



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 adults at risk [of harm], 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.

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Section 1 - Background and Introduction

The Stewards' Trust
The Hub, 2 Margravine Rd, London, W6 8HJ
Tel: 020 7385 7398 Email: 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 Victor Insurance.

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 adults at risk of harm. We acknowledge that children, young people and adults at risk 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 thirtyone:eight formerly known as 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 thirtyone:eight.
- 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 adults at risk. Therefore, the same principles and practices should be adopted regarding such adults attending any ST events.

The Department of Health defines an adult at risk 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.

We do not run events specifically targeted at adults at risk. Our events are open to all but we do require a carer to be present if an adult at risk is to attend an event.

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 adults at risk 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 volunteers, developing a culture of awareness of safeguarding issues to help protect everyone. All our employed staff working with young people or adults at risk will receive induction training and undertake thirtyone:eight's 'Introduction to Safeguarding' and 'Foundation Safeguarding: Children & Adults'

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 thirtyone:eight's 'Foundation Safeguarding: Children & Adults' or an equivalent course, the suitability of which will be confirmed by the DSO. Clear guidance on this role will be given (Appendix 9a and b).

All youth leaders will have been given training at the youth event training day, which will include consideration of the Code of Conduct within our 'Safe in your hands' leaflet (Appendices 7 & 11).

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 our 'Safe in your hands' leaflet which includes the flowchart 'Passing on a concern' (Appendix 8). In addition, all will have watched and been tested on our Safeguarding training video, (Appendix 11) giving guidance under the three areas 'Keeping children safe, keeping yourself safe and making the event safe'.

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 thirtyone:eight's 'Foundation Safeguarding: Children & Adults' or an equivalent course, the suitability of which will be confirmed by the DSO. Clear guidance on this role will be given (Appendix 9a and b).

All hosts, youth team 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 our 'Safe in your hands' leaflet which includes the flowchart 'Passing on a concern' (Appendices 8 & 11). In addition, all will have watched and been tested on our Safeguarding training video, (Appendix 9) giving guidance under the three areas 'Keeping children safe, keeping yourself safe and making the event safe'.

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 an adult at risk 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 thirtyone:eight's 'Foundation Safeguarding: Children & Adults' or an equivalent course, the suitability of which will be confirmed by the DSO.

Further guidance is available in Appendix 10.

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 thirtyone:eight 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 adult at risk the DSO should take advice from thirtyone:eight 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 thirtyone:eight.
- 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 thirtyone:eight, 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 adult at risk has a physical injury, a symptom of neglect or where there are concerns about emotional abuse, the DSO/Deputy will:

- Contact thirtyone:eight 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 thirtyone:eight or Children's Social Services direct for advice.
- Seek and follow advice given by thirtyone:eight (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 thirtyone:eight /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 thirtyone:eight if, for any reason they are unsure whether or not to contact Children's/Adult's Social Services/Police. thirtyone:eight 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, 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 adults at risk 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 a copy of our 'Safe in your hands' leaflet which includes the flowchart 'Passing on a concern' (Appendices 11 & 8).
- Team leaders and helpers have signed the code of conduct.

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.

Adults at risk attending Adult or Family Events (residential)



Adults at risk 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 adults at risk. 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 adults at risk, and to all those with whom we work in partnership. This safeguarding policy is just one means of promoting safeguarding.

Key people and contact details

ST Safeguarding Helpline:

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])

Thirtyone:eight helpline: 0303 003 11 11

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 (ADULTS AT RISK)

Recognised Areas of Abuse regarding Adults at Risk: 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 (ADULTS AT RISK)

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 **adult at risk** 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 Safeguarding Policy. This document covers safe practice in relation to 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 the Stewards' Trust. You may contact her to discuss any questions or concerns.

Email: 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.

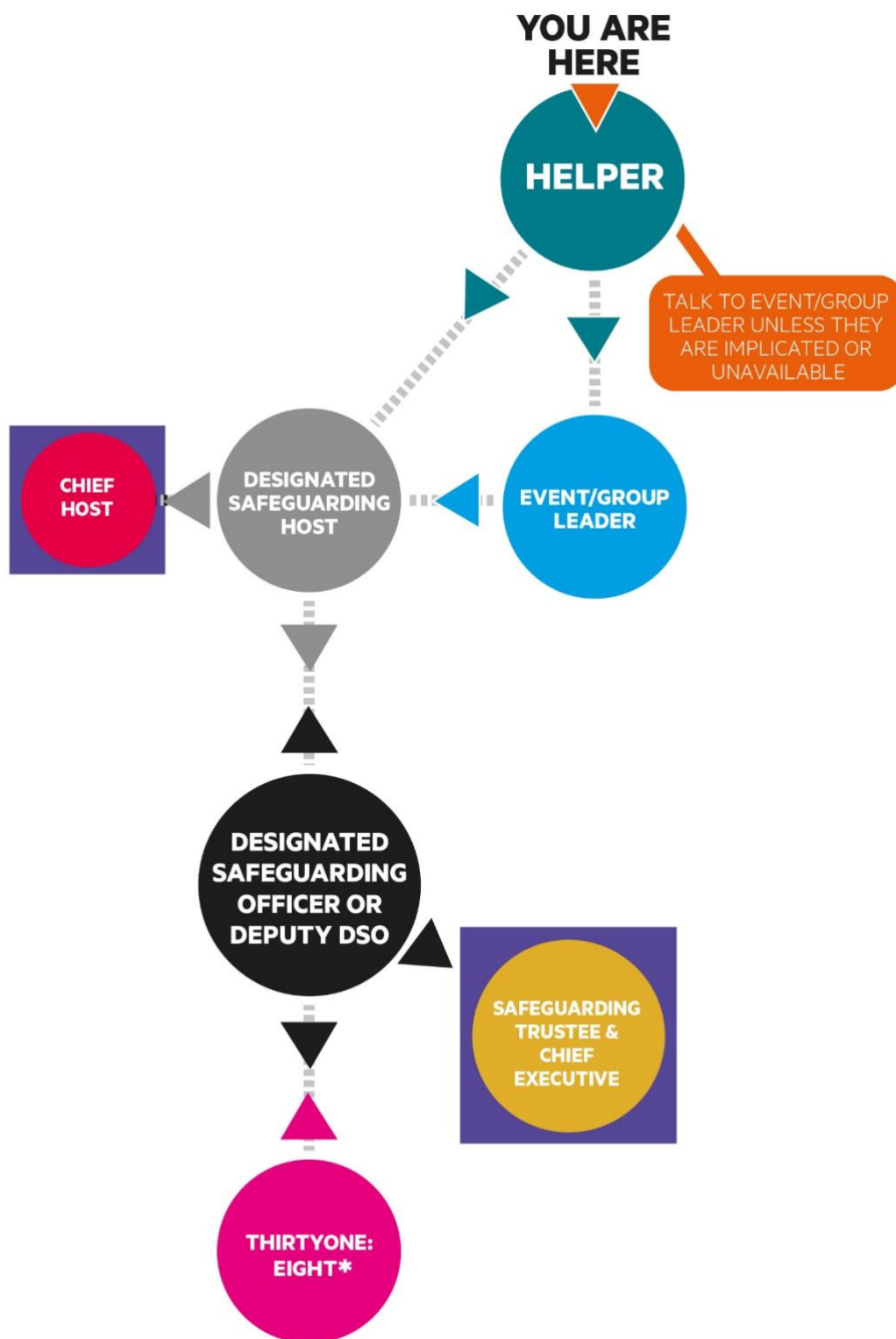
All leaders and helpers at Stewards' Trust events are expected to take seriously their position as a role-model to the children and young people they are looking after. All should commit to act in a way which promotes and affirms ST values.

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

Signed _____ Date _____

Appendix 8 – Passing on a Concern Flowchart



 For information only

 * Independent Safeguarding Specialists

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

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.

Appendix 9a – ROLE DESCRIPTIONS – Designated Safeguarding Host

SAFEGUARDING ON ALL RESIDENTIAL EVENTS

The role of the Designated Safeguarding Host (DSH)

Thank you! This is a really important responsibility and we are so grateful that you are taking it on. Please ask for further clarification if helpful. We are here to support you.

As part of our commitment to Safeguarding, EVERY residential Stewards' Trust event must have identified someone as a DSH. The main responsibilities of this role are

- ➔ being an identifiable point of contact for any Safeguarding queries
- ➔ ensuring we are adhering to our policy and that the reality on the ground reflects our intentions

This document should help to clarify what our safeguarding responsibilities are at a residential event and how we fulfil them in practice. It will outline who does what and where responsibility lies at each stage of the process.

In Advance

Chief hosts and the appointed DSH (if that is someone else) should read our Safeguarding Policy, available through our website <https://www.stewardstrust.org.uk/safeguarding-policy>. This DSH should have had some safeguarding training, and the ST is happy to cover the cost of this if necessary. The course we recommend is 'Foundation Safeguarding (Children and Adults)' available to take online from thirtyone:eight (formerly CCPAS). There is also 'An Introduction to Safeguarding' course for any who haven't had safeguarding training in the past. If other similar level courses have been completed within the last 3 years, these will be considered as an alternative. Evidence is important so a certificate of completion should be sent to the DSO.

Volunteers will need to complete, provide or apply for ...

- A **self-declaration form**
- Written **references**
- **An Enhanced DBS check** – undertaken by the ST, unless the individual has subscribed to the update service. (DBS checks done through a different organisation are no longer transferable manually). This needs to be a full check, including the element which covers being on a residential event.

They will also need to

- watch our [safeguarding training video](https://www.youtube.com/watch?v=sw_HY_pcbVU) (https://www.youtube.com/watch?v=sw_HY_pcbVU)
- read and be familiar with our 'Safe in your hands' leaflet

This admin is managed centrally by the Safeguarding Administrator

All leaders and helpers coming to serve with children and young people need to undergo our thorough checking procedures. This is managed by the Safeguarding Administrator. Please forward names and contact details of leaders and helpers to her as soon as you have them.



The Safeguarding Administrator will liaise with the DSH regarding which volunteers have completed their checks and flag up any who need extra encouragement. **It is the responsibility of the DSH to ensure that the leaders and helpers who arrive to help on the event are only those who have fully completed the checking process.**

Immediately Before the Event: We have created some new and useful resources, a short film and a leaflet, to help prepare and train leaders and helpers. These will have been sent to all helpers as part of communication within the checking process. (see box above). The DSH should familiarise themselves with the content of the film as well as the 'Safe in your hands' leaflet and should ensure that copies are available on the event itself as a visual reminder of everyone's Safeguarding responsibility. Physical copies of the leaflet will be sent to the DSH.

The code of conduct (within the leaflet) outlines how we expect our volunteers to behave and it is important that leaders of each group go through this with their teams prior to the beginning of the event to discuss elements which are pertinent to the age group of children they are leading.

On the Event: The responsibility of the DSH is to make themselves known to leaders and helpers and to be available to discuss any issues or queries regarding Safeguarding. This could be dealing with a disclosure of harm or risk of harm, or talking through behaviour of anyone causing a concern. For any and all concerns, the Designated Safeguarding Officer (DSO) or Deputy Designated Safeguarding Officer (DDSO) will be available to discuss and advise via phone or email. We have access to experts through a 24-hour Safeguarding helpline so there is advice and wisdom at hand.

All queries or disclosures should be passed on to the DSO, along with written accounts of what was shared, who shared it and who was present. We have a responsibility to keep accurate documentary evidence of any safeguarding concerns which arise on our events.

After the Event: Please ensure all incidents or disclosures have been fully written up and handed over to the DSO.

Thanks so much for taking this on – we are so grateful!

Useful contact details

Kate Ward Safeguarding Administrator kate@stewardstrust.org.uk [REDACTED]

Helen Paterson Designated Safeguarding Officer (DSO) helen@stewardstrust.org.uk [REDACTED]

Jemimah Wright Deputy Designated Safeguarding Officer (DDSO) jemimah@stewardstrust.org.uk
[REDACTED]

Appendix 9b – ROLE DESCRIPTIONS – DSH checklist

Designated Safeguarding Host

What to do...

In Advance

- ☐ Read the Stewards' Trust (ST) Safeguarding Policy available on our website
- ☐ Complete suitable training and send certificate to the Helen Designated Safeguarding Officer (DSO)
- ☐ Send names and email addresses of children's & youth leaders and helpers to Kate Safeguarding Administrator as soon as you can
- ☐ Watch ST safeguarding film and read 'Safe in Your Hands'

Immediately Before the Event

- ☐ Acquire copies of 'Safe in Your Hands' from ST office to have at your event
- ☐ Ensure group leaders have discussed the code of conduct with their team


On the Event

- ☐ Ensure leaders and helpers know who you are and be available to discuss any issues or queries
- ☐ Pass on any disclosures or queries and discuss with DSO/Deputy
- ☐ Ensure any disclosures or concerns are documented


After the Event

- ☐ Ensure any incidents or disclosures have been fully handed over to the DSO/Deputy

Key contacts

Helen Paterson Designated Safeguarding Officer (DSO)  helen@stewardstrust.org.uk

Kate Ward Safeguarding Administrator  kate@stewardstrust.org.uk

Jemimah Wright Deputy Designated Safeguarding Officer  jemimah@stewardstrust.org.uk

Appendix 10 – Safeguarding Adults at risk – Guidance Note

Safeguarding Adults ‘at risk’ on Family and Adult Residential Houseparties – Guidance Note for Hosts

Background

At the Stewards’ Trust (ST), we believe it is the call of God to do all we can to protect and care for those who are weak and vulnerable.

‘Speak out on behalf of the voiceless,
and for the rights of all who are vulnerable. Proverbs 31v8

Our responsibilities for ‘Safeguarding’ extend beyond children and young people, to adults who are at risk of harm. This could include adults with care and support needs, those with obvious mental health concerns and those with identified special needs. This note is intended to provide guidance and reassurance for those leading events where adults who could be defined as ‘at risk’ could attend. It is noted that all adults are likely to experience vulnerability, and therefore be ‘at risk’ of harm, at some point in their life, whether that may be following bereavement, other challenging personal circumstances or for some other reason entirely. It is impossible therefore to provide for clear categorisation and an element of pastoral judgement will always be necessary.

At the ST we do not offer events which are aimed specifically at adults in difficult circumstances. Therefore, if such adults book on to events, their presence is incidental and we have a different level of responsibility than if we were actively seeking to serve such adults as a group. For example, we would not be allowed to request DBS checks of adult leaders since we do not offer direct care for adults ‘at risk’. It is our policy that any adult already identified as ‘at risk’ must be accompanied on any residential event by a carer. Experience however would indicate that it is not always possible to ensure that this happens given the difficulty of identifying risk through the application and registration process.

Guidance

1. **FOR ADULT HOUSEPARTIES The Chief Host on any event should take responsibility for Safeguarding.** This can be seen as an extension of the responsibility to lead any event safely – taking account of risks inherent in any organised activity and acting appropriately; being pastorally vigilant and addressing any issues which pertain to the event. In identifying this role there is a clear access point for any who have concerns about the vulnerability of certain adults and a pathway for communication regarding any action that should be taken.
2. **FOR FAMILY HOUSEPARTIES The Designated Safeguarding Host** should be aware of any issues arising and take any action required in consultation with the Chief Hosts.
3. **Issues which could arise** include the discovery of abuse taking place on the event, or the disclosure of abuse or harm which has occurred elsewhere, most probably at home and which may be ongoing. This could include observing that someone is unable to meet their own basic needs and that this is not being addressed. It warrants vigilance for signs or symptoms of abuse or mistreatment.
4. **All the principles of normal high quality pastoral care still apply.** It is important to listen carefully, take confidentiality seriously and lead prayerfully in addressing any



concern. The views of all adults must be considered with respect and love. Where adults are deemed to have capacity to make their own decisions, we must accept this, although advice may still be sought.

5. **Many issues will be able to be resolved** with discussion, and/or encouragement to involve a family member or trusted friend to provide support after the event. **Serious concerns or any allegations of abuse will be referred** to Adult Social Services.

The ST Designated Safeguarding Officer (DSO) or his/her deputy will be available to discuss any issues as they arise and to provide support and advice. If there is an urgent need for guidance and neither DSO is available, the concerns can be referred to thirtyone:eight (formerly CCPAS) where a 24 hour advice line exists to assist with any safeguarding queries.

Simple, online training is available free of charge should hosts wish to enrich their understanding of this area and feel more equipped. Please get in touch with the DSO to arrange this.

Finally, thank you for all you do to make our events places of safety, refuge and care. We are here to support and facilitate you in whatever ways we can.

Designated Safeguarding Officer : Helen Paterson 07818 445213; helen@stewardstrust.org.uk

Deputy Designated Safeguarding Officer : Jemimah Wright 07800 [REDACTED]:
jemimah@stewardstrust.org.uk

ThirtyOne:Eight 0303 003 1111

Appendix 11 – Safeguarding Resources

Training video

https://www.youtube.com/watch?v=sw_HY_pcbVU

Safe in Your Hands leaflet

<https://www.stewardstrust.org.uk/file/safe-your-hands>