

## Safeguarding Children, Young People and Adults at Risk Procedure

### Part 1 – EWT Procedure

(NB: Part 2 refers to Essex Wildlife Trust Procedure for Early Years provision)

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## **Safeguarding Children, Young People and Adults at Risk Procedure**

### **Part 1 – EWT Procedure**

**(NB: Part 2 refers to Essex Wildlife Trust Procedure for Early Years Provision)**

This Procedure supports the Part 1 – EWT Policy on Safeguarding Children, Young People and Adults at Risk and should therefore be read in conjunction with that Policy.

The Trust has an additional Policy & Procedure – Part 2 – which refers *specifically* to Early Years provision. All policies and procedures regarding Safeguarding, whether general or Early Years specific, should be read by all members of staff, trustees and volunteers.

#### **1.0 Introduction**

Essex Wildlife Trust (EWT) is committed to safeguarding all staff, volunteers, trustees, EWT members and members of the public who use the Trust land, services and facilities, and to protecting children, young people and adults at risk from abuse and harm. We are committed to practices which protect everyone and consider that safeguarding is everyone's responsibility.

#### **2.0 Procedure**

This procedure applies to all staff, volunteers and trustees of Essex Wildlife Trust and provides clarity and guidance within the Trust. The associated policy, along with other relevant policies, is available on WildPoint.

This procedure – along with the Safeguarding Children, Young People and Adults at Risk Policy – Part 1 (available on WildPoint)– should be read and understood by all employees and volunteers to ensure full understanding of responsibilities in relation to Safeguarding at the Trust. This procedure must be applied should anyone have any concerns regarding the safety of any child, young person or adult at risk using Essex Wildlife Trust's services and facilities.

#### **3.0 Organisational & Legal Requirements**

All staff, volunteers and trustees are expected to adhere to the processes contained within this procedure. The law and guidance in this procedure follows that which is outlined in the policy. It is a legal responsibility for staff to report concerns or suspected abuse related to a child, young person or adult at risk. If staff or volunteers feel that an inappropriate response to an allegation/concern has been taken, they can contact Essex Safeguarding Children Board on Tel: 0333 013 8936 or Email: [escb@essex.gov.uk](mailto:escb@essex.gov.uk) or Essex Safeguarding Adults Board on Tel: 0333 013 1019 or Email: [esab@essex.gov.uk](mailto:esab@essex.gov.uk).

Trustees and Trust Leadership should be aware of their obligations under the Human Rights Act 1998, the Equality Act 2010, and their local multi-agency safeguarding arrangements.

## 4.0 Acronyms & Definitions

Many acronyms and definitions cover aspects of Safeguarding; these are listed below for clarity of understanding/application.

### Acronyms

ESCB	Essex Safeguarding Children Board
ESAB	Essex Safeguarding Adults Board
DBS	Disclosure & Barring Service
SET	Southend, Essex & Thurrock
DSL	Designated Safeguarding Lead
DDSL	Deputy Designated Safeguarding Lead
SO	Safeguarding Officer
SAT	Safeguarding Action Team (CEO, DSL, DDSL, appointed Trustee)
LADO	Local Authority Designated Officer
CEO	Chief Executive Officer
SLT	Senior Leadership Team

### Definitions

**Child** – The Criminal Justice Court Service (CJCS) defines a child as *someone who is under 18 years of age (under 16 if the child is in employment)*.

**Child in Need** – a child who is in need of intervention to prevent a child protection issue.

**Child Protection** – the process of supporting children who have been identified as either suffering, or at risk of suffering, significant harm as a result of abuse or neglect. It involves measures and structures designed to prevent and respond to abuse and neglect (as defined by NSPCC).

**Safeguarding** – protecting from damage or harm with appropriate measures.

**Adult at Risk** – in the context of a standard DBS check, this definition means a person aged 18 years or over who has a condition of the following type: a learning or physical disability; a physical or mental illness, chronic or otherwise (including addiction); a reduction in physical or mental capacity. In the context of an *enhanced* DBS check, an adult at risk is a person aged 18 years or over who receives care or personal care services for reasons of mental health, learning or other disability, age or illness and who is – or may be – unable to take care of themselves, or unable to protect themselves from significant harm or abuse.

Abuse - is a violation of a person's human and civil rights by any other person. It is where someone does something to another person, or to themselves, which puts them at risk of harm and impacts on their health and wellbeing.

## 5.0 Types of Abuse – Children, Young People and Adults at Risk

In a safeguarding context, there are four main areas of abuse:

- **Physical** – where pain, hurt or injury is caused.
- **Emotional** – persistent emotional ill-treatment causing severe and persistent adverse effects on the person’s emotional development.
- **Sexual** – forcing or enticing participation in sexual activities, irrespective of the individual’s ability to understand what is taking place.
- **Neglect** – persistent failure to meet basic physical and/or psychological needs, likely to result in serious harm or impairment of health or development.

There are many abusive activities which fall under these categories, or could be other areas for possible concern. The following list is not exhaustive, but provides examples of types of abuse:

Types of Abuse (young people and/or adults at risk)	Types of abuse (children)
Physical	Physical
Sexual	Sexual
Psychological and/or emotional	Emotional/psychological
Neglect	Neglect
Financial/material	Bullying/cyber bullying
Discriminatory	Child sexual exploitation
Hate crime	Child trafficking
Organisational or institutional	Criminal exploitation & gangs
Domestic violence	Domestic abuse
Modern slavery	Female genital mutilation
Female genital mutilation	Grooming
Grooming	Breast ironing

For both adults at risk and children, domestic violence may include: subordination; isolation; exploitation; threats; humiliation; intimidation; honour based violence; forced marriage. There are many different indicators of abuse, and different abuses can occur at the same time. **Appendix 1** demonstrates some ***indicators*** of abuse; this is not an exhaustive list but intended for guidance and information purposes.

All staff should be aware that children may not feel ready or know how to tell someone that they are being abused, exploited, or neglected, and/or they may not recognise their experiences as harmful. For example, children may feel embarrassed, humiliated, or being threatened. This could be due to their vulnerability, disability and/or sexual orientation or language barriers. This should not prevent staff from having a professional curiosity and speaking to the DSL if they have concerns about a child. It is also important that staff determine how best to build trusted relationships with children and young people which facilitate communication.

## 6.0 Guidelines for Behaviour

These guidelines protect children, adults at risk, and our staff, volunteers and trustees. The following descriptors are by no means exhaustive; everyone must remember to conduct themselves to the highest standard. Wherever possible, this procedure should guide all behaviours. If for any

reason it is deemed necessary to operate outside this guidance, at any time, this must only be done following discussion with and approval from your SLT member and/or the DSL/DDSL.

To be able to safeguard effectively, all staff, volunteers, trustees and partners (including independent contractors) need to be able to:

- Describe their role and key responsibilities
- Describe acceptable and expected behaviours for staff and volunteers
- Recognise the signs/indicators of abuse (See Appendix 1)
- Describe what to do if worried about a child or adult at risk
- Follow this procedure to ensure all safeguarding concerns are reported to the appropriate person(s) without delay (see Section 8 on Reporting)
- Implement or carry out a risk assessment to minimise risk to children or adults at risk

All staff and volunteers **MUST**:

- Set a good example and adopt an approach that encourages mutual respect
- Ensure other adults attending events behave appropriately around children, young people and adults at risk
- When working at a location/site for an external provider (e.g. in a school setting), work collaboratively in relation to both EWT and the provider’s Safeguarding policy and procedure
- Avoid situations which would result in being the lone responsible adult in the care of children or adults at risk; if necessary, relocate to a place where visual and audible observation by colleagues or other adults is possible
- Always respect the right to privacy and personal space
- Be alert to inappropriate and potentially harmful behaviour within a Team
- Treat everyone as an individual and value comments/contributions
- If a child, young person or adult at risk requires first aid or physical assistance (e.g. with clothing) *always* seek consent before touching or assisting them
- Respond sensitively and empathically to children, young people, or adults at risk who are anxious or unsure about participation in any activity
- Encourage a culture of openness, where everyone feels able to report any behaviour that makes them feel uncomfortable
- Immediately report any concerns about the welfare or safety of any child, young person, or adult at risk, or of inappropriate behaviour of other adults (see Section 8 – Reporting)
- Ensure all participants in every Team and/or activity are aware of who is responsible for the Team
- Refer behavioural concerns to the person responsible for the Team (e.g. when leading supervised Teams such as school or family visits)
- When you are the sole supervisor – i.e. there is no parent or independent/external Team leader, referred to legally as *in loco parentis* meaning in the absence of a parent – leading a Team ensure behavioural concerns are dealt with promptly and fairly
- Be aware of – and ensure strict adherence to - the ratio to staff to the needs of participants; the **responsible lead for each Team will advise of this ratio**. The ratio will vary depending on the work/activity – and on the needs of the children, particularly those with additional needs - but as a **guidance**, the NSPCC recommends the following:

No. Adult to Children	Age of Children
1 adult to 3 children	0 – 2 years

1 adult to 4 children	2 – 3 years
1 adult to 6 children	4 – 8 years

- Ensure all paperwork is completed for every Team/activity and when operating as sole supervisor (see *in loco parentis* above) use an In Loco Parentis Form and Going Home Form, both of which are available on WildPoint
- When a child attends an activity with a known injury, this must be declared using an ‘Existing Injury’ form
- Involve all participants in general decision-making (e.g. relating to activities) as appropriate

### Unacceptable Behaviours

It is **unacceptable** for staff, volunteers or trustees to:

- Allow or engage in making suggestive remarks, gesture or touching
- Take photographs of a child, young person or adult at risk without written consent from a parent/carer/guardian. Consent must also be sought from the child – in writing, if the child is aged 13 or above.
- Strike a child in any way, or administer any corporal punishment. Corporal punishment is defined as any physical punishment intended to cause pain
- Take part in or play rough games
- Hold a child in any way that causes them pain
- Distress anyone by shouting at them or calling them derogatory names
- Smoke or be under the influence of any drug or alcohol whilst around children, young people or adults at risk, whether in a supervisory capacity or not
- Swear or use explicit or suggestive language or allow it to go unchallenged if others do so
- Seek or agree to meet children, young people or adults at risk anywhere beyond formally organised activities
- Engage in or tolerate bullying in any form or performed by anyone, whether adult or child
- Offer a lift to a child, young person or adult at risk
- Exchange personal details such as home address, phone number(s) or social networking information
- Engage in or allow any sexually provocative games involving or observed by children, young people or adults at risk, whether based on talking or touching
- Show favouritism or exclusion to individuals
- Allow the use of mobile phones or cameras in areas where activities may be taking place (NB Photographs may be taken for reporting purposes with a Trust camera e.g. iPad, but this may only be performed by staff who are familiar with and following the relevant Education specific procedures).
- Promise to keep a secret about anything – particularly regarding sensitive information. Guidance on Confidentiality and Information Sharing must always be followed (See **Appendix 2** – Guidelines on Confidentiality and Information Sharing)

### 7.0 Children who are lesbian, gay, bi, or trans (LGBT)

The fact that a child or a young person may be LGBT is not in itself an inherent risk factor for harm. However, children who are LGBT can be targeted by other children. In some cases, a child who is perceived by other children to be LGBT (whether they are or not) can be just as vulnerable as children who identify as LGBT.

Risks can be compounded where children who are LGBT lack a trusted adult with whom they can be open. It is therefore vital that staff endeavour to reduce the additional barriers faced, and provide a safe space for them to speak out or share their concerns with members of staff.

## 8.0 Reporting

It is imperative that ALL suspected incidents and/or concerns – regardless of their apparent significance or otherwise – are reported to and investigated by the DSL, or a DDSL in the absence of the DSL. All safeguarding concerns or incidents, or suspected concerns or incidents, require an immediate response (within 1 hour); you must share your concern - at the earliest opportunity (within 4 hours) - to the DSL or a DDSL.

There is no requirement for ‘certainty’ when concerned or worried about a safeguarding issue; the important thing is to speak up as soon as possible and practical.

If the DSL or a Deputy DSLs are not available, there are any number of other routes for speaking with someone to pass on concerns or worries, or to report a clear incident. Safeguarding Officers (members of staff who coordinate on communications in the Trust) are available, as is the Safeguarding Trustee Malcolm Hardy, and the Safeguarding Team can be emailed securely using [safeguarding@essexwt.org.uk](mailto:safeguarding@essexwt.org.uk)

Current safeguarding contact information is provided in EWT Key Safeguarding Contacts List, available in the Safeguarding information folder on WildPoint.

In the highly unlikely event that none of the key contacts are available, the concern **must** be emailed to the dedicated secure Safeguarding address [safeguarding@essexwt.org.uk](mailto:safeguarding@essexwt.org.uk)

**Appendix 3** contains a flowchart to assist with action to be taken if there is a safeguarding concern.

### 8.1 Reporting to Designated or Deputy Designated Safeguarding Lead

Any member of staff or volunteer who has or is given any information that they believe should be reported as a safeguarding concern – and which is not a life-threatening situation requiring immediate action/reporting to the police – should report this at the earliest opportunity directly to the DSL or a DDSL; an incident form (**Appendix 4** and also available on WildPoint) should **also** be completed and sent via secure mail to [safeguarding@essexwt.org.uk](mailto:safeguarding@essexwt.org.uk). The reporting of any safeguarding concern should be done by **written report, with date and time clearly noted**. A ‘verbal’ report will be recorded in writing by the recipient of the information (DDL, DDSL for example). If in the unlikely event that the DSL or a DDSL is unavailable, it is important that the information is shared as soon as possible, via any of the contacts listed in EWT Key Safeguarding Contacts List, available in the Safeguarding information folder on WildPoint. The information will then be shared with DSL accordingly.

The Incident Form has clear guidance on how to complete; as much detail as possible must be included, noting where content is actual fact or personal judgement/supposition. The Incident Form will be held securely and confidentially at the Trust, and shared where appropriate with the relevant authorities.

It is important to understand that children may not find it easy to tell staff about their abuse verbally. Children can show signs or act in ways that they hope adults will notice and react to. In some cases, the victim may not make a direct report. For example, a friend may make a report, or a member of staff may overhear a conversation that suggests a child has been harmed or a child’s own



behaviour might indicate that something is wrong. If staff have any concerns about a child's welfare, they should act on them immediately rather than wait to be told.

The initial response by the Trust to a report from a child is incredibly important, as this can encourage or undermine the confidence of future victims of sexual violence and sexual harassment to report or come forward.

It is essential that all victims are reassured that they are being taken seriously, regardless of how long it has taken them to come forward, and that they will be supported and kept safe. Abuse that occurs online or outside of the Trust setting should not be downplayed and should be treated equally seriously. A victim should never be given the impression that they are creating a problem by reporting sexual violence or sexual harassment. Nor should a victim ever be made to feel ashamed for making a report. It is important to explain that the law is in place to protect children and young people rather than criminalise them, and this should be explained in such a way that avoids alarming or distressing them.

## 8.2 Investigation

It is the responsibility of the DSL to investigate every safeguarding concern reported. Upon receiving a written report of an incident or concern, the DSL will categorise the report as follows, taking the appropriate action:-

Category	Action
Category A	Immediate concern. Immediate action required. Notification to external bodies/agencies/authorities. If the incident includes a (suspected or actual) criminal offence it will automatically fall into this category. An allegation against a member of staff or a volunteer may fall into this category (see 8.5 below).
Category B	Incident will require further investigation and actions may be required to resolve, retrain, amend practices, report to external bodies/agencies/authorities. An allegation against a member of staff or a volunteer may fall into this category (see 8.5 below).
Category C	Concern has been raised and recorded. No further action required.
Category D	Concern has been raised, recorded and dismissed.

The DSL will produce an Incident Action Plan for Category A and B issues. Completed Incident Forms and Action Plans will be stored securely for 21 years.

**Note:** No other member of staff or volunteer is permitted to undertake an investigation relating to safeguarding concerns or incidents. It is everyone's responsibility to be vigilant and responsive to safeguarding concerns with regard to reporting, and to report accordingly in a timely manner. Investigation is the sole responsibility of the DSL (or DDSL in the absence of the DSL).

## 8.3 Low Level Concerns

All low-level concerns should be shared initially with the DSL to decide if further action is required. The DSL should inform the CEO of all the low-level concerns and in a timely fashion according to the nature of each particular low-level concern. The DSL and CEO should jointly be the ultimate decision maker in respect of whether further action should be taking in respect of all low-level concerns.

Low-level concerns which are shared about contracted staff should be notified to their employers, so that any potential patterns of inappropriate behaviour can be identified.

If the DSL is in any doubt as to whether the information which has been shared about a member of staff as a low-level concern in fact meets the harm threshold, they should consult with the LADO.

#### **8.4 Reporting Timescales**

Indicative timescale for reporting is the **same day** for all and any incidents or concerns.

Investigation will commence within 24 hours of report received for all categories. All investigations will be reported to the Safeguarding Action Team, as detailed below.

**Category A** incidents/concerns will be investigated **immediately**, at the earliest opportunity and notified to the relevant authorities.

**Category B** incidents/concerns requiring further investigation will aim to be **completed within 5 working days, following immediate initial investigation**. An Action Plan will be produced on completion of investigation, with clear timescales for achieving outcomes.

**Category C and D** incidents/concerns will be **recorded within 5 working days, following immediate investigation**.

#### **8.5 Action(s) following Investigation**

After a **Category A** or **B** assessment, further safeguarding action(s) will be determined by the **Safeguarding Action Team (SAT)**. This Team consists of the CEO, DSL, DDSLs and Safeguarding Trustee. The purpose of the Safeguarding Action Team is to ensure that appropriate and necessary measures are taken to assess each case, to prevent similar incidents occurring, and to establish the effectiveness (or otherwise) of existing safeguarding practices, making recommendations for improvement where required. The Safeguarding Action Team is not responsible for implementing any formal processes, however recommendation may be given to the relevant member of SLT/HR.

Annual reports on all safeguarding issues will be given to the Safeguarding Trustee for upward reporting to the Board.

Referrals to external agencies (Essex Safeguarding Children Board, Essex Social Care) will be carried out by the DSL or DDSL only (or CEO should the DSL or DDSLs be unavailable). Staff can seek **advice only** from the ESCB Initial Response Team:

- For Children - Daytime No. is 0345 6037634, Night Time No. is 0345 6061212, or email [initialresponseteam@essex.gcsx.gov.uk](mailto:initialresponseteam@essex.gcsx.gov.uk).
- For Adults contact Social Care Direct on 0345 6037630

**Referral** must be made by the DSL/DDSL as stated above.

#### **8.6 Allegation against Staff and/or Volunteers or Contracted Staff**

An allegation covers any concern that relates to a member of staff, volunteer working or contracted member of staff with children, young people or adults at risk whereby they may have:

- Behaved in a way that has harmed, or poses a risk of harm, to a child, young person or adult at risk;
- Possibly committed a criminal offence against, or related to, a child, young person or adult at risk; or

- Behaved in a way that indicates unsuitability to work with children, young people or adults at risk.

Allegations of this type will be responded to according to the detail presented in **Section 8.2 Investigation**. The DSL will contact the Essex Local Authority Designated Officer (LADO) 03330 139797 [lado@essex.gov.uk](mailto:lado@essex.gov.uk) within 24 hours who will advise on action required.

**It is not the Trust's responsibility to investigate an allegation *against staff, volunteers or contracted member of staff* related to safeguarding incidents or concerns.** The relevant statutory authority will investigate the allegation and report back to the Trust regarding the outcome and the next steps. The Trust may, separately to the safeguarding process, take action (e.g. disciplinary) against a member of staff, or volunteer, as appropriate.

#### **9.0 Situations requiring *immediate* action**

In the event of a life-threatening situation (where someone is at immediate risk of harm), which goes beyond a concern or worry, this should be reported **directly to the Police, immediately** by *any* witness.

## **10.0 Advice and support**

In the event that advice and/or support is required, this can be sought from ESCB Initial Response Team (under 18s): Monday to Friday 0345 603 7634 (daytime) or 0345 6061212 (night time) or ESAB Social Care (adults at risk): Monday to Friday 0345 603 7630.

If your work engages young people in work experience, students on placement, or young volunteers, additional information is contained in **Appendix 5 – Additional Information**.

## **APPENDIX 1 – Indicators of Abuse**

### **Safeguarding Children – Indicators of Abuse**

#### **Possible indicators of Physical Abuse**

Abusive injuries tend to involve softer tissue and be in areas that are harder to damage through slips, trips, falls and other accidents. This may include:

- upper arm
- forearm (defensive injuries)
- chest and abdomen
- thighs or genitals
- facial injuries (cheeks, black eyes, mouth)
- ears, side of face or neck and top of shoulders ('triangle of safety')
- back and side of trunk.

Abusive injuries may be seen on both sides of the body and match other patterns of activity. They may not match the explanation given by the child or parent/carer and there may also be signs that injuries are being untreated, or at least a delay in seeking treatment.

#### **Possible indicators of Sexual Abuse**

- Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck
- Bleeding, pain or itching in the genital area
- Difficulty in walking or sitting
- Sudden change in behaviour or school performance
- Displays of affection that are sexual or not age-appropriate
- Use of sexually explicit language that is not age-appropriate
- Alluding to having a secret that cannot be revealed
- Bedwetting or incontinence
- Reluctance to undress around others (e.g. for PE lessons)
- Infections, unexplained genital discharge, or sexually transmitted diseases
- Unexplained gifts or money
- Self-harming
- Poor concentration, withdrawal, sleep disturbance
- Reluctance to be alone with a particular person

#### **Possible indicators of Emotional Abuse**

- Concerning interactions between parents or carers and the child (e.g. overly critical or lack of affection)
- Lack of self-confidence or self-esteem
- Sudden speech disorders
- Self-harm or eating disorders
- Lack of empathy shown to others (including cruelty to animals)
- Drug, alcohol or other substance misuse
- Change of appetite, weight loss/gain
- Signs of distress: tearfulness, anger

#### **Possible indicators of Neglect**

- Excessive hunger
- Inadequate or insufficient clothing
- Poor personal or dental hygiene
- Untreated medical issues
- Changes in weight or being excessively under or overweight
- Low self-esteem, attachment issues, depression or self-harm
- Poor relationships with peers
- Self-soothing behaviours that may not be age-appropriate (e.g. rocking, hair-twisting, thumb-sucking)
- Changes to school performance or attendance

### **Think! Disguised compliance**

For organisations working with children and families, staff will likely have established relationships with parents or carers and experience of working with them. A parent's or carer's behaviour can make it difficult for staff to recognise abuse or neglect at an early enough stage or delay reporting it.

Disguised compliance involves care-givers presenting an appearance of being co-operative and supportive in order to avoid scrutiny, suspicion or concern. These behaviours may include:

- Misdirecting
- Dominating discussions
- Giving accounts that are different to a child's
- Being critical of other professionals
- Hard to engage
- Doing 'just enough'

A parent or carer can disguise or hide signs of abuse or neglect for pre-arranged home visits by staff.

## **Safeguarding Adults – Indicators of Abuse**

### **Possible indicators of Physical Abuse**

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

### **Possible indicators of Domestic Violence or Abuse**

Domestic abuse can encompass a wide range of behaviours and may be a single incident or a pattern of incidents. That abuse can be, but is not limited to, psychological, physical, sexual, financial or emotional. Children can be victims of domestic abuse. They may see, hear, or experience the effects of abuse at home and/or suffer domestic abuse in their own intimate relationships (teenage relationship abuse). All of which can have a detrimental and long-term impact on their health, well-being, development, and ability to learn.

- 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

### **Possible indicators of Sexual Abuse**

- bruising, particularly to the thighs, buttocks and upper arms and marks on the neck
- torn, stained or bloody underclothing
- bleeding, pain or itching in the genital area
- unusual difficulty in walking or sitting
- foreign bodies in genital or rectal openings
- infections, unexplained genital discharge, or sexually transmitted diseases
- pregnancy in a woman who is unable to consent to sexual intercourse
- the uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude
- incontinence not related to any medical diagnosis
- self-harming
- poor concentration, withdrawal, sleep disturbance

- excessive fear/apprehension of, or withdrawal from, relationships
- fear of receiving help with personal care
- reluctance to be alone with a particular person

#### **Possible Indicators of Emotional Abuse**

- an air of silence when a particular person is present
- withdrawal or change in the psychological state of the person
- insomnia
- low self-esteem
- uncooperative and aggressive behaviour
- a change of appetite, weight loss/gain
- signs of distress: tearfulness, anger
- apparent false claims, by someone involved with the person, to attract unnecessary treatment.

#### **Possible indicators of Financial 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.

#### **Possible indicators of Modern Slavery**

- signs of physical or emotional abuse
- appearing to be malnourished, unkempt or withdrawn
- isolation from the community, seeming under the control or influence of others
- living in dirty, cramped or overcrowded accommodation and or living and working at the same address
- lack of personal effects or identification documents



- always wearing the same clothes
- avoidance of eye contact, appearing frightened or hesitant to talk to strangers
- fear of law enforcers.

**Possible indicators of Discriminatory Abuse**

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

**Possible indicators of Organisational or Institutional Abuse**

- lack of flexibility and choice for people using the service
- inadequate staffing levels
- people being hungry or dehydrated
- poor standards of care
- lack of personal clothing and possessions and communal use of personal items
- lack of adequate procedures
- poor record-keeping and missing documents
- absence of visitors
- few social, recreational and educational activities
- public discussion of personal matters
- unnecessary exposure during bathing or using the toilet
- absence of individual care plans
- lack of management overview and support

**Possible indicators of Neglect or 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

**Possible indicators of self-neglect**

- very poor personal hygiene
- unkempt appearance
- lack of essential food, clothing or shelter

- malnutrition and/ or dehydration
- living in squalid or unsanitary conditions
- neglecting household maintenance
- hoarding
- collecting a large number of animals in inappropriate conditions
- non-compliance with health or care services
- inability or unwillingness to take medication or treat illness or injury

## APPENDIX 2 – Guidelines on Confidentiality & Information Sharing

### Confidentiality and Safeguarding

Essex Wildlife Trust is committed to confidentiality and keeping sensitive information confidential, sharing only with express consent and in accordance with General Data Protection Regulations (GDPR).

In some circumstances – for example, with a safeguarding concern – obtaining consent may not be possible, and may even be detrimental to the child, young person or adult at risk. It may then be necessary and appropriate to share information without consent. The **Seven Golden Rules of Information Sharing** provides the necessary guidelines to support in sharing information appropriately.

### Information Sharing – Seven Golden Rules

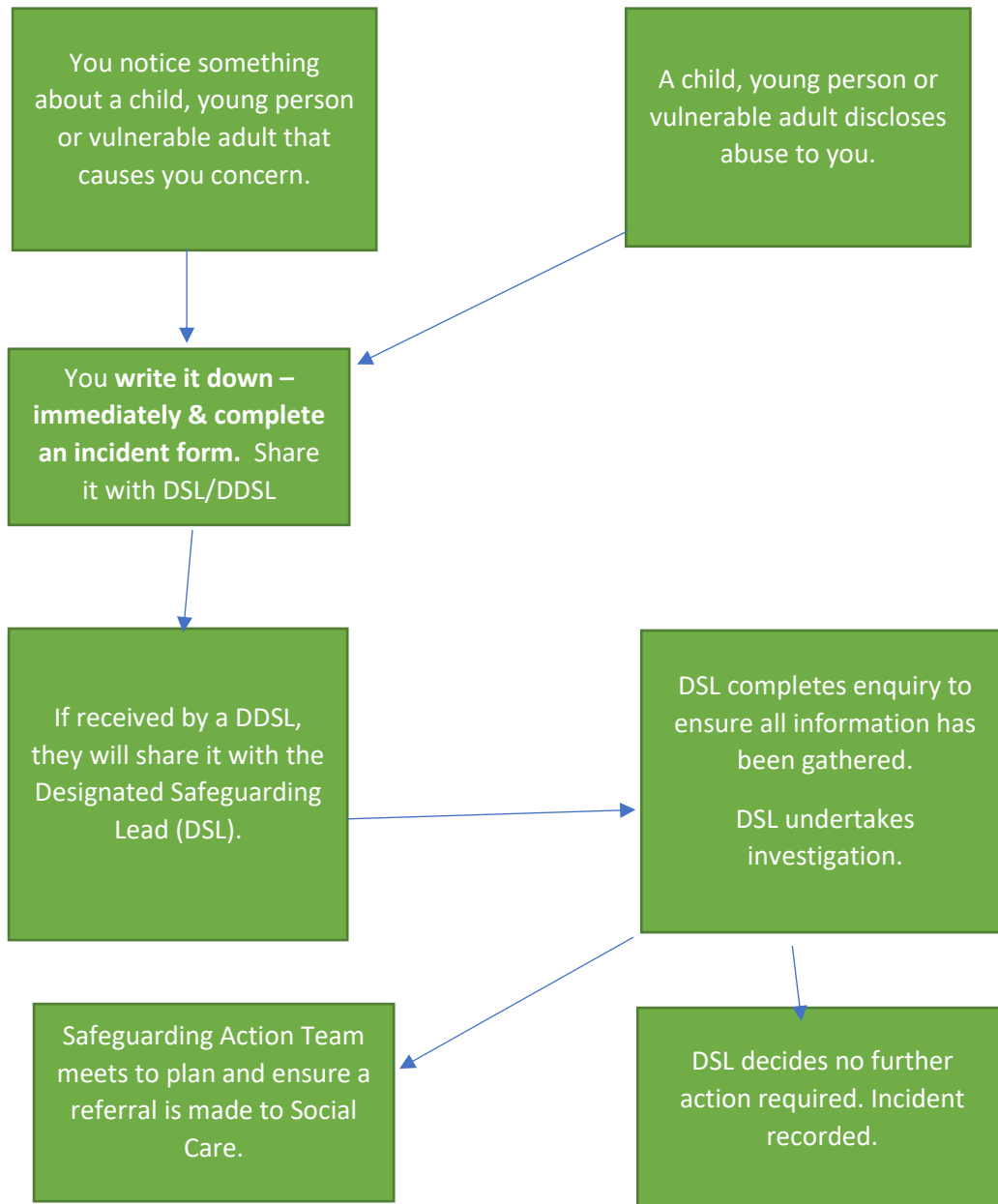
The seven golden rules of information sharing – available at [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/721581/Information\\_sharing\\_advice\\_practitioners\\_safeguarding\\_services.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721581/Information_sharing_advice_practitioners_safeguarding_services.pdf) - are applicable to all professionals with responsibility for sharing information, including child protection scenarios. A summary follows:

1. **The General Data Protection Regulations, the Data Protection Act 2018 and Human Rights laws are not a barrier to sharing information** but provide a framework to ensure personal information is shared appropriately.
2. **Be open and honest** from the outset about why, what, how and with whom information will be shared and seek their agreement, unless it is unsafe or inappropriate to do so.
3. **Seek advice** if you have any doubt, without disclosing the identity of the person if possible.
4. **Share with consent where appropriate** and where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent, if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgements on the facts of the case. When you are sharing or requesting personal information from someone, be clear regarding the basis upon which you are doing so. Where you do not have consent, be mindful that an individual might not expect information to be shared.
5. **Consider safety and well-being**, base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.
6. **Necessary, proportionate, relevant, accurate, timely and secure** – ensure that the information you share is necessary for the purpose for which you are sharing it, that it is shared only with those people who need to have it, it is accurate and up to date, is shared in a timely fashion and is shared securely.
7. **Keep a record of your concerns, the reasons for them and the decisions** – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

## APPENDIX 3

### ESSEX WILDLIFE TRUST

#### What to do if you have a safeguarding concern.



Email: [safeguarding@essexwt.org.uk](mailto:safeguarding@essexwt.org.uk)

Designated Safeguarding Lead – Samantha Quill 01621 862950 and Richard Yates 07841 032058

ESCB initial response team – (advice) 0345 6037634

ESCB concerns about a child – 0333 0138936 out of hours – 0845 6061212

ESCB concerns about a vulnerable adult – 0333 0131019 or 0345 6037630

## APPENDIX 4 – Incident Form



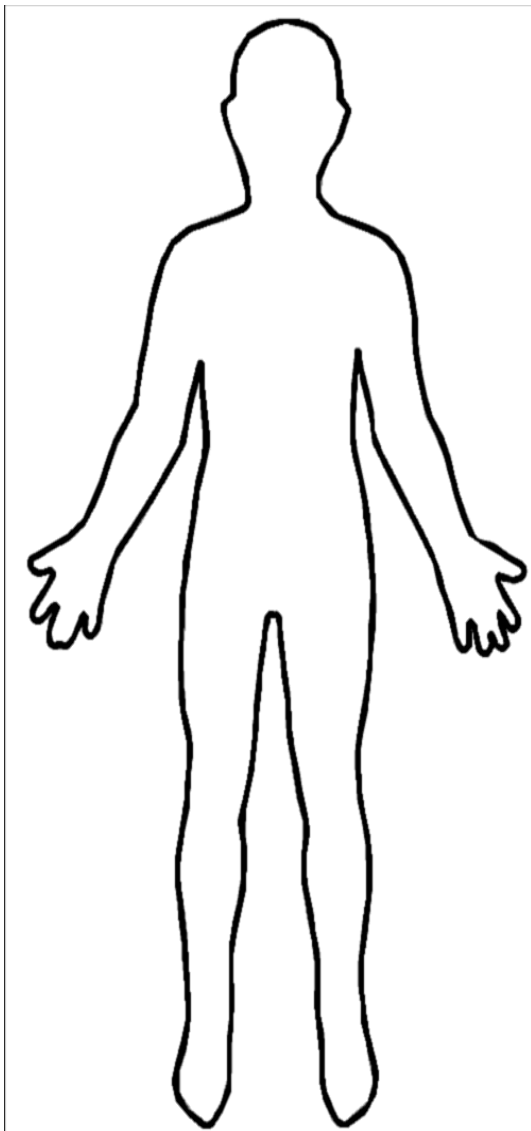
### Safeguarding Incident Form

This form is to be completed by a Safeguarding Officer in the event of a concern being raised about the safety of an adult at risk, a child or a member of staff. The document must be sent to the Designated Safeguarding Officer ([safeguarding@essexwt.org.uk](mailto:safeguarding@essexwt.org.uk)) as soon as the incident has been reported and **at the latest within 24 hours**.

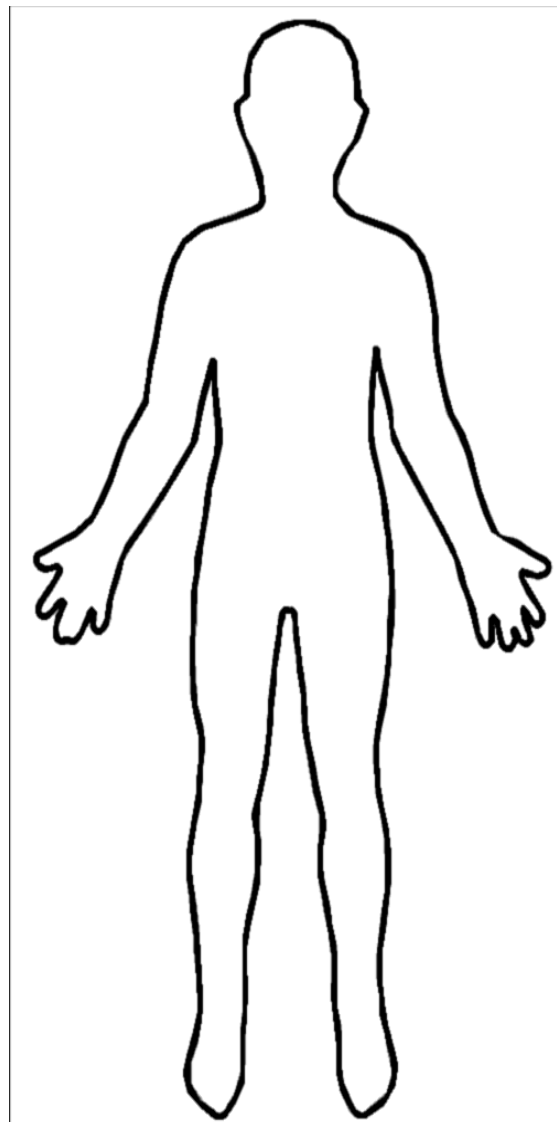
All emails **must** be password protected, with the password shared *separately in a second email*

<p>Nature of concern <i>(Ensure that these are relevant facts and not personal opinions. If using opinion, make sure to note this is clearly opinion).</i></p>	
<p>Date, time and location of incident or disclosure</p>	
<p>Details of the person raising the concern. (contact details will be shared with the Designated Lead and Social Care only)</p>	
<p>Name and details of any witnesses</p>	
<p>Name of child, young person or vulnerable adult that is subject of concern</p>	
<p>Name of staff member if this is a concern about staff</p>	
<p>Supporting evidence – physical signs of abuse to be marked on a body map sheet, any texts or social media messages to be kept by subject of concern, any clothing to be kept by subject of concern as they may be evidence</p>	

**Body Map**



Front



Back

If a child, young person or adult at risk discloses or you notice signs of physical abuse, it is helpful to mark these on the body map and sign the image and date it. Remember not all bruises are signs of abuse.

Please sign and print your name below:

Signed:	
Print name:	
Date:	

## **APPENDIX 5 - Additional Information**

### **Work experience/placement students/young volunteers**

All students will only be accepted for work experience through a recognised agency. An agreement must be signed between the agency (e.g. school), the young person and the Trust. Any period of work experience will be planned, with structured monitoring between the placement organisation and the Trust. Work experience placements will be assessed by the Volunteering team and cannot take place without the prior approval of HR/DSL/DDSL.

Young volunteers/work placements must have a detailed risk assessment completed. This applies to all places of work, regardless of location. This risk assessment must be signed off by the young person's parent/carer/guardian, DSL/DDSL and Trust mentor (if this is someone other than the DSL/DDSL).

In any EWT premises where unsupervised (i.e. without parent/carer/guardian) young people under 18 years of age may be present, all Trust staff who will have regular contact with them must be DBS Enhanced checked. Regular contact is defined as weekly contact over a period of time. Any volunteers who work regularly alongside a young volunteer (under 18 years of age) need to have a DBS Enhanced barred check.

Where possible, students will work as part of small team and not be left alone with only one member of staff or one volunteer. Where 1:1 working is the only option, staff and/or volunteers MUST receive authorisation from their line manager to proceed, and take additional care to ensure the safety of both themselves and the student.