



Child and Adult Safeguarding Policy and Guidance

The AVA Designated Safeguarding Leads are:

Ruth Mason (Director of Training & Innovation) is the designated safeguarding lead - 07305027714

Adeolu Solarin (Trustee) is the lead on safeguarding for the Board of Trustees

Signed:

Ruth Norman Mason - Sept 22
Level 3 (Safeguarding Adult) Feb '21 and 4 (Safeguarding Children) Sept '21

This Policy was updated in Sept '22 and will be reviewed by September '24



1. About AVA

AVA is a research, training and consultancy charity which provides expertise, insight and evidence-based recommendations to end violence against women and girls (VAWG).

AVA is committed to co-production and user involvement and seeks to recruit and involve women and children whose lives are impacted by the issues we work on.

AVA is a trauma informed employer which recognises our duty of care to safeguard our staff from vicarious and secondary trauma. We invest in and support staff well-being through our EAP, Clinical Supervision as required and ongoing line management development and coaching.

Our work will always ensure that children and adult survivors get urgent support to protect them from significant harm in the present and our long-term vision is to ensure their ongoing safety.

Effective safeguarding begins with all AVA staff being well informed about this policy and our associated procedures.

Our work

Our work involves listening and understanding the experience and needs of adult and child survivors of VAWG through focus groups, surveys and one to one interviews.

Our work encompasses understanding the views of wider community members and children and young people who might be at risk of VAWG to help inform our prevention strategy and whole school prevention work.

We provide training and consultancy services to a range of professionals to help inform their approaches and best practice.

We work online, in schools, in community spaces and specialist services with the aim of ensuring our work reaches the right stakeholders.

We work first and foremost with women and child survivors of VAWG.
We work with children and young people to prevent VAWG.



We work with our Experts by Experience (women recruited to work on projects based on their specific lived experience of certain issues).
We work with voluntary and statutory sector professionals.

2. The purpose of the policy

We have drafted this policy so that our charity does no harm in pursuing its public benefit. We take a feminist and trauma informed approach to training, research and consultancy and want to ensure that women and children connected with our work are offered the appropriate safeguards.

This policy will provide the necessary guidance on our safeguarding procedures in the event that they suspect a child or adult may be experiencing, or be at risk of, significant or ongoing harm.

3. Who does this policy apply to and what are their roles?

This policy applies to anyone who works on behalf of AVA

- All staff employed by AVA
- freelance consultants working on AVA business – including Experts by Experience
- Experts by Experience are a team of women with unique forms of lived experience that enable them to co-produce research, reports and training
- Volunteers and Trustees
- Associate trainers
- Clinical supervisors
- Any agency staff employed on any basis

For ease of reference the term ‘AVA staff’ will be used to include all those listed above.

On occasion, AVA may work in partnership with other organisations and we would expect this policy to form part of any partnership agreement.

3.1 Roles and responsibilities of AVA staff

Chair and Board of Trustees

- To ensure AVA is compliant with statutory requirements.



- Ensure on-going monitoring to ensure effective implementation of those policies and procedures.
- Ensure adequate budget for staff training on Safeguarding and that Safeguarding is considered as part of strategic planning and business continuity and organisational risk assessment.

CEO

- Strategic responsibility for Safeguarding across AVA – she will work with trustees to decide when safeguarding reports need to be made to the Charity Commission or Disclosure and Baring Service.
- Support and create space for the Designated Safeguarding Lead (DSL) to respond to concerns or appointing an independent investigator if concerns are around DSL's behaviour.
- Maintain oversight and communication of any action plans and manage external comms in the event of safeguarding issues.

Designated Safeguarding Lead

- To act as the Designated Safeguarding Lead for AVA
- Maintain Level Four qualification in Child Safeguarding and Level 3 in Adult Safeguarding.
- To know AVA's policy, procedures and reporting mechanisms – and make sure they incorporate changes/learning/best practice arising from statutory reviews or changes in legislation.
- To support AVA staff to deliver all work within our safeguarding framework.
- To ensure adequate records are maintained in relation to safeguarding incidents.
- To respond with suitable action plans, to concerns raised through audits of safeguarding incidents.
- To ensure all staff have received and are up to date with safeguarding training.
- To conduct where necessary annual dip sample of safeguarding incidents to ensure organisational compliance.

Line Managers

- To advise staff in relation to safeguarding concerns and incidents.
- Trained to Level two in adult and child safeguarding.
- To act as a first point of contact for staff who have a concern or require advice and guidance in relation to their safeguarding responsibilities.



- To provide day to day support and well-being signposting to staff with safeguarding questions and concerns.

Clinical Supervisors

- Develop and deepen organisational practice on safeguarding, risk management and support risk tolerance in line with AVA's trauma informed practice and protocols.
- Support staff to mitigate against vicarious trauma and understand the limits to their responsibility in relation to safeguarding concerns.
- To provide ad-hoc well-being support in relation to safeguarding concerns.
- To raise concerns with AVA DSL if there are concerns about the safeguarding needs of staff, with due respect to confidentiality and consent of staff.
- To raise concerns with AVA DSL in the event that there are safeguarding concerns about the conduct of staff.

All staff and volunteers

- To familiarise themselves with this policy and guidance and associated policies.
- To be curious about safeguarding and ask questions about safeguarding
- To respond, report and record all concerns in relation to safeguarding as set out in this policy and guidance.



4. Responding to safeguarding concerns/disclosures of abuse

In the course of your work with AVA you are likely to be trusted with women's experiences of abuse and harm.

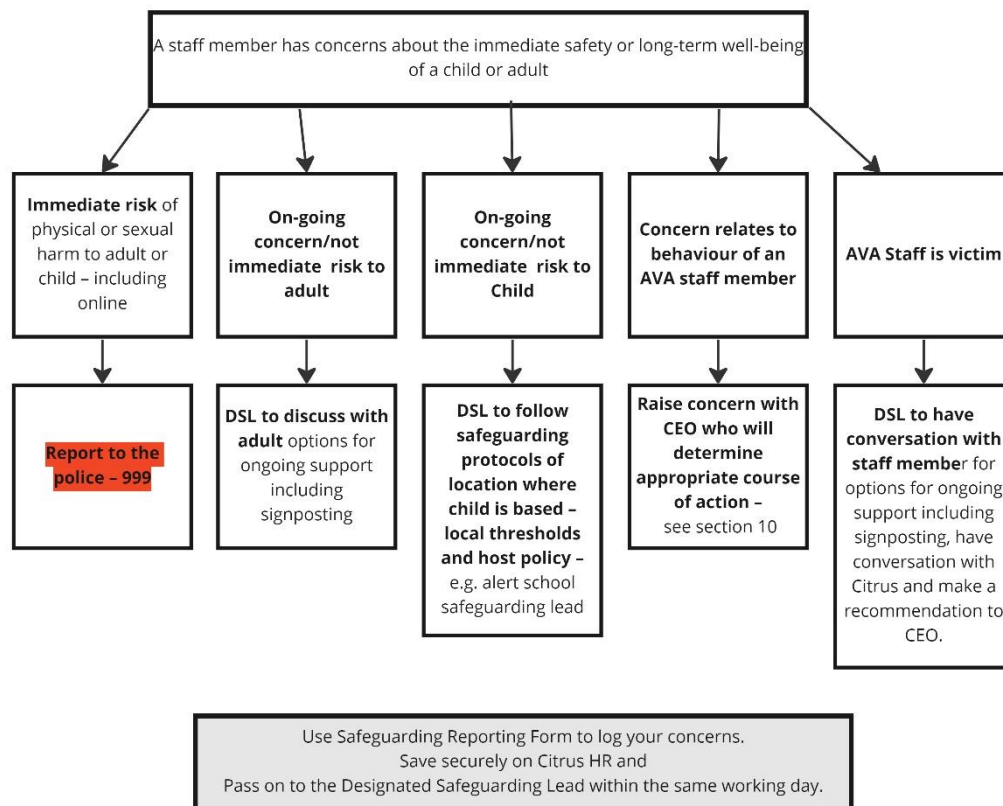
In all cases all experiences of abuse should be met with a validating, believing response - no one in contact with AVA in any form should get a sense of being blamed or held responsible for the abuse they experience(d).

When a survivor discloses, we ask staff to respond in a kind and empathic way and ask if they need help to find support options. Staff can recommend Breathing Space and the list of support organisations on the AVA website at <https://avaproject.org.uk/need-help/>.

Being mindful of our trauma informed approach staff should be careful not to encourage the survivor to tell you details of the abuse, it can be traumatic for all concerned and because AVA is not able to provide direct support they will normally have to repeat themselves to the frontline organisation they make contact with.

4.2 Responding to disclosures where AVA has an ongoing relationship with the person

Anyone at any time can require safeguarding, all staff should be aware of bias or prejudice which might prevent someone from getting a safeguarding response from AVA. Where we have an ongoing relationship with a person we follow the process below:



5. Our Safeguarding Ethics and Values

We should always look beyond single incidents or individuals to identify patterns of harm. We will work with women, children and young people to take a strengths-based approach and a future oriented approach.

AVA adapted the work of CWASU researchers on Space for Action the ten domains where state and perpetrator can combine to limit women’s choices, freedom and future. Listed in the research these key areas are:

- Sense of self,
- Parenting and caring responsibilities
- Community
- Family and friends
- Accessing support
- Every-day coping

- Health and well-being
- Money and resources
- Accessing support
- Future plans

In AVA's work on Space for Action - each domain can either be a snake or a ladder. Our approach to safeguarding needs to understand how our work can turn a snake into a ladder and keep an eye out for the reverse. Our approach to safeguarding will consider each of these areas as potential safeguarding needs.



Sitting underneath our understanding of space for action is Judith Herman's work on trauma informed recovery - and the different layers of work in terms of trauma practice, at any point in someone's life a snake can return them to the need for basic stabilisation and support to address their safety needs.



Intersectional: Our work within safeguarding space aims to understand unique lived experiences, collective and structural issues and oppression and how our interactions need to promote individual and collective repair.

Trauma Informed: We also commit to trying to making sure that decisions we take don't make a situation worse. We will do this by working alongside those in need of safeguarding to hold their views and opinions as paramount in determining our course of action.

Transparent: When delivering direct work with adult survivors or child survivors we will be clear and honest about our approach, the importance of and limits to our confidentiality.

Empowerment – we will take a person-centred approach to safeguarding, ensuring that people feel listened to, asked about desired outcomes which let the DSL co-produce a safeguarding action plan as required.

Prevention – we want all staff to receive clear and simple information about what abuse is, how to recognise it and where to report it at AVA.

At AVA we prize the principle of **proportionality** – we know that survivors and most women want the least intrusive response appropriate to the risk identified and presented.

AVA is a collaborative organisation that prizes effective **partnerships**. We work hard to build networks of localised support solutions where we work in an area. We will make sure that where we are working with an Expert by Experience or project in a distinct geographical area that we have emergency contacts in that area and that we have discussed with staff and women who we would contact in the event of an emergency.

6. Assessing Project and Research Safeguarding Needs

AVA understands that women who approach us to work with us either as employed members of staff, Experts by Experience, research participants and other connected groups often have “a reason” which might involve a lived experience or personal connection to violence and abuse.

We respect women's right not to disclose the details of their lived experience, and we balance that with our future oriented safeguarding practice.



If a member of staff or an EBE has a particular concern or vulnerability related to their own lived experience then it might be appropriate to record it through conversations with line managers as work is allocated - for example a woman in recovery might not be appropriate to work with women who are still using drugs or alcohol, or they might be exactly the right woman with additional layers of support - an open conversation with line managers and clinical supervisors can be used to determine at the starting point of a project and through the lifetime of a project the needs of the women involved.

AVA recognises that it would not be fair or proportionate to log each safeguarding need or identified risk for all the women who work with us and for us, where we do we will commit to recording it safely and confidentially.

We will ensure that staff support structures are available to enable staff to raise with us where their lived experience is interacting with our core business.

We will ensure through EBE induction events where and how EBE lived experience might need additional layers of support.

AVA's proactive approach to identification of new areas of research and policy development will bring us into contact with new and emerging safeguarding needs. Each project will consider safeguarding at inception and throughout set up and delivery to ensure the safety and well-being of all women connected with the work.

We ask staff to work with their line manager and Designated Safeguarding Lead and clinical supervisor to use the following categories of safeguarding need to identify the appropriate and proportionate response required by AVA in response to new and existing work.

	AVA Actions
<p>A Project Rated Green From a safeguarding perspective will be AVA's core business - there may well be significant experiences of historic sexual and domestic violence and abuse, previous experience of substance use, homelessness and</p>	<p>All staff and EBEs should be fine to work with a green rated project with our Business as Usual topics within existing staff support.</p> <p>Staff should consider with DSL the numbers of EBEs required for projects and the staff to EBE ratio.</p>

<p>other forms of multiple disadvantage but challenges are known, controlled and well managed.</p> <p>Green projects might be distressing to people on an individual basis because of their specific lived experience and can be managed through line management and clinical supervision.</p> <p>As best as we can determine we are trying to gauge whether there are unknown areas of concern or whether there is/might be an immediate risk of significant harm.</p>	<p>All staff and EBEs will have an emergency contact documented on Citrus - and line managers/points of contact need to be clear and transparent about how AVA staff would use them.</p> <p>Participants should be free to consent, withdraw and not require additional support to engage with our work.</p> <p>Project meetings should regularly consider what actions would be needed if the project was to move out of green or new information emerged.</p> <p>Even within a project rated green for content, individuals' life circumstances can change to such an extent that they might require a safeguarding response.</p>
<p>All projects involving direct contact with children and young people should be rated Amber and should be sponsored by a member of SLT with appropriate Safeguarding training.</p> <p>Amber projects might also be where we don't have organisational memory or experience of the subject material or if we deem that the subject material is likely to be distressing to individuals regardless of their lived experience.</p> <p>Projects can move into amber if safeguarding risk of harm to staff, or participants can be documented as escalating.</p>	<p>Amber flags to SMT that additional levels of safeguarding support and knowledge are required to ensure no harm to staff, contractors or participants.</p> <p>Staff to child ratios for focus groups and other direct contact are set out in Appendix 1.</p> <p>Some projects might benefit from the creation of external steering groups or other accountability structures if they are determined to be amber at the point of establishment.</p> <p>Project inductions for EBEs and other contractors should make sure that safeguarding protocols are available and reviewed regularly.</p> <p>When we are recruiting participants, we might ensure that they have an associated support</p>

	<p>worker that we can raise concerns with.</p> <p>Research and project activities for Amber projects should utilise the checklist at appendix 3.</p> <p>Consent to participate for participants must consider whether participants have ongoing capacity to consent to the project.</p> <p>Project meetings should regularly think about how to de-escalate the safeguarding risk and what actions need to be put in place to make participants safer - ideas include additional face to face meetings, additional newsletters, training and resources.</p> <p>Staff turnover, sickness and breaks such as holiday/maternity leave should be well planned for and interim management plans should be communicated quickly to other team members, EBEs and clinical supervisors.</p>
<p>A Red rating is reserved in the instances that we have concern about the immediate welfare of individuals connected with projects.</p> <p>Projects rated Red at idea stage should not be started until enough mitigations can be put in place to rate them as amber.</p>	<p>An incident receiving a red rating must be reported to the relevant DSL and the appropriate reporting protocol followed.</p> <p>The DSL's immediate concern will be on establishing safety, either through individual contact, partnership working or the building of a safety plan with the individual concerned.</p> <p>The DSL will inform the CEO if required.</p>

7. Safe Information Storage and Sharing



Confidentiality is one of the keyways that we protect the dignity and privacy of the women we work with. We recommend it to organisations as cornerstones of our approach to Trauma informed working because of its importance in trust building and engagement.

We won't share personal information or data with other people unless;

1. We are contractually bound to - examples might include anonymous data about protected characteristics of our research and training services
2. If we have information or concerns about an immediate risk of life-threatening harm

Information Recording

Safeguarding information should be stored on Citrus HR using the Health and Safety Incident Book.

You will need to include: incident date, time, location, flag the sensitive information warning, a five-word description of the incident including the word adult safeguarding or child safeguarding and a longer description of what happened.

Staff will need to fill out the log at appendix one and upload it to the health and safety incident book.

Under affected person please list the person logging the incident and the staff member who raised the concern.

[Safeguarding Report Form](#)

Once the safeguarding log is saved in Citrus please delete any copies you have made.

All safeguarding reports will be reviewed by SMT and the Safeguarding Trustee on an annual basis to capture learning and improve practice.

The retention of files relating to safeguarding will be kept for 6 years after the last contact with the person involved.

AVA will ensure that all information sharing is within the framework set out by the Data Protection Act and GDPR.

Storing information from research and projects



Hard copies of consent forms, personal data and records created through project work should be kept securely, under lock and key as appropriate. All data should be destroyed after being processed.

The electronic storage of information from research and projects, including photographs of children, survivor stories and other personal data should be kept in line with our data storage policies. All staff should limit access to necessary staff only, and with sensitive data please ensure password protection.

If storing sensitive data on third party sites – e.g. surveymonkey or Mailchip ensure they have adequate data protection policies.

Full details of AVA’s data protection policies can be found on Citrus in the staff handbook.

8. Digital Safeguarding

AVA commit to digital safeguarding and protecting the privacy of women, children and young people in digital and online spaces.

Digital engagement will be risk assessed separately and appropriately to the scale of the work being carried out and the needs of the groups being targeted.

For all interactions we will ensure appropriate consent and risk mitigation processes are in place prior to the work starting.

We will ensure that staff and Experts by Experience have digital safeguarding training and that communication mechanisms are encrypted and stored securely within protocols set out in AVA’s Data Protection Policies.

Using Social Media safely

AVA are developing social media guidelines for all staff. During induction we will cover AVA’s approach to social media and how our guidelines can be used to ensure digital safety and privacy. This will cover issues to do with digital locations, staying safe online, access to online support services.

If AVA become aware of an emergency situation via online methods we will get in touch with the staff member or EBE concerned, if they are not available we will flag with the trusted person we have on record.



9. Responding to accusations of bullying

All staff have a duty to make sure that high quality, safe and effective work is provided by AVA and maintained throughout the course of a project.

AVA will take care to support the wellbeing of everyone connected with our work.

Staff need to raise concerns about any wrongdoing or malpractice that could place people in or outside of the charity at risk of harm.

AVA resources an open culture, which encourages concerns to be raised early. We will respond quickly to any questions of bullying, harassment or breaches of our dignity at work policy. Internal policies and procedures which protect staff from bullying are available in our staff handbook.

10. Practising Safer Recruitment for AVA Staff and EBEs

AVA is committed to ensuring that we employ the right women for the right roles. We are committed to open and inclusive recruitment and making sure that women's lived experience doesn't limit them, while ensuring that participants can be confident in the safety of the work that AVA delivers.

In addition to protected characteristics and equalities monitoring, AVA commit to ensuring the safety of staff and participants by;

- Taking up two references for all members of staff, EBEs, freelance consultants and volunteers.
- Taking up an enhanced DBS check for all staff, including EBEs, where required.

AVA will renew all DBS checks every 3 years. If the applicant has signed up for the DBS update service we can check whether their certificate is up to date online.

If a DBS check contains disclosed information, it will be at the discretion of AVA's CEO as to whether the appointment can proceed. The decision will be made after consideration and in accordance with guidance at

www.gov.uk/government/organisations/disclosure-and-barring-service.

Please also see AVA's policy on the Recruitment of Ex-Offenders, which should be given to DBS applicants at the outset of the recruitment process.

11. Managing concerns about or allegations made against staff or volunteers

The vast majority of staff employed by or connected with AVA act professionally with the aim to end violence against women and girls. Our code of conduct ensures that all staff will aim to provide a safe and supportive working environment.

Those with a concern about a member of AVA staff or Expert by Experience's conduct – either online, face to face – in a work or personal context should be reassured that AVA will follow a clear process for investigation and resolution of concerns.

Concerns should be raised first and foremost with the Chief Executive Officer who will treat any concerns with the utmost seriousness. The CEO will look at the evidence and decide what action will be taken.

If the concern relates to the Chief Executive Officer, the Chair of the Board of Trustees must be informed.

If the concern is about the conduct of a trustee of AVA, the concern should be raised with two other trustees.

No staff member or EBE should confront the person allegedly responsible for the abuse or alert them to what has been alleged.

Possible courses of action include (and may run concurrently):

- A report to the police if there is evidence that a criminal offence has taken place
- A report to the Local Authority Designated Officer
- Implementation of the disciplinary procedure
- A referral to local authority children's or adult's social care services for an assessment of the individual's needs.

If the allegation does not indicate a potential criminal offence or safeguarding issue, the matter will be resolved under internal HR procedures.

It may be necessary to suspend the member of staff while the investigation is carried out.



It is a requirement that a summary of any allegations made and the outcome of any investigation is kept on the HR file of the person concerned. This record will be kept for 10 years or until retirement, whichever is sooner. Other records may be held by agencies involved in investigating allegations. Information may also be disclosed in future references. All paperwork pertaining to staff should be retained even in cases where any allegation was proved unfounded. However, if the allegation is found to be malicious the paperwork should be destroyed immediately.

'Whistle Blowing' is supported by the Public Interests Disclosure Act 1999, which offers a level of employment protection to employees who report concerns about poor or dangerous practices. The AVA Whistle Blowing policy can be found in the staff handbook. All EbE's will be given confidential ways to raise a concern, sometimes anonymously via a digital suggestion box.

The CEO will determine if the matter requires reporting to the Charity Commission.

12. Our Safeguarding Code of Conduct

We have developed our safeguarding Code of Conduct for staff and EbE's to ensure consistency across the staff team. This will make sure that all participants in our projects and research can have confidence in our work. If there are any questions about the below you can raise them with your line manager or clinical supervisor:

- All women representing AVA and working on our behalf should be confident in giving a non-judgemental, anti-oppressive and trauma informed approach.
- In school settings, a member of the school staff should always be present or easily reached.
- Safeguarding contacts should be made/collected at the beginning of work and referral pathways established early on.
- Where possible, ensure that AVA staff members do not work alone with a young person/ adult with care and support needs but when circumstances lend themselves to this happening, another worker will be informed and where appropriate doors will be left open.
- Where confidentiality is important and a child/ adult with support and care needs is being seen on their own, then ensure that others know the interview is taking place and that someone else is around in the building or informed prior to the online interview taking place.



AVA will provide annual training sessions or briefings on child protection and adult safeguarding for all staff and trainers.

This policy will be reviewed annually.

Date of last policy review by the Board of Trustees: 24 January 2023

Appendices

Appendix 1 – Supporting Legislation and Internal Policies

1.1 Key related AVA policies and procedures

- [Equal opportunities and anti-harassment policy](#)
- Health and safety policy
- Workplace policy on domestic violence
- Complaints policy
- Whistleblowing policy
- Disciplinary rules and procedure
- Grievance procedure
- Data protection policy
- Volunteer Policy.

1.2 Key related government guidance and legislation

Relevant Local Authority/ Local Children/ Adult Safeguarding Board Procedures
Children Act 1989 (and [Working Together 2018](#))
Safeguarding Vulnerable Groups Act 2006
Local Government Association, Adult safeguarding and domestic abuse: A guide to support practitioners and managers (second edition, 2015)
The Care Act sets out national policy and procedure in tackling adult safeguarding - [SCIE website has more information on policy and procedure relating to adult safeguarding.](#)
Equality Act 2010
Government guidance for each UK nation sets out responsibilities to safeguard and protect children – see [NSPCC website for more information.](#)
[What to do if you are worried a child is being abused](#): Advice for Practitioners. Dept for Education (2015)
[NICE guidelines on child abuse and neglect](#)
[Domestic Abuse Act](#) (2021)

Appendix 2 – Definitions of Terms

Child, a child is legally defined as anyone under the age of 18.

Harm, under The Children Act 1989 (section 31[9]) as amended by the Adoption and Children Act 2002, is defined as ill-treatment (including sexual abuse and non-



physical forms of ill-treatment) or the impairment of health (physical or mental) or development (physical, intellectual, emotional, social or behavioural). Section 120 of the Adoption and Children Act 2002 amended this definition to also include: "...for example, impairment suffered from seeing or hearing the ill-treatment of another". Significant harm means not only ill treatment, 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.

A vulnerable adult is an adult at risk of abuse or neglect defined as someone who has needs for care and support, who is experiencing, or at risk of, abuse or neglect and as a result of their care needs - is unable to protect themselves.

A parent/carer may be the responsible adult who has legal responsibility for a child or a vulnerable adult.

Abuse AVA works in the context of a range of abuse, harm and violence we define abuse as deliberate harm or distress.

Safeguarding the Care Act statutory guidance defines adult safeguarding as: protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

2. 2 Types of Abuse and their Recognition

Domestic Abuse - is an incident or pattern of incidents of controlling, coercive, threatening, degrading and violent behaviour, including sexual violence, or threats towards animals and pets, in the majority of cases by a partner or ex-partner, but also by a family member or carer.

Honour Based Abuse - so called honour-based abuse as defined by the Crown Prosecution Service is "an incident or crime involving violence, threats of violence, intimidation coercion or abuse (including psychological, physical, sexual, financial or emotional abuse) which has or may have been committed to protect or defend the honour of an individual, family and/ or community for alleged or perceived breaches of the family and/or community's code of behaviour."



Physical abuse – includes hitting, kicking, throwing, shaking, strangling, burning, poisoning and suffocating. Pushing, hitting, punching, choking, biting, throwing things, assault with a weapon, forced substance abuse, damage to property, controlling food intake, stalking or murder.

Emotional abuse – is the persistent emotional ill treatment such as to cause severe and persistent adverse effects on the person’s wellbeing. This includes bullying, withholding affection or care, constant criticism, shouting, undermining confidence, imposing age, physical ability or developmentally inappropriate expectations on a person, seeing or hearing the ill treatment of another. It might look like Name-calling and insults, lying, belittling, and undermining self-esteem, undermining gender identity or sexuality, manipulation, humiliation, threats of suicide, self-harm

Sexual abuse – including forcing or enticing to take part in sexual activity without consent or reasonable belief in consent, Unwanted advances, unwanted sexual contact, corrective rape, rape, forced sex, intentional exposure to HIV or sexually transmitted infections, filming and distribution of sexually explicit images, rape, showing pornography, encouraging inappropriate sexual behaviour, inappropriate sexual remarks or content in communications and grooming a person in preparation for abuse (including via the internet).

Sexual exploitation - a form of sexual abuse that involves people being engaged in any sexual activity in exchange for money, gifts, food, accommodation, affection, status, or anything else that they or their family needs. It usually involves manipulation or coercion, which may involve befriending children/vulnerable adults, gaining their trust, and subjecting them to drugs and alcohol. The abusive relationship between victim and perpetrator involves an imbalance of power where the victim’s options are limited. It is a form of abuse that can be misunderstood by children and adults as consensual.

Commercial exploitation - exploiting a person in work or other activities for the benefit of others and to the detriment of the adult’s physical or mental health, education, moral or social-emotional development. It includes, but is not limited to, child labour and modern slavery and can involve a person being held against their will, tortured, abused.

Neglect – is the persistent failure to meet a person’s basic physical and/or psychological needs, likely to result in the serious impairment of their health, development or wellbeing. This includes not providing basic food, required medication, warmth, shelter or protection, inadequate supervision, failure to ensure



adequate access to appropriate medical care or treatment, exposure to undue cold, heat or unnecessary risk or injury.

Economic abuse - including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of or access to property, possessions, resources or benefits.

Psychological abuse - includes gaslighting and humiliation, often abusers will shout, intimidate, threaten, ridicule and blame the other person. It includes harassment, verbal abuse, online and tech abuse and includes bullying and isolation tactics.

Discriminatory abuse – in UK law it is illegal to discriminate against someone based on the protected characteristics set out in the equalities act. This is protection at work, in public spaces or in residential and accommodation-based settings. This includes racist, sexist, homophobia/bi-phobia/transphobia, discrimination or ill treatment based on a person's ability and identity. It includes harassment, slurs or similar treatment.

Institutional/Organisational abuse - repeated instances of poor care of individuals or groups of individuals through neglect or poor professional practice as a result of structures, policies, processes and practices within an organisation.

Online/Digital Abuse - online platforms are increasingly used to perpetrate domestic and other forms of abuse. Online domestic abuse can include behaviours such as monitoring of social media profiles or emails, abuse over social media such as Facebook or Twitter, sharing intimate photos or videos without consent, using GPS locators or spyware or posing as different people, hacking into personal profiles all designed to limit access to community, information and erode confidence, dignity and privacy.

Grooming - when a person tries to 'set up' and 'prepare' another person to be the victim of sexual abuse and comprises actions deliberately undertaken with the aim of befriending and establishing an emotional connection, to lower the person's inhibitions in preparation to sexually assault them, or to exploit them. Although not all sexual abuse is preceded by grooming, it is a very common and deceitful process, which can be used by strangers or by those known to the victim. Abuse can also take place in the online environment and can include cyber bullying, grooming, the sharing of age/mental capacity inappropriate images and messages, and the creation or sharing of sexual abuse images.



Reproductive control - refers to behaviours that interfere with decisions relating to reproductive health. This can include tampering with contraception for pregnancy to occur, or forcing terminations of pregnancies.

Female Genital Mutilation (FGM) - is a deliberate action where female genitals are cut or changed, without any medical need for this procedure.

Sexual harassment- unwanted behaviours that are of a sexual nature.

Forced marriage- occurs when one or both people are forced into a marriage against their wishes and where abuse and coercion has been used to make it happen.

Appendix 3 - Safeguarding Report Form

Remember, when writing the body of the report, keep to only factual statements using initials and " to indicate where it's something someone has said or ' where you are paraphrasing. Do not give your personal opinion on what happened, only clear facts.

Part 1 – Reporting a safeguarding concern.

This form should be completed and given to your Designated Safeguarding Lead, please then save on Citrus and then delete any copies you have made.

Date of concern:	Date and Time (of writing):
Name of person reporting:	Position:
Project Name:	

Name of person you are concerned about:		
Date of Birth (if known):		
Address or area of residence (if known):		
Has the person given consent for you to share information?	YES	NO
Is the person you are concerned about at risk from a person connected to AVA?	YES	NO
Brief overview of the concern		
<p><i>Record the following factually: What were you worried about? Who was involved? What happened? Where? When? Any witnesses?</i></p>		
Background to the concern		

Is there anything you have observed or know about the situation that might help in understanding the concerns?

Action taken.

What action has already been taken? Include names of anyone who has been involved or helped, including emergency services or other organisations.

Impact on you.

What is the impact of this situation on you? Do you need any additional support?

Appendix 4

Ratio of Adults to Children

The following table shows recommended adult to child ratios based on Ofsted guidelines.

Child's age	Amount of adults	Amount of children
0-2	1	3
2-3	1	4
4-8	1	6
9-12	1	8
13-18	1	10

Appendix 5 - Recognising Possible Abuse

The following behavioural signs may be indicators of child abuse or abuse of an adult with care and support needs. Care should be taken in interpreting them in isolation.

Physical signs

- Any injuries, bruises, bites, bumps, fracture, etc. which are not consistent with the explanation given for them.
- Injuries which occur to the body in places which are not normally exposed to falls, rough games, etc.
- Injuries which appear to have been caused by a weapon e.g. cuts, welts, etc.
- Injuries which have not received medical attention.
- Instances where people are kept away from the group inappropriately or without explanation.
- Self-mutilation of self-harming e.g. cutting, slashing, drug abuse.

Emotional signs

- Changes or regression in mood and behaviour. Also, depression/ aggression.
- Nervousness or inappropriate fear of particular adults e.g. frozen watchfulness sudden.

- Changes in behaviour e.g. under-achievement or lack of concentration inappropriate relationships with peers and/or adults e.g. excessive dependence attention-seeking behaviour.
- Persistent tiredness, wetting or soiling of bed or clothes by an older child.

Signs of neglect

- Regular poor hygiene.
- Persistent tiredness.
- Inadequate clothing.
- Excessive appetite.
- Failure to thrive e.g. poor weight gain.
- Consistently being left alone and unsupervised.

Indicators of possible sexual abuse

- Any direct disclosure concerning sexual abuse.
- Excessive preoccupation with sexual matters.
- A child with detailed knowledge of adult sexual behaviour, or who regularly engages in age-inappropriate sexual play.
- Preoccupation with sexual activity through words, play or drawing.
- Young person who is sexually provocative or seductive with adults.
- Inappropriate bed-sharing arrangements at home.
- Severe sleep disturbances with fears, phobias, vivid dreams or nightmares.
- With overt emotional sign (see above) may be indicative of sexual or some other form of abuse.

Appendix 6 – Safeguarding Checklist – Before all Events

Please refer to this checklist before undertaking any events

Task	Notes	Completed?
Ensure all participants have completed a consent form and are aware of process to withdraw consent		
If appropriate ensure parents/carers/staff have completed a consent form on behalf of the child/vulnerable adult		
Ensure an emergency contact is recorded		
Ensure staff known to the children are on hand in case they are needed		
Get the details for the nominated safeguarding lead for the place where you will be working (i.e.: school, youth club, children’s centre)		
Find out the number for the duty social worker/LADO/MASH for the local area you will be working in		
Explain confidentiality policy to all taking part, before commencing with the activity and make sure they understand that they are free to leave at any time and that this will not affect their access to the service you are working with		
If a participant does wish to leave the room for any reason they must not be unaccompanied. It is		

preferable for a member of staff known for them to		
Try to always have two members of staff to facilitate focus groups/activities		
Have written signposting or links to breathing space available for all participants and check they have access to follow up/ongoing support as required.		