**XXXX Area Quaker Meeting**

**Policy for the Safeguarding of Children and Adults**

1  **Introduction and Background**

This policy follows the guidelines recommended by the **Churches Child Protection Advisory Service (CCPAS)**. XXXX Area Meeting is a member of CCPAS and is committed to following its guidance and recommendations. It also takes advice and guidance from Quaker Life.

Those responsible for care of Children in Meeting, or who are supporting Adults who may be vulnerable are strongly recommended to read the advice given on the CCPAS website. Access to the secure membership area is by a password obtainable from the AM Safeguarding Coordinators. Help and guidance are also available from the Safeguarding Officer at Britain Yearly Meeting (BYM) of the Society of Friends, through Quaker Life.

Those responsible for Children or Adults at risk are also encouraged to inform themselves about Safeguarding practices, through reading or attending training. Area Meeting is willing to support reasonable requests to fund training.

**2 Statement of Intent**

*Advices & Queries 19:*

*‘Rejoice in the presence of children and young people in your meeting and recognise the gifts they bring. Remember that the meeting as a whole shares responsibility of every child in its care.’*

As a Meeting we recognise the need to provide a safe and caring environment for all children and adults. This policy is intended to protect children and adults at risk from abuse. A person may abuse by inflicting harm or by failing to prevent harm; this may include emotional, physical or sexual harm or neglect. Children and adults in need of protection may be abused within a family, an institution or a community setting. Very often the abuser is known or in a trusted relationship with the child or adult. Appendix sections 3-9 set out further definitions and signs of abuse and appropriate responses to anyone revealing abuse.

XXXX Area Meeting is committed to developing a culture of awareness of safeguarding issues to help protect everyone.

**3** **The CCPAS Ten ‘Safe and Secure’ standards**

The CCPAS recommends that all organisations achieve ten standards. They are:

1. **adopt a Safeguarding Policy in which a Safeguarding Coordinator is named;**
2. **develop safeguarding awareness training;**
3. **carry out safe recruitment;**
4. **manage workers and volunteers effectively;**
5. **work safely;**
6. **communicate effectively;**
7. **respond to concerns;**
8. **provide pastoral care;**
9. **manage those who pose a risk;**
10. **work in partnership.**

These standards are explained further in the CCPAS manual ‘Safe and Secure’. The manual is available on the CCPAS web site. Our XXXX AM policy is based on the ten Safe and Secure safeguarding standards and is prepared in conjunction with Quaker Life advice.

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**4 Who we are: Details of our Organisation**

**Name: XXXX Area Quaker Meeting.** (Abbreviated in this policy to ‘XXXX **AM’**)

XXXX AM is a part of Britain Yearly Meeting of the Religious Society of Friends (Quakers)

Registered Office of XXXX AM:

Email address: XXXX

Congregational & General Insurance Plc. Charity Number: XXXX

Regulators details:

Insurers:

**Local Meetings within XXXX Area Meeting.** (Abbreviated in this document to **LMs**)

**5 What we do: Summary of activities undertaken with children and adults**

1. Weekly Children and Young People Meetings/classes are held in most Local Meetings on a Sunday for an hour. Parents/guardians typically meet elsewhere in the building, although they are not required to stay. The classes are run by volunteer adults from the Meeting, often they are the parents or grandparents of the children. We do not presently pay for help with the children in any Local Meeting.
2. *Ad hoc* special events eg trips out are held on a Sunday for children, and occasional Residential Events are organised eg Sleepovers at the Meeting House or Camps.
3. We run residential events open to all adults and children eg Weekends spent at Glenthorne Quaker guest home in Grasmere.
4. AM nominate young people to Junior Yearly Meeting (JYM) and other nationally and regionally-organised activities, including the reporting back to Area Quaker Meeting after attending such an event.
5. The Meeting does not usually arrange anything which is designated a Regulated Activity in relation to an adult. However, we are aware that adults with care and support needs and who may be vulnerable to abuse attend or are members of our Meetings, and join in with activities. All members and attenders in our Meetings have a named Overseer unless they specifically request not to have one. Overseers are appointed by Area Meeting and are all Members of the Meeting (a long standing attender who has not sought Membership may become an Overseer). Overseers who are aware that they have oversight of an adult with identified care and support needs who may be at risk will usually pay particular attention to his or her needs, and may help to ensure that they are in contact with the correct professional support, if the person concerned has the capacity to consent to this. The Meeting does not appoint Overseers, or routinely arrange for other volunteers, to provide personal care or regular support with activities an adult is unable to manage independently.

**6 Definitions of Terms used in this Policy, and General Notes**

**Definition of a Child**

A **Child** is defined as any person under the age of 18 years.

**Definition of an Adult at Risk**

An Adult is anyone over 18 years old. The Care Act 2014 makes it clear that safeguarding duties apply regardless of whether an Adult who has needs is having those needs met, and regardless of whether they have capacity, and regardless of the setting where they may be. The needs may relate to the situation, as for example when an otherwise independent person finds herself relying on expert advice or help which opens them up for exploitation. Thus, in principle, anyone may become an adult at risk of abuse. This emphasises the need to keep Safeguarding Principles in mind when dealing with the best interests of others in the Meeting, and especially if it is known that an individual is vulnerable or lacks the ability to look after their own interest in any way.

**Definition of DBS**

DBS stands for Disclosure and Barring Service, an agency set up by government to manage criminal records checks, and the list of those Barred from activities involving children or adults.

The DBS has three types of check:

1. a *Basic Check* gives a list of all unspent convictions, cautions, reprimands and final warnings;
2. an *Enhanced Check* includes a list of unspent convictions, cautions, reprimands and final warnings, and any other information police think it reasonable to hold (this would usually be information indicating unsuitability to work with children or other vulnerable groups);
3. an *Enhanced Check with List Checks* is the same as (b) with the addition of information whether the person is on a DBS list of those Barred from particular activities.

Any individual can obtain a Basic Check on themselves. Enhanced Checks with or without List Check can only be obtained by a Registered Organisation (Area Meetings are registered). Information about being on a Barred List is only given if the subject is to be engaged in Regulated Activities.

**Meetings will seek Enhanced Checks with List Checks for anyone who may undertake Regulated Activities.**

**Definition of Regulated Activity**

In 2012 the Protection of Freedoms Act introduced the idea of Regulated Activities. In the case of Adults, this was intended to broaden the range of activities which would trigger a DBS check; in the case of Children, it was to reduce the range of activities which required a DBS check. In consequence, Regulated Activities for Children and Adults are defined differently.

*Information about Regulated Activities for Children is to be found here:* <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/550197/Regulated_activity_in_relation_to_children.pdf>.

In general, a regulated activity is any *care or supervision of children if carried out by the same person frequently (once a week or more often), or on 4 or more days in a 30-day period or overnight.* Such an Activity is not Regulated if it is supervised. However, any episode is which a child is offered personal care (eg taking to the toilet) *is* regulated regardless of frequency.

Accordingly, most of our children’s activities are not Regulated, and it may at some point not be possible to obtain an Enhanced DBS Certificate for our Volunteers. However, given the sensitivity of the Volunteering activity, **our Policy remains to seek DBS checks for all Volunteers leading children’s activities.** Such a person can supervise another volunteer who has not had a DBS check.

*Information about Regulated Activities for Adults is to be found here:*

https://www.gov.uk/government/uploads/system/uploads/attachment\_data/file/216900/Regulated-Activity-Adults-Dec-2012.pdf

The regulations are directed primarily at people working or volunteering to help with adults who have evident difficulties on a regular basis. Activities undertaken by family members, or by friends who are treated like family members, are not Regulated. However, there is no minimum frequency of occurrence before an activity is Regulated – one episode would suffice. There are activities under the headings Providing Personal Care, and Assistance with General Household Matters (mainly, managing money for someone) which an Overseer may at times consider undertaking. As the Overseer is appointed by AM, it would be necessary for them to have had a DBS check before doing so.

The activities of Overseers should not normally include undertaking Regulated Activity, so **our policy remains not to seek DBS checks for all Overseers.** However, Overseers must be aware of the limits to what they should do, and ensure they discuss any situation where they may wish to support an individual with self-care (especially feeding, washing, toileting or dressing the individual) or with their money. Should such a situation arise, they would be advised to hand over such needs to the individual’s family or professional carers. Should it be agreed that an Overseer will take on any activity which may be Regulated, a DBS check should be obtained.

**Definition of an ‘Alert’**

An **Alert** is any concern regarding the welfare of a child or adult, which is raised by someone in a Meeting. All Alerts should be passed to the AM Safeguarding Coordinators.

**Definition of a ‘Report’**

A **Report** is a formal referral to Social Services. Usually this will be carried out by an AM Safeguarding Coordinator.

**7 Responsibilities for the Implementation of the Policy**

**7.1 Trustees: Responsibilities**

**XXXX Area Meeting Trustees hold overall responsibility for Safeguarding throughout the Area Meeting.**

They will:

1. ensure an Area Meeting Safeguarding Policy is in place which follows all relevant national legislation and has regard to local safeguarding procedures, advice from Quaker Life and relevant advice from CCPAS;
2. ensure that two or more Area Meeting Safeguarding Coordinators are appointed who will be responsible for ensuring that structures are in place for the implementation of the Safeguarding Policy throughout Area Meeting;
3. support the Safeguarding Coordinators in their work and in any action they may need to take in order to protect children and vulnerable adults;
4. receive from the Safeguarding Coordinators an annual report detailing the implementation of the policy and alerting Trustees to any changes in policy and practice that may be required;
5. ensure that procedures are in place for the Safeguarding Policy to be reviewed and revised as appropriate;
6. file a copy of the policy, and any amendments subsequently published, with CCPAS, Quaker Life and with the relevant local authority.

**7.2 Area Meeting Safeguarding Coordinators: Responsibilities**

The role of the Safeguarding Coordinators is to:

1. ensure the Safeguarding needs of children and adults are properly considered by AM and each LM;
2. ensure that each LM has a copy of this policy and is aware of their LM responsibilities in relation to the standards set by the Policy;
3. ensure the implementation of the policy at LM level by working with LM appointed persons and facilitating training relating to Safeguarding issues;
4. keep AM trustees informed regarding the implementation of this Policy. In particular provide a written report once a year to AM trustees. The report will include names of Appointed Persons and all those responsible for Safeguarding at a Local Meeting level, induction and training undertaken, the organisation and management of volunteers, any concerns or disclosures of abuse that have arisen (whilst maintaining appropriate confidentiality), and recommendations for any updates to this policy.
5. act independently in reporting concerns of abuse to the statutory authorities; receive ‘alerts’ from Local Meetings or individuals in a Meeting and keep confidential records of formal reports/referrals. (See Section 6 for definition of an alert and reports, and section 8 for the role of Safeguarders in dealing with allegations or concerns).

**7.3 Local Meeting: Responsibilities**

1. Elders are responsible for the care of Children in Meeting (Quaker Faith and Practice 12.13) and Overseers have responsibility for the care of adults as part of their pastoral duties.
2. Abuse is more likely to occur where volunteers are not accountable or are not overseen by others. Someone who intends to abuse a child could use the contact with children and parents at Meeting to develop a relationship with the family. It is the duty of Overseers and Elders, of the Children’s Committee, and of the whole Meeting to be aware of relationships developing within the Meeting, and to consider whether they could be exploitative. This mutual care and oversight is a central aspect of Quaker life:

‘*Our sense of community does not depend on all professing identical beliefs, for it grows from worshipping together, knowing one another, loving one another, accepting responsibilities, sharing and working together….the meeting will only live if we develop a sense of community, which includes children and adults alike’ QFP 10,03*

1. Local Meetings should seek to create an ‘arena of safety’ around the children. This policy, DBS checks, and careful recruitment of the volunteers all contribute to this. Oversight of the volunteers’ interaction with the children, and vigilance on all our parts is vital. It is important to ensure that those responsible for children are aware of appropriate boundaries around their contact with children, which may be difficult when volunteers know some of the children and their parents as well.
2. Appointed Persons

**Local Meetings must appoint two Appointed Persons for Safeguarding, one responsible for Children and one responsible for Adults. Names will be brought forward from the local Nomination’s committee. The duties and responsibilities of the Appointed persons are set out in 7.4 below.**

**In many Meetings the Appointed Person for children will be the convenor of Children’s Meeting, or a specifically appointed LM children’s Safeguarder.**

**The Appointed Person for Adults will normally be the Convenor of Overseers. LM may decide what is most appropriate for its own Meeting, but the appointments must be made through the LM Nominations process and the children’s Appointed Person must also hold a DBS certificate.**

1. Health and Safety and Fire

Local Meetings must ensure that appropriate policies and procedures are in place for Health and Safety and for Fire, and that the Meeting has considered the implications of these policies for children and vulnerable adults.

1. Posters

The posters enclosed in Appendix section 9 should be completed and displayed in all LMs, so every adult and child in Meeting knows who to contact with a concern. The display of the posters also makes a statement to all newcomers and visitors that we are committed to Safeguarding.

**7.4 Local MeetingAppointed Persons for Safeguarding: Responsibilities**

The role of the Local Meeting Appointed Persons is to:

1. Draw to the attention of Local Meeting the needs of children and adults at risk, are attended to in Meeting;
2. Maintain communication with the Area Meeting Safeguarding Coordinators and ensure that they receive appropriate updates and communications;
3. Familiarise themselves with the CCPAS website (the password for the members’ area is available from the AM Safeguarding Coordinators) and Quaker Life guidelines such as the 'Meeting Safely' document;
4. Attend suitable training;
5. Ensure that all children’s helpers and Overseers are adequately assessed before they begin work. Vigilant recruitment practices are crucial to Safeguarding.

**7.4.1 The following minimum recruitment standards should be followed before a**

**Volunteer is accepted as a Children’s Helper:**

1. All voluntary roles should have a written Job Description outlining the main tasks of the role and applicant helpers should be given a copy.
2. A Recruitment form including a self-declaration statement must be completed. See Appendix section 1 for suggested format.
3. A face to face meeting should be conducted by the Appointed Person and at least one other person on the relevant committee. Forms and notes of the conversation should be retained by the Convenor. The potential volunteer should show commitment to Quaker values and be able to explain these in relation to work with Quaker children. Safeguarding should be discussed with the applicant and the potential volunteer should show a commitment to Safeguarding.

d) Two references must be obtained for each applicant, one each from:

* a Friend known to the Meeting for at least 3 years;
* someone who has seen the applicant interacting with children. (This may include the applicant’s own children.)

See Appendix section 2 for suggested reference request letter and form.

Phoning the referee as well as seeing the written reference is recommended.

1. The lead volunteer in any children’s class or meeting should have a clear Disclosure Form which has been seen by the person responsible for obtaining the DBS checks (the ‘Verifier’). An entry on a disclosure form does not necessarily debar someone from working with children if it is historical, minor, non-violent and non-sexual in nature, and not related to children or vulnerable adults. Meeting Verifiers should contact the AM Safeguarding Coordinators for advice if they receive a disclosure form with an entry.

Further details regarding Vetting and Barring may be obtained from Michael Booth at Quaker Life. 020 7663 1023 [michaelb@quaker.org.uk](mailto:michaelb@quaker.org.uk)

Meetings are reminded that it is now a criminal offence to recruit someone to work in a 'regulated' or 'controlled' activity who is not registered by the Vetting and Barring Service. (Further details are found in the CCPAS website).

**Only at the end of the process outlined in a) to e) should the applicant be approved.**

**Local Meetings should be prepared to turn down applicants if they are not suitable and should have a procedure for doing this.**

**7.4.2. All children’s Volunteer Helpers must be adequately inducted and trained:**

1. all volunteers should receive an induction which includes Safeguarding standards before starting to volunteer. The induction should include clear guidelines as to how to respond to a disclosure and how to raise an ‘Alert’ (see Section 8). Volunteers should also be given a copy of this policy and any Local Meeting guidelines;
2. volunteers should be clearly aware of the overall framework of communication, responsibility and support within which the children’s meeting or meetings operate;
3. volunteers should be aware who is leading and organising the activities and should know who they can approach to raise any concerns in confidence. Volunteers should be involved in the planning of meetings and receive training to update them on Safeguarding at least once a year.
4. volunteers must not arrange to meet children outside the context of Meeting activities without the parents’ express knowledge and permission.

**7.4.3 Record Keeping:**

1. Registers should be kept, listing the full names and attendance of all children, and the helpers, at each children’s class or event. These registers should be kept by the LM permanently in case of future issues or any allegations which might be made many years later.
2. The parents or guardians of all new children and young people should complete a personal details form and medical information form before they leave their children in class.

**7.4.4 Local Practice Guidelines**

Local Meeting should consider developing and implementing Local Practice Guidelines for Helpers relevant to their particular LM. This may include outlining what happens in a typical Children’s Meeting, how volunteers work together, where equipment is kept, any safety hazards to be aware of in the building and fire procedures etc. Practice guidelines should follow the principles of this policy and a copy should be sent to the AM Safeguarding Coordinators. A general Code of Conduct for Volunteers and good practice guidelines for every activity are available through [www.quaker.org.uk](http://www.quaker.org.uk/) /Children and Young People/Resources/Procedures.

**7.5 Guidance for Appointing Overseers**

1. Overseers are appointed according to the established practice of Quakers. Names are sought from Local Meetings through their Nominations Committee (‘Nominations’), and the appointment is made by Area Meeting. AM may not have any direct knowledge of the person recommended for appointment, so Nominations are responsible to ensure their appointment would be appropriate.

It is important that Nominations make recommendations only after careful consideration of the suitability of the individual for the task of Overseer, bearing in mind this may involve supporting an adult at risk.

1. DBS checks are only mandatory in a situation where a volunteer undertakes a Regulated Activity in support of the individual: this would be unusual for an Overseer – and if oversight did uncover such, needs, the Overseer should seek support from the person’s family, or should consider whether other agencies should be asked to help.
2. Nominations should consider the following issues when recommending appointments:
   1. Is the person considered for appointment well known in this Meeting? Special care should be taken when considering the recommendation of someone who has recently joined the Meeting, even if they were previously well-established elsewhere. If they appear suitable but have been in this meeting less than 6 months, a reference as to their suitability should be sought from their previous Meeting, and a record of this should be kept.
   2. Is the person able and willing to consider Safeguarding Issues in their role as Overseer? They do not need existing knowledge of Safeguarding, but should be willing to learn - and to share any concerns with the Convenor of Overseers.
3. The Convenor of Overseers and/or the Local Meeting Appointed Person for Adult Safeguarding should maintain an awareness of which Overseers are responsible for a person who may be at risk, and ensure they seek support and training if required.
4. In the unlikely situation that it is agreed that an Overseer will undertake an Activity which is Regulated – the provision of any personal care; managing small amounts of money or shopping for them – a DBS check should be made.

**8 Procedure for Responding to Allegations or Concerns**

Appendix, sections 3 to 9 set out statutory definitions of abuse and signs of abuse in children and adults. They also give advice on how to respond to allegations or concerns.

**8.1 Procedure where there is an urgent and immediate concern about a child or adult**

Urgent concerns may include cases of deliberate injury by any other person, or suspicion that a child or adult is in immediate danger in any setting.

Under no circumstances should a volunteer or individual in Meeting carry out their own investigation into an allegation or suspicion of abuse.

Within 24 hours anyone with such a concern should contact:

* **the LM Appointed Person, or if this is not possible**
* **the AM Safeguarding Coordinator, XXXX Meeting, phone: XXXXXXXXX**
* **your local Council Safeguarding Team. Councils have information about this on their websites: simply put the name of your council and ‘safeguarding’ into a search engine, and you will find numbers to ring.** All such calls will be treated in confidence, and the council staff will expect to help you weigh up the seriousness of your concern before they take any action.

If no LM Appointed Person or AM Safeguarding Coordinator is available then any of the following may be contacted directly:

* **The CCPAS, (The Churches Child Protection Advisory Service which is an independent Christian charity providing child protection advice and support throughout the UK: 24 hour helpline: 0845 120 45 50, or**
* **The Safeguarding Officer at Britain Yearly Meeting (BYM), Michael Booth**

**020 7663 1023, or**

* **The NSPCC Helpline, 0808 800 5000 or email help@nspcc.org.uk, or,**
* **Childline 0800 1111, or**
* **The Police on 999**

In a situation where a child is thought to be at immediate risk, it is not necessary to inform the parent or carer before taking action to raise an ‘Alert’. In the case of an adult, you should tell them that you are contacting someone.

Any necessary medical help should be sought without delay, informing the doctor of any suspicions, and informing the LM Appointed Person and AM Safeguarding Coordinators afterwards.

**If the concern is very urgent, and a child or adult is thought to be at immediate risk, you should contact the Police on 999.**

Knowledge of the issues involved should be kept confidential and made known only on a need to know basis. Learning from the handling of the case should be discussed as required in Meeting without giving unnecessary details of the individual(s) involved.

**8.2 Procedure for less urgent situations**

Revelations or suspicions of abuse may result from events at Meeting and involve Members or Attenders at Meeting, or they may result from events that have happened outside Meeting e.g. at home or at school or in a nursing home.

If anyone in Meeting has concerns or doubts about behaviour around children and vulnerable adults even if they appear relatively trivial they are encouraged to speak to the relevant persons listed below rather than others in the Meeting. Discussions should remain confidential.

Appendix, sections 3 to 9 set out statutory definitions of abuse and signs of abuse in children and adults. They also give advice on how to respond to allegations or concerns.

Information about newcomers who arrive, cause concern or suspicion, and then disappear should always be passed on to the AM Safeguarding Coordinators who are then able to warn other Meetings should the individual attend elsewhere.

Under no circumstances should a volunteer or individual in Meeting carry out their own investigation into an allegation or suspicion of abuse.

Anyone with a concern should talk confidentially with:

* the LM Appointed Person, or
* the Convenor of Children’s Committee/Overseers or
* the AM Safeguarding Coordinators, XXXX meeting

All Concerns should then be passed by the Appointed Person and/or Convenor to the AM Safeguarding Coordinator as an **‘Alert’.**

**The role of the Safeguarding Coordinators** is to collate and clarify the precise details of the allegation or suspicion and make a decision on how to respond. This may involve making a report to the statutory agencies that have a legal duty to investigate. The Meeting will support the Safeguarding Coordinators 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.

Where the concern is about an adult, the Safeguarding Coordinator will discuss any concerns with the individual themselves, giving due regard to their autonomy, privacy and rights to lead an independent life. If the vulnerable adult is in immediate danger or has sustained a serious injury, the Safeguarding Coordinator will contact the Local Authority Safeguarding Adults Board informing them of any concerns. Alternatively the CCPAS may be contacted for advice on 0845 120 45 50.

Where appropriate the Safeguarding Coordinator should then inform the Safeguarding Officer at Britain Yearly Meeting (BYM) of the Society of Friends through Quaker Life, on 020 7663 1023.

**If the concern relates to a Children’s Helper/Volunteer or an Overseer:**

The Appointed Person or Convenor of the Children’s Committee or Overseers, or the Convenor of Overseers, or an AM Safeguarding Coordinator should be contacted at once, thus raising an ‘Alert’. It is in the interests of all involved, including the volunteer or overseer, that the cause for the concern is understood and thought about carefully. It is the responsibility of the Safeguarding Coordinator to ensure appropriate action is taken, to protect children and adults immediately, and to ensure the ‘Alert’ is investigated and followed through appropriately. This may involve consultation with Local Authority Social Care Services, and/or other agencies which can support the process.

**If the concern relates to a Safeguarding Coordinator:**

Urgent contact should be made to the other Safeguarding Coordinator, the Convenor of the Children’s Committee, or Convenor of Overseers, to trigger an ‘Alert’. If suspicions in any way involve both Coordinators then the Safeguarding Officer at Britain Yearly Meeting (BYM) of the Society of Friends should be contacted through Quaker Life on 020 7663 1023. Alternatively,CCPAS may be contacted on 0845 120 45 50. You may also contact the local Social Services or the Police.

**Direct referrals to statutory bodies**

It is, of course, the right of any individual in Meeting to make a direct referral to the Local Social Services, or seek advice from CCPAS. Should the individual with the concern feel that the Safeguarding Coordinator has not responded appropriately, or if they have a disagreement with the Safeguarding Coordinator(s) as to the appropriateness of a referral, they are free to contact an outside agency directly. AM Trustees hope by making this statement that the Meeting demonstrates its commitment to effective safeguarding and the protection of all those who are vulnerable.

See Flow Chart in section 8.3 for further clarification

**8.3 Flow Chart setting out procedures to follow in the event of a concern or allegation of abuse**

Where the adult has capacity to make decisions, ascertain their wishes before taking action. Consider and weigh up the impact on other relationships and on children.

Treat your concern as Confidential Speak to:

The LM Appointed person, or

The Convenor of Children’s Committee, or

The AM Safeguarding Coordinator.

If unavailable and urgent or you are unsure what to do, consider seeking advice from BYM, CCPAS or LA or other external agency

Contact numbers in section 8.1

You think there is reason to be concerned about the welfare or safety of a Child or an Adult in Meeting

The person is a Child

The person is an Adult

Treat your concern as Confidential Speak to:

The LM Appointed Person, or

The Convenor of Overseers or

The AM Safeguarding Coordinator.

If unavailable and urgent or you are unsure what to do, consider seeking advice from BYM, CCPAS or LA or other external agency

Contact numbers in section 8.1

Your concern will be treated as an ‘ALERT’

AM Safeguarding Coordinator will take over and respond

The Safeguarding Coordinator will consult with others, and consider

* Is there need to take action about this Alert?
* Does the Meeting need to take action of any sort?
* Do other agencies need to be involved? (‘Reporting’)

The Safeguarding Coordinator will ensure any such Actions are taken and followed through. They will tell you what they are doing.

The Safeguarding Coordinator will report the Actions to the AM Trustees

**9 Supporting those affected by abuse**

Area Meeting is committed to offering pastoral care through our appointed Overseers and Elders to those that have been affected by abuse. AM will work with statutory agencies as appropriate, to support all those who have been affected by abuse or who have contact with, or who are members of the Meeting.

**10 Working with Offenders**

When someone attending the Meeting is known to have abused children, or is known to be a risk to vulnerable adults, or there are allegations outstanding of such abuse or risk, it is the responsibility of appointed Elders and Overseers for the Meeting to set boundaries for that person, be vigilant that they are being upheld, and offer pastoral care, while being clear on the Meeting’s commitment to the protection of children and vulnerable adults. This will be done in collaboration with any statutory agency which is involved with the individual, and in line with the Meeting Policy on Offenders attending Meeting.

We also recognise the need of those who have been mistakenly or falsely accused and the role Elders and Overseers may have in supporting them.

Further advice may be sought from the AM Coordinators, CCPAS and the BYM Safeguarding Officer.

**This Policy was considered and approved by XXXX Area Meeting Trustees on 12th February 2017.**

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5. How to respond to a child wishing to disclose abuse
6. Definitions of abuse (adults)
7. Signs of possible abuse (adults)
8. How to respond to an adult wishing to disclose abuse.
9. Safeguarding Posters – to be displayed in all Meetings

**Appendix 1**

**Suggested Recruitment, Self-Declaration and Referee Form for Volunteer Applicants**

Name

Address

Phone numbers

Email

What experience have you had with children or young people? For example, are you a parent, teacher, playgroup leader or have you volunteered at another Quaker Meeting?

……………………………………………………………………………………………………..

Do you have any particular skills or experience which you would like to bring to Children’s Meeting?

…………………………………………………………………………………………………….

**SELF- DECLARATION**

You are legally required to declare any conviction for sexual offences or for offences against children or young people. If you have been convicted of any such offences you cannot volunteer to work with children or young people.

You are not legally required to declare other convictions deemed to be spent under the Rehabilitation of Offenders Act 1974, declaration would assist us in our assessment of your suitability to work with children and young people.

Please give details of all non spent convictions

……………………………………………………………………………………………………….

* I have never been convicted of a sexual offence or of any offence against children and young people.
* I give permission for enquiries to be made about me as necessary.
* I agree to obtain a Vetting and Barring Disclosure Form.

Signature…………………………………………………………Date:…………………………

**REFEREES:**

Please give details of two people, (not related to you) to whom reference can be made. Both should know you well.

1. The first referee should have seen you with children (this may be with your own children or with other people’s children) and be able to comment on your behaviour with them.
2. The second referee should be a Quaker known to the Meeting for at least three years.

**NAME and Address of REFEREE (1**):

Telephone: day…………………………….evening………………………………………….

Email: ……………………………………………………………………………………………

Connection with you: ………………………………………………………………………….

**NAME and Address of REFEREE (2**):

Telephone: day…………………………….evening…………………………………………….

Email: …………………………………………………………………………………………………..

Connection with you :…………………………………………………………………………….

**Appendix 2**

**Suggested Reference Request Letter and Form**

Address with phone number

Dear

x has given your name as a referee with regards to her / his application to work with children as a volunteer.

x has volunteered to work with children at the x Quaker Meeting of the Religious Society of Friends. This role will include either running or helping to run activities with a small group of children or young people (usually x in number), during our meeting for worship, for approximately 1 hour.

To comply with our Health and Safety and our Safeguarding policies all our volunteers are checked for their suitability to work with children and we are very grateful for your assistance with this.

We are particularly concerned that all our volunteers relate well to children and adults, including showing in their behaviour the Quaker values of fairness, self-control and respect for self and others. Volunteers need to be sensitive to the varying needs and circumstances of other people, reliable and conscientious, kindly, and have a sense of humour.

I would be grateful if you could complete the enclosed form and return it to me in the enclosed stamped addressed envelope.

Yours sincerely

Reference Form

The intention of this reference is to safeguard and enhance the well-being of children/young people attending Quaker meetings and events.

**In keeping with the Data Protection Agency guidelines, the information given on this form, and in any subsequent letter, may be communicated to the volunteer should he or she request to see the reference.**

If you would like to talk about any aspect of this reference please contact the person named in the accompanying letter. Please continue any section overleaf if you wish.

**Name and address of volunteer ……….………………… ………………………………………**

**What is your connection with the volunteer? (e.g. friend, neighbour, employer, work colleague)**

**………………………………………………………………………………………….**

How long have you known the volunteer?………………………………………………………..

In what context, if any, have you seen the volunteer in direct contact with the children or

young people? …………………………………………………………………………………….

Do you consider the volunteer suitable to work with children and young people? (Please include comments on honesty, reliability, health, experience of contact with children / young people, and consider the required personal attributes as described in the attached letter.)

……………………………………………………………………………………………………………………….Do you have any hesitation about the volunteer’s suitability to work with children and / or young people?

…………………………………………………………………………………………………………….

Signature:……………………………………………………………………Date:……………………

Name: (please print name)……………………………………………………………………………

Telephone contact details (our Safeguarding Coordinator may wish to contact you about this reference):

………………………………………………………………………………………………………………………

**Appendix 3.**

**Statutory Definitions of Abuse in 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 or Psychological Abuse**

Emotional abuse is the persistent emotional maltreatment of a child, such as to cause severe and persistent adverse effects to their welfare or on the child's emotional development. It may involve conveying 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 rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, or being involved in sexual acts

A child or young person may be forced or enticed to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. A child may be exposed to all the above behaviours, or be encouraged to behave in sexually inappropriate ways themselves.

**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.

**Further Definitions relating to Child Abuse:**

**Spiritual Abuse**

Linked with emotional abuse, spiritual abuse could be defined as an abuse of power, often done in the name of God or religion, which involves manipulating or coercing someone into thinking, saying or doing things without respecting their right to choose for themselves. Some indicators of spiritual abuse might be a leader who is intimidating and imposes his/her will on other people, perhaps threatening dire consequences or the wrath of God if disobeyed. He or she may say that God has revealed certain things to them and so they know what is right. Those under their leadership are fearful to challenge or disagree, believing they will lose the leader's (or more seriously God's) acceptance and approval

**Significant Harm**

This relates to the degree of harm that triggers statutory action to protect a child. It is based on the individual child's health or development compared to that which could reasonably be expected of a similar child. e.g. severity of ill treatment, degree and extent of physical harm, duration and frequency of abuse and neglect, premeditation. Department of Health guidance suggests that 'significant' means 'considerable, noteworthy or important.'

**Children in Whom Illness is Fabricated or Induced**

This is a form of child abuse in which the parents or carers give false accounts of symptoms in their children or may cause signs of illness. They seek repeated medical investigations and needless treatment for their children. The government guidance on this is found in 'Safeguarding Children in whom Illness is Fabricated or Induced' (2002).

**Organised Abuse**

Complex (organised or multiple perpetrator) 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.

Complex abuse occurs both as part of a network of abuse across a family or community, and within institutions such as residential homes or schools. (Working Together to Safeguard Children (2006) Section 6.7).

**Child Prostitution**

Children involved in prostitution and other forms of commercial sexual exploitation should be treated primarily as the victims of abuse, and their needs require careful assessment. (Working Together to Safeguard Children' (2006) Section 6.2, see also 'Safeguarding Children Involved in Prostitution (2000)).

**Female Genital Mutilation (FGM)** The World Health Organization defined FGM as all procedures involving partial or total removal or stitching up of the female genitalia or other injury to the female genital organs whether for cultural or other non-therapeutic reasons.

**Modern Slavery**

This encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and Slavemasters use whatever means they have to coerce, intimidate, control and deceive people into servitude, abuse and inhumane treatment

**Appendix 4.**

**Signs of possible Abuse in Children**

The following signs could be indicators that abuse has taken place but should be considered in context of the child’s whole life. This list cannot be comprehensive, so think carefully about any worries you have

**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 a credible 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 5.**

**How to respond to a child wishing to disclose abuse**

**Effective Listening**

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

* It is especially important to allow time and space for the person to talk
* Above everything else listen without interrupting
* Be attentive and look at them whilst they are speaking
* Show acceptance of what they say (however unlikely the story may sound) by reflecting back words or short phrases they have used
* Try to remain calm, even if on the inside you are feeling something different
* Be honest and don’t make promises you can’t keep regarding confidentiality
* If the child decides not to tell you after all, accept his or her decision but let him/her 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
* I am glad you have told me
* I will try to help you

**Don't Say**

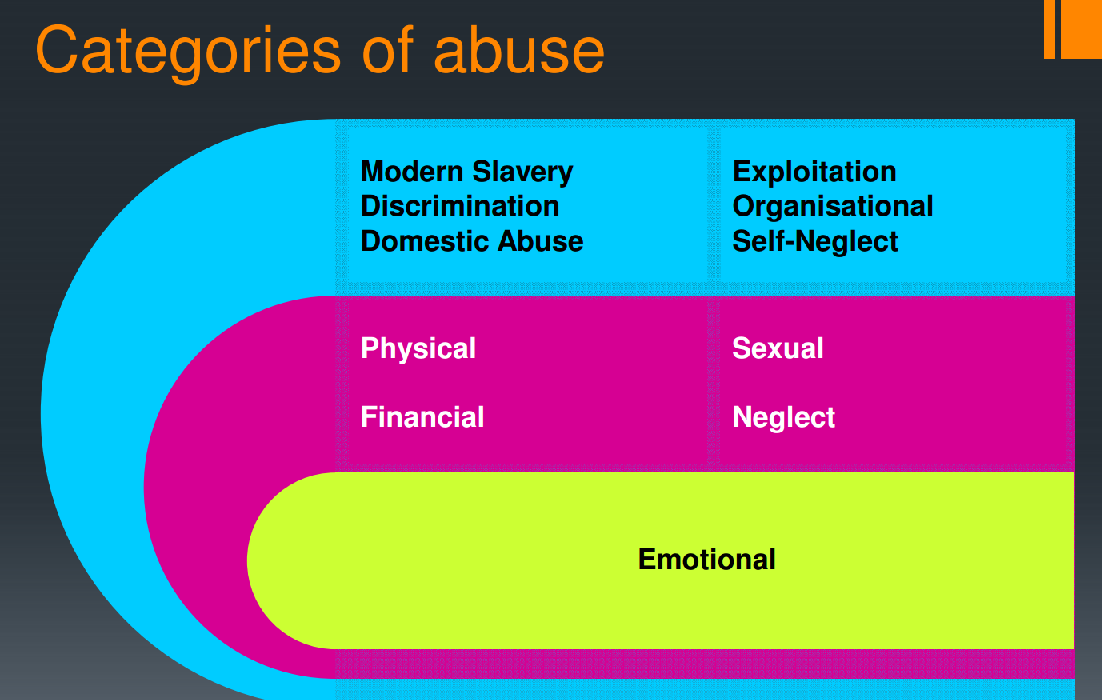
* Why didn't you tell anyone before?
* I can't believe it!
* Are you sure this is true?
* Why? How? When? Who? Where?
* I am shocked, don't tell anyone else

**Do Say**

* + - I will speak to another grown-up about this and then tell you what we are going to do

**Appendix 6.**

**Abuse in Adults**

****

The types of Abuse in the blue area are those listed in the Care Act. Those in the pink are area also listed in the Care Act, but will usually occur as part of the blue group. Emotional abuse is also listed, but will commonly be part of all the other categories.

**Definitions of Abuse in Adults**

**Physical Abuse**

Non accidental harm to the body caused by the use of force, which results in pain, injury or a change in the person’s natural physical state.

**Sexual Abuse or Exploitation**

Sexual abuse is the involvement of a vulnerable adult in sexual activities or relationships, which are for the gratification of the other person and which: they have not consented to, or they cannot understand and are not able to consent to, or which violates the individuals

expressed cultural or religious preferences, sexual taboos, or family custom and practice.

**Psychological/Emotional abuse**

Psychological or Emotional abuse is behaviour that has a harmful effect on a vulnerable adult’s emotional health and development.

**Financial Abuse Or Exploitation Or Material Abuse**

Financial or material abuse involves the use of a vulnerable adult’s property, assets or income without their informed consent or making financial transactions that they do not understand to the advantage of another person.

Some examples are: theft, fraud, exploitation, and pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

**Neglect And Acts Of Omission**

Neglect is the failure to take ordinary actions that results in someone’s basic needs not being met. This includes the withholding of food and drink or other basic needs, failing to help them access health or social care, or education, or allowing them to be exposed to unacceptable risk.

**Self-neglect**

This refers to a situation of neglect where there is no other person who is failing to act, and it is the individual who fails to seek, or declines, necessary care or support.

**Discriminatory Abuse**

Discriminatory abuse is behaviour that makes or sees a distinction between people as a basis for prejudice or unfair treatment.

**Domestic Abuse And Violence**

Domestic abuse and violence is best described as, the use of physical and/or emotional abuse or violence, including undermining of self-confidence, sexual violence or the threat of violence, by a person who is or has been in a close relationship.

Domestic violence can go beyond actual physical violence. It can also involve emotional abuse, the destruction of a spouse's or partner's property, their isolation from friends, family or other potential sources of support, threats to others including children, control over access to money, personal items, food, transportation, telephone, and stalking.

It can also include violence perpetrated by a son, daughter or any other person who has a close or blood relationship with the victim. It can also include violence inflicted on, or witnessed by children. The wide adverse effects of living with domestic violence for children must be recognised as a child protection issue. They link to poor educational achievement, social exclusion and to juvenile crime, substance abuse, mental health problems and homelessness from running away.

Domestic violence is not a 'one-off' occurrence, but is frequent and persistent and aimed at instilling fear into and compliance from the victim.

*Reference: Department of Constitutional Affairs Domestic Violence Guide to Civil Remedies & Criminal Sanctions.*

**Modern Slavery**

This includes Human Trafficking, Forced Labour (however this is imposed), Domestic Servitude, Sexual Exploitation and Debt Bondage (being forced to work to pay off debts). It is important to remember that such control can be enforced by a range of means, not limited to physical violence or locking people in.

**Professional Abuse**

Professional Abuse is the misuse of power and abuse of trust by professionals, the failure of professionals to act on suspected abuse/crimes, poor care practice or neglect in services, resource shortfalls or service pressures that lead to service failure and culpability as a result of poor management systems.

**Institutional Abuse**

Institutional Abuse involves the collective failure of an organisation to provide an appropriate and professional service to vulnerable people. It can be seen or detected in processes, attitudes and behaviour that amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and stereotyping. It includes a failure to ensure the necessary safeguards are in place to protect vulnerable adults and maintain good standards of care in accordance with individual needs, including training of staff, supervision and management, record keeping, unable or unwilling to implement professional or clinical guidelines and liaising with other providers of care.

Abusive behaviour may be part of the accepted custom and culture within an organisation or an individual member of staff, or particular group of staff may carry it out. The key risk factors for institutional abuse are:

* It is widespread within the setting
* It is repeated
* It is generally accepted, it is not seen as being poor practice
* It is sanctioned, it is encouraged or condoned by line managers
* It takes place in a setting where there is poor monitoring by senior management
* There are environmental factors (e.g. unsuitable buildings, lack of equipment, many temporary staff) that adversely affect the quality of care
* It is systematic e.g. factors such as a lack of training, poor operational procedures,
* poor supervision and management all encourage the development of institutionally abusive practice.

**Significant Harm**

Significant harm can 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. (Source: ‘Who Decides’, Lord Chancellor’s Department 1997).

The process of assessing significant harm will include consideration of the following factors:

* The vulnerability of the adult according to the eligibility criteria of the National Health and Community Care Act 1990.
* The apparent impact of the abuse on the adult
* The risk of repetition or escalation of abuse involving increasingly serious acts or the extension of the abuse to other adults or children under the age of 18
* The degree of corroboration between the outcome of the assessment and the depth and conviction of the feelings expressed by the person reporting the alleged abuse.

If the assessment indicates that there are sufficient indicators of significant harm to the vulnerable adult, it is then necessary to evaluate if intervention is in the best interests of the vulnerable adult and/or in the public interest.

Any or all types of abuse may be perpetrated as the result of deliberate intent, negligence or ignorance.

**Appendix 7.**

**Signs of possible abuse in Adults**

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

**Physical**

Injuries not consistent with the explanation given for them

Injuries that occur in places not normally exposed to falls, recreational activities etc

Injuries that have not received medical attention

Reluctance to change for, or participate in, games or swimming

Repeated urinary infections or unexplained pains

Bruises or bites, burns, fractures etc which do not have an accidental explanation

Cuts/scratches/medication and substance abuse\*

**Sexual**

Any allegations made concerning sexual abuse

Excessive preoccupation with sexual matters and detailed knowledge of sexual behaviour

Adult who is sexually provocative or inappropriately seductive with others

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 an adult 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

**Financial**

Signatures on cheques not resembling the person’s signature, or signed when the person cannot write.

Sudden changes in bank accounts including unexplained withdrawals of large sums of money

Sudden additional names on a person’s bank account

Abrupt changes in a Will or sudden creation of a new Will

Sudden appearance of previously uninvolved relative claiming their rights to the person’s affairs and/or possessions

Unexplained sudden transfers of assets to a family member of someone outside the family

Unpaid bills piling up overdue rent of mortgage payments when someone is meant to be ensuring these are paid

Lack of amenities such as clothes, washing items, TV – things which the person ought to be able to afford

Unexplained disappearance of money or possessions such as antiques, silver ware, jewellery, pictures.

Unusual concern from someone that too much money is being spent on the person in need

Deliberate isolation of a vulnerable adult from friends, or family resulting in the formal or informal carer having complete control.

**Discriminatory abuse**

Racism, sexism, religious and ageism, based on a person’s disability, and other forms of harassment, slurs or similar treatment.

**Neglect**

Ignoring medical or physical care needs, persons physical condition/appearance is poor e.g. ulcers, pressure ulcers, soiled or wet clothing, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition (this may present as constant hunger, stealing or gorging food), and heating and undermining personal beliefs.

*\*The above indicate the possibility that an adult is self-harming.*

**Appendix 8.**

**How to Respond to an Adult Wishing To Disclose Abuse**

**Effective Listening**

Ensure the physical environment feels safe for the adult so that they feel encouraged to talk. It is especially important to allow time and space for the person to talk.

* 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 appropriate and respectful. For those with sensory disabilities,

ensure there is someone available who understands sign language, Braille etc.

**Helpful Responses**

* You have done the right thing in telling
* 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

**Do Say**

* + - I will consult with someone and let you know what we are going to do

**Useful Contacts:**

Through the Roof – Christian disability ministry working to promote access and inclusion of disabled people in every area of church life 01732 737041

Action on Elder Abuse - Works to protect, and prevent abuse of, vulnerable older adults

0808 175 8000 ( from a mobile 0330 036 1556 )

**Appendix 9 Posters to be displayed in all Meetings**





