF's disciplinary procedure will be followed and HUCSF will have due regard to any guidance provided by the relevant authorities.

25.4 Possible outcomes of investigation: As a result of the investigation, the allegation may or may not be substantiated. HUCSF's considers that there are four possible outcomes to an investigation as outlined below:

Allegation substantiated - resulting in an individual being excluded from regulated activity: On the basis that the investigation finds that the allegation is substantiated and that either harm or risk of harm to an adult at risk has occurred, then the individual will be removed from regulated activity. In these circumstances HUCSF will then be under a statutory duty to refer the incident to the Disclosure and Barring Service (DBS). This referral to DBS will be triggered as soon as the investigation determines either harm or risk of harm has occurred - which could be at this at any stage during the disciplinary process and not necessarily when the process concludes.

If in the event of an allegation having been made against an HUCSF staff member or volunteer the individual under investigation subsequently resigns or retires prior to the investigation process being complete, HUCSF will always complete the investigation. Should the investigation conclude that harm, or risk of harm to an adult at risk has occurred, a DBS referral will still be made.

Allegation substantiated - resulting in an individual being reinstated to regulated activity: In a situation where an investigation concludes that the allegation is substantiated, but the circumstances of the case are such that the individual can be reinstated to their role - subject to appropriate disciplinary sanctions then appropriate training/retraining will be undertaken and support and supervision arrangements will be put in place. If a HUCSF staff member or volunteer is permitted to return to their post in the above circumstances, then a referral to the

DBS will not be required.

Allegation unsubstantiated - however, ongoing concerns remain: Where the investigation finds that the allegation is unsubstantiated and that the individual has not harmed, or placed at risk of harm, an adult at risk - but ongoing concerns about the conduct of HUCSF's staff member or volunteer remains - then HUCSF may conclude that the individual can be reinstated with additional support, supervision and training/retraining.

Allegation unsubstantiated - no ongoing concerns remain: Should the investigation conclude that the allegation is unsubstantiated and therefore no individual has harmed, or placed at risk of harm, an adult at risk - then the staff member or volunteer will be reinstated and provided with appropriate support, training and supervision as necessary.

25.5 HUCSF fully appreciates that where allegations against any of its staff members or volunteers are made this can be traumatic and unsettling time for the organisation as a whole. For this reason, HUCSF's staff and volunteers should be reassured that any allegations made against them will be dealt with as outlined in this procedure and will always be consistently implemented with due regard to HUCSF's disciplinary procedures outlined in the employee handbook and the volunteer's handbook. HUCSF will always endeavour to handle any investigation into an allegation made against its staff members or volunteers sensitively from initiation to conclusion; whilst managing any anxieties expressed or demonstrated by any adult at risk, carer, family member, advocate or any other HUCSF staff member or volunteer.

25.6 To ensure that all HUCSF staff members and volunteers understand the procedure to be followed in the event of concerns or allegations being made HUCSF will ensure that induction training thoroughly covers adult safeguarding during induction and through on-going training.

25.7 Should any staff member or volunteer of HUCSF feel that a safeguarding issue is/has not been taken seriously - having followed the procedure outlined here - then they should invoke the whistle-blowing procedure which is detailed in the Employee Handbook.

25. Procedure for Assessing and Managing Risk in the Safeguarding of Adult at risk

26.1 Understanding what is meant by risk assessment: Assessment of risk is the process of examining what could possibly cause harm to adults at risk, staff members, volunteers or others - in the context of the activities and services HUCSF provides; in the interactions with and between Adults at risk; and with the wider community. Risk of harm can be posed by actions and inactions in many different situations such as:

- Intimidation and other threatening behaviours
- Behaviours resulting in injury, neglect, abuse, and exploitation by self or others
- The use of medication
- The misuse of drugs or alcohol
- Aggression and violence
- Suicide or self-harm
- A person's impairment or disability
- Accidents, for example, whilst out in the community or participating in a social event or activity

Individual risk: For the individual, the level of risk (which means the likelihood of an event occurring and the impact it might have) depends on numerous factors which includes the nature of the person concerned, their relationships with others, the choices open to them and

the circumstances in which they find themselves.


Organisational risk: For HUCSF, the level of risk will depend on the balance achieved between the right of an adult at risk to be safeguarded; the duty of care owed to the adult at risk served by HUCSF; the duty of care owed by HUCSF to its staff members and volunteers; the legal duties of statutory bodies and service providers; and the right of adults at risk to make informed lifestyle choices and take part in activities.

- 26.2 No endeavour or activity, or indeed interaction, is entirely risk free and even with good planning, it may be impossible to completely eliminate risk from any activity, service or interaction. However, HUCSF believes that having in place good risk assessment and management practice is essential to reduce the likelihood and impact of Identified risk. In some situations, living with a risk can be outweighed by the benefit of having a lifestyle that the individual really wants, values and freely chooses. In such circumstances, risk-taking can be considered to be a positive action.
- 26.3 Consequently, as well as considering the dangers associated with risk, the potential benefits of risk-taking have to be considered.
- 26.4 The purpose of assessing and managing risk: When HUCSF assesses and manages risk, the aim is to minimise either the likelihood of risk or its potential impacts. In safeguarding terms, the aim of risk assessment and management is to prevent abuse occurring, to reduce the likelihood of it occurring and to minimise the impacts of abuse by responding effectively when it does occur. HUCSF prioritises the time required to identify, evaluate and put in place risk-reducing measures.
- 26.5 Principles of working with risk: When HUCSF undertakes risk assessments and risk management in relation to adults at risk it takes into account the following principles:
- The assessment and management of risk should promote the independence, real choices and social inclusion of adult at risk
 - Risk change as circumstances change
 - Risk can be minimised, but not eliminated
 - Information relating to adult at risk, activities, relationships and circumstances will sometimes be incomplete and possibly inaccurate
 - Identification of risk then carries a duty to do something about it i.e. risk management
 - Involvement of adults at risk, their families, advocates and practitioners from a range of services and organisations helps to improve the quality of risk assessments and decision making
 - Only decisions that have been based on clear reasoning will be defensible
 - Risk-taking can involve everybody working together to achieve positive outcomes
 - Whilst confidentiality is a right, it is not an absolute right in that it may need to be breached in exceptional
 - in circumstances when people are deemed to be at serious risk of harm or it is in the public interest
 - HUCSF will ensure that staff members and volunteers understand the standards of practice expected of them to provide them with the confidence to support decisions to take risk
 - Sensitivity will be shown to the experience of people affected by any risk that have been taken and where an event has occurred.

- 26.6 The risk assessment process: In assessing and managing any risk associated with the safeguarding of adults at risk, HUCSF will follow the risk assessment methodology outlined below. HUCSF's risk assessment process involves:
- Identification of the risk or risk
 - Determining the level of risk or risk - by evaluating its potential impact and the likelihood of it happening
- 26.7 Identification of the risk or risk: This involves identifying in advance what risk may be associated with all of the activities undertaken by HUCSF and the services that are provided.
- 26.8 Risk will always vary dependant on the individual concerned and the nature and extent of their vulnerability. When HUCSF identifies risk it would always take a balanced approach which will involve looking at what is and what is not an acceptable risk. When identifying risk, HUCSF will specifically focus on safeguarding risk e.g. by identifying the circumstances where abuse or exploitation are more likely to occur. HUCSF acknowledges that risk to adults at risk is known to be greater when:
- The adult at risk is emotionally or socially isolated
 - A pattern of violence exists or has existed in the past
 - Drugs or alcohol are being misused
 - Relationships are placed under stress
- 26.9 When care services are provided, HUCSF accepts that abuse is more likely to occur if staff members and volunteers are:
- Inadequately trained
 - Poorly supervised
 - Lacking support or working in isolation.
- 26.10 In addition, to the known risk factors, a range of other factors may increase the likelihood of abuse:
- Where an illness causes unpredictable behaviour
 - Where the person is experiencing communication difficulties
 - Where the person concerned demands more than the carer can offer
 - Where the family dynamics undergoes change in circumstances e.g. the sudden death of partner, unemployment, divorce
 - Where a carer has been forced to change their lifestyle as a result of becoming a carer
 - Where a carer experiences disturbed nights on a regular basis
 - Where a carer becomes isolated and is offered no relief from a demanding role
 - Where other relationships are unstable or placed under pressure whilst caring
 - Where persistent financial problems exist
 - Where a partner abuses drugs (especially alcohol), is unemployed or underemployed, is poorly educated or has been in a previous - perhaps turbulent - relationship with the victim
 - Where a victim seeks to disclose abuse, get support and/or to leave an abusive relationship
- The circumstances and factors listed above are neither exhaustive nor placed in order of priority.
- 26.11 Determining the level of risk or risk: HUCSF will determine the level of risk - high, medium or low - associated with the risk identified for step 1 above. The purpose of determining the level

of risk is to establish which risk warrant most attention. HUCSF, as well as its staff members and volunteers, whilst being mindful of all risk, will be able to prioritise and give the greatest and most urgent attention to those risk that have been determined as high. The level of risk will always be a combination of likelihood and resulting impact. For each risk identified, the risk will be rated according to the likelihood of it happening (e.g. from unlikely to likely) and the seriousness of the impact (e.g. from minor to major) if it were to happen.

- 26.12 An example of this approach could be that if HUCSF was providing services to adults with epilepsy, it would be fair to assess the level of risk associated with an adult with severe epilepsy having a seizure as high - on the grounds that a seizure is 'likely to occur' and will have a 'major impact' if it does. Therefore, as a risk reducing measure, HUCSF would want to ensure that it had sufficient numbers of staff available and trained in responding appropriately to seizures.
- 26.13 As another example, the abuse of an adult at risk would in all cases be considered as having a major impact on the adult involved. To reduce the likelihood of the risk of abuse occurring, HUCSF would need to put in place a range of safeguarding measures with the aim of reducing the likelihood of abuse.
- 26.14 The matrix below is an illustration of what this approach to risk assessment looks like pictorially and maps 'likelihood' against 'impact' and results in an overall risk level of high, medium or low.

LIKELIHOOD of the identified risk	Determining the levels of risk		
	Likely	Medium	Medium
Possible	Low	Medium	High
Unlikely	Low	Medium	High
	Minor	Moderate	Major
			
	IMPACT of the identified risk		

- 26.15 You will note that the level of risk - assessed as high, medium or low - is a combination of the likelihood of an identified risk occurring and the impact it would have if it did occur. So where a risk is:
 - Likely to occur and of major impact - the level of risk is high
 - Possible and of moderate impact - the level of risk is medium
 - Unlikely and of minor impact - the level of risk is low
- 26.16 The management of risk: Having carried out the risk assessment using the two steps outlined above, the next step is to look at what can be done to reduce the likelihood of the risk occurring and - in the event of the risk event occurring - what steps could be taken to lessen the impact of those identified risk.
- 26.17 Risk can be managed in a number of ways and it is the responsibility of HUCSF - the risk owner - to ensure that each identified risk is properly managed. Risk ownership is an ongoing process

for the lifetime of the identified risk. The risk owner in HUCSF will ultimately be the organisation, but this will become the responsibility of a senior HUCSF manager who will be named in HUCSF's risk log.

- 26.18 HUCSF works to establish a culture, which is mindful of and has a zero tolerance of abuse - wherever it occurs and whoever causes it. For HUCSF, the primary aim of the organisations Safeguarding Policy is to manage the risk of abuse to adults at risk by establishing an organisational culture in which the rights of an adult at risk are fully respected and by putting in place the range of policies and procedures that are contained within this handbook. Therefore, HUCSF's Safeguarding Policy has been designed to reduce both the likelihood and impact of abuse by:
- Preventing unsuitable people from joining HUCSF through good recruitment and selection practice
 - Making HUCSF's staff members and volunteers aware of the indicators of vulnerability and risk and the possible signs of abuse - and equipping them to respond quickly to concerns about actual, alleged or suspected abuse
 - Ensuring that HUCSF's staff members and volunteers are properly inducted, trained, supported and supervised in their work with adults at risk
 - Ensuring that HUCSF's staff and volunteers know what constitutes acceptable behaviours and good practice and that they are supported when they challenge poor practice
 - Promoting a culture of inclusion, transparency and openness throughout HUCSF and its services and activities
 - Making HUCSF staff members and volunteers aware of how information about adults at risk should be handled
 - Having in place good overall organisational management and practice supported by a range of HUCSF policies and procedures
- 26.19 Risk management options: HUCSF will manage identified risk in one of five ways – by avoiding the risk; controlling the risk; financing the risk; transferring the risk; or accepting the risk as described below:
- a) Avoiding the risk: If HUCSF feels that the level of risk cannot be satisfactorily reduced through other means, then it will make the decision not to engage in a particular activity or provide a particular service
 - b) e.g. due to widespread travel disruption there is a high risk of an insufficient number of HUCSF staff members or volunteers being present to safely supervise an activity for adults at risk with physical disabilities who require assistance to participate. As the risk of injury is considered too great in this example, the activity would be cancelled.
 - c) Controlling the risk: Controlling risk would involve HUCSF implementing measures to both reduce the likelihood of a harmful event occurring and to minimise the impact of such an occurrence. This would be achieved by identifying the good practice policies that need to be adhered to and the HUCSF staff members and volunteers undergoing the necessary training that would be required to reduce risk and harm - e.g. if HUCSF were providing an activity for an adult with severe epilepsy, then the organisation would ensure that there were suitably trained HUCSF staff members and volunteers present at all times to deal with the situation should the adult at risk have a seizure. While the likelihood of a seizure happening may be high, the impact would be reduced by having in place sufficient

numbers of HUCSF staff members and volunteers who had been trained to deal with seizures.

- d) Financing the risk: HUCSF will provide sufficient resources to meet the liabilities caused by identified risk - e.g. HUCSF could risk losing its volunteers if some of them were out of pocket through their volunteering had to give up volunteering. By HUCSF allocating a budget to cover volunteer expenses, the high impact of losing volunteers would have been mitigated by reducing the likelihood of it happening
- e) as a consequence of financing the risk.

26.20 Transferring the risk: At times, when perhaps the only option appears to avoid a risk, HUCSF may decide to have a qualified third party carry out a particular activity so that the risk is transferred to that third party - e.g. If HUCSF did not have adequately qualified HUCSF staff members or volunteers to take a group of physically disabled adults canoeing it could choose to commission qualified instructors to do the activity instead. Risk of financial loss can be mitigated through insurance, indemnity or exemption from liability. However, HUCSF will always be required to take reasonable steps to prevent and manage risk, because if there is a failure to do so, then HUCSF may still be liable - even where insurance, indemnity or exemption from liability is in place.

26.21 Accepting the risk: This approach would be used when despite the risk, perhaps because no reasonable action can be taken to mitigate it, or the likelihood of the risk occurring and its impact are at an acceptable level, then HUCSF would tolerate the risk. HUCSF would only ever accept risk which had been assessed to be at a very low level - otherwise some other form of risk-reducing measure would have to be put into place before it could be accepted. The reason for this approach would be to have due regard to the positive outcomes for the adult at risk that may accrue from positive risk taking.

26.22 Risk log: HUCSF operates a risk log to manage the organisations risk assessment responsibilities. By using a risk log HUCSF can demonstrate that it specifically deals with safeguarding risk as part of its risk management. HUCSF keeps under regular review all risk and risk-reducing measures by reviewing them no less than once every 12 months. Situations that would result in HUCSF carrying out reviews more frequently would be in circumstances that there is any organisational process of change - e.g. where HUCSF merged with another organisation with different cultures or experience; or where HUCSF took on a new activity or service.

26.23 Positive risk taking: HUCSF does not want a culture which is totally risk averse as these can stifle and constrain opportunity and can lead to inappropriate restrictions being placed upon an individual's rights. Life is never risk free and an appropriate amount of risk is an essential part of fostering independence - e.g. where an activity or set of circumstances is identified as potentially risky to an adult at risk or group of adults at risk, this risk will always be offset in the risk management process against the benefits which the individual or group might draw from taking part in that activity. HUCSF will pursue risk taking in a context of promoting opportunities and safety - not poor practice. Therefore, HUCSF will foster a culture of positive risk-taking and seek to involve everyone affected in the assessment of risk taking, such as adults at risk and carers, advocates, HUCSF staff members and volunteers and - where they are involved.

26. Procedure for Recording Reporting and Reviewing Accidents, Incidents and Near Misses

27.1 HUCSF believes that there are lessons to be learned from accidents, incidents or near misses - which may occur despite the most robust risk assessment and risk management process being in place. As a consequence of HUCSF having this policy, there is a defined procedure in place

for reporting and recording any accidents, incidents and/or near misses that may occur.

- 27.2 All HUCSF staff members and volunteers will be made aware of this procedure during induction and through regular refresher training after that.
- 27.3 Opportunity to learn: HUCSF knows that accidents, incidents and near misses - particularly those which are recurring - can be indicators of organisational risk (including a risk to safeguarding) which needs to be managed. Therefore, HUCSF's risk assessment documentation and process makes reference to reported accidents, incidents and near misses. HUCSF will ensure that the learnings that come from reporting, recording and reviewing accidents, incidents and near misses are:
- Identified and disseminated to HUCSF staff members and volunteers
 - Used to inform changes in HUCSF practice, policy and procedures
- 27.4 Where an accident, incident or near miss is in some way connected to a safeguarding matter, it will immediately be drawn to the attention of HUCSF's Nominated Manager for appropriate action.
- 27.5 Please use the Accident/Incident/Near Miss Report Form which can be found in the appendix section of this handbook.

27. Code of Behaviour when Working with Adult at risk

- 28.1 HUCSF believes that its Code of Behaviour for Working with Adults will minimise the opportunity for adults at risk to suffer harm. It will also help to protect HUCSF staff members and volunteers by ensuring they are clear about the behaviour that is expected of them and the boundaries within which they should operate. As part of the process of encouraging ownership, HUCSF involves its staff members and volunteers, adults at risk, as well as carers and advocates, in drafting and reviewing the Code of Behaviour for Working with Adults for the organisation. The following six positive statements underpin HUCSF's code of behaviour:
- HUCSF will protect the rights and promote the interests of adults at risk and carers and advocates
 - HUCSF will strive to establish and maintain the trust and confidence of adults at risk and carers and advocates
 - HUCSF will promote the independence of adults at risk while protecting them as far as possible from danger or harm
 - HUCSF will respect the rights of adults at risk while seeking to ensure that their behaviour does not harm themselves or other people
 - HUCSF will uphold public trust and confidence in the work that it undertakes with adults at risk
 - HUCSF will be accountable for the quality of the organisations staff members and volunteers work and take responsibility for maintaining and improving their knowledge and skills.
- 28.2 Behaviours to be avoided: This part of the code of behaviour identifies behaviours that HUCSF staff members and volunteers may slip into through lack of experience or training. Although the behaviours listed below are not intentionally harmful, such behaviour can be misconstrued and could ultimately lead to allegations of adults at risk abuse being made. Examples of behaviours to be avoided include HUCSF staff members and volunteers not:
- Spending excessive amounts of time alone with adults at risk away from others
 - Taking an adult at risk to their own home

- Taking an adult at risk alone on car journey, unless this forms part of HUCSF's core activities
- 28.3 If any of the above behaviours are unavoidable or necessary, then they should only occur with the full knowledge and consent of a senior manager. At all times an appropriate record must be maintained.
- 28.4 Behaviours that will always be unacceptable: Unacceptable behaviours are those that must always be avoided in the interests of the safety of adults at risk, HUCSF staff members and volunteers. Examples of behaviours to be avoided and which HUCSF staff members and volunteers must never do include:
- Abuse, neglect, harm or place at risk of harm Adult at risk whether by omission or commission
 - Engage in rough physical games with adults at risk, including horseplay
 - Engage in sexually provocative games with adults at risk - e.g. spin the bottle and strip poker
 - Make sexually suggestive comments to an adult at risk
 - Form inappropriate relationships with adults at risk
 - Gossip about personal details of adults at risk and their families
 - Make and/or accept loans or gifts of money from adults at risk
 - Where HUCSF staff members and volunteers are required to have physical contact and/or intimate care of an adult at risk they must ensure that:
 - Physical contact is person-centred and appropriate to the task required
 - Training has been received to understand and implement an adult at risk's care plan, where required
 - When providing intimate care, it is done sensitively and with respect for the individual's dignity and privacy
 - If ever concerned about anything during intimate care, that it is reported without delay to HUCSF's Nominated Manager
- 28.5 Use of physical intervention and restraint of adults at risk: HUCSF's staff members and volunteers should only use forms of restraint for which they have received training and which follow current best practice. However, regardless of the training received, HUCSF's staff members and volunteers should:
- Seek to defuse a situation and thereby avoid the need to use any form of restraint
 - Only use restraint where it is absolutely necessary to protect the adult at risk or others from harm
 - Ensure that any restraint used is proportionate to the risk of harm
 - Record and report any use of restraint
 - Review any situation that led to the need for restraint with HUCSF's Nominated Manager with a view to avoiding the need for restraint in the future
- 28.6 Behaviour guidelines relating to diversity and the additional care and support needs of adults at risk: HUCSF staff members and volunteers should always:
- Be open to, and aware of, diversity in the beliefs and practices of adults at risk and their families
 - Ask how an adult at risk's care should be delivered having due regard to the cultural needs

of others

- Be aware of the difficulties posed by language barriers, as well as other communication difficulties
- Ensure never to discriminate against adults at risk and their families who have different cultural backgrounds and beliefs from their own
- Use the procedures outlined in this handbook to report any discrimination against adults at risk and their families by other staff members and/or volunteers

28.7 Behaviour guidelines relating to the handling of adults at risk' money: HUCSF staff members and volunteers should always:

- Maintain records of adults at risks' personal allowances, receipts and expenditure in line with HUCSF's related policies
- Ensure never to deny an adult at risk access to their money
- Ensure never to gain in any way when using the adult at risk's money on their behalf, or guiding the adult at risk in the use of their own money
- Ensure never to borrow money from, or lend money to, an adult at risk
- Report any suspicions of financial abuse

28.8 Behaviour guidelines relating to the use of technology, including photography: HUCSF is conscious that new technologies - such as social networking websites and mobile phones - can be misused by those who are intent on harming or exploiting adults at risk. To this end, HUCSF staff members and volunteers should always ensure that they:

- Never photograph and/or video an adult at risk, even by mobile phone, without the adult at risks' valid consent
- Ensure that any photographs and/or videos taken of an adult at risk are appropriate
- Report any inappropriate use of images of an adult at risk
- Report any inappropriate or dangerous behaviour on the internet that involves an adult at risk

28.9 HUCSF believes it is important that adults at risk are made aware of the dangers associated with new technology - such as social networking sites and the internet - and know to tell someone if they encounter anything that makes them feel unsafe or threatened.

28.10 Sanctions for HUCSF staff members and volunteers who breach this code of behaviour: All HUCSF staff members and volunteers should understand the following:

- If ever unsure of the correct actions to take, or if it is felt that a breach of this code has occurred then the matter should be brought to the immediate attention of a line manager for advice
- Breaches of this code of behaviour is a serious issue that will be investigated
- Breaches of this code of behaviour may result in disciplinary action, a consequence of which could result in staff members being summarily dismissed for gross misconduct and a volunteer's agreement being terminated
- Where a breach of this code of behaviour constitutes harm and/or risk of harm then referral will be made to the police, DBS and other appropriate regulatory bodies

28.11 Behaviour guidelines which apply to everyone in the organisation and everyone who uses HUCSF's services, participates in its activities or visits: Every person that is involved with

HUCSF - whether a manager, staff member, volunteer, adults at risk, visitor, participant or user of its activities and services should relate to each other in a mutually respectful way. The following ground rules should be adhered to by everyone:

- Have respect for each other
- Avoid the use of offensive language
- Do not use alcohol

28.12 Any breaches of this code of behaviour by individuals using HUCSF services and facilities could lead to their exclusion. Where the behaviour constitutes abuse - e.g. of a peer, then referral will be made to the police for further investigation and action.

28. E-Safety Policy

29.1 This policy and the procedures that it underpins apply to all HUCSF staff members, including senior managers, paid staff, volunteers and sessional workers, agency staff, students and anyone working on behalf of HUCSF. The purpose of HUCSF's e-safety policy is to:

1. Protect adults at risk who receive HUCSF services and make use of information technology (such as mobile phones, games consoles and the Internet) as part of their involvement with the organisation
2. To provide HUCSF staff members and volunteers with the overarching principles that guide the organisations approach to e-safety;
3. To ensure that, as an organisation, HUCSF operate in line with its values and within the law in terms of how information technology is used

29.2 HUCSF recognises that:

- The welfare of adults at risk who come into contact with its services is paramount and should govern the approach to the use and management of electronic communications technologies
- All adult at risks, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity have the right to equal protection from all types of harm or abuse
- Working in partnership with adults at risk, families, carers, advocates and other agencies is essential in promoting Adult at risk's welfare and in helping them to be responsible in their approach to e- safety
- The use of information technology is an essential part of everyone's lives; it is involved in how HUCSF gather and store information; as well as how communication takes place. It is also an intrinsic part of the experience of adults at risk and is greatly beneficial to all. However, it can present challenges in terms of how it is used responsibly and, if misused either, can be actually or potentially harmful to individuals.

29.3 HUCSF will seek to promote e-safety by:

- a) Appointing an HUCSF e-safety coordinator
- b) Developing a range of procedures that provide clear and specific directions to HUCSF staff members and volunteers on the appropriate use of ICT
- c) Supporting and encouraging the adult at risk using HUCSF services to use the opportunities offered by mobile phone technology and the internet in a way that keeps them safe and

shows respect for others

- d) Supporting and encouraging parents, carers and advocates to do what they can to keep adults at risk safe online and when using any other forms of internet connected technology
- e) Incorporating statements about safe and appropriate ICT use into the codes of conduct both for HUCSF staff members and volunteers and for adults at risk
- f) Developing an e-safety agreement for use with adults at risk and their families, carers and advocates
- g) Use HUCSF policies and procedures to deal firmly, fairly and decisively with any examples of inappropriate ICT use, complaints or allegations - which may include breaches of filtering, illegal use, cyberbullying, or use of ICT to perpetrate abuse
- h) Informing families, carers and advocates of incidents of concern as appropriate
- i) Reviewing and updating the security of HUCSF's information systems regularly
- j) Providing adequate physical security for ICT equipment
- k) Ensuring that user names, logins and passwords are used effectively
- l) Using only official email accounts provided via the organisation, and monitoring these as necessary
- m) Ensuring that the personal information of HUCSF staff members, volunteers and service users (including service users' names) are not published on our website
- n) Ensuring that images of adults at risk and their families, carers and advocates are used only after their written permission has been obtained, and only for the purpose for which consent has been given
- o) Any social media tools used in the course of our work with adults at risk will be risk assessed in advance by the member of staff or volunteer wishing to use them
- p) Providing effective management for HUCSF staff members and volunteers on ICT issues, through supervision, support and training
- q) Examining and risk assessing any emerging new technologies before they are used within the organisation

29.4 The name of our e-safety coordinator is Victoria Hutchinson, NCS Co-ordinator and they can be contacted on 01429 862595 & Mobile Telephone Number: 07792 838691 and/or hucsf@hartlepoolunited.co.uk

29.5 An example of HUCSF's E-Safety Agreement for Use with adults at risk form can be found in the appendix section of this Adults at risk Safeguarding Policies and Procedures Handbook and further copies can be obtained from HUCSF's Designated Safeguarding Officer.

29. Monitoring and review

30.1 This policy is reviewed annually by the DSO/Manager.

30.2 Any changes made to this policy by the Manager/DSO will be communicated to all members of staff.

30.3 All members of staff are required to familiarise themselves with all processes and procedures outlined in this policy as part of their induction programme.

Appendix A: Staff Disqualification Declaration

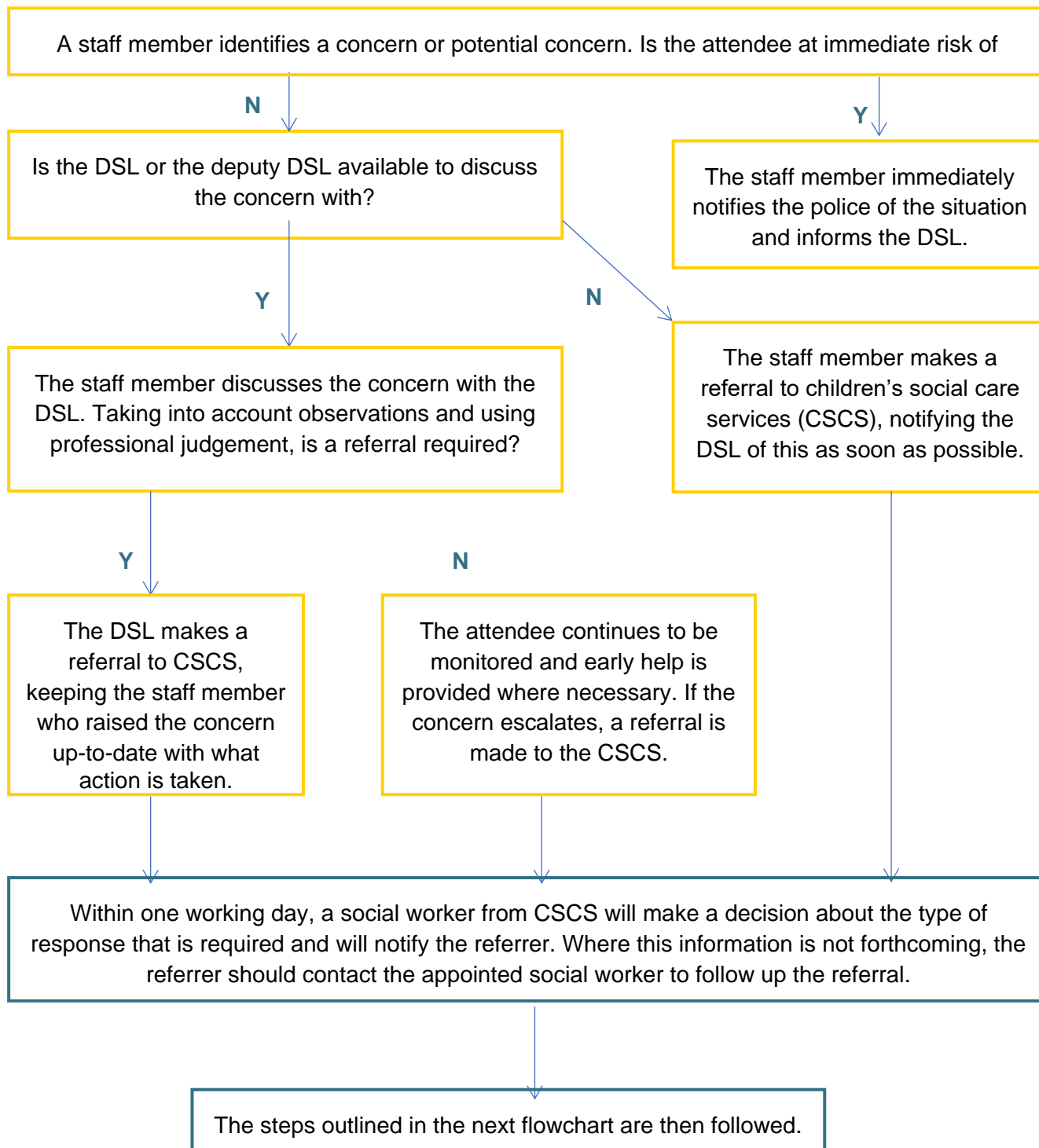
Name of club:	
Name of staff member:	Position:
Orders and other restrictions	Yes/No
Have any orders or other determinations related to childcare been made in respect of you?	
Have any orders or other determinations related to childcare been made in respect of a child in your care?	
Have any orders or other determinations been made which prevent you from being registered in relation to childcare, children's homes or fostering?	
Are there any other relevant orders, restrictions or prohibitions in respect of you as set out in Schedule 1 of the Childcare (Disqualification) and Childcare (Early Years Provision Free of Charge) (Extended Entitlement) (Amendment) Regulations 2018?	
Are you barred from working with children by the DBS?	

Are you prohibited from teaching?	
Specified and statutory offences	
Have you ever been cautioned, reprimanded, given a warning for or convicted of:	
<ul style="list-style-type: none"> Any offence against or involving a child? 	
<ul style="list-style-type: none"> Any violent or sexual offence against an adult? 	
<ul style="list-style-type: none"> Any offence under The Sexual Offences Act 2003? 	
<ul style="list-style-type: none"> Any other relevant offence? 	
Have you ever been cautioned, reprimanded for or convicted of a similar offence in another country?	
Provision of information	
If you have answered yes to any of the questions above, provide details below. You may provide this information separately, but you must do so without delay.	
Details of the order restriction, conviction or caution:	
The date(s) of the above:	
The relevant court(s) or body/bodies:	
You should also provide a copy of the relevant order, caution, conviction, etc. In relation to cautions/convictions, a DBS Certificate may be provided.	
Declaration	
In signing this form, I confirm that the information provided is true to the best of my knowledge and that:	
<ul style="list-style-type: none"> I understand my responsibilities to safeguard children. I understand that I must notify my Manager immediately of anything that affects my suitability to work within the club. This includes any cautions, warnings, convictions, orders or other determinations made in respect of me that would render me disqualified from working with children. 	
Signed:	
Print name:	
Date:	

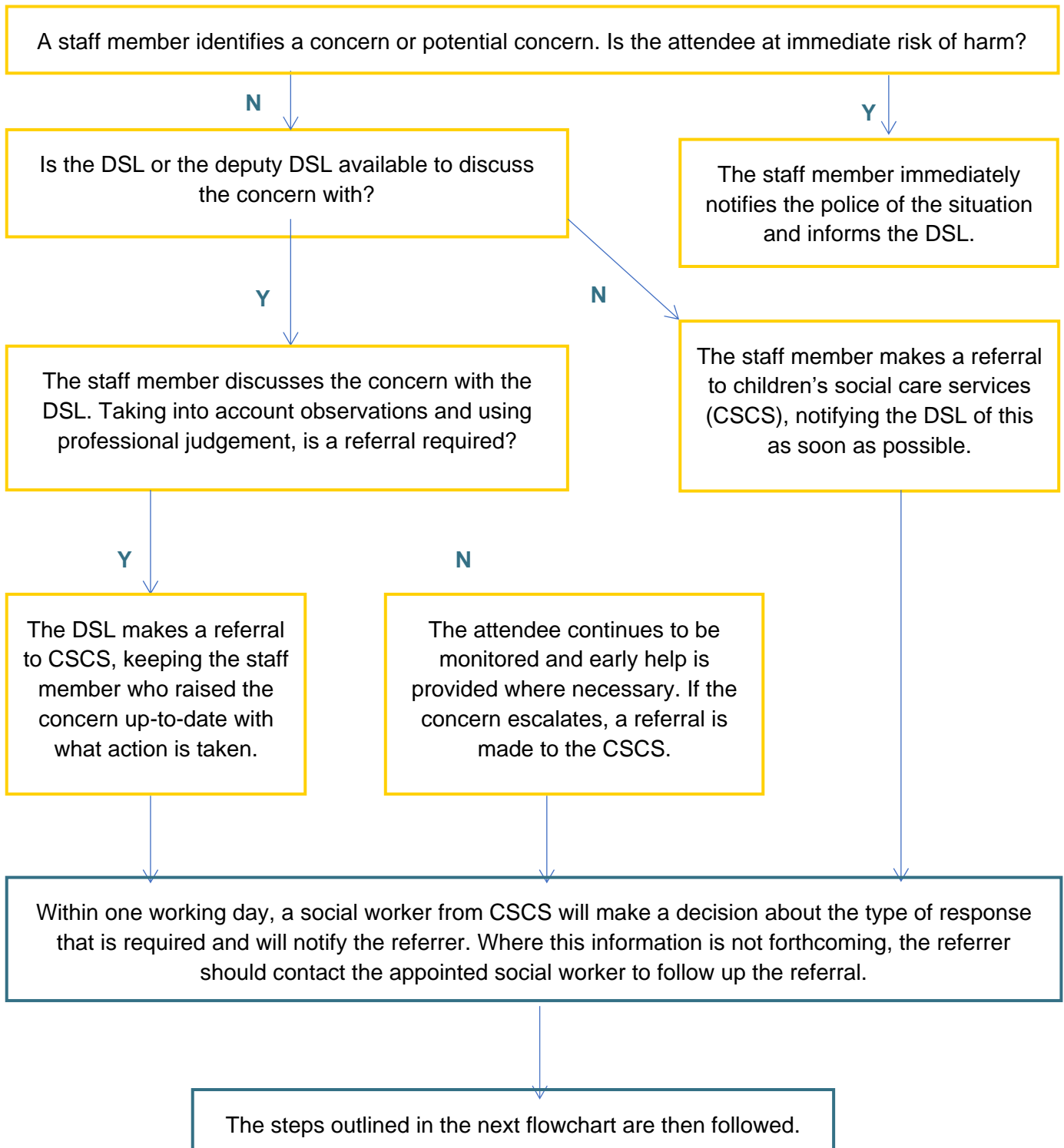
Appendix B: Safeguarding Reporting Process

The process outlined within the first section should be followed where a staff member has a safeguarding concern about a child. Where a referral has been made, the process outlined in the ‘After a referral is made’ section should be followed. The actions taken by the club are outlined in yellow, whereas actions taken by another agency are outlined in blue.

Before a referral is made



After a referral is made



Appendix C: Contacts and Advice

Expert organisations

- [Barnardo's](#)
- [Lucy Faithfull Foundation](#)
- [NSPCC](#)
- [Rape Crisis](#)
- [University of Bedfordshire: Contextual Safeguarding](#)
- [UK Safer Internet Centre](#)

Support for victims

- [Anti-Bullying Alliance](#)
- [MoJ Victim Support](#)
- [Rape Crisis](#)
- [The Survivor's Trust](#)
- [Victim Support](#)

Toolkits

- [Brook](#)
- [NSPCC](#)
- [Safeguarding Unit, Farrer and Co, and Carlene Firmin, MBE, University of Bedfordshire](#)

Further information on confidentiality and information sharing

- [Gillick Competency Fraser Guidelines](#)
- [Government Information Sharing Advice](#)
- [Information Commissioner's Office: Education](#)
- [NSPCC: Things to Know and Consider](#)

Further information on sexting

- [UK Council for Child Internet Safety: Sexting Advice](#)
- [London Grid for Learning – Collection of Advice](#)

Support for parents

- [Parentzone](#)
- [Parentsafe – London Grid for Learning](#)
- [CEOP Thinkuknow – Challenging Harmful Sexual Attitudes and their Impact](#)
- [CEOP Thinkuknow – Supporting Positive Sexual Behaviour](#)

Appendix D: Recording & Reporting Concerns, Disclosures & Allegations or Suspicions of Abuse

This form must be used by HUCSF staff members & volunteers to collect the necessary information relating to concerns, disclosures & allegations or suspicions of abuse of a adult at risk.

<i>Adult at risk Abuse Report Form: Please answer all relevant questions as fully as possible</i>		
<i>Full Name of Adult at risk:</i>		
<i>Gender:</i>	<i>Age:</i>	<i>Date of Birth:</i>
<i>Ethnicity:</i>	<i>Language:</i>	<i>Additional Needs:</i>
<i>Name(s) of Carer(s) if known:</i>		
<i>Home Address if known:</i>		
Section 1: Disclosure by an adult at risk		
<i>Date & time of when the disclosure was made:</i>		
<i>The full name of the person that the adult at risk made the initial disclosure to:</i>		
<i>Record here what the adult at risk actually said using their words as much as possible:</i>		
Section 2: Indicators		
<i>Describe here any signs or indicators of abuse with dates and times where relevant:</i>		
<i>Record here the name/s (and relationship/s to the adult at risk) if they have alleged any particular person as the abuser:</i>		
Section 3: Concerns expressed by another person about an adult at risk		
<i>Date & time of when the concern was expressed:</i>		

Record here the concerns that were expressed using the other person's words as much as possible:

Where possible, ask the person that expressed the concern, that the details written above are correct.

Section 4: Details of any immediate action taken e.g. first aid administered etc.

Section 5: Record below whether the adult at risk has expressed any reservation about having this matter discussed with an HUCSF Line Manager or HUCSF Nominated Manager

Section 6: Identify below whether the adult at risk has any particular support needs

Section 7: Details of HUCSF staff member or volunteer completing this report form

<i>Name:</i>		<i>Date & Time of Incident:</i>
<i>Name:</i>		<i>Position:</i>
<i>Date & Time of Incident:</i>		<i>Signature:</i>

Section 8: Date received and actioned by HUCSF's staff member or volunteers Line Manger

Record action taken by Line Manager:

<i>Name:</i>	<i>Position:</i>
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<i>Date:</i>	<i>Signature:</i>
<i>Section 9: Date received and actioned by HUCSF's Nominated Manger</i>	
<i>Record action taken by Nominated Manager:</i>	
<i>Name:</i>	<i>Position:</i>
<i>Date:</i>	<i>Signature:</i>

Appendix E: Procedure for Reporting, Recording and Reviewing Accidents, Incidents & Near Misses

This form must be used to record Accidents, Incidents & Near Misses.

<i>Accident/Incident/Near Miss Report Form: Please circle the one that applies to this record</i>					
Full Name of Person Involved or Injured:					
** If more than one person has been involved please use a separate form for each person **					
Date:			Time:		
Status of person involved - Please circle the one of the following:					
Adult at risk	Employee	Volunteer	Visitor	Other	
If "other" has been circled, please specify the status of the person:					
Details of accident/incident/near miss:					
Please provide details of what happened prior to the event, the details of the event being recorded and what was done immediately and by whom:					
If a drawing is helpful to this record, please use the back of this form to make the drawing.					
Please provide details of any injuries, as well as any first aid or medical treatment that was given:					
Details of person completing this report form:					
Name:			Position:		
Date:			Signature:		
This section is to be completed by HUCSF management only:					
Record what action is to be taken to prevent the accident, incident or near miss from happening again:					
Is a risk assessment (or support plan) review required as a result record?				Yes	No
Action to be carried out by:					
Name:			By date:		
Reviewed by HUCSF line manager:					

Charity Registration Number: 1124207

<i>Name:</i>	<i>By date:</i>
<i>RIDDOR report confirmed by HUCSF Line Manager where appropriate:</i>	
<i>Name:</i>	<i>Position:</i>

Appendix F: Essential HUCSF User Information

The following information will be collected when adults at risk access HUCSF's services.

<i>This information is confidential and is subject to HUCSF's procedures relating to the Management of Records, Confidentiality & Sharing of Information Policy</i>			
<i>HUCSF activity or service that is being accessed:</i>			
<i>Personal Details:</i>			
<i>Name of Adult:</i>			
<i>Address:</i>			
<i>Telephone No:</i>		<i>Mobile No:</i>	
<i>Is any medication being taken?</i>			<i>Yes</i>
<i>If "yes" please list all medication:</i>			<i>No</i>
<i>Contacts for Emergencies of People in a Positon to Collect this Person if Necessary:</i>			
<i>Contact 1</i>		<i>Contact 2</i>	
<i>Name:</i>		<i>Name:</i>	
<i>Address:</i>		<i>Address:</i>	
<i>Relationship:</i>		<i>Relationship:</i>	
<i>Home Telephone No:</i>		<i>Home Telephone No:</i>	
<i>Work Telephone No:</i>		<i>Work Telephone No:</i>	
<i>Mobile No:</i>		<i>Mobile No:</i>	
<i>Doctors Contact Details:</i>			
<i>Name:</i>			

<i>Address:</i>		
<i>Telephone No:</i>		
<i>Medical Details:</i>		
<i>Are there any medical conditions? (If "yes" please detail below)</i>	<i>Yes</i>	<i>No</i>
<i>Are there any allergies, including food & medication? (If "yes" please detail below)</i>	<i>Yes</i>	<i>No</i>
<i>Is there any hearing loss? (If "yes" please detail below)</i>	<i>Yes</i>	<i>No</i>
<i>Is there any sight impairment? (If "yes" please detail below)</i>	<i>Yes</i>	<i>No</i>
<i>Record any issues relating to the following:</i>		
<i>Physical health? (If "yes" please detail below)</i>	<i>Yes</i>	<i>No</i>
<i>Mental health & emotional well-being? (If "yes" please detail below)</i>	<i>Yes</i>	<i>No</i>
<i>Awareness & decision making skills? (If "yes" please detail below)</i>	<i>Yes</i>	<i>No</i>
<i>Personal care & daily tasks? (If "yes" please detail below)</i>	<i>Yes</i>	<i>No</i>

<i>Administration of medicines? (If "yes" please detail below)</i>	Yes	No
<i>Walking & movement? (If "yes" please detail below)</i>	Yes	No
<i>Communication & sensory functioning? (If "yes" please detail below)</i>	Yes	No
Consent:		
<i>I agree that the information provided may be shared with other staff/volunteers/professionals who can contribute to providing me a service or activity or care.</i>	Yes	
<i>I understand that I may withdraw my consent to share information or have further assessment at any time, but that this may affect ability to provide full services for me.</i>	Yes	
If there is any information on this form that you should not be shared please specify:		
<i>The following information should not be shared:</i>		
If there is anyone that information should not be shared with, please specify:		
<i>The following people/organisations should not have access to my information:</i>		
To be completed by the person this information related to (if possible):		
<i>Name:</i>	<i>Date:</i>	
<i>Signature:</i>		
To be completed if this form is signed by someone other than the adult at risk:		

Please detail the relationship to the adult at risk:

Please detail the grounds on which authority arises to sign on the adult at risks' behalf:

The answer given here cannot be construed as enabling consent on behalf of the adult this form relates to.

Reviewed by HUCSF line manager:

Name:

By date:

Appendix G: E-Safety Agreement for Use with adults at risk

<i>This e-safety agreement must be signed before an adult at risk can make use of HUCSF's ICT</i>	
HUCSF understands the importance of emerging technologies for adults at risks' education and personal development and seeks to support adults at risk in making use of these in the work that we undertake with them. However, HUCSF also recognise that safeguards need to be in place to ensure that adults at risk are kept safe at all times.	
*** Information for Adults at risk, Family Members, Carers & Advocates ***	
This agreement is part of HUCSF's Code of Behaviour. It also fits with HUCSF's overarching e-safety policy and the expectations that the organisation has for its staff members and volunteers in terms of their use of communications technologies - such as the internet and mobile phones. If further information is required about this agreement or HUCSF's Code of Behaviour, please speak to a HUCSF line manager; group leader or to the E-Safety Co-ordinator <i>Victoria Hutchinson</i> .	
Instruction to Adults at risk:	
Please read the agreement below - with a family member, carer or advocate if required - and if there is anything that you do not understand, please discuss further with HUCSF's Group Leader.	
Guidance for Family Members, Carers and/or Advocates of an Adult at risk:	
If asked to do so, please read and discuss this agreement with the adult at risk and ask them to sign it. If the adult at risk is unable to sign and someone signs on their behalf, please complete the final section below where indicated. Once this form has been completed please return it to HUCSF's Group Leader.	
Adults at risk Agreement:	
<ol style="list-style-type: none"> 1. I will be responsible for my behaviour when using the Internet. This includes resources I access and the language I use. 2. I will not deliberately browse, download or upload material that could be considered offensive, illegal or is linked with terrorism or extremism. If I accidentally come across any such material I will report it immediately to HUCSF's Group Leader. 3. I will not send anyone material that could be considered threatening, bullying, offensive or illegal. 4. I will not give out any personal information such as name, phone number or address. 5. I will not reveal my passwords to anyone. 	
Declarations:	
<i>I understand that all my use of the internet and other related technologies will be monitored and logged and can be made available to the group leader.</i>	Y e s
<i>I understand that these rules are designed to keep me safe and that if they are not followed my access to HUCSF's ICT will be removed.</i>	Y e s
To be completed by the Adult at risk (if possible):	
<i>I have reviewed this policy (or had it explained to me) and agree to support the safe use of ICT at HUCSF.</i>	
Name:	Date:
Signature:	
To be completed below if this form is signed by someone other than the Adult at risk:	

<i>Please detail the relationship to the Adult at risk:</i>	
<i>Please detail the grounds on which authority arises to sign on the vulnerable adult's behalf:</i>	

Appendix H: Contact Details for HUCSF's Adults at Risk Safeguarding Responsibilities

The following information is provided to help direct HUCSF staff members, volunteers, adults, parents and carers to the right person for help, guidance and/or advice. This page details in one place, all the relevant contacts to assist with contacting the right person without delay.

Role	Name & Job Title	Contact details
Safeguarding Senior Manager (SSM)	Keith Nobbs, Community Manager	07788724588 01429 272584 hucsf@hartlepoolunited.co.uk
Designated Safeguarding Officer (DSO)	Keith Nobbs, Community Manager	07788724588 01429 272584 hucsf@hartlepoolunited.co.uk
Deputy Designated Safeguarding Officer (DDSO)	Christopher Burton, Lead Coach	07807772004 01429 272584 hucsf@hartlepoolunited.co.uk
E-Safety Co-ordinator	Victoria Hutchinson, NCS Co-ordinator	07792838691 01429 272584 hucsf@hartlepoolunited.co.uk
Health and Safety Officer	Keith Nobbs, Community Manager	07788724588 01429 272584 hucsf@hartlepoolunited.co.uk
Integrated Single Point of Access (ISPA)	Hartlepool Borough Council	01429 523390
Local Police	Hartlepool Main Police Station	Non-emergency: 101 Emergency: 999

In addition to the above designated safeguarding personnel and statutory bodies, HUCSF's Designated Safeguarding Officer will also liaise with the following Safeguarding Leads for the Football Club and the FA and/or the EFL Trust whenever there is a safeguarding concern.

FA Local Welfare Officer	Michael Bell	0191 387 2929 Michael.Bell@durhamfa.com
EFL Trust's Designated Safeguarding Officer	Tara Lawson Joe Wyatt Interim Safeguarding & Incident Manager	07964905652 08001 691863 Tlawson@efltrust.com jwyatt@efltrust.com 07866884186

HUCSF will review these Accountabilities for HUCSF’s Adults at Risk Safeguarding Responsibilities every time a change in personnel and/or good practice dictates, but always annually.

In addition to the above designated safeguarding personnel and statutory bodies, HUCSF’s Designated Safeguarding Officer will also liaise with the following Safeguarding Leads for the Football Club and the FA and/or the EFL Trust whenever there is a safeguarding concern.

FA Local Welfare Officer	Michael Bell	0191 387 2929 Michael.Bell@durhamfa.com
EFL Trust’s Designated Safeguarding Officer	Tara Lawson	07964905652 08001 691863 Tlawson@efltrust.com
	Joe Wyatt Interim Safeguarding & Incident Manager	jwyatt@efltrust.com 07866884186

HUCSF will review these Accountabilities for HUCSF’s Adults at Risk Safeguarding Responsibilities every time a change in personnel and/or good practice dictates, but always annually.

Appendix i: Low-level Concern Reporting Form

Thank you for reporting your concerns to the safeguarding team; we are grateful to you for taking the safety and welfare of our pupils seriously. Please fill in the below form, including as much detail as you can, and return it directly to the Manager or DSL. Please refrain from discussing this concern with anyone other than the Manager or DSL until the matter has been dealt with. We ask that you keep all details, including the name staff member to whom the concern pertains, confidential.

Your details	
Name (optional)	
Role	
Date and time of completing this form	
Details of individual whom the concern is about	
Name	
Role	
Relationship to the individual reporting the concern, e.g. manager, colleague	

Details of concern			
<p>Please include as much detail as possible. Think about the following: What behaviour and/or incident are you reporting? What exactly happened? Why does the behaviour and/or incident worry you? Why do you believe the behaviour and/or incident is not consistent with our Staff Code of Conduct?</p>			
Details of any children or young people involved			
Name(s)			
Do you believe there is a risk of harm to the above children or young people, either now or in the future, as a result of the individual's behaviour? Explain your answer.			
Next steps			
What would you like to see happen in response to your concern?			
Are you willing to meet with the Manager and DSL to discuss your concern? Please circle as appropriate.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> </table>	Yes	No
Yes	No		
Please state any other information that you believe is relevant to the processing of this concern.			
Signature			
For use by safeguarding team upon receipt of concern			
Date and time concern received			
Signature of DSL or deputy DSL			
Actions to be taken (e.g. no action, investigation, reclassification as allegation meeting the harms threshold.)			