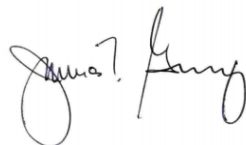




## THE STEWARDS' TRUST SAFEGUARDING POLICY

The Stewards' Trust (ST) seeks to create a safe and caring environment for all those attending our events and engaging with our youth team in various capacities. In this regard, we have particular concern for children, young people and vulnerable adults, which this policy addresses.

We affirm that safeguarding is the responsibility of everyone and aim to create a culture where employees, volunteers and all associated with ST are appropriately educated and aware of good practice.

<b>Date revised:</b>	<b>May 2018</b>
<b>Approval body:</b>	<b>Board of Trustees</b>
<b>Authorised by Chair:</b>	 <b>(James Gerry)</b>
<b>Date approved:</b>	<b>02/05/18</b>
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<b>Circulation:</b>	<b>Board of Trustees, all staff and relevant volunteers</b>

### Section 1 - Background and Introduction

The Stewards' Trust  
The Hub, 2 Margravine Rd, London, W6 8HJ  
Tel: 020 7385 7398 Email: [office@stewardstrust.org](mailto:office@stewardstrust.org)

ST is a company limited by guarantee, registered in England and Wales, number 5010563. Registered charity number 1102381.

Public Liability Insurance with Bluefin Underwriting.

#### **Vision:**

To see our world transformed through the expansion of God's family and the building of His Kingdom, here on earth.

#### **Mission:**

To equip, nurture, grow and connect a broad Christian family from all walks of life, who will be known by its faithful demonstration of God's love in action through all we do.

#### **Our commitment:**

We recognise the need to provide a safe and caring environment for children, young people and vulnerable adults. We acknowledge that children, young people and vulnerable adults can be the victims of many different types of abuse. We accept the UN Universal Declaration of Human Rights and the International Covenant of Human Rights, which states that everyone is entitled to "all the

rights and freedoms set forth therein, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status". We also concur with the Convention on the Rights of the Child which states that children should be able to develop their full potential, free from hunger and want, neglect and abuse. They have a right to be protected from "all forms of physical or mental violence, injury or abuse, neglect or negligent treatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s), or any other person who has care of the child." We also affirm the principles within the UN Convention on the Rights of Persons with Disabilities as well as those which underpin the UK's Care Act 2014. We have therefore adopted the procedures set out in this safeguarding policy in accordance with statutory guidance. We are committed to build constructive links with statutory and voluntary agencies involved in safeguarding.

The policy and attached practice guidelines are based on the ten Safe and Secure safeguarding standards published by the Churches' Child Protection Advisory Service (CCPAS).

ST undertakes to:

- endorse and follow all national and local safeguarding legislation and procedures, in addition to the international conventions outlined above.
- provide on-going safeguarding training for all its workers and helpers and annually review the operational guidelines attached.
- support the Designated Safeguarding Officer(s) (DSOs) in their work and in any action they may need to take in order to protect children and young people.
- file a copy of the policy and practice guidelines with CCPAS and any amendments subsequently published. The Trustees agree not to allow the document to be copied by other organisations.

This policy is more detailed with regard to our work with children and young people since that is where there is the most significant engagement with what we do in terms of pure numbers. However, we owe an equal duty of care to any vulnerable adults. Therefore, the same principles and practices should be adopted regarding vulnerable adults attending any ST events.

The Department of Health defines a vulnerable adult as a person aged 18 years or over who is or may be in need of community care services by reason of mental or other disability, age or illness, and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.

## **Section 2 - How we equip staff and volunteers to keep others safe**

### **Understanding abuse and neglect:**

Defining abuse is a difficult and complex issue. A person may abuse by inflicting harm, or failing to prevent harm. Children, young people and vulnerable adults in need of protection may be abused within a family, an institution or a community setting. Very often the abuser is known or in a trusted relationship with the child.

In order to safeguard those with whom we work we adhere to the UN Convention on the Rights of the Child and have as our starting point as a definition of abuse, Article 19 which states:

1. *Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or*

*negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.*

- Such protective measures should, as appropriate, include effective procedures for the establishment of social programmes to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement.*

Detailed definitions, and signs and symptoms of abuse are included in Appendix 1-4. Information about Self Harm forms Appendix 5 and how to respond to a disclosure of abuse (Effective Listening) forms Appendix 6.

### **Safeguarding awareness:**

ST is committed to on-going safeguarding training and development opportunities for all staff and helpers, developing a culture of awareness of safeguarding issues to help protect everyone. All our employed staff working with young people or vulnerable adults will receive induction training and undertake the CCPAS 'Facing the Unthinkable' training.

### **Youth Events (residential)**

One leader will be Designated Safeguarding Host (DSH) with responsibility for overseeing Safeguarding for the duration of that event. They will have undertaken training within the last 3 years – either CCPAS 'Facing the Unthinkable' or an equivalent course, the suitability of which will be confirmed by the DSO.

All youth leaders will have been given training at the youth event training day, which will include consideration of the Code of Conduct (Appendix 7).

All hosts, leaders and helpers will have had access to this policy, will have signed the code of conduct and will have been given a copy of the 'Youth Event Safeguarding – what to do if I have a concern' flow-chart. (Appendix 8a)

The DSH will be introduced early in the event, as the first point of contact for anyone with concerns regarding Safeguarding.

### **Family Events (residential)**

The requirement for Family Events is slightly different from a Youth Event because parents or guardians are on site for the duration. They are responsible for their children at all times other than during allocated teaching times (mornings and some evenings). Babysitting for younger children is dealt with elsewhere in this policy. (See Section 4)

One member of the host team will be DSH with responsibility for overseeing Safeguarding for the duration of that event. They will have undertaken training within the last 3 years – either CCPAS 'Facing the Unthinkable' or an equivalent course, the suitability of which will be confirmed by the DSO.

All hosts, youth team leaders and helpers will have had access to this policy, will have signed the code of conduct (Appendix 7) and will have been given a copy of the 'Family Event Safeguarding – what to do if I have a concern' flow-chart. (Appendix 8b)

Youth team leaders will be responsible for discussing with their teams how the Code of Conduct applies to their specific age group to ensure best practice and safety for all.

### ***Adult Houseparties***

If someone identified as a vulnerable adult intends to be present on one of these events, a member of the host team will be identified as a DSH, with responsibility for overseeing Safeguarding for the duration of that event. They will have undertaken training within the last 3 years – either CCPAS 'Facing the Unthinkable' or an equivalent course, the suitability of which will be confirmed by the DSO.

### ***Schools' work***

When visiting a school to give a talk or for a mentoring appointment with a pupil, we will comply with the relevant school's safeguarding policy.

One to one meetings with pupils must always be held in a public place.

## **Section 3 – Recognising and responding appropriately to an allegation or suspicion of abuse**

### **Responding to allegations of abuse (on a ST event):**

Under no circumstances should a worker or helper carry out their own investigation into an allegation or suspicion of abuse. Following procedures as below:

- The person in receipt of allegations or suspicions of abuse should report concerns as soon as possible to Helen Paterson (hereafter the "Designated Safeguarding Officer/DSO") mob: [REDACTED], who is nominated by the Trustees to act on their behalf in dealing with the allegation or suspicion of neglect or abuse, including referring the matter on to the statutory authorities.
- In the absence of DSO or, if the suspicions in any way involve the DSO, then the report should be made to Jemimah Wright (hereafter the "Deputy") at ST office tel. no: 020 7385 7398, mob: [REDACTED]. If the suspicions implicate both the DSO and the Deputy, then the report should be made in the first instance to CCPAS PO Box 133, Swanley, Kent, BR8 7UQ. Tel. no: 0303 003 11 11. Alternatively contact Social Services or the police.
- Where the concern is about a young person or vulnerable adult the DSO should take advice from CCPAS as above and, if necessary, contact Children's or Adult's Social Services.
- Where required the DSO should then inform the Trustee Responsible for Safeguarding, Martin Quicke (mob: [REDACTED]), and the Chief Executive, Jimi Gale (mob: [REDACTED]) as soon as practicably possible.
- Suspicions must not be discussed with anyone other than those nominated above. A written record of the concerns should be made in accordance with these procedures and kept in a secure place.
- Whilst allegations or suspicions of abuse will normally be reported to the DSO, the absence of the DSO or Deputy should not delay a DSH on an event taking advice from the Trustee Responsible for Safeguarding or, if also unavailable, from CCPAS.
- The Trustees will support the DSO/Deputy in their role, and accept that any information they may have in their possession will be shared in a strictly limited way on a need to know basis.
- It is, of course, the right of any individual as a citizen to make a direct referral to the safeguarding agencies or seek advice from CCPAS, although the Trustees hope that hosts and helpers will use the procedure outlined above. If, however, the individual with the concern feels that the DSO/Deputy has not responded appropriately, or where they have a disagreement with the DSO/Deputy as to the appropriateness of a referral they are free to contact an outside agency

direct. We hope by making this statement that ST demonstrates its commitment to effective safeguarding and the protection of all those who are vulnerable.

The role of the DSO/Deputy is to collate, document and clarify the precise details of the allegation or suspicion and pass this information on to statutory agencies who have a legal duty to investigate.

**Responding to allegations of abuse (on a school visit):**

In the event of concerns on a school visit, employees should report these to the school's Designated Safeguarding Lead (or equivalent) in the first instance. Notes should be taken and shared with ST DSO insofar as the issue affects anyone related to the work of the ST.

**Allegations of Physical Injury, Neglect or Emotional Abuse:**

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

- Contact CCPAS or Children's/Adult's Social Services for advice in cases of deliberate injury, if concerned about the individual's safety or if the individual is afraid to return home.
- Seek medical help if needed urgently, informing the doctor of any suspicions.
- For lesser concerns, (e.g. poor parenting), encourage parent/carer to seek help, but not if this places the child at risk of significant harm.
- Where the parent/carer is unwilling to seek help, offer to accompany them. In cases of real concern, if they still fail to act, contact CCPAS or Children's Social Services direct for advice.
- Seek and follow advice given by CCPAS (who will confirm their advice in writing) if unsure whether or not to refer a case to Social Services.

If there is any suspicion that parents may be perpetrators of the abuse, the DSO/Deputy will not communicate directly with the parents unless advised to do so by CCPAS/Children's Social Services.

**Allegations of Sexual Abuse:**

In the event of allegations or suspicions of sexual abuse, the Designated Safeguarding Officer/Deputy will:

- Seek and follow the advice given by CCPAS if, for any reason they are unsure whether or not to contact Children's/Adult's Social Services/Police. CCPAS will confirm its advice in writing for future reference.
- Contact the relevant Social Services Department or Police Child Protection Team direct. They will NOT speak to a parent/carer or anyone else if there is **any** doubt as to the perpetrator of abuse. Should the abuser have been identified as someone outside of the family, it is of course right to communicate with parents.

## **Section 4 - Prevention**

### **Safe recruitment**

Safer recruitment training will be undertaken by the DSO, DDSO, CEO and at least one trustee. At least one of these will be present at any interviews.

ST will ensure all employed workers with a role working with children, youth or vulnerable adults will be appointed, trained, supported and supervised in accordance with government guidance on safe recruitment.

This includes ensuring that:

- There is a written job description / person specification for the post
- Those applying have completed an application form and a self-declaration form
- Those short listed have been interviewed
- Safeguarding has been discussed at interview
- Written references have been obtained, and followed up where appropriate
- An Enhanced Disclosure (DBS) Check has been completed (we will comply with Code of Practice requirements concerning the fair treatment of applicants and the handling of information)
- Qualifications where relevant have been verified
- A suitable training programme, which includes safeguarding, is provided for the successful applicant
- The applicant has completed a probationary period
- The applicant has been given a copy of the organisation's safeguarding policy and knows how to report concerns.

For volunteer team leaders and helpers, ST will ensure that:

- All have completed a self-declaration form
- Written references have been obtained, and followed up where appropriate
- An Enhanced Disclosure (DBS) Check has been completed (we will comply with Code of Practice requirements concerning the fair treatment of applicants and the handling of information)
- Team leaders have been given a copy of our safeguarding policy. All know how to report concerns, having been given the appropriate flow-chart leaflet (Appendix 8).
- Team leaders and helpers have signed the code of conduct (Appendix 7).

#### ***Babysitters on Family Events (residential)***

Individuals will be carefully selected and will have had an Enhanced Disclosure (DBS) Check completed prior to the event. Parents will be encouraged to discuss specific arrangements prior to handing over care, and communication will be established through sharing of mobile phone numbers so extra advice can be sought or parents can be called back.

A register of which children are in the care of which babysitter will be kept and strict signing in and out procedures will be followed.

#### ***Vulnerable adults attending Adult or Family Events (residential)***

Vulnerable adults are warmly welcomed to any of our events, but must come with an identified carer who takes immediate and day-to-day responsibility for looking after them. This recognises the fact that many of our events are run by volunteers, who do not necessarily have the training or experience to take responsibility themselves.

#### **Management of Workers – Codes of Conduct:**

ST is committed to supporting all workers and ensuring they receive support and supervision. All workers have been issued with a code of conduct towards young people. ST undertakes to follow the principles found within the 'Abuse of Trust' guidance issued by the Home Office and it is therefore unacceptable for those in a position of trust to engage in any behaviour which might allow a sexual relationship to develop for as long as the relationship of trust continues.



## **Section 5 - Pastoral care:**

### **Supporting those affected by abuse:**

ST is committed to offering pastoral care, working with statutory agencies as appropriate, and support to all those who have been affected by abuse who have attended one of our events.

## **Section 6 - Working in Partnership:**

Different organisations and settings, schools and venues will have different approaches to safeguarding children, young people and vulnerable adults. We commit to choosing carefully those we will work with, giving due consideration to safeguarding issues. Safeguarding policies will be shared and any conflict or confusion resolved prior to partnerships being established. Safeguarding will remain a key line of communication in ongoing relationships as policies and practice evolve.

Good communication is essential in promoting safeguarding, not only to those we wish to protect, but to everyone involved in working with children, young people and vulnerable adults, and to all those with whom we work in partnership. This safeguarding policy is just one means of promoting safeguarding.

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## **Key people and contact details**

**Designated Safeguarding Officer:** Helen Paterson (mob: [REDACTED])

**Deputy:** Jemimah Wright (office: 020 7385 7398, mob: [REDACTED])

**Trustee responsible for safeguarding:** Martin Quicke (mob: [REDACTED])

**Chief Executive:** Jimi Gale (mob: [REDACTED])

**CCPAS helpline:** 0303 003 11 11

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## **Appendix 1 - STATUTORY DEFINITIONS OF ABUSE (CHILDREN)**

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

Child protection legislation throughout the UK is based on the United Nations Convention on the Rights of the Child. Each nation within the UK has incorporated the convention within its legislation and guidance.

The four definitions of abuse below operate in England based on the government guidance 'Working Together to Safeguard Children (2006)'.

### **Physical Abuse:**

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

### **Emotional Abuse:**

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

### **Sexual Abuse:**

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

### **Neglect:**

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to provide adequate food and clothing, shelter including exclusion from home or abandonment, failing to protect a child from physical and emotional harm or danger, failure to ensure adequate supervision including the use of inadequate care-takers, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.



## **Appendix 2 - SIGNS OF POSSIBLE ABUSE (CHILDREN & YOUNG PEOPLE)**

The following signs could be indicators that abuse has taken place but should be considered in context of the child's whole life.

### **Physical**

Injuries not consistent with the explanation given for them  
Injuries that occur in places not normally exposed to falls, rough games, etc.  
Injuries that have not received medical attention  
Reluctance to change for, or participate in, games or swimming  
Repeated urinary infections or unexplained tummy pains  
Bruises on babies, bites, burns, fractures etc. which do not have an accidental explanation\*  
Cuts/scratches/substance abuse\*

### **Sexual**

Any allegations made concerning sexual abuse  
Excessive preoccupation with sexual matters and detailed knowledge of adult sexual behaviour  
Age-inappropriate sexual activity through words, play or drawing  
Child who is sexually provocative or seductive with adults  
Inappropriate bed-sharing arrangements at home  
Severe sleep disturbances with fears, phobias, vivid dreams or nightmares, sometimes with overt or veiled sexual connotations  
Eating disorders - anorexia, bulimia\*

### **Emotional**

Changes or regression in mood or behaviour, particularly where a child withdraws or becomes clinging  
Depression, aggression, extreme anxiety  
Nervousness, frozen watchfulness  
Obsessions or phobias  
Sudden under-achievement or lack of concentration  
Inappropriate relationships with peers and/or adults  
Attention-seeking behaviour  
Persistent tiredness  
Running away/stealing/lying

### **Neglect**

Under nourishment, failure to grow, constant hunger, stealing or gorging food, untreated illnesses, inadequate care, etc.

\*These indicate the possibility that a child or young person is self-harming. Approximately 20,000 are treated in accident and emergency departments in the UK each year.

## Appendix 3 - TYPES OF ABUSE (VULNERABLE ADULTS)

### Recognised Areas of Abuse regarding Vulnerable Adults: Care Act 2014

**Financial or material abuse** - including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

**Physical abuse** - including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.

**Neglect and acts of omission** - including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

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

**Psychological abuse** - including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks

**Organisational abuse** - including neglect or poor care practice within an organisation or specific care setting, such as a hospital or care home. It can also be in relation to care provided in your own home. This may range from one-off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

**Discriminatory abuse** - including forms of harassment, slurs or similar treatment because of race, gender and gender identity, age, disability, sexual orientation or religion.

**Self-neglect** - this covers a wide range of behaviour such as neglecting to care for your personal hygiene, health or surroundings and includes behaviour such as hoarding.

**Domestic abuse** - including psychological, physical, sexual, financial, emotional, or so-called 'honour' based violence.

**Modern slavery** - encompasses slavery, human trafficking, forced labour and domestic servitude. Trafficking and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

## **Appendix 4 - SIGNS OF POSSIBLE ABUSE (VULNERABLE ADULTS)**

### **Financial or Material Abuse**

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

### **Physical Abuse**

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

### **Neglect and acts of omission**

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

### **Sexual Abuse**

Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck  
Torn, stained or bloody underclothing  
Bleeding, pain or itching in the genital area  
Unusual difficulty in walking or sitting  
Foreign bodies in genital or rectal openings  
Infections, unexplained genital discharge, or sexually transmitted diseases

Pregnancy in a woman who is unable to consent to sexual intercourse  
The uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude  
Incontinence not related to any medical diagnosis  
Self-harming  
Poor concentration, withdrawal, sleep disturbance  
Excessive fear/apprehension of, or withdrawal from, relationships  
Fear of receiving help with personal care  
Reluctance to be alone with a particular person

### **Psychological Abuse**

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

### **Organisational Abuse**

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

### **Discriminatory Abuse**

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

### **Self-Neglect**

Very poor personal hygiene  
Unkempt appearance  
Lack of essential food, clothing or shelter  
Malnutrition and/or dehydration  
Living in squalid or unsanitary conditions  
Neglecting household maintenance  
Hoarding  
Collecting a large number of animals in inappropriate conditions

Non-compliance with health or care services  
Inability or unwillingness to take medication or treat illness or injury

### **Domestic Abuse**

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

### **Modern Slavery**

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

## **Appendix 5 - SELF HARM (INCLUDING EATING DISORDERS)**

National Statistics (2001) report that according to parents, about one in fifty of 11 - 15 year olds have tried to harm, hurt or kill themselves (the highest rate being among 13 - 15 year old girls). Among 5 - 10 year olds, just over one in 100 have tried to harm, hurt or kill themselves.

The incidence of self-harm was greater for those children and young people coping with stressful life events such as:

- Separation of parents, serious illness, death of parent or close relative
- An increase in the parent's mental health problems
- An increase in the degree of family discord
- An increase in the frequency of punishment

A study (March 2003), commissioned by the Samaritans, found young people more likely to harm themselves if they had friends who had already done so. In total, more than 6,000 pupils aged 15 and 16 were quizzed from 41 schools across England. They were asked about suicidal thoughts and self-harming behaviour.

The survey found that:

- Young people who harm themselves often have difficulty coping with everyday problems
- Rather than employing positive strategies such as talking to someone about the situation, they were more likely to blame themselves, sit in their room or drink alcohol
- Only 20% of those who self-harmed felt they could speak to a teacher about something that was really bothering them
- People who self-harm were shown by the survey to be more anxious, depressed and to have lower self-esteem than those who do not

The two most common reasons for self-harm are, "To find relief from a terrible state of mind" and "because I wanted to die".

## Appendix 6 - EFFECTIVE LISTENING

Ensure the physical environment is welcoming, giving an opportunity for the child or vulnerable adult to talk in private but making sure others are aware the conversation is taking place.

- It is especially important to allow time and space for the person to talk
- Above everything else listen without interrupting
- Be attentive and look at them whilst they are speaking
- Show acceptance of what they say (however unlikely the story may sound) by reflecting back words or short phrases they have used
- Try to remain calm, even if on the inside you are feeling something different
- Be honest and don't make promises you can't keep regarding confidentiality
- If they decide not to tell you after all, accept their decision but let them know that you are always ready to listen.
- Use language that is age appropriate and, for those with disabilities, ensure there is someone available who understands sign language, Braille etc.

### Helpful Responses:

- You have done the right thing in telling me
- I am glad you have told me
- I will try to help you

### Don't Say:

- Why didn't you tell anyone before?
- I can't believe it!
- Are you sure this is true?
- Why? How? When? Who? Where?
- I am shocked, don't tell anyone else

## Appendix 7 – CODE OF CONDUCT

This code of conduct supports the Stewards' Trust (ST) Safeguarding Policy. All those working with children and young people have access to the full Safeguarding Policy and should familiarise themselves with the relevant sections and appendix sections beforehand.

This document covers safe practice in relation to those working with children & young people. All leaders and helpers are expected to sign and adhere to the standards of safe practice outlined within this document. These guidelines have been established with regard to advice from the Churches Child Protection Advisory Service (CCPAS) and reflect current best practice.

Helen Paterson is the Designated Safeguarding Officer for ST. You may contact her to discuss any questions or concerns.

Email: [helen@stewardstrust.org.uk](mailto:helen@stewardstrust.org.uk) phone [REDACTED]

### Supervision of Children's Activities

#### Child/Adult Ratios:

Attempts will be made wherever possible to keep to the following ratio of adults to children as an absolute minimum:

0 to 2 years 1:3

2 to 3 years 1:4

4 to 8 years 1:6

Over 8 years 1:10

#### General Guidelines:

- No adult will be a lone helper with a group of children out of sight of others.
- Where possible the gender of adults should reflect that of the group: i.e. at least one man if boys are present and one woman if girls are present.
- If for any reason a helper is alone with a child, they should ensure that a team leader knows where they are AND that there are other groups nearby if possible.
- No person under 18 years of age will be left in charge of children of any age.
- A register of children or young people should be kept and a register of helpers.
- A record should be kept of any unusual activity or comments by children or young people (e.g. throwaway sexual comments, or particularly difficult behaviour). This protects children and workers. Such records must be passed to the DSO and be kept in a secure place.
- Any incidents or accidents should be recorded on appropriate sheets, kept with registers. Parents/older children should be asked to sign the sheet.
- Young leaders will be supported at all times in their roles by adult leaders.

#### Guidelines on touch:

- Keep everything public.
- A hug in the context of a group is very different from a hug behind closed doors.
- Touch should be related to the child's needs, not the helper/leader.



- Touch should be age-appropriate and generally initiated by the child rather than the leader/helper.
- Avoid any physical activity that is, or may be thought to be, sexually stimulating to the adult or the child.
- Children have the right to decide how much physical contact they have with others, except in exceptional circumstances when they need medical attention.
- Team members should monitor one another in the area of physical contact. The team should be free to help each other by pointing out anything which could be misunderstood.
- It is best to err on the side of caution with regard to engaging in physical play (eg wrestling/swinging children around) even when this kind of behaviour may be appropriate in another context.

### **Additional information for leaders and helpers working with babies & toddlers**

#### **Managing toileting:**

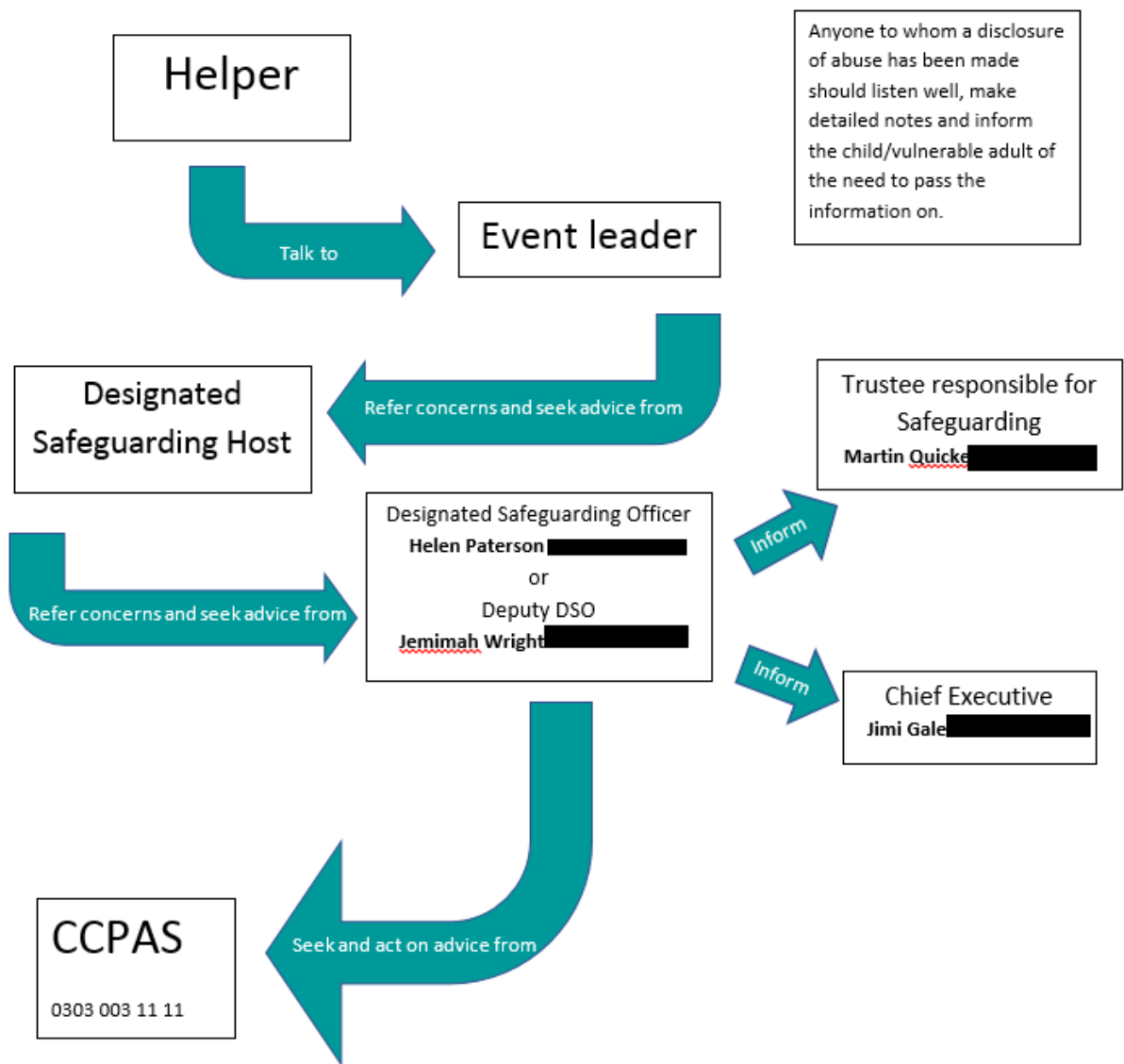
- Any help with toileting children should be provided with the knowledge and agreement of the child's parents/carers.
- When taking children to the toilet, leaders should always consider the dignity of the child and ensure that as much privacy as possible is given.
- Children should be encouraged to use their own toilet cubicle.
- Leaders should avoid doing things for the child that the child is able to do for themselves.

**All leaders and helpers at ST events are expected to take seriously their position as a role-model to the children and young people they are looking after. All should commit to act in a way which promotes and affirms ST values.**

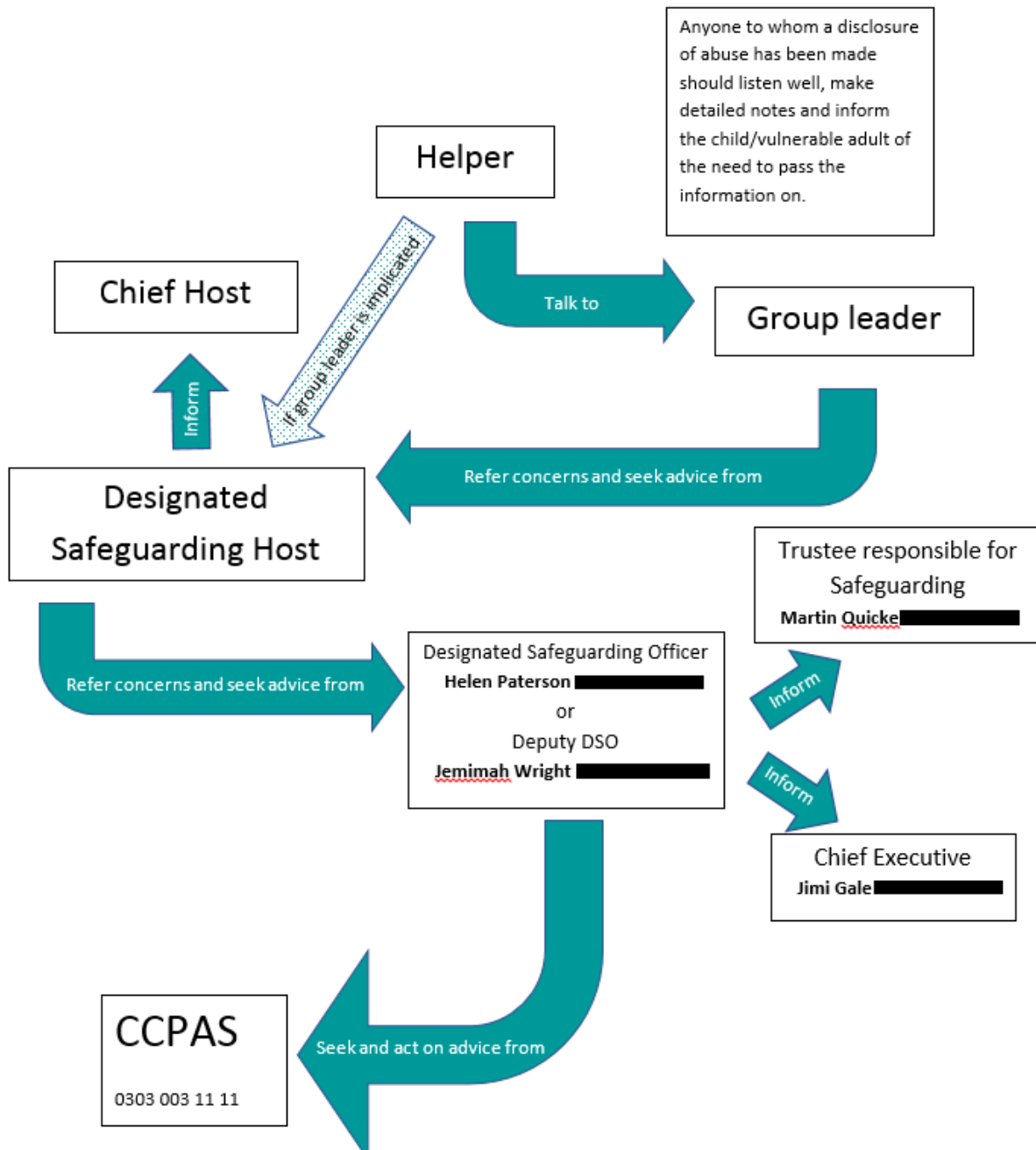
#### **Stewards' Trust Values:**

- Loving - above all things we are called to love God and people
- Family - part of God's family, open to everyone, all ages, all stages of life and faith, enabling whole of life discipleship
- Open - to the guiding power of the Holy Spirit and to pioneering new things
- True - committed to sound biblical teaching and discipleship
- Stewards – taking good care of the people and resources God has entrusted to us
- Empowering - fully equipping and nurturing current and future leaders by our commitment to releasing them in their ministries
- Joyful - we have 'good news' to share and we enjoy doing it

## Appendix 8a – WHAT TO DO AND WHAT WILL HAPPEN IF I HAVE A SAFEGUARDING CONCERN (Youth Residential event)



## Appendix 8b – WHAT TO DO AND WHAT WILL HAPPEN IF I HAVE A SAFEGUARDING CONCERN (Family Residential event)



## **Appendix 9 – ROLE DESCRIPTIONS**

### **Designated Safeguarding Officer**

Responsible for overseeing safeguarding across the work of the Stewards' Trust (ST)

They should:

- fulfil the role of DSO for the ST, which will require working closely with the Trustee responsible for Safeguarding, the youth Director (DDSO), Chief Executive and other employees and volunteers of ST.
- review and, where necessary, update ST safeguarding policies and procedures on an annual basis.
- be the first point of contact in relation to safeguarding issues for Family/All Age events.
- provide back-up to the Youth Director in relation to safeguarding issues for Youth events.
- take full responsibility for ensuring the Safeguarding policy is implemented including provision of suitable safeguarding training to any relevant employees and volunteers of ST.
- report quarterly to the Trustee responsible for Safeguarding

### **Deputy Designated Safeguarding Officer**

They should support the DSO in their work and deputise where necessary

### **Designated Safeguarding Host**

Responsible for overseeing safeguarding for the duration of the event

They should:

- check that all leaders and helpers have been issued with DBS prior to the start of the event and queried any relevant information on those checks.
- be introduced (at Youth Residential events) at the beginning of the Event as the person to go to if there are any concerns.
- pass on any concerns and seek advice from the Designated Safeguarding Officer or Deputy Designated Safeguarding Officer.

### **Trustee Responsible for Safeguarding**

They should:

- support the Designated Safeguarding Officer and Deputy Designated Safeguarding Officer in the discharge of their duties.
- hold the DSO and DDSO to account in their review and implementation of the Safeguarding Policy, checking it has been updated annually and that all training is up to date.
- regularly update other trustees on issues or concerns that have been raised, giving proper regard to confidentiality.
- ensure that Safeguarding is a key element of operational and governance thinking at trustee level.