



Edmonton Community Partnership Safeguarding Policy & Procedures

Part 1 - Safeguarding Children

SAFEGUARDING CHILDREN POLICY & PROCEDURES

Reviewed 20th May 2026, Updated 16th September 2026

Edmonton Community Partnership will take seriously any allegations or suspicions of abuse.

This policy is based on the following principles:

- The welfare of the child is paramount.
- All children, whatever their age, culture, disability, gender, language, racial origin religious beliefs and/or sexual identity have the right to protection from abuse.
- All suspicions and allegations of abuse will be taken seriously and responded to swiftly and appropriately.
- Staff/volunteers are trained to understand the nature of abuse and to be vigilant to matters of concern. They are not trained to deal with situations of abuse or to decide if abuse has occurred.
- All staff (paid/unpaid)/ Partners working in Edmonton Community Partnership have a responsibility to report concerns to the Designated Person with responsibility for child protection.

Working in Partnership

In most cases, Edmonton Community Partnership will include children in its activities whilst working with partner organisations, such as voluntary and community organisations, Schools and Children's Centres. On entering into a partnership Edmonton Community Partnership will determine whether partners have the following;

1. A child protection and safeguarding policy and a vulnerable adult safeguarding policy
2. A designated lead
3. Staff/volunteers recruited using safe recruitment practices, trained in child protection and hold current DBS (Disclosure and Barring list Service) checks
4. A code of conduct/behaviour for working with children
5. A clear reporting process for disclosures, suspected incidents of abuse and allegations against staff, volunteers, and other group members
6. Policies and procedures recognising Forced Marriage and Female Genital Mutilation (FGM), grooming, and sexual exploitation and online exploitation.
7. Data protection and confidentiality protocols reflecting best practice with regards to safeguarding

Where Edmonton Community Partnership is working without a host and directly with families with children and young people, Edmonton Community Partnership will ensure that the project co-ordinator is trained in safeguarding policies and procedures, is DBS checked and conducts a risk assessment specifically for the project. The risk assessment will be the starting point for any specific policies and procedures that will need to be produced to ensure children and young people are cared for.

Securing Data about Families

Edmonton Community Partnership will have to keep data about families on occasions, for example to monitor adult child ratios when managing a crèche. Edmonton Community Partnership will only keep sensitive data that is necessary for the purpose it is collected and destroy it as soon as possible (as is the case for Edmonton Community Partnership vulnerable adults' policy).

Personal, sensitive, or confidential information will be kept securely locked in the office if a hard copy is needed. However, it will normally only exist electronically on a secured (password operated) pc and not shared with anyone except the person requiring access to it, usually the Parent Programme Project Co-ordinator. As soon as data is no longer needed, i.e., the programme/ project is completed, the sensitive data will be deleted. Contact details may be required for follow up support to parents. However, Edmonton Community Partnership will not keep any data about children unless there are exceptional cases.

Safer Recruitment and Vetting

Edmonton Community Partnership is committed to employing, contracting, or accepting volunteers who pose no foreseeable risk of harm to vulnerable adults.

- **Vetting Checks:** All staff, volunteers, and Trustees in roles requiring contact with vulnerable adults will be subject to Disclosure and Barring Service (DBS) checks (Enhanced, where applicable) and thorough identity and background verification.
- **Reference Checks:** A minimum of two satisfactory references will be obtained for all new personnel before appointment.
- **Induction:** All new personnel must complete a safeguarding induction and mandatory training before starting work.

Governance and Accountability

The Board of Trustees holds ultimate responsibility for safeguarding vulnerable adults.

- **Trustee Safeguarding Lead (TSL):** A designated Trustee is responsible for overseeing the implementation and review of this policy. The TSL ensures the Designated Adult Protection Officer is supported and that

serious safeguarding incidents are reported to the Charity Commission for England and Wales where necessary.

- **Annual Review:** This policy must be reviewed and approved by the Board of Trustees annually to ensure compliance with legal and statutory changes.

EDMONTON COMMUNITY PARTNERSHIP SAFEGUARDING CHILDREN PROCEDURES

Date adopted: 8th February 2021

Date of last review: 20th May 2026

Updated: 16th September 2026

Date of next review : 19th May 2027

Signed



How to report a safeguarding concern

Staff members who have a complaint or concern relating to safeguarding should report it immediately to the Designated Safeguarding Lead. If the staff member does not feel comfortable reporting to the Designated Safeguarding Lead (for example if they feel that the report will not be taken seriously, or if that person is implicated in the concern) they may report to any other appropriate staff member.



Name & position of Designated Safeguarding Lead:

Trevor Blackman

Number: 07561 354 707

Email: trevor@edmontoncommunitypartnership.org



Name & position of Deputy Designated Safeguarding Lead:

Iveta Bejaoui

Number: 07858 662 189

Email: Iveta@edmontoncommunitypartnership.org

When any allegations, concerns or suspicions of abuse are reported involving a partner organisation, the member of staff co-ordinating any projects, will immediately advise the **designated safeguarding person** of the partner agency/organisation or directly to the police or social services where appropriate.

Police contact number 101 in a non-emergency and 999 in an emergency.

If you have an immediate Child Protection concern about a child or family that needs an urgent safeguarding response, contact:

Enfield Children's MASH (Multi-Agency Safeguarding Hub)

Tel: 0208 379 5555

For urgent child protection concerns please call the **MASH** first before submitting a referral in writing.

For non-urgent referrals that still require a safeguarding response please visit the Children's portal and complete an online **child protection** referral by visiting www.enfield.gov.uk/childrensportal

If you are concerned about a child's safety and wellbeing and are aware the case is already open to children's social care, please contact the social worker directly or contact the switchboard on 0208 379 1000 if you do not know their contact number but know their name. Otherwise, please call the **MASH as a last resort** who can identify who the social worker is and put you through.

Early Help & support

For children & families that require early help and support please contact the Early Help service duty team on: 020 8379 2002 or 020 8379 2525 or please visit the Children's portal and complete an online **Family Support** referral by visiting www.enfield.gov.uk/childrensportal

For Emergency Out of Hours safeguarding concerns, one can call the Emergency Duty Team via 0208 379 1000.

1. Suspecting that Abuse has Occurred

If you suspect that abuse may have occurred:

- I. You must report the concerns immediately to the Designated person at the partner organisation or Edmonton Community Partnership/Trevor Blackman. The role of the designated person is to:
 - Obtain information from staff, volunteers, children or parents and carers who have child protection concerns and to record this information.
 - Assess the information quickly and carefully and ask for further information as appropriate.
 - They should also consult with a statutory child protection agency such as the local social services department or the NSPCC to clarify any doubts or worries.
 - The designated person should make a referral to a statutory child protection agency or the police without delay.
- II. Suspicions will not be discussed with anyone other than those nominated above.
- III. It is the right of any individual to make direct referrals to the child protection agencies.

If for any reason you believe that the nominated persons have not responded appropriately to your concerns, then it is up to you to contact the child protection agencies directly.

2. Procedures for Recording Disclosure of Abuse

If a Child makes a Disclosure of Abuse;

- I. Make notes as soon as possible (ideally within 1 hour of being told). You should write down exactly what the child has said and what you said in reply and what was happening immediately before being told (i.e., the activity being delivered).
- II. You should record the dates, times and when you made the record. All handwritten notes should be kept securely.

- III. You should report your discussion with the designated person as soon as possible. If this person is implicated, you need to report to the second designated person. If both are implicated report to the Chair or Social Services.
- IV. You should under no circumstances discuss your suspicions or allegations with anyone other than those nominated above.
- V. After a child has disclosed abuse, the designated persons should carefully consider whether/whether not it is safe for a child to return home to a potentially abusive situation. On these rare occasions it may be necessary to take immediate action to contact Social Services to discuss putting safety measures into effect.

3. Allegations of Physical Injury or Neglect

If a child has a symptom of physical injury or neglect the designated person will:

- I. Contact Social Services for advice in cases of deliberate injury or concerns about the safety of the child. Edmonton Community Partnership or the partner agency/ organisation in these circumstances should not inform the parents.
- II. Where emergency medical attention is necessary it will be sought immediately. The designated person will inform medical persons of any suspicions of abuse.
- III. In other circumstances speak with the parent/carer/guardian and suggest that medical help/attention is sought for the child. The doctor will then initiate further action if necessary.
- IV. If appropriate the parent/carer will be encouraged to seek help from Social Services. If the parent/care/guardian fails to act the designated person should in case of real concern, contact social services for advice.
- V. Where the designated person is unsure whether to refer a case to Social Services then advice from the London Safeguarding Partnership (LSP) will be sought.

4. Allegations of Sexual Abuse

In the event of allegations or suspicions of sexual abuse the designated person will:

- I. Contact the Social Service duty social worker for children and families directly. The designated person will not speak to the parent (or anyone else)
- II. If the designated person is unsure whether or not to follow the above guidance, then advice from the LSCB will be sought.
- III. Under no circumstances is the designated person attempt to carry out any investigation into the allegation or suspicions of sexual abuse. The role of the designated person is to collect and clarify the precise details of the allegation or suspicion and to provide this information to Social Services whose task it is to investigate the matter under section 47 of the Children Act.
- IV. Whilst allegations or suspicions of sexual abuse should normally be reported to the designated person, their absence should not delay referral to Social Services.

5. Responding to Allegations of Abuse

If a child discloses abuse, the following response should be considered;

- I. Secrets- it is important not to make promises that you may not be able to keep. Do not say that you will keep what a child or young person is about to tell you as confidential, before the child has confided in you, as you may have a duty to share it with others.
- II. Stay calm, listen carefully to what is being said
- III. Find an appropriate early opportunity to explain that it is likely that the information will need to be share with others-do not promise to keep secrets
- IV. Allow the child to continue at his/her own pace
- V. Ask questions for clarification only, and at all times avoid asking questions that suggest a particular answer
- VI. Reassure the child that they have done the right thing in telling you

VII. Tell them what you will do next and with whom the information will be shared

VIII. Record in writing what was said using the child's own words as soon as possible, note the date, time, any names mentioned, to whom the information was given and ensure that the record is signed and dated

Helpful statements to make

- I believe you (or showing acceptance of what the child says)
- Thank you for telling me
- It's not your fault
- I will help you

Do not say

- Why didn't you tell anyone before?
- I can't believe it!
- Are you sure that this is true?
- Why? Who? When? Where?
- Never make false promises

6. Support to Deal with the Aftermath of Abuse

Consideration should be given to the kind of support that children, parents, and members of staff may need. Use of helplines, support groups and open meetings will maintain an open culture and help the healing process. An online directory of accredited counsellors is available from the British Association for Counselling and Psychotherapy (Tel: 01455 883300; visit www.bacp.co.uk).

7. Definitions of Abuse

These definitions are based on those from *Working Together to Safeguard Children* (Department for Education, 2026)

1. Physical abuse

- I. Physical abuse may involve hitting, shaking, throwing, poisoning, burning/scalding, drowning, suffocating or otherwise causing harm to a child.
- II. Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes ill health to a child whom they are looking after. This situation is commonly described as factitious illness, fabricated or induced illness in children or “Munchausen Syndrome by proxy” after the person who first identified this situation.
- III. A person might do this because they enjoy or need the attention, they get through having a sick child.
- IV. Physical abuse, as well as being the result of a deliberate act, can also be caused through omission or the failure to act to protect.

2. Emotional abuse

- I. Emotional abuse is the persistent emotional ill treatment of a child such as to cause severe and persistent adverse effects on the child’s emotional development. It may involve making a child feel or believe they are worthless or unloved, inadequate, or valued only as far as they meet the needs of the other person.
- II. It may feature age or developmentally inappropriate expectations being imposed on children. It may also involve causing children to feel frequently frightened or in danger, or the exploitation or corruption of a child.
- III. Some level of emotional abuse is involved in all types of ill treatment of a child, though it may occur alone.

3. Sexual abuse

- I. Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of, or consents to, what is happening. The activities may involve physical contact, including penetrative acts such as rape, buggery or oral sex, or non-penetrative acts such as fondling.
- II. Sexual abuse may also include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.
- III. Boys and girls can be sexually abused by males and or females, by adults and by other young people. This includes people from all different walks of life.

4. Neglect

- I. 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. It may involve a parent or a carer failing to provide adequate food, shelter, and clothing, leaving a young child home alone or the failure to ensure that a child gets appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.
- II. It is accepted that in all forms of abuse there are elements of emotional abuse, and that some children are subjected to more than one form of abuse at any time. These four definitions do not minimise other forms of maltreatment.

5. Child Sexual Exploitation (CSE)

- IV. CSE is a form of child abuse involving a young person being coerced, manipulated, or deceived into sexual activity for the benefit of another person, whether or not the child is aware of, or consents to, what is happening. This may include: Trafficking or repeated assaults; Exploitation which involves inappropriate digital communication (e.g., sharing of explicit images or videos); Any sexual activity with a person in a position of trust or authority over the child.

6. Child Criminal Exploitation (CCE)

- V. CCE occurs where a person or group takes advantage of a child or young person to involve them in criminal activity. This includes, but is not

limited to: County Lines: The use of children by organised gangs to traffic drugs from urban areas to rural or coastal locations; Theft, handling stolen goods, forced labor, or financial abuse; Threats, physical force, or intimidation to make the child carry out criminal acts. The procedures for reporting suspicions of CSE or CCE are the same as those for all other forms of abuse.

7. Female Genital Mutilation (FGM)

VI. FGM is a form of child abuse and violence against women and girls. It is illegal in the UK under the Female Genital Mutilation Act 2003. Staff should be alert to indicators/signs, and any concerns must be reported immediately to the DSL.

Note

Recent guidance notes other sources of stress for children and families, such as social exclusion, domestic violence, the mental illness of a parent or carer, or drug and alcohol misuse. These may have a negative impact on a child's health and development and may be noticed by an organisation caring for a child. If it is felt that a child's well-being is adversely affected by any of these areas, the same procedures should be followed.

8. Recognising and Responding to Abuse

The following signs may or may not be indicators that abuse has taken place, but the possibility should be considered.

8.1 Signs of Physical Abuse

- Any injuries not consistent with the explanation given for them
- Injuries which occur to the body in places which are not normally exposed to falls or games
- Unexplained bruising, marks or injuries on any part of the body
- Bruises which reflect hand marks or fingertips (from slapping or pinching)
- Cigarette burns
- Bite marks
- Broken bones
- Scalds
- Injuries which have not received medical attention
- Neglect-under nourishment, failure to grow, constant hunger, stealing or gorging food, untreated illnesses, inadequate care
- Repeated urinary infections or unexplained stomach pains

Changes in behaviour which can also indicate physical abuse:

- Fear of parents being approached for an explanation
- Aggressive behaviour or severe temper outbursts
- Flinching when approached or touched
- Reluctance to get changed, for example, wearing long sleeves in hot weather
- Depression
- Withdrawn behaviour
- Running away from home

8.2 Signs of Emotional Abuse

- A failure to thrive or grow particularly if a child puts on weight in other circumstances e.g., in hospital or away from their parents' care
- Sudden speech disorders
- Persistent tiredness
- Development delay, either in terms of physical or emotional progress

Changes in behaviour which can also indicate emotional abuse include

- Obsessions or phobias
- Sudden under-achievement or lack of concentration
- Inappropriate relationships with peers and/or adults
- Being unable to play
- Attention seeking behaviour
- Fear of making mistakes
- Self-harm
- Fear of parent being approached regarding their behaviour

8.3 Signs of Sexual Abuse

- Pain or itching in the genital/anal area
- Bruising or bleeding near genital/anal areas
- Sexually transmitted disease
- Vaginal discharge or infection
- Stomach pains
- Discomfort when walking or sitting down
- Pregnancy

Changes in behaviour which can also indicate sexual abuse include:

- Sudden or unexplained changes in behaviour e.g., becoming withdrawn or aggressive
- Fear of being left with a specific person or group of people
- Having nightmares
- Running away from home
- Sexual knowledge which is beyond their age or developmental level
- Sexual drawings or language
- Bedwetting
- Eating problems such as over-eating or anorexia
- Self-harm or mutilation, sometimes leading to suicide attempts
- Saying they have secrets they cannot tell anyone about
- Substance or drug abuse
- Suddenly having unexplained sources of money
- Not allowed to have friends (particularly in adolescence)
- Acting in a sexually explicit way with adults

8.4 Signs of Neglect

- Constant hunger, sometimes stealing food from other children
- Constantly dirty or smelly
- Loss of weight or being constantly underweight
- Inappropriate dress for the conditions

Changes in behaviour which can also indicate neglect include:

- Complaining of being tired all the time
- Not requesting medical assistance and/or failing to attend appointments
- Having few friends
- Mentioning being left alone or unsupervised

9. Signs of Female Genital Mutilation (FGM)

Staff must be alert to indicators/signs that a girl may have been subjected to (or is at risk of) FGM. Indicators may include:

- Mentioning a "special procedure" or "ceremony" that is about to take place.
- Absence from school/activities for a prolonged period, which the family attributes to a special event, such as a holiday or a trip back home to a country of origin.
- Difficulty sitting or walking, prolonged or repeated absence from class, or spending a long time in the toilet.

- Prolonged or repeated urinary tract infections, menstrual or abdominal problems.
- Unexpected changes in behaviour, mood, or engagement.

All concerns must be reported immediately to the Designated Safeguarding Lead (DSL).

10. Good Practice Guidelines

All personnel should be encouraged to demonstrate exemplary behaviour in order to protect themselves from false allegations. The following are common sense examples of how to create a positive culture and climate.

Good practice means:

- Always working in an open environment (e.g., avoiding private or unobserved situations and encouraging open communication with no secrets).
- Treating all children and young people equally, and with respect and dignity.
- Always putting the welfare of each child and young person first.
- Maintaining a safe and appropriate distance with children and young people (e.g., it is not appropriate for staff or volunteers to have an intimate relationship with a child or to share a room with them).
- Building balanced relationships based on mutual trust which empowers children to share in the decision-making process;
- Making activities and other off site activities fun, enjoyable and safe.
- Keeping up to date with technical skills, qualifications and insurance.
- Being an excellent role model - this includes not smoking or drinking alcohol in the company of young people.
- Giving enthusiastic and constructive feedback rather than negative criticism.
- Recognising the developmental needs and capacity of children and young people and not pushing them against their will.
- Keeping a written record of any injury that occurs, along with the details of any treatment given.

11. Digital and Online Safeguarding

This policy addresses the safe and responsible use of online and digital technologies, and applies to all staff (paid/unpaid) and volunteers.

- **Staff Conduct and Social Media:** Staff must maintain clear professional boundaries online and should not communicate with children or families through personal social media accounts or private messaging channels

(e.g., WhatsApp, Facebook Messenger). All digital communication with a child or young person must be related to the project or programme, carried out using official communication channels, and should, where possible, involve a second staff member or be logged. Staff must ensure that any online content they post does not compromise their professional position or bring Edmonton Community Partnership into disrepute.

- **Acceptable Use of Technology:** Any photographic or video material of children must only be taken on organisation-approved devices, with explicit, informed consent from the child's parents/carers. Images should be stored securely and deleted when no longer required. Staff must ensure that all organisation-provided devices used for work are password-protected and anti-virus software is kept up to date.
- **Handling Online Disclosures and Concerns:** If a staff member receives an online disclosure of abuse or observes concerning online behaviour involving a child, they should make a clear record of the date and time, and report the concern to the Designated Safeguarding Lead immediately, following the established reporting procedures. Staff should not engage in conversation about the concern online, as this may compromise a subsequent investigation.

12. Allegations Against Staff or Volunteers who work with Children

If there are any allegations of child abuse made against staff, volunteers or participants in the group, advice should be sought from the Designated Officer, or DO, (formerly known as the Local Authority Designated Officer, or LADO). This is set out in the Government's *Working Together to Safeguard Children (2026)* and is governed by the Authorities' duties under section 11 of the Children Act 2004 and *London Child Protection Procedures Chapter 7: Allegations against staff or volunteers who work with children*.

Appendix 1 - Reporting Safeguarding Concern - Confidential Recording Sheet



REPORTING A SAFEGUARDING CONCERN FORM

Please complete all sections as clearly and accurately as possible.

1 CHILD / YOUNG PERSON / VULNERABLE ADULT DETAILS

Name of child: _____
Age: _____ Date of birth: _____
Ethnicity: _____
Religion: _____
First language: _____
Disability / Additional needs: _____

2 NATURE OF CONCERN

Are you:

- ☐ Reporting your own concerns
☐ Reporting concerns raised by someone else

If reporting on behalf of someone else, please give details:

3 WHAT IS THE CONCERN?

Include dates, times, locations and specific incidents. Remember to use open questions like **TED technique** (tell, explain, describe).

4 SIGNS OBSERVED

Physical signs: _____
Behavioural signs: _____

5 REPORTED TO

Person reported to: _____
Role / Position: _____
Date reported: _____ Time: _____

6 ACTION TAKEN

Please record any immediate action taken:

7 PARENT / CARER DETAILS (if applicable)

Parent(s) / Carer(s) name(s): _____
Home address: _____

Telephone number(s): _____

8 PERSON REPORTING THE INCIDENT

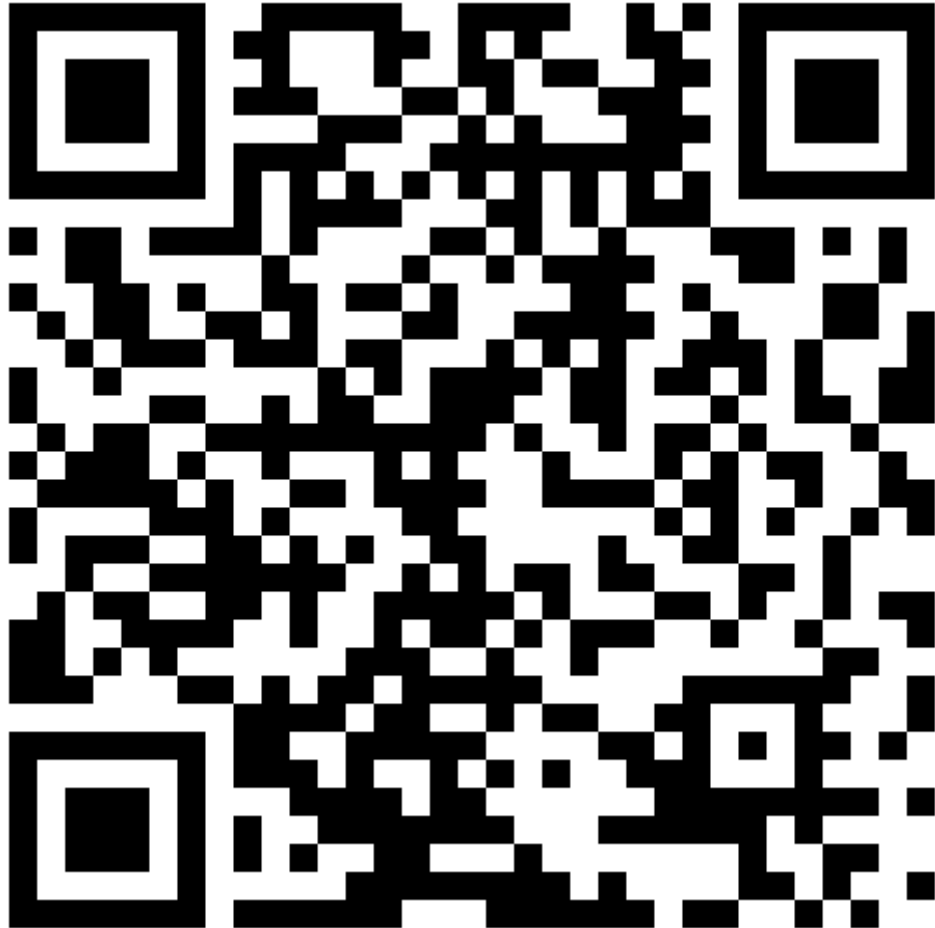
Name: _____
Role / Position: _____
Organisation: _____
Contact (phone / email): _____
Today's date: _____
Signature: _____

9 ADDITIONAL NOTES (to be completed by Designated Safeguarding Lead/Deputy Designated Safeguarding Lead)

CONFIDENTIALITY NOTICE This form contains sensitive safeguarding information. It must be stored securely and shared only with appropriate safeguarding professionals in line with safeguarding and data protection procedures.

Appendix 2 - Online Safeguarding Reporting Form

Scan the code



Google Form Link

<https://forms.gle/W3d5q5itqTrA2zn2A>

Appendix 3 - Edmonton Community Partnership Reporting Flowchart



SAFEGUARDING REPORTING FLOW CHART

Everyone has a responsibility to keep children, young people and adults at risk safe.
If you are worried, report it.



Appendix 4 - Key Legislation & Agencies

Key Legislation

- **Children Act 1989**
Establishes the legal framework for child protection and the principle that the welfare of the child is paramount.
- **Children Act 2004**
Places duties on organisations and agencies to cooperate in safeguarding and promoting the welfare of children.
- **Working Together to Safeguard Children 2026**
Sets out how organisations and agencies should work together to safeguard and protect children.
- **Keeping Children Safe in Education 2025**
Relevant where the charity works with schools, colleges, educational settings, or delivers educational activities to children and young people.
- **Safeguarding Vulnerable Groups Act 2006**
Provides the legal framework for vetting and barring individuals working with children and vulnerable groups.
- **Protection of Freedoms Act 2012**
Reform of the Disclosure and Barring Service (DBS) and regulated activity requirements.
- **Data Protection Act 2018 and UK GDPR**
Governs the handling, storage, sharing, and protection of personal information and safeguarding records.
- **Human Rights Act 1998**
Protects the rights and freedoms of children and young people.
- **Equality Act 2010**
Ensures safeguarding practice is inclusive, non-discriminatory, and accessible to all children regardless of protected characteristics.
- **Sexual Offences Act 2003**
Defines offences relating to sexual abuse, exploitation, and abuse of positions of trust.
- **Counter-Terrorism and Security Act 2015**
Includes the Prevent Duty relating to safeguarding children and young people from radicalisation and extremism.
- **Online Safety Act 2023**
Supports protections relating to online harms, digital safety, and safeguarding children in online environments.
- **Disclosure and Barring Service (DBS) guidance and safer recruitment principles.**
The charity is committed to safer recruitment practices and ensuring appropriate checks are carried out for staff and volunteers working with children.

- **Guidance issued by the relevant Local Safeguarding Children Partnership (LSCP)**, local authority safeguarding procedures, and other relevant statutory or sector-specific guidance.
- **United Nations Convention on the Rights of the Child (UNCRC) 1989**
Sets out the civil, political, economic, social, health, and cultural rights of children, ensuring that the child's best interests are a primary consideration in all actions concerning children.

Agencies

- **Local Statutory Services (Enfield):**
 - **Enfield Children's MASH (Multi-Agency Safeguarding Hub):** Contact for immediate and non-urgent Child Protection concerns.
 - **Early Help service duty team:** Contact for early help and support for children and families.
 - **Emergency Duty Team:** Contact for Emergency Out of Hours safeguarding concerns.
 - **Police:** Contact in a non-emergency (101) and an emergency (999).
- **Designated Roles:**
 - **Designated Officer (DO):** Formerly known as the Local Authority Designated Officer (LADO), this is the source of advice for allegations against staff or volunteers.
- **Advisory Bodies:**
 - **NSPCC:** Mentioned for consultation to clarify doubts or worries regarding child protection concerns.
 - **London Safeguarding Partnership (LSP):** For seeking advice when unsure whether to refer a case to Social Services.
- **Support Services:**
 - **British Association for Counselling and Psychotherapy (BACP):** An online directory of accredited counsellors for support to deal with the aftermath of abuse.



Edmonton Community Partnership Safeguarding Policy

Part 2 - Safeguarding Vulnerable Adults and Older People

SAFEGUARDING VULNERABLE ADULTS AND OLDER PEOPLE'S POLICY

Introduction

Edmonton Community Partnership is committed to safeguarding and promoting the welfare of vulnerable adults and older people, engaged in the breadth of its activities. Being an infrastructure organisation the majority of our work is with representatives of voluntary and community organisations rather than individual members of the public. However, we recognise that some community representatives and volunteers may be vulnerable adults and older people because of the nature of the communities they are seeking to represent.

The purpose of this policy is to outline the duty and responsibility of staff, volunteers and trustees working on behalf of **Edmonton Community Partnership** in relation to the protection of vulnerable adults and older people from abuse. All adults have the right to be safe from harm and should be able to live free from fear of abuse, neglect and exploitation.

The key objectives of this policy are:

- To explain the responsibilities **Edmonton Community Partnership** and its staff, volunteers and trustees have in respect of vulnerable adult and older people's protection.
- To provide staff with an overview of vulnerable adult and older people's protection
- To provide a clear procedure that will be implemented where vulnerable adult and older people's protection issues arise.

Context

For the purpose of this document 'adult' means a person aged 18 years or over. Some adults are less able to protect themselves than others, and some have difficulty making their wishes and feelings known. This may make them vulnerable to abuse. The broad definition of a 'vulnerable adult' referred to in the 1997 Consultation Paper 'Who decides?' issued by the Lord Chancellor's Department, is a person:

"Who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation".

While older people are covered under the broad definition of a vulnerable adult due to age or illness, the term 'Older People at Risk' specifically refers to those aged 65 or over who may be at risk of abuse, neglect, or exploitation.

The first priority should always be to ensure the safety and protection of vulnerable adults. To this end it is the responsibility of all staff to act on any suspicion or evidence of abuse or neglect (see the Public Interest Disclosure Act 1998) and to pass on their concerns to a responsible person/agency.

For purposes of ensuring consistent and widely understood terminology, these policy and procedures will use the phrase 'Vulnerable Adults' to identify those eligible for interventions within the procedures.

Legal framework

This guidance reflects the principles contained within the Human Rights Act 1998, the Mental Capacity Act 2005 and Public Interest Disclosure Act 1998.

The Mental Capacity Act 2005, covering England and Wales, provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they may lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this.

The Human Rights Act 1998 gives legal effect in the UK to the fundamental rights and freedoms contained in the European Convention on Human Rights (ECHR).

The Public Interest Disclosure Act 1998 (PIDA) created a framework for whistle blowing across the private, public and voluntary sectors. The Act provides almost every individual in the workplace with protection from victimisation where they raise genuine concerns about malpractice in accordance with the Act's provisions.

The Care Act 2014 is the primary legislation for adult safeguarding in England. It establishes the statutory framework for protecting adults with care and support needs who are experiencing, or at risk of, abuse or neglect and are unable to protect themselves as a result of those needs. It requires local authorities to lead adult safeguarding locally.

The role of staff, volunteers and trustees

All staff, volunteers and trustees working on behalf of **Edmonton Community Partnership** have a duty to promote the welfare and safety of vulnerable adults.

Staff, volunteers and trustees may receive disclosures of abuse and observe vulnerable adults who are at risk. This policy will enable staff/volunteers to make informed and confident responses to specific adult protection issues.

What is abuse?

Abuse is a violation of an individual's human and civil rights by any other person or persons.

Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and it may result in significant harm to, or exploitation of, the person subjected to it.

This policy adopts the ten categories of abuse and neglect as set out in the [Care Act 2014 Statutory Guidance](#) (Chapter 14)

- **Physical abuse-** including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions.
- **Sexual abuse-** including rape and sexual assault or sexual acts to which the vulnerable adult has not consented, or could not consent or was pressured into consenting.
- **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.
- **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.
- **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.
- **Discriminatory abuse-** including racist, sexist, that based on a person's disability, age or sexuality and other forms of harassment, slurs or similar treatment.
- **Self-neglect -** including a person's refusal to care for their own hygiene, health or environment, which then has a significant impact on their personal well-being.

- **Domestic abuse** - including any incident or pattern of physical, sexual, psychological, financial or emotional abuse occurring between those who are or have been intimate partners or family members.
- **Modern slavery** - including human trafficking, forced labour and domestic servitude where victims are coerced, deceived or forced into a life of abuse and exploitation.
- **Organisational abuse** - Neglect and poor care practice within an institution or specific care setting, ranging from one-off incidents to on-going ill-treatment, stemming from structural, policy, or practice failures.
- Safeguarding concerns may also include harmful practices such as Female Genital Mutilation (FGM), forced marriage, and honour-based abuse affecting women and girls.

Procedure in the event of a disclosure

It is important that vulnerable adults are protected from abuse. All complaints, allegations or suspicions must be taken seriously. This procedure must be followed whenever an allegation of abuse is made or when there is a suspicion that a vulnerable adult has been abused. Promises of confidentiality should not be given as this may conflict with the need to ensure the safety and welfare of the individual. A full record shall be made as soon as possible of the nature of the allegation and any other relevant information.

This should include information in relation to the date, the time, the place where the alleged abuse happened, your name and the names of others present, the name of the complainant and, where different, the name of the adult who has allegedly been abused, the nature of the alleged abuse, a description of any injuries observed, the account which has been given of the allegation.

Responding to an allegation

Any suspicion, allegation or incident of abuse must be reported to the Designated Adult Protection Officer on that working day where possible. The role of the designated officer is to all vulnerable adult protection concerns and enquiries.

The nominated Adult Safeguarding Lead and contact details for **Edmonton Community Partnership** are as follows:



Name & position of Designated Safeguarding Lead:
Trevor Blackman
Number: 07561 354 707
Email: trevor@edmontoncommunitypartnership.org



Name & position of Deputy Designated Safeguarding Lead:
Iveta Bejaoui
Number: 07858 662 189
Email: iveta@edmontoncommunitypartnership.org

The nominated member of staff shall telephone and report the matter to the appropriate local adult social services duty social worker. A written record of the date and time of the report shall be made and the report must include the name and position of the person to whom the matter is reported. The telephone report must be confirmed in writing to the relevant local authority adult social services department within 24 hours.

To report the matter, Monday to Friday, during working hours, the nominated member of staff should ring Enfield Council and speak to the Multi-Agency Safeguarding Hub (MASH) via the following details:

Tel: 020 8379 3196; or e-mail TheMASHteam@enfield.gov.uk.

Responding appropriately to an allegation of abuse

In the event of an incident or disclosure:

DO

- Make sure the individual is safe
- Assess whether emergency services are required and if needed call them
- Listen
- Offer support and reassurance
- Ascertain and establish the basic facts
- Make careful notes and obtain agreement on them
- Ensure notation of dates, time and persons present are correct and agreed
- Take all necessary precautions to preserve forensic evidence
- Follow correct procedure
- Explain areas of confidentiality; immediately speak to your manager for Support and guidance

- Explain the procedure to the individual making the allegation
- Remember the need for ongoing support.

DO NOT

- Confront the alleged abuser
- Be judgmental or voice your own opinion
- Be dismissive of the concern
- Investigate or interview beyond that which is necessary to establish the basic facts
- Disturb or destroy possible forensic evidence
- Consult with persons not directly involved with the situation
- Ask leading questions
- Assume Information
- Make promises
- Ignore the allegation
- Elaborate in your notes
- Panic

It is important to remember that the person who first encounters a case of alleged abuse is not responsible for deciding whether abuse has occurred. This is a task for the professional adult protection agencies, following a referral from the designated Vulnerable Adult Protection Officer.

Allegations Against Staff, Volunteers, or Trustees

A clear, separate procedure must be followed when the alleged abuser is a member of Edmonton Community Partnership staff, a volunteer, or a Trustee. This is essential to manage potential conflicts of interest and ensure a fair process.

1. **Immediate Referral:** The Designated Adult Protection Officer (or Deputy) must immediately report the allegation to the Police and Local Authority Adult Social Services/MASH.
2. **Internal Management:** The Chair of the Board of Trustees must be informed immediately.
3. **Temporary Measures:** The Board will decide, after consulting with the Local Authority, whether the individual should be suspended or temporarily removed from their duties pending investigation. This decision prioritises the safety of the vulnerable adult and the integrity of the investigation.
4. **Charity Commission Reporting:** The Board must consider its obligations to report a serious incident to the Charity Commission for England and Wales.

Confidentiality

Vulnerable adult protection raises issues of confidentiality which should be clearly understood by all.

Staff, volunteers and trustees have a professional responsibility to share relevant information about the protection of vulnerable adults with other professionals, particularly investigative agencies and adult social services.

Clear boundaries of confidentiality will be communicated to all.

All personal information regarding a vulnerable adult will be kept confidential. All written records will be kept in a secure area for a specific time as identified in data protection guidelines. Records will only record details required in the initial contact form.

If an adult confides in a member of staff and requests that the information is kept secret, it is important that the member of staff tells the adult sensitively that he or she has a responsibility to refer cases of alleged abuse to the appropriate agencies.

Within that context, the adult should, however, be assured that the matter will be disclosed only to people who need to know about it.

Where possible, consent should be obtained from the adult before sharing personal information with third parties. In some circumstances obtaining consent may be neither possible nor desirable as the safety and welfare of the vulnerable adult is the priority.

Where a disclosure has been made, staff should let the adult know the position regarding their role and what action they will have to take as a result.

Staff should assure the adult that they will keep them informed of any action to be taken and why. The adults' involvement in the process of sharing information should be fully considered and their wishes and feelings taken into account.

The role of key individual agencies

The role of external agencies is crucial in responding to safeguarding concerns.

Local Authority Adult Social Services: These services are responsible for developing the local safeguarding framework, as mandated by the Care Act 2014. All local authorities have a Safeguarding Adults Board (for Enfield, this is the **Enfield Safeguarding Adults Board**) which coordinates multi-agency work to protect and safeguard vulnerable adults at risk of abuse. It is normal practice for the board to comprise of people from partner organisations who have the ability to influence decision making and resource allocation within their organisation.

The Police

The Police are the lead agency for investigating cases involving alleged criminal acts. They play a vital role in Safeguarding Adults with cases involving alleged criminal acts. It becomes the responsibility of the police to investigate allegations of crime by preserving and gathering evidence. Where a crime is identified, the police will be the lead agency and they will direct investigations in line with legal and other procedural protocols.

Multi-Agency Safeguarding Hub (MASH)

The MASH acts as the single point of contact for external referrals. For Edmonton Community Partnership, based in Enfield, the nominated staff must contact Enfield Council's MASH to report matters during working hours.

Role of designated vulnerable adult protection officer

The role of the designated officer is to deal with all instances involving adult protection that arise within **Edmonton Community Partnership**. They will respond to all vulnerable adult protection concerns and enquiries.

Role of line manager

The role of the line manager is to support the member of staff, trustee or volunteer involved with the incident and to ensure the correct procedures are followed. The line manager could, if agreed with the staff member dealing with the incident, make contact with the designated Adult Protection Officer in the first instance. The line manager should ensure that all staff within their team are familiar with Edmonton Community Partnership's vulnerable adult protection procedures and ensure that all staff undertake training, where appropriate.

Linking to other Edmonton Community Partnership Policies

This policy needs to be read in conjunction with other policies for Edmonton Community Partnership including:

- Risk Management
- Confidentiality
- Disciplinary and Grievance
- Data Protection
- Recruitment and Selection
- Complaints

Safer Recruitment and Vetting

Edmonton Community Partnership is committed to employing, contracting, or accepting volunteers who pose no foreseeable risk of harm to vulnerable adults.

- **Vetting Checks:** All staff, volunteers, and Trustees in roles requiring contact with vulnerable adults will be subject to Disclosure and Barring Service (DBS) checks (Enhanced, where applicable) and thorough identity and background verification.
- **Reference Checks:** A minimum of two satisfactory references will be obtained for all new personnel before appointment.
- **Induction:** All new personnel must complete a safeguarding induction and mandatory training before starting work.

Key Legislation

- **Care Act 2014** (statutory framework for protecting adults with care and support needs; requires local authorities to lead safeguarding)
- **Mental Capacity Act 2005** (statutory framework for people who lack capacity to make decisions)
- **Human Rights Act 1998** (gives legal effect to ECHR fundamental rights and freedoms)
- **Public Interest Disclosure Act 1998** (provides a framework for whistleblowing and protection from victimisation when raising concerns)
- **Safeguarding Vulnerable Groups Act 2006** (establishes the vetting and barring scheme and the legal framework for DBS checks)
- **Data Protection Act 2018 / UK GDPR** (regulates the lawful, secure, and confidential sharing of sensitive personal data during safeguarding concerns)
- **Equality Act 2010** (protects individuals from discrimination and ensures safeguarding processes are accessible and fair for everyone)
- **Modern Slavery Act 2015** (provides the legal framework for identifying and reporting human trafficking, forced labour, and domestic servitude)
- **Protection of Freedoms Act 2012** (governs the modern oversight of biometric data, surveillance, and updates to the criminal record checking system)

Governance and Accountability

The Board of Trustees holds ultimate responsibility for safeguarding vulnerable adults.

- **Trustee Safeguarding Lead (TSL):** A designated Trustee is responsible for overseeing the implementation and review of this policy. The TSL ensures the Designated Adult Protection Officer is supported and that serious safeguarding incidents are reported to the Charity Commission for England and Wales where necessary.
- **Annual Review:** This policy must be reviewed and approved by the Board of Trustees annually to ensure compliance with legal and statutory changes.

Reviewed: 20|5|2026

Updated: 16th September 2026

Date of Next Review: 19| 5|2027

Signed:

A handwritten signature in black ink, consisting of a large, stylized 'S' followed by a horizontal line and a small flourish.

Appendix 1 - Edmonton Community Partnership Reporting Flowchart



SAFEGUARDING REPORTING FLOW CHART

Everyone has a responsibility to keep children, young people and adults at risk safe.
If you are worried, report it.

