

West Down Parish Hall Safeguarding Policy

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1. Introduction by the Chairman of the Parish Hall Committee

The Management Committee of West Down Parish Hall take their responsibilities to the community very seriously and are aware of the importance of ensuring that everyone in the community can use the Parish Hall in freedom and safety. No-one using the Hall and its facilities should feel bullied, intimidated or discriminated against and consequently the following comprehensive policy has been adopted and will be available for scrutiny by all users of the Hall.

Terry King
Chairman

2. Safeguarding Policy Statement

The safeguarding of children, young people and adults at risk is an important part of all Parish Hall activities. Our Safeguarding Policy demonstrates and guides all users of the Parish Hall on the part that they play in safeguarding. The Parish Hall Committee is whole-heartedly committed to the wellbeing and protection of all those who are vulnerable or at risk of abuse.

The Parish Hall Committee will monitor national developments, whether through updated policy and guidance or through reports from elsewhere in the country and undertakes to follow relevant emerging requirements and recommendations in a timely and comprehensive manner.

(Policy Statement adopted by the Parish Hall Committee on 28th June 2017)

3. Safeguarding Commitment

The Parish Hall Committee is committed to:

- the care, nurture of, and respect for all: children, young people and adults;
- the safeguarding and protection of children, young people and all adults;
- establishing a safe environment where victims of abuse can report or disclose abuse and where they can find support that contributes to the prevention of abuse.

To this end:

- We will support and inform all those with any responsibility for safeguarding within the Parish Hall;
- We will respond without delay to every complaint made, that any adult, child or young person may have been harmed, cooperating with the police and other agencies in any investigation;
- We will seek to offer care and support to anyone who has suffered abuse, developing with them an appropriate plan of action that recognizes the importance of understanding the needs of those who have been abused, including their feelings of alienation and/or isolation;
- In as far as we are able, we will seek to protect survivors of sexual abuse from the possibility of further harm and abuse;

- We will challenge any abuse of power, especially by anyone in a position of trust;
- We will follow legislation, guidance and recognised good practice.

It is the responsibility of everyone to uphold these principles.

4. What to do if you're worried a child/adult is at risk of being abused

Safeguarding children and adults at risk of abuse is everyone's responsibility. The Committee has an important role to play in the Community as we regularly have contact with children and their families through the events we facilitate, organise or are run by third parties. We have an opportunity to be alert, vigilant and be prepared to both prevent harmful situations occurring and responding well in those cases where we suspect abuse has already occurred.

It is important that any individual who suspects or is worried that a child or vulnerable adult is being abused or may be at risk of abuse, can make that concern known in a clear and concise manner without delay. The Committee therefore provides the following guidance:

- In the first instance, where safeguarding concerns relate to a member of the Committee, contact should be made within 24 hours with the Parish Hall Committee Chairman.
- A written record must be made, signed and dated detailing the concern, allegation or disclosure. This must be passed to the Parish Hall Committee Chairman to assist in the decision-making process.
- It should be noted that if contacting any of the above becomes problematic and risks delay causing the potential for greater or further harm, the concern should be escalated to the next step to achieve a timely response to safeguarding matters.

The contact details for the relevant persons are as follows:

Chairman:
Terry King
Tel: 01271 867549
Email: caenbrookfarm@outlook.com

Email addresses should not be used as the initial point of contact for any safeguarding concerns where there is the need for swift advice, unless there is no other means of making contact. In the case of an emergency, contact should always be made with the Police by dialing **999**.

5. Safeguarding Children & Young People

The safeguarding of children and young people is an integral part of the life of the Community. This safeguarding children and young people policy sits together with the safeguarding adults' policy. This policy represents the commitment of the Committee to safeguarding children and young people and reflects our policy statement and commitment. The Committee believes that the welfare of the child is paramount and that all children should be protected from harm or abuse. To do so we will work in partnership with children, parents, carers and other agencies to promote and safeguard the welfare of our children.

5.1 What is safeguarding?

Safeguarding children is the action we take to promote the welfare of children and protect them from harm – it is everyone's responsibility. More than simply responding well to abuse where it is suspected or alleged; safeguarding also requires a wider set of measures, actions and systems that promote a safer culture and environment for children and young people so that abuse can be prevented from occurring.

Everyone who encounters children and families has a role to play. The Committee has an important role to play in the Community as we regularly have contact with children and their families through the events we facilitate, organise or are run by third parties

Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as:

- protecting children from maltreatment;
- preventing impairment of children's health or development;
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- taking action to enable all children to have the best outcomes.

5.2 What do we mean by 'Children and Young People'?

In this document, as in the Children Acts 1989 and 2004, a child is anyone who has not yet reached their 18th birthday. 'Children' therefore means 'children and young people', and these terms are often used interchangeably. The term 'young people' is often used to describe children who are of secondary school age, i.e. aged between 11 and 17. By implication, the term 'children' is often used to specifically describe a child between the age of 0 and 10. The term 'parent' includes all those who have parental responsibility for the child. There may be other adults who have contact or care of children about whom you have concerns in relation to their contact with or care of a child. In these circumstances, most of this guidance will still apply, but you should always seek advice from the Parish Hall Committee Chairman.

5.3 The Right of Children to be Protected

For too long children have died or been abused at the hands of those who should have protected them. Therefore, the work of safeguarding children and young people is now guided by a significant body of legislation and policy. They serve to reinforce the importance of this work and the basis from which we should be operating. The UN Convention on the Rights of the Child (1989) challenges us to take measures to protect children from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse. Within England this is reflected in the Children Act 1989 which provides the statutory powers for the Local Authority to investigate and intervene where there are concerns for significant harm to a child. More specifically, statutory and voluntary organisations are guided by Working Together to Safeguard Children (2013). This policy has been developed against this legislation.

5.4 What do we mean by 'Harm'?

The primary concept in safeguarding is recognising and responding to the potential ***significant harm*** of children. Significant harm is any single or multiple maltreatment or impairment to the health and development of a child and is determined by careful assessment.

5.4.1 Who might harm children and young people?

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 by another child or children, including bullying and abuse through the use of digital technology. Someone may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Most child abuse is perpetrated by an adult, male or female, who is known to the child; most often a family member or close friend. Such trusted adults may be in the child's community; they may be trusted professionals, leaders or members of a child's church.

5.4.2 How might children and young people be harmed?

Children can be harmed in many ways. Maltreatment of a child occurs where their health or physical, emotional, intellectual, sexual, spiritual or social development is damaged or diminished by other people. All abuse is a betrayal of trust and a misuse of relationships and power. Abuse can be both an act of commission (doing things we know we should not do), such as physical or sexual abuse or omission (things we know we should do, but fail to do), such as neglect.

Child abuse affects girls and boys, babies and young people of all ages up to 18. Children with learning difficulties or disabilities and/or physical disabilities are particularly vulnerable. Children from all kinds of family and social background can be abused. It occurs in all cultures and religions.

Digital technology such as the internet and mobile phones are being increasingly used as a medium for abuse. Amongst their peers children may experience 'sexting', 'cyber-bullying' or be enticed to have taken or send explicit photographs of themselves. With adults, it may also take the form of the production and distribution of photos or video displaying abusive images of children. Children can also be entrapped and blackmailed by these practices.

5.4.3 Where might children and young people be harmed?

It is important to remember that children might be at risk of abuse in a wide variety of settings, including the family home, the homes of friends or the places in which they learn or are cared for. For this reason, it is important to ensure that all reasonable steps are taken to create safer cultures, environments and working practices to assist in the prevention of abuse.

Recent studies suggest that there may even be greater risk of harm posed to children who are part of institutional settings. The reasons given for this are; the potential for abuse to occur and be over-looked, institutions putting their own needs above those of children, the development of unsafe cultures and leadership practices, the high social regard for the work of the institution creating false security amongst the public, loyalty of workers to the mission over that towards children (CEOP)[1].

[1] 'The Foundations of Abuse: A thematic assessment of the risk of child sexual abuse by adults in institutions', CEOP/NCA, 2013

6. Definitions of Abuse (Children and Young People)

The following definitions of child abuse are taken from 'Working Together to Safeguard Children' (2013) and represent the recognised categories of abuse that will be used across all organisations and agencies involved in working with children and young people:

6.1 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.

6.2 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 the 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 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.

6.3 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 and 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 or 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-givers, or the failure to ensure access to appropriate medical care or treatment. It may also include the neglect of, or unresponsiveness to, a child's basic emotional needs.

6.4 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.

Additional forms of abuse are also recognised as being apparent within our communities. Whilst these do not find the same level of consistent understanding or application, they are particularly relevant, as follows:

6.5 Organised/Institutional Abuse may be defined as abuse involving one or more abusers and a number of children. The abusers concerned may be acting in concert to abuse children, sometimes

acting in isolation, or may be using an institutional framework or position of authority to recruit children for abuse.

6.6 Spiritual Abuse is like emotional abuse on many levels, in that inappropriate expectations may be imposed upon children and young people. It may involve conveying to children the consequences of sinfulness in an inappropriate manner causing them fear and manipulating them into accepting what someone is preaching /teaching /saying. To say, "You won't go the heaven if you get run over by a bus on your way home" is a form of bullying, exploitation of emotions, manipulation of young minds and a corruption of the Gospel message.

6.7 Abuse Linked to Faith or Belief[2] is based in a belief in 'possession' and 'witchcraft' and is widespread throughout the UK. It is not confined to people from particular countries, cultures or religions, nor is it confined to new immigrant communities in the UK. Nationally, the number of known cases of child abuse linked to accusations of 'possession' or 'witchcraft' is small, but children involved can suffer damage to their physical and mental health, capacity to learn, ability to form relationships and self esteem. Such abuse generally occurs when a carer views a child as being 'different', attributes this difference to the child being 'possessed' or involved in 'witchcraft', and attempts to exorcise him or her – either by themselves or through a faith leader. A child could be viewed as 'different' for a variety of reasons, such as disobedience, independence, bedwetting, nightmares, illness or disability. The attempt to 'exorcise' may involve severe beating, burning, starvation, cutting or stabbing, and/or isolation (physical, emotional, sexual abuse and neglect) and usually occurs in the household where the child lives.

7. Signs & Symptoms of Abuse

The following should be used as indicators only that a child may be experiencing some form of abuse. They are not exhaustive lists and should not be used as a definitive guide as to whether abuse has or is being suffered. However, in using these signs as a guide, the presence of any of these signs should cause us to stop and consider the possibility that a child may be being abused.

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[2] 'Abuse Linked to Faith or Belief' has attracted recent attention from government and the 'National Action Plan for Tackling Child Abuse Linked to Faith or Belief' (2012) has been published by the Department for Education.

7.1 Physical Abuse

Physical Signs	*Behavioural Signs*
Bruises, black eyes and broken bones are obvious signs of physical abuse, but they are not the only ones. Other signs include: • injuries that the child cannot explain or explains unconvincingly • untreated or inadequately treated injuries • injuries to parts of the body where accidents are unlikely, such as thighs, back, abdomen • bruising which looks like hand or finger marks • cigarette burns, human bites • scalds and burns	Sometimes if a child is being physically abused they may show changes in behaviour, such as: • becoming sad, withdrawn or depressed • having trouble sleeping • behaving aggressively or being disruptive • showing fear of certain adults • showing lack of confidence and low self-esteem • using drugs or alcohol

7.2 Emotional Abuse

Physical Signs	*Behavioural Signs*
• speech disorders • delayed physical development • substance abuse • ulcers, severe allergies	• habit disorder (sucking, rocking, biting) antisocial, destructive • neurotic traits (sleep disorders, inhibition of play) • passive and aggressive - behavioural extremes • delinquent behaviour (esp. adolescents) • developmentally delayed

7.3 Neglect

Physical Signs	*Behavioural Signs*
• abandonment • unattended medical needs • consistent lack of supervision • consistent hunger, inappropriate dress, poor hygiene • lice, distended stomach, emaciated • inadequate nutrition	• regularly displays fatigue or listlessness, falls asleep in class • steals food, begs from classmates • reports that there is no carer at home • frequently absent or late • self-destructive • school dropout (esp. adolescents) • extreme loneliness and need for affection

7.4 Sexual Abuse

Physical Signs	*Behavioural Signs*
• pain, itching, bruising or bleeding in the genital or anal areas • genital discharge or urinary tract infections • stomach pains or discomfort walking or sitting • sexually transmitted infections • pregnancy	• a marked change in the child's general behaviour. For example, they may become unusually quiet and withdrawn, or unusually aggressive. Or they may start suffering from what may seem to be physical ailments, but which can't be explained medically. • a young person may refuse to attend school or starts to have difficulty concentrating so that their schoolwork is affected • they may show unexpected fear or distrust of a particular adult or refuse to continue with their usual social activities. • they may start using sexually explicit behaviour or language, particularly if the behaviour or language is not appropriate for their age • the child may describe receiving special attention from a particular adult, or refer to a new, "secret" friendship with an adult or young person

8. Why Don't Children and Young People Tell?

It is commonly believed that a child or young person would resist abuse at all costs or immediately tell a trusted adult. In fact, children often need to overcome a number of barriers which may be emotional or intellectual but are very real for them. Children and young people often don't tell because they:

- are scared - because they have been threatened by the perpetrator
- believe they will be taken away from home and put in care
- believe they are to blame
- think it is what happens to all children
- feel shame, embarrassment or guilt
- don't want the abuser to get into trouble
- have communication or learning difficulties
- may not have the vocabulary to explain what happened
- are afraid they won't be believed

All of us have a natural revulsion upon hearing someone has maltreated a child and must resist our inclination to dismiss its possible truth in favour of a more comfortable rationale. The reasons adults do not share their concerns may be because we:

- find it hard to believe what we are seeing or hearing
- cannot believe the suspicion that may be about someone we know
- fear we might 'get it wrong' or make it worse
- fear the consequences of getting it wrong – for the child, young person or vulnerable adult, their family and/or for ourselves
- simply 'don't want to be involved'
- believe we do not have the information on what to do or who to contact.

In putting the needs and interests of children first in our thoughts and actions, we must be prepared to take what we see and hear at face value and act accordingly. Adults are usually more capable of recovering from misinterpretations and false allegations than a child is capable of recovering from the long-term effects of abuse that have gone without appropriate intervention by those that could have acted but didn't.

9. Safeguarding Adults

9.1 What is Safeguarding?

Society is recognising that people are being harmed when they are vulnerable for various reasons whether permanently or on a temporary basis and this abuse can take place in their own homes, in residential care, at work or in other activities. Some adults, who do not see themselves as 'vulnerable' under our working definition, may still find themselves exploited, bullied or abused. The safeguarding of adults when harm occurs is the responsibility of everyone. Awareness of the ways people can suffer harm encourages members of the community to be vigilant.

There is a responsibility for members of the Committee to ensure that all people are treated with respect and that any complaints are dealt with promptly and fairly.

9.2 What is Vulnerability?

Human beings are, by their very nature, subject to the chances and changes of this world. Each one has strengths and weaknesses, capacities and restrictions. At some time, everyone will be vulnerable to a wide range of pressures, concerns or dangers. No one is 'invulnerable'; some people may consider themselves to be strong but, when circumstances change, strengths can quickly disappear. Some people because of their physical or social circumstances have higher levels of vulnerability than others. It is the duty of everyone to recognize and support those who are identified as being more vulnerable. In supporting a vulnerable person, we must do so with compassion and in a way that maintains dignity. Vulnerability is not an absolute; an individual cannot be labelled as 'vulnerable' in the same way as a child is regarded as such. Childhood is absolute: someone who is not yet eighteen years of age is, in the eyes of the law, a child; this is not the case with vulnerability. Some of the factors that increase vulnerability include:

- A sensory, or physical disability, or impairment
- A learning disability
- A physical illness

- Mental ill health (including dementia), chronic, or acute
- An addiction to alcohol, or drugs
- The failing faculties of old age
- A permanent, or temporary reduction in physical, mental, or emotional capacity brought on by life events e.g. bereavement, trauma, or previous abuse

Within this policy, the term 'Adult' will be used to describe an individual for whom any or all of the above may be applicable and for whom the working definition below may be applicable.

9.3 What do we mean by 'mistreatment' and 'harm'?

Below is a working definition of vulnerability:

> *Any adult aged 18, or over, who, by reason of mental, or other disability, age, illness, or other situation is permanently, or for the time being unable to take care of him or herself, or to protect him, or herself against significant harm, or exploitation.*

Mistreatment is defined in 'No Secrets' (2000)[3] as '*a violation of an individual's human and civil rights by any other person, or persons*'.

The term covers abuse, bullying and harassment. Harm is what results from mistreatment and abuse.

9.3.1 Who might harm vulnerable adults?
Adults may be abused by a wide range of people including relatives and family members, professional staff, paid care workers, volunteers, other service users, neighbours, friends and associates, people who deliberately exploit vulnerable people and strangers.

There is often particular concern when abuse is perpetrated by someone in a position of power or authority who uses his or her position to the detriment of the health, safety, welfare and general wellbeing of a vulnerable person. Agencies not only have a responsibility to all vulnerable adults who have been abused but may also have responsibilities in relation to some perpetrators of abuse.

Stranger abuse will warrant a different kind of response from that appropriate to abuse in an ongoing relationship or in a care location. Nevertheless, in some instances it may be appropriate to use the locally agreed inter-agency adult protection procedures to ensure that the vulnerable person receives the services and support that they need. Such procedures may also be used when there is the potential for harm to other vulnerable people.

9.3.2 How might harm to vulnerable adults happen?
Abuse of adults may occur on a single occasion or on multiple occasions. Those adults who are particularly vulnerable due to their circumstances (especially those within residential or

[3] 'No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse', Department of Health, 2000

institutional care settings) may benefit from additional safeguards that assist to prevent the potential for abuse.

Patterns of abuse and abusing vary and reflect very different dynamics. These include:

- serial abusing in which the perpetrator seeks out and 'grooms' vulnerable individuals. Sexual abuse usually falls into this pattern as do some forms of financial abuse;
- long term abuse in the context of an ongoing family relationship such as domestic violence between spouses or generations;
- opportunistic abuse such as theft occurring because money has been left around;
- situational abuse which arises because pressures have built up and/or because of difficult or challenging behaviour;
- neglect of a person's needs because those around him or her are not able to be responsible for their care, for example if the carer has difficulties attributable to such issues as debt, alcohol or mental health problems;
- institutional abuse which features poor care standards, lack of positive responses to complex needs, rigid routines, inadequate staffing and an insufficient knowledge base within the service;
- unacceptable 'treatments' or programmes which include sanctions or punishment such as withholding of food and drink, seclusion, unnecessary and unauthorised use of control and restraint or over-medication;
- failure of agencies to ensure staff receive appropriate guidance on anti-racist and anti-discriminatory practice;
- failure to access key services such as health care, dentistry, prostheses;
- misappropriation of benefits and/or use of the person's money by other members of the household;
- fraud or intimidation in connection with wills, property or other assets.

9.3.3 Where might harm to vulnerable adults happen?

Abuse can take place in any context. It may occur when an adult lives alone or with a relative; it may also occur within nursing, residential or day care settings, in hospitals, custodial situations, support services into people's own homes, and other places previously assumed safe, or in public places.

Intervention will partly be determined by the environment or the context in which the abuse has occurred. Assessment of the environment, or context, is relevant, because exploitation, deception, misuse of authority, intimidation or coercion may render an adult incapable of making his or her own decisions. Thus, it may be important for the adult to be away from the sphere of influence of the abusive person or the setting in order to be able to make a free choice about how to proceed. An initial rejection of help should not always be taken at face value.

9.3.4 The prevalence of abuse of adults

Information from small scale studies (e.g. MENCAP 1999, DH/Action on Elder Abuse 2005) indicates that the prevalence of such abuse (within the population that is served by the accepted definitions of a 'vulnerable adult') is higher than in the rest of the adult population. Aspects of peoples' lives that can explain this increased vulnerability to abuse include:

- Lack of inclusion in protective social networks, including education and employment
- Dependency on others (who may misuse their position) for vital needs including mobility, access to information and control of finances
- Lack of access to remedies for abuse and neglect
- Social acceptability of low standards for care and treatment
- Social acceptability of domestic abuse
- Dynamics of power within institutional care settings

10. Definitions of Abuse (Adults)

Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it. The following are taken from 'No Secrets':

10.1 Physical Abuse may include hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions.

10.2 Sexual Abuse may include rape and sexual assault or sexual acts to which the vulnerable adult has not consented, or could not consent or was pressured into consenting.

10.3 Psychological Abuse may include emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

10.4 Financial/Material Abuse may include theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

10.5 Neglect (and acts of omission) may include ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

10.6 Discriminatory Abuse may include racist, sexist, that based on a person's disability, and other forms of harassment, slurs or similar treatment.

10.7 Institutional/Organised Abuse may occur where there is poor professional practice in a setting. This may take the form of isolated incidents of poor or unsatisfactory professional practice, at one end of the spectrum, through to pervasive ill treatment or gross misconduct at the other. Repeated instances of poor care may be an indication of more serious problems.

11. Signs & Symptoms of Abuse (Adults)

It may not always be obvious that an adult is being subjected to mistreatment or abuse; and it may not be appropriate to question them at the time. However, there may be general indicators that

something is amiss and that the adult is unhappy about their situation. Marked change in their behaviour or disclosure of concerns should be discussed with the Parish Hall Committee Chairman.

Physical Signs	*Behavioural Signs*
Some general indicators that may be noticed about the vulnerable person: • covering up or rationalising, injuries or demeaning behaviours towards them • confusion and / or denial that anything is amiss despite marked deterioration • withdrawal from things that they normally engage with or do • not being allowed to speak for themselves, or see others without permission • flirtatious, precocious or expressive sexual behaviour out of character • indications of unusual confinement e.g. closed off in a room	Behaviours that may be observed about the carer, family member or the person close to the adult at risk include: • getting the vulnerable person to pay for their (i.e. carer's) shopping / petrol / tickets • taking advantage of their naivety or trust • attitudes of indifference or anger towards the vulnerable person • blaming or chastising them e.g. that soiling themselves was deliberate • aggressive or harsh behaviour (threats, insults, harassment) • inappropriate display of affection or care • social isolation or restriction of activity • obvious absence of assistance or attendance

12. Good Practice Principles for Working with Adults

All Parish Hall activities which support an individual deemed vulnerable / at risk should follow these five principles:

- presume capacity – that people are capable of making decisions, unless there is evidence otherwise
- support individuals to make their own decisions – giving all practicable help before considering making any decisions on their behalf
- distinguish unwise decisions – recognise that the person retains the right to make seemingly eccentric or unwise decisions
- act in their best interests – in all decisions or activities on their behalf
- take the least restrictive option – in any action that might affect their basic rights and freedoms

12.1 Creating Safer Environments

Communities should be places where all people feel welcomed, respected and safe from abuse. The Committee can work towards creating a safe and non-discriminatory environment by being aware of some of the situations that create vulnerability. Issues which need to be considered include both the physical environment and the attitudes of workers. A person who might be considered vulnerable has the right to:

- be treated with respect and dignity;
- have their privacy respected;
- be able to lead as independent a life as possible;

- be able to choose how to lead their life;
- have the protection of the law;
- have their rights upheld regardless of their ethnicity, gender, sexuality, impairment or disability, age, religion or cultural background;
- be able to use their chosen language or method of communication;
- be heard.

12.2 When might intervention be necessary?

In determining how serious or extensive abuse must be to justify intervention a useful starting point can be found in 'Who Decides?'[4]. Building on the concept of 'significant harm' introduced in the Children Act, the Law Commission suggested that:

> *"'harm' should be taken to include not only ill treatment (including sexual abuse and forms of ill treatment which are not physical), but also the impairment of, or an avoidable deterioration in, physical or mental health; and the impairment of physical, intellectual, emotional, social or behavioural development'."*

The seriousness or extent of abuse is often not clear when anxiety is first expressed. It is important, therefore, when considering the appropriateness of intervention, to approach reports of incidents or allegations with an open mind. In making any assessment of seriousness the following factors need to be considered:

- the vulnerability of the individual;
- the nature and extent of the abuse;
- the length of time it has been occurring;
- the impact on the individual; and
- the risk of repeated or increasingly serious acts involving this or other vulnerable adults.

What this means in practice is working through a process of assessment to evaluate:

- Is the person suffering harm or exploitation?
- Does the person suffering or causing harm/exploitation meet the NHS and Community Care Act (1990) eligibility criteria?
- Is the intervention in the best interests of the vulnerable adult fitting the criteria and/or in the public interest?
- Does the assessment account for the depth and conviction of the feelings of the person alleging the abuse?

13. Safeguarding Responsibilities (General Checklist)

The Committee on behalf of the parish should:

- Create a culture of 'informed vigilance', which takes children and adults at risk seriously.
- Ensure that appropriate health and safety policies and procedures are in place.
- Ensure that current Health and Safety requirements are met for all groups involving children or adults.

[4] 'Who Decides: Making decisions on behalf of mentally incapacitated adults', The Lord Chancellors Office, 1997

- Display the “Childline” telephone number prominently on a notice-board that is accessible to children.
- Pay attention to children with special needs and those from ethnic minorities, to ensure their full integration within the community, remembering that children with disability or those for whom English is not their first language or are isolated in any way are always more vulnerable to abuse.
- Review the implementation of the Safeguarding Policy, Procedures and any Good Practice Guidelines at least annually, to ensure that the Committee is adhering to the practice laid down within the Policy.
- Provide appropriate insurance cover for all activities with children and young people that are undertaken in the name of the Parish Hall.