

Hollybush Christian Fellowship



**Safeguarding Policy, Procedures and Guidelines for
Good Practice**

SAFEGUARDING POLICY

Statement of intent

This document is intended to provide guidance and 'hands on' advice to those staff (paid and volunteers) involved in a HBCF event, enabling everyone to have a clear understanding of how these responsibilities should be carried out.

This policy is not intended to answer every possible question on safeguarding, nor is it expected that anyone who has read and understood this guidance will immediately become an 'expert' in safeguarding issues. Rather, this policy provides principles of good practice and guidance.

Review Process

- This policy is too reviewed by all workers and signed using the form in Appendix A to confirm that they have read and understand the requirements of their duties in line with this document.
- All workers are to have carried out at least the online training on the North Yorkshire Safeguarding Children Board (<http://www.safeguardingchildren.co.uk/learning-improvement/nyscb-basic-awareness-elearning>)
- Designated persons are to undertake training to enable them to fulfil their role and responsibilities
- The Hollybush Christain Fellowship will hereafter referred to as ('HBCF') expects that all workers at an event (Event Leadership Team, volunteer activity leaders and leaders of visiting groups) will have prior access to this policy when they are attending an event. This will ensure that all workers understand their responsibilities to work according to these guidelines, are alert to signs of abuse and are able to record and report any concerns as outlined in this policy.

Introduction

Safeguarding refers to:

- Protecting children from maltreatment; preventing impairment of children's health or development; ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and taking action to enable all children to have the best life chances. (Working Together to Safeguard Children, HM Government 2015)
- Protecting an adult's right to live in safety, free from abuse and neglect. (Care and Support Statutory Guidance issued under the Care Act 2014 Department of Health)

Definitions

The following definitions make clear whom this policy is intended to safeguard:

- **Child** - Anyone who has not yet reached their 18th birthday (Working Together to Safeguard Children, HM Government 2015)
- **Adult** - Safeguarding duties apply to an adult who:
 - Has needs for care and support (whether or not the local authority is meeting any of those needs) and;
 - Is experiencing, or at risk of, abuse or neglect; and
 - As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect. (Care and Support Statutory Guidance issued under the Care Act 2014, Department of Health, further information on the definition of "care and support needs" is available in Appendix C)

Duty of care within legislation and faith:

HBCF recognises that safeguarding is part of our 'duty of care'. This is a "legal obligation to: always act in the best interest of individuals and others; not act or fail to act in a way that results in harm; act within your competence and not take on anything you do not believe you can safely do". (Social Care Institute for Excellence 2015, https://www.scie.org.uk/workforce/induction/standards/cis05_dutyofcare.asp).

HBYC recognises and believes that:

- "The Child's Welfare is paramount' (1989 Children Act)
'Anyone who welcomes a little child on my behalf is welcoming me. But if anyone causes one of these little ones who trust in me to lose faith, it would be better for that person to be thrown into the sea with a large millstone tied around his neck.' (Matthew Chapter 18 vs 5 and 6)
- 'Organisations should always promote the adult's wellbeing in their safeguarding arrangements.' (Care and Support Statutory Guidance Issued under the Care Act 2014 Department of Health) (psalms 9v9)

Key principles

HBCF exercises this duty of care with regards to safeguarding through the HBYC Leadership Team (both Programme & Site) and their individual team members and visiting youth group leaders, according to the following key principles:

- HBCF is committed to the safeguarding, care and nurture of all children, young people and adults (hereafter referred to as 'participants') within each event through the implementation of the procedures and guidelines below.
- HBCF will ensure that all workers have immediate access during the event in respect of advice re safeguarding, through appointing suitably

qualified/experienced people to act in an advisory capacity – the Designated Person and Deputy Designated Person.

- For 2016, the Designated Person is **Jonathan Lee** (d.j.lee@ntlworld.com 07748482261) and Deputy Designated Person is **Joanna Wilkinson 01845-587386**
- HBYC will respond appropriately, without delay, to any concern that a participant may be suffering or be in danger of suffering harm, either during the event or in another part of their life.
- HBYC will co-operate fully with appropriate agencies during any investigation made into a reported concern.

SAFEGUARDING PROCEDURES

The procedures detailed below are intended to all safeguard participants and workers.

1. Safe recruitment of workers

a) HBCF workers: All HBCF workers will come into contact with participants in the course of their duties during the event, and as a result all workers are required to have an enhanced DBS with barred list check.

If a DBS disclosure contains any information which causes concern, a risk assessment will be completed prior to the worker coming into contact with participants through HBYC activities.

b) 'Known to HBCF': The above requirement may be waived if the person is 'known to HBCF' and is engaged in a 'one-off' activity that does not provide unsupervised access to participants in the course of the task. However the person must be supervised by someone in requested activity that is DBS and barred list checked.

'Known to HBCF' means that at least two people who are current HBYC Management Group members can provide character references for the person. 'One-off' applies to volunteers giving not more than one day's time for their volunteering at the event.

c) External Providers: where HBCF uses external providers for activities, health and safety and insurance requirements are covered in the HBYC Health and Safety Policy. External providers will have no unsupervised access to participants.

2. Youth Events run by HBYC

HBCF runs Christian Youth Events for young people aged between 12-18 years. Duties of leaders running the children's activity programs are as outlined in this policy document All participants attending youth events must come as part of a youth group with a responsible leader. The minimum ratio we recommend is 1 leader to 6 participant's

age under 18. However this is dependent upon the age, maturity, behaviour or individual needs of the participants you are bringing. It may be necessary for you to bring more leaders to ensure your participants are adequately supervised and their needs are met. If you are bringing a mixed group, then you will require both a male and female leader.

The leader, not HBCF, is responsible for the group at all times whilst on camp and agrees to:

- Familiarise him- or herself with the HBYC Safeguarding Policy, Procedures and Guidelines for Good Practice before attending the camp and follow this guidance at all times during the camp.
- Read the site rules to the youth group and be prepared to enforce them.
- Set his or her own rules for the group where necessary.
- Camp with the group (and stay on site with them) - this means not only in the same field but in the same area so that the leader can be found easily.
- There is to be separate sleeping accommodation for children and Volunteers
- Introduce him- or herself to the camp Leaders.
- Make him- or herself familiar with the location of Reception, First Aid and nearest Fire Point.
- Day visitors under the age of 18 must be accompanied by an adult in the ratios indicated above and are the responsibility of that adult whilst at HBCF.

3. Family Camp run by HBCF

HBCF runs a family camp each year where it provides activities for young people aged between 3-18 years. Apart from the young people's activity programs, children remain the responsibility of their parents/guardians whilst on site. Duties of leaders running the children's activity programs are as outlined in this policy document

Planning, risk-assessing and carrying out all practical arrangements and activities according to good practice in safeguarding.

HBCF will, under the guidance of the Designated Person, ensure that all aspects of the camp support safeguarding, with particular reference to:

Site Security During an Event

HBCF aims to provide a secure site for the full duration of the event. Therefore, all people on the site have to adhere to the rules which govern it. It is recognised that laxity can cause potential problems to safeguarding. Therefore, HBCF seeks to ensure that:

- Everyone at the event to receive an arm band, to readily identify a person who may have strayed into the secure zone and is not registered with the event.
- Visitors, staff and volunteers only enter through the main entrance to the site.
- Day visitors sign in and out at the main Reception.
- If there is a requirement to leave the site during the event, they must sign in and out at the main Reception.

The conduct of workers

It is the responsibility of all workers to ensure that:

- Their behaviour is appropriate at all times.
- They observe the rules established for the safety and security of participants.
- They follow the procedures following suspicion, observation, disclosure or allegation of abuse.
- They recognise the position of trust in which they have been placed.
- In every respect, the relationships they form with the participants are appropriate.

4. Implementing clear procedures in the case of a safeguarding concern

Safeguarding concerns include concerns about possible neglect, physical abuse, sexual abuse, emotional abuse, spiritual abuse and financial abuse (more detail is given in Appendix 1 Definitions) These may come to workers attention by directly witnessing something or from disclosures from the young person or others.

If any worker has a safeguarding concern (or receives a disclosure),

Do not:

- Ignore your suspicions.
- Do nothing.
- Investigate matters yourself. You may clarify what has happened, but do not ask other questions.

Do:

- Ensure the immediate safety of the participant if the threat or danger is current and immediate.
- Inform the Designated Person (or Deputy Designated Person, if the concern involves the Designated Person).
- Record information regarding the concern as soon as possible. The recording must be a clear, precise, factual account. This will be the start of a written log of the concern.

What will happen next:

- The Designated Person will agree with you the next course of action. This may be to monitor the situation, further clarify the concern or to make an immediate referral to the Police and/or Social Care. The agreement will be recorded in the written log.

Contact Numbers: Children's Social Care tel no. 01609 780780

- Note: Anyone can make a referral to the Children's Social Care
- You will be kept informed of any actions and supported throughout the process.
- The safety, welfare and care of the participant will remain paramount

Where a safeguarding concern involves a worker:

- HBCF will follow the North Yorkshire Safeguarding Children's Board Practice Guidance for Managing Allegations Against Staff
- The person with the concern or receiving an allegation must take it seriously, make a record and immediately inform the Designated Person (or Deputy Designated Person, if the concern involves the Designated Person). Who will consult with the LADO, or if outside normal working hours contact children's social care.
- The worker against whom an allegation has been made should not be informed of said allegation until future action has been agreed.
- If the worker's alleged action is judged to be unwise rather than harmful (for example a worker favouring one participant over others in an activity), the worker should be counselled against such actions and supported.
- If the worker's alleged action is judged to be actually or potentially harmful, a risk assessment will be undertaken in order to ensure that other participants are not at risk.
- All concerns, whether leading to a referral to statutory services or not, should be followed by an immediate review by HBCF to ensure that participants are not at risk and, where necessary, a later review of the adequacy of safeguarding procedures.

GUIDELINES FOR GOOD PRACTICE

Advocacy

Advocacy for children, young people and adults with support needs is important. There is a tendency for them to be disbelieved in the face of adult power and control and it is essential that those working with them should be ready to hear, believe and where necessary act on their confidences.

Workers should be prepared to take on the advocacy role. They should be alert to the possibility that a participant may wish to share a 'confidence' and that they should be prepared to act appropriately (see 'Confidentiality' below)

Confidentiality and information sharing

The following section is written about confidentiality in the context of safeguarding at HBYC. The references to a "pastor" are intended to refer both to a formal pastoral relationship and one which grows informally.

The sharing of confidential information is a natural part of many relationships, particularly in friendship and pastoral relationships. However, there are times when the matter involved is so serious, such as when a participant is in danger of harm, that maintaining confidentiality is likely to be more damaging than passing on the information. It is important to try to avoid any sense of betrayal, while recognising that the safety of the participant (and any other possible victims) must be paramount. Therefore, if a worker is asked by a participant to keep any information secret, the worker should respond "I can only keep what you tell me to myself if it does not involve you or any other person being harmed or being in danger of harm".

If it does involve you or any other person being harmed or in danger of harm, I will have to pass the information on to someone who can help prevent that harm".

In the context of dealing with victims of abuse, it should be assumed that information shared by the participant is intended to be confidential. It should therefore not be shared lightly and certainly never in general conversation. The information should be reported to the Designated Person (or Deputy Designated Person, if the concern involves the Designated Person), who will inform others only on a 'need to know' basis. The Designated Person (or Deputy) will bear in mind Government guidance re information sharing:

- Children - "Where there are concerns about the safety of a child, the sharing of information in a timely and effective manner between organisations can reduce the risk of harm. Whilst the Data Protection Act 1998 places duties on organisations and individuals to process personal information fairly and lawfully, it is not a barrier to sharing information where the failure to do so would result in a child or vulnerable adult being placed at risk of harm. Similarly, human rights concerns, such as respecting the right to a private and family life would not prevent sharing where there are real safeguarding concerns". (Information Sharing Advice for practitioners providing safeguarding services to children, young people, parents and carers, DfE March 2015).
- Adults - "Decisions on sharing information must be justifiable and proportionate, based on the potential or actual harm to adults or children at risk and the rationale for decision-making should always be recorded".

"Practitioners should wherever practicable seek the consent of the adult before taking action. However, there may be circumstances when consent cannot be obtained because the adult lacks the capacity to give it, but it is in their best interests to undertake an enquiry. Whether or not the adult has capacity to give consent, action may need to be taken if others are or will be put at risk if nothing is done or where it is in the public interest to take action because a criminal offence has occurred. It is the responsibility of all staff and members of the public to act on any suspicion or evidence of abuse or neglect and to pass on their concerns to a responsible person or agency". (Care and Support Statutory Guidance Issued under the Care Act 2014 Department of Health)

Do's and don'ts when receiving an allegation or disclosure of harm (telephone or face to face)

Do:

- Stay calm. If possible and appropriate, try to find a colleague to be with you and inform the complainant that you are doing so.
- Listen to what is being said without displaying shock or disbelief.
- Accept what is being said.
- Give the person time to say what they want.
- Discuss and allow the person to talk freely.
- Reassure the person, but not make promises which it might not be possible to keep.
- Not promise confidentiality – it might be necessary to refer to social care or police.
- Reassure the person that what has happened is not their fault.
- Stress that it was the right thing to tell.
- Listen, rather than ask direct questions.
- Explain what has to be done next and who has to be told.
- Document fully, as soon as possible, exactly what the person told you and what action you will take. (See Record Keeping)
- If you, or the person, believe that there is imminent harm, contact the police or social care **immediately** (either directly or, preferably, with the support of the Designated Person or Deputy)

Do Not:

- Panic!
- Attempt to deal with the problem alone.
- Promise to keep secrets.
- Enquire into the details of the abuse – although you may have to clarify what you are hearing.
- Ask suggestive or leading questions, nor put ideas or words into someone's mouth.
- Investigate any allegations.
- Make the person repeat the story unnecessarily, or rehearse their story.
- Contact the person alleged to have been the abuser.
- Contact the person alleged to have been abused – unless it is to protect them from imminent harm.
-

Electronic Communication, Social Media

Nobody on team/staff should be making contact or exchange contact or personal details including social media eg Facebook with any young people Note : We have a HBYC Facebook page where messages can be sent but this is open for the team that runs the page to all see and monitor.

Photographs and video

We realise that part of the experience during an event, is for a young person to take photos and video of certain activities and moments in time. We are happy with this as long as it's done wisely and that the person/people are happy to be

in the frame. We have a designated key people taking official photos of general activities around camp but please note they will only ever be used publicly if the permission has been sort.

- Volunteers are not to take their own photographs of young people
- We must receive a parental consent form from each child for use of any official photographs to be used.

Good practice – general points

- Wherever possible work in pairs. You should never be more than a few seconds from another authorised worker.
- Plan activities that are appropriate and inclusive.
- Challenge unacceptable behaviour e.g. bullying, ridiculing, and rejection. Never use abusive language/behaviour yourself. Be prepared to consider what might be happening in other parts of their life which may be leading to the behaviour.
- Respect personal privacy.
- Be aware and alert. Take seriously what you see, hear or feel. If you are concerned, talk to the Designated Person or Deputy.
- Remember that you are responsible for your actions, and that the child's welfare is paramount.
- Remember your role as an advocate and be ready to listen sensitively.

Never alone

Nothing in the rules of HBCF, or any guidance produced by it, may be construed as permitting a worker to take a participant away on an activity alone. No activity may take place where only one worker and one participant are present.

Physical contact

- There are occasions when it is entirely appropriate and proper for staff to have physical contact with children, however, it is crucial that they only do so in ways appropriate to their professional role and in relation to the child's individual needs and any agreed care plan.
- Not all children feel comfortable about certain types of physical contact; this should be recognised and, wherever possible, adults should seek the pupil's permission before initiating contact and be sensitive to any signs that they may be uncomfortable or embarrassed. Workers should acknowledge that some children are more comfortable with touch than others and/or may be more comfortable with touch from some adults than others. Workers should listen, observe and take note of the child's reaction or feelings and, so far as is possible, use a level of contact and/or form of communication which is acceptable to the Child.
- It is not possible to be specific about the appropriateness of each physical contact, since an action that is appropriate with one child, in one set of circumstances, may be inappropriate in another, or with a different child.
- Any physical contact should be in response to the child's needs at the time, of limited duration and appropriate to their age, stage of

development gender, ethnicity and background. Adults should therefore, use their professional judgement at all times.

- Physical contact should never be secretive, or for the gratification of the adult, or represent a misuse of authority. If a member of staff believes that an action by them or a colleague could be misinterpreted, or if an action is observed which is possibly abusive the incident and circumstances should be immediately reported to the Designated person or Deputy and recorded. Where appropriate, the Designated person or Deputy should consult with the Local Authority Designated Officer (the DO).
- Extra caution may be required where it is known that a child has suffered previous abuse or neglect. Workers need to be aware that the child may associate physical contact with such experiences. They also should recognise that these children may seek out inappropriate physical contact. In such circumstances staff should deter the child sensitively and help them to understand the importance of personal boundaries.

Record Keeping

When a safeguarding issue is suspected, or has been observed, reported or disclosed, the worker should:

- Make brief notes as soon as possible.
- Not destroy the original notes in case they are needed by a court – This is an important document and could be required if the case leads to further action or legal procedures.
- Record the date, time place and any noticeable non-verbal behaviour and the words used by anyone involved.
- Record statements and observations rather than interpretations or assumptions.
- Give all records to the Designated Person promptly. No copies should be retained by the worker.

Support for the worker

Those who are involved in counselling situations, whether formal or informal, need a confidant themselves to whom they can 'unload' the burdens they accept on behalf of others. Generally, confidentiality is preserved during such support by not naming.

When this burden relates to safeguarding, the Designated Person (or Deputy) will ensure that the worker is both supported and given guidance about information sharing.

Appendix A

I the undersigned have read and understand the requirements of my duties in line with the HBCF Safeguarding Policy, Procedures and Guidelines for Good Practice document.

Name of Leader/ Volunteer

Signed Date.....

Appendix B Definitions of abuse and some signs/symptoms

1. Children and young people:

a) Physical abuse

A form of abuse which 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.

b) Emotional abuse

The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a 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 (including cyber 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.

c) Sexual abuse

Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

d) Neglect

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, clothing and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers); or
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

(The definitions above are from HM Government 'Working Together to Safeguard Children' HM Government 2015)

Signs and symptoms of abuse and neglect

Whilst it is not possible to be prescriptive about the signs and symptoms of abuse and neglect, the following list sets out some of the indicators which might be suggestive of abuse:

- unexplained injuries
- injuries on areas of the body not usually prone to injury
- an injury that has not been treated/received medical attention
- an injury for which the explanation seems inconsistent
- changes in behaviour or mood (e.g. becoming very quiet, withdrawn or displaying sudden bursts of temper)
- unexplained changes in behaviour or mood (e.g. becoming very quiet, withdrawn or displaying sudden bursts of temper)
- inappropriate sexual awareness
- signs of neglect, such as under-nourishment, untreated illnesses, inadequate care or inappropriate clothing for the weather or time of year

It should be recognised that this list is not exhaustive and the presence of one or more indicators is not in itself proof that abuse is actually taking place. It is also important to remember that there might be other reasons why any of the above is occurring – it is not the worker's job to investigate or decide if something is abuse, only to report on what is observed.

e) Spiritual abuse

The Church also recognises an additional category of Spiritual Abuse which can easily occur in a faith community through the inappropriate use of religious belief or practice. This can include the misuse of authority of leadership or penitential discipline, oppressive teaching, or obtrusive healing and deliverance ministries, any of which may result in participants experiencing physical, emotional or sexual harm.

Other forms of spiritual harm include the denial to children of the right to faith or the opportunity to grow in the knowledge and love of God.

Spiritual abuse occurs when someone uses their power within a framework of spiritual belief or practise to satisfy their own needs at the expense of others. It has two main facets:

- A leader who has unhealthy power over individuals,

- Accepted doctrine of a church/group that directly or indirectly controls or oppresses its members through peer pressure.

Spiritual abuse can happen when:

- One person usually tells others what to do and always expects to be obeyed.
- The leader or other person in authority within the relationship reacts strongly and personally to being questioned or contradicted.
- Leadership is based on hierarchical authority rather than greater ability.
- Leadership is never shared or handed on.
- The leader or person in authority expects agreement without having to justify or prove their point.
- The leader or person in authority frequently prefaces their remarks with comments which defy rational analysis – like 'The Lord has told me ...'
- People in the group or relationship are afraid to make their disagreement known.
- People in the group or relationship never share their different opinions for fear of being put down.
-

Spiritual abuse can be avoided if:

- A climate of challenge is encouraged.
- Opportunities are created to encourage the leader to be questioned about theological, Biblical, spiritual and human-relationship issues,
- Participants are encouraged to form their own opinions and to express them.
- Leaders are made accountable to a group of 'critical friends', in this case the

HBYC Leaders, who observe practises and monitor behaviour, teaching, approachability and style of working.

2. Adults

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

a) Self-neglect – this covers a wide range of behaviour: neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

b) Physical abuse

Including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions.

c) Sexual abuse

Including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or

sexual acts to which the adult has not consented or was pressured into consenting.

d) Psychological abuse

Including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks, spiritual abuse.

e) Financial or material abuse

Including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits, internet scamming.

f) Discriminatory abuse

Including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.

g) Domestic violence

Including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence.

h) Modern slavery

Encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

i) Organisational abuse

Including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Be vigilant – watch out for abuse of adults

"The adult may say or do things that hint that all is not well. It may come in the form of a complaint, a call for a police response, an expression of concern, or come to light during a needs assessment. Regardless of how the safeguarding concern is identified, everyone should understand what to do, and where to go locally to get help and advice. It is vital that professionals, other staff and members of the public are vigilant on behalf of those unable to protect themselves".

(Definitions and quotation in this section are from Care and Support Statutory Guidance issued under the Care Act 2014, Department of Health)

Appendix C Care and Support Needs

www.nhs.uk

What are the national eligibility criteria for care and support?

The eligibility threshold for adults with care and support needs is based on identifying how a person's needs affect their ability to achieve relevant outcomes, and how this impacts on their wellbeing.

Local authorities must consider whether the person's needs:

- arise from or are related to a physical or mental impairment or illness
- make them unable to achieve two or more specified outcomes
- as a result of being unable to meet these outcomes, there is likely to be a significant impact on the adult's wellbeing

An adult's needs are only eligible where they meet all three of these conditions.

The specified outcomes measured include:

- managing and maintaining nutrition, such as being able to prepare and eat food and drink
- maintaining personal hygiene, such as being able to wash themselves and their clothes
- managing toilet needs
- being able to dress appropriately, for example during cold weather
- being able to move around the home safely, including accessing the home from outside
- keeping the home sufficiently clean and safe
- being able to develop and maintain family or other personal relationships, in order to avoid loneliness or isolation
- accessing and engaging in work, training, education or volunteering, including physical access
- being able to safely use necessary facilities or services in the local community including public transport and recreational facilities or services
- carrying out any caring responsibilities, such as for a child