

### Contact:

- CH Safeguarding Lead: Rev Jeremy Putnam, 07538 228199 (office hours)
- CH Safeguarding Deputy: Esme Page - 07803 594285 (office hours)
- More relevant safeguarding and support numbers in section 3

### 1. Scope

- Cornwall Hugs is a registered charity (no: 1177796) and discharges its articles under the title of Cornwall Hugs Grenfell.
- This policy applies to freelance staff, trustees and volunteers who come into contact with children and vulnerable adults as part of their role with Cornwall Hugs.
- This document provides a framework to promote the welfare and protection of children and adults at risk. For the purposes of this document, children are defined as under 18 years or 16 years if married (Children Act 1989). Adults to whom safeguarding duties apply are those who are or may have needs for care and support whether or not the Local Authority is meeting any of those needs and is experiencing, or is at risk of, abuse or neglect or 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 Act guidance 14:2).
- This policy should be read alongside Cornwall Hugs's 'Code of Conduct' for Staff and Volunteers.
- For specific crisis situations there will be guidance for supported groups and accommodation providers suitable for each situation.

### 2. Responsibilities

- Cornwall Hugs (CH) is a voluntary organisation that exists to gather pledges of accommodation, transport, services and activities and co-ordinate these to allow residents and fire fighters affected by the Grenfell Tower fire to access free family holidays in Cornwall. Families may come individually or may travel together and stay in individual units in a group accommodation setting.
- Parents and Carers are made fully aware that at all times and in all places they are responsible for the safety and well-being of their children. Cornwall Hugs does not offer childcare. Cornwall Hugs does not work with, care for, or support individuals that access these holidays or accommodation. CH's role is to ensure logistics run smoothly and guests feel welcome and able to access all the activities they choose or access the accommodation they need. However those volunteering may come into direct contact with children or adults at risk when on a Cornwall Hugs Grenfell holiday or in relation to other accommodation provision co-ordinated by Cornwall Hugs. In these circumstances, CH recognises that all its staff and volunteers that come in to contact with children and adults at risk are responsible for helping protect them from harm.
- Responsibility for this policy and for ensuring it is embedded into normal practice sits with **Rev Jeremy Putnam, Trustee, Cornwall Hugs**, and whoever he designates when guests are travelling as a group. Esmé Page is the Safeguarding Deputy.

### 3. Contact Details

- **CH Safeguarding Lead: Rev Jeremy Putnam, 07538 228199 (office hours)**
  - CH Safeguarding Deputy: Esme Page - 07803 594285 (office hours)
  - Cornwall Local Safeguarding Children's Board – 01872 254549
  - Cornwall Local Safeguarding Adults Board – 01872 323782
  - Childline – 0800 1111
  - Children and Adult Social Care Team – 0300 1231 116
  - Police Central Referral Unit – 101
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- Stop it Now - 0808 1000 900
  - National Domestic Violence Helpline - 0808 2000 247
  - Samaritans - 116 123

### 4. Policy Statement

- Cornwall Hugs (CH) is committed to safeguarding the welfare of those who use or deliver our services, against all forms of abuse. The welfare and safety of children and adults at risk is paramount.
- Our working definition of abuse is set out in Annex A. In summary, abuse happens when a person who is unable to protect themselves, is ill-treated, neglected or neglects themselves. It may be a one-off incident, or it may happen repeatedly over time. The abuse may take place anywhere, in a public or private place.
- Any allegations of abuse (past or present) will be viewed seriously and appropriate action will be taken. This action may include investigations by statutory authorities, and a risk assessment by a qualified person to assess the suitability of the individual in question remaining in post.
- CH will act collaboratively and fully with those statutory and voluntary agencies concerned with abuse and will not conduct investigations on its own.

### 5. Safeguarding Guidelines

- **Guidelines purpose:** The following guidelines outline CH procedures. They seek to minimise the risk of abuse and provide general guidance in the event of an alleged incident.
- **Procedure for checking staff and volunteers:** CH operates a safer recruitment procedure. Where applicable to the role staff and volunteers will undergo a check with the DBS and in all other cases applicants will be asked to complete the relevant volunteer application form; providing sufficient information to enable CH to make a decision as to whether or not to appoint them.
- **Training and awareness:** CH will issue all staff and volunteers that come in to contact with children and adults at risk with information on their responsibilities for safeguarding (code of conduct).
- **Code of conduct** A recommended written code of conduct will be issued to all staff and volunteers that may come in direct contact with children or adults at risk in the conduct of CH business.

- **Social networking sites and emails:** All CH staff and volunteers must ensure all electronic communications are appropriate, age-appropriate and professional.

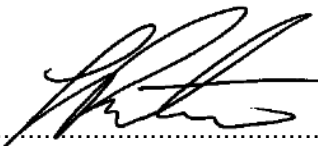
### 6. Responding to concerns and disclosure

- Caring and working with children and adults may mean coming into contact with some who are being abused. CH staff and volunteers, along with members of the public have a responsibility to take action if the welfare of a child, young person or adult causes concern. If you are concerned, do not dismiss this or decide that it is someone else's problem, but consider carefully what it is that is worrying you and discuss it with the CH safeguarding lead in order to decide on the right course of action.
  - It is important always to remember that it may be very difficult for someone to disclose that they are being or have been abused. If you are the person they have chosen to tell, you have a responsibility to respond appropriately. Here are some guidelines:
  - Do not try to deal with any child protection concern on your own. Always tell CH's Safeguarding lead and agree between you *who* will take *what* action *when*.
  - Always take what you are told very seriously; even if you find it hard to believe, do not dismiss it.
  - Listen carefully and do not stop the re-telling of painful events.
  - Confidentiality should not be promised. Where a person is judged to be at risk of significant harm and in need of protection, it will normally be necessary to share all relevant information with the statutory agencies.
  - Do not ask leading questions or push for un-offered information.
  - Do not artificially prolong a discussion.
  - Reassure the person that they were right to tell you.
  - Explain what you are going to do next. That you will have to pass the information on. If possible, name the person you will pass the information onto.
  - Make careful notes of the conversation as soon as possible, recording in particular the DATE, TIME, LOCATION and whether OTHER PEOPLE were present. Ensure the same language is used while making notes as that used by the person making the disclosure. Such notes should be kept in a secure place (see Annex B for reporting format)
  - **Suggested action to take if the disclosure is about a child**
    - If a child is unwilling or it would appear dangerous for them to return home, options for action include contacting CH's safeguarding lead, the police or social care (see the contact numbers on page1)
    - If a child needs immediate medical help, this should be the first consideration. The hospital should be informed of the child protection concerns.
  - **DO**
    - Inform CH's safeguarding lead, who will take responsibility for the process.
    - Continue to support the child and seek support for yourself.
    - Make a record of the disclosure and actions you have taken.

- **DO NOT**
  - Speak directly to the person against whom allegations have been made and do not attempt to investigate the situation yourself.
- **Suggested action to take if the disclosure is about a vulnerable adult**
  - If a vulnerable adult is unwilling or it would appear dangerous for them to return home, options for action include contacting CH's safeguarding lead, the police or social care (contact numbers page 1)
  - If a vulnerable adult needs immediate medical help, this should be the first consideration. The surgery or hospital should be informed of the safeguarding concerns.
- **DO**
  - Inform CH's safeguarding lead, who will take responsibility for the process.
  - Continue to support the individual and seek support for yourself.
  - Make a record of the disclosure and actions you have taken.
  - You should encourage the individual to request assistance from Adult Social Care. However, it is important to understand that no assistance can be forced upon the individual, unless under the Mental Capacity Act they are deemed not to have capacity. Even if the individual does not request assistance an alert should still be made.
- **DO NOT**
- Speak directly to the person against whom allegations have been made
- **Allegations against a staff member or volunteer:** If a concern is raised about a member of staff or volunteer, it should be reported straight to the CH safeguarding lead. The staff member or volunteer in question will be suspended without prejudice and an investigation will be carried out as speedily as possible. After suspending the staff member or volunteer, the CH safeguarding lead will contact the Local Authority Designated Officer and take advice as to how to proceed.
- **Allegations against the CH safeguarding lead:** if a concern is raised about the CH safeguarding lead, it should be reported to Jac Smith, trustee, [jacsmith@mac.com](mailto:jacsmith@mac.com), tel 0781 4444 690.
- **Whistle- blowing:** Any individual raising legitimate concerns, whether a member of the CH Community or of the wider public, will be treated with respect and their concerns taken seriously
- **Forms and notices:** CH's Safeguarding Policy is a public document and will be made available to anyone that requests a copy.

## 7. Annexes

- What is abuse?
- Record of concern or report of abuse (child or adult)
- Risk assessment template
- Reporting procedure flow chart

Signed..........

Date:.....28<sup>th</sup> June 2023

Rev'd Jeremy Putnam  
Cornwall Hugs

This policy will be reviewed on: June 30th 2024

**What is abuse?**

Abuse happens when a person who is unable to protect themselves is ill-treated or neglected. Abuse can be something that is done to a person or omitted from being done. Abuse may consist of single or repeated acts and can be carried out by anyone, in any setting. It may result in significant harm to or exploitation of, the individual.

Abuse can include one or more of the following:

- **Physical Abuse:** This includes hitting, pinching, deliberately giving too much medication or physically restraining someone in an inappropriate way.
- **Financial Abuse:** This includes taking another person's money or possessions - for example, having money or property stolen, being pressured into giving people money or changing a will, misuse of benefits, not being allowed access to money.
- **Sexual Abuse:** This includes any sexual act to which the child vulnerable adult has not consented and may not understand. For example, being touched or kissed when it is not wanted, being made to touch or kiss someone else, being raped, being made to listen to sexual comments or forced to look at sexual acts or materials.
- **Psychological Abuse:** This can happen where someone is isolated, verbally abused or threatened.
- **Discrimination:** This includes racism, sexism or acts based on a person's disability, age or sexual orientation. It also includes other forms of harassment, slurs or similar treatment such as disability hate crime.
- **Neglect and Acts of Omission:** This includes ignoring or withholding physical or medical care needs. Examples are failing to provide appropriate food, shelter, heating, clothing, medical care, hygiene, personal care; inappropriate use of medication or over-medication.

**Annexe B**

**Record of concern or report of abuse (child or adult at risk)**

<b>Child's name</b>			
<b>Adult's name</b>			
<b>Date</b>		<b>Time</b>	
<b>Date of birth</b>		<b>Age</b>	
<b>Address</b>			
<b>Where you spoke to the individual</b>			
<b>What happened</b>			
<b>What was the context</b>			

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<b>What did the individual say (use their own words)</b>	
<b>Where and when the incident occurred</b>	
<b>Who else was present</b>	
<b>What was agreed</b>	
<b>Name of staff member or volunteer making the report</b>	

<b>Signed</b>	
<b>Title</b>	





## Annexe C

### Safeguarding risk assessment template

Assessor/s		Location of visit/event			
RA date		Activity/event			
Leader		Date of activity/ event			
Other adults		Size of group			
		Age of group			
Hazards identified	Person at risk	Potential outcome	Likelihood	Action required to reduce risk	Date
e.g. walking on roads, getting lost, falling, sunburn or other potential risks related to the activity	e.g. staff, volunteers, participants, general public	What could go wrong? What injuries could be sustained?	High (H) Medium (M) Low	What you will do or the conduct you will insist upon to minimise any risk e.g. small groups, an adult in front and behind, a 'never alone' policy	Pre-visit On the

## Annexe D

## What to do if abuse is suspected or disclosed to you

