



# Southampton Street Pastors Safeguarding Policy for Children and Adults at risk Summary Highlights

Version 1.0 April 2010	This Policy was developed following good practice guidelines as set out on the Adults at risk Protection Policy of Southampton Voluntary Services, July 2006
Version 1.1 November 2010	Minor amendments for updated safeguarding incident form. Company/Charity number in footer.
Version 1.2 February 2013	Separated forms to have specific safeguarding policy for children.
Version 2.0 October 2013	New AT policy - brought together children and adults. Updated names.
Version 2.1 Jan 2016	Updated. Telephone numbers checked and changed.
Version 2.3 Nov 2016	Term 'Adults at risk' & Working Together 2015
Version 3.1 April 2018	Latest update.

## POLICY ONE: Safeguarding Policy for Children and Adults at risk

### SUMMARY

#### A. Responsibilities

##### Southampton Street Pastors will:

1. Fully recognise its responsibilities for safeguarding children and adults at risk.
2. Respect and promote the rights, wishes and feelings of children and adults at risk.
3. Promote and implement appropriate procedures to safeguard the well-being of children and adults at risk and protect them from abuse.
4. Recruit, train, support and supervise its volunteers to adopt best practice to safeguard and protect children and adults at risk from abuse and to minimise risk to themselves.
5. Require volunteers to adopt and abide by this Safeguarding Policy for Children and Adults at risk and these Procedures.
6. Respond to all allegations of misconduct or abuse of children and/or adults at risk in line with this Policy and these Procedures.
7. Liaise with statutory and all other appropriate agencies in safeguarding everyone that Southampton Street Pastors comes into contact with in carrying out its work.

#### B. Principles

The welfare of children is everyone's responsibility, particularly when it comes to protecting them from abuse. It is likely that through the normal working practices of Street Pastors; their volunteers will come into contact with children and adults at risk who may require safeguarding and assistance. Street Pastors will uphold its duty to offer such safeguarding and assistance.

This Policy and these Procedures are based on the following principles:

1. The welfare of children and adults at risk is of paramount concern.
2. All children and adults at risk, whatever their age, culture, disability, gender, language, racial origin, socio-economic status, religious belief and/or sexual identity have the right to safeguarding from abuse.
3. It is everyone's responsibility to report any concerns about abuse and the responsibility of the statutory authorities (e.g. Adult Care Trust, Children's Social Services and the Police) to conduct, where appropriate a safeguarding investigation.
4. All incidents of alleged poor practice, misconduct and abuse will be taken seriously and responded to swiftly and appropriately.
5. All personal data will be processed in accordance with the requirements of the Data Safeguarding Act 1998.

### 1. Specific Responsibility for the Safeguarding of Children and Adults at risk

#### 1.1. Child and Adults at risk Officer

The Child and Adults at risk Officer ("CARO")/safeguarding Officer is: **Mike Sarson**

The deputy is **Richard Pitt**

The role of the Child and Adults at risk Officer or his deputy is to collate and clarify the precise details of the allegation or suspicion and pass this information on to statutory agencies who have a legal duty to investigate.

## 1.2. Good Practice

Street Pastors supports and requires the following good practice by volunteers when in contact with children and adults at risk.

When working with children or adults at risk:

1. Partner up with another volunteer throughout the course of the shift.
2. Treat all children and adults at risk equally, with respect and dignity.
3. Be an excellent role model including not smoking in the company of children or adults at risk.
4. Give enthusiastic and constructive feedback rather than negative criticism.
5. Ensure that if any form of physical support is required for a child or adults at risk, it is provided openly, the child or adults at risk is informed of what is being done and their consent is obtained.
6. Involve parents, guardians and carers wherever possible.
7. Build balanced relationships based on mutual trust that empower children and adults at risk to share in the decision-making process.

## 1.3. First Aid and Treatment of Injuries:

If, in your capacity as a volunteer of the Street Pastors Project a child or adults at risk requires first aid or any form of medical attention whilst in your care, then the following good practice must be followed:

1. Keep a written record of any injury that is presented or occurs, along with the details of any treatment given.
2. Only those with current recognised First Aid training should respond to any injuries.
3. Where possible any course of action should be discussed with the child/adults at risk, in language that they understand and their permission sought before any action is taken.
4. In more serious cases, assistance must be obtained from a medically qualified professional as soon as possible.
5. The child's or adults at risk's parents/guardians or carers must be informed of any injury and any action taken as soon as possible, unless it is in the child's or adults at risk's interests and on professional advice not to do so.

## 1.4. Reporting

If volunteers have concerns about an incident involving a child or adults at risk that seems untoward or unusual they must report their concerns as soon as possible to the Team Leader, or Child and Adults at risk Officer/Safeguarding Officer. Parents should also be informed of the incident as soon as possible unless it is not in the child's or adults at risk's interests to tell them in which case Team Leaders will act as a point of reference for all referrals to professional agencies.

Report, record and inform if the following occur:

1. If you accidentally hurt a child or adults at risk; or
2. If a child or adults at risk seems distressed in any manner; or
3. If a child or adults at risk misunderstands or misinterprets something said or done; or
4. If a child or adults at risk discloses something to you that causes concern regarding their, or another person's welfare

## 2. Listening to Disclosures

### 2.1. Introduction

It is not the responsibility of anyone from Street Pastors to decide whether or not a child or adults at risk has been abused. **It is however everyone's responsibility to report concerns.** If you are unclear about the nature of the information (and therefore which category the disclosure falls into), advice must be sought from the Child and Adults at risk Officer or the Police or Social Services

In the context of your role within Street Pastors never allow allegations made by a child or adults at risk to go

unchallenged, unrecorded or not acted upon.

## 2.2. How to Listen to a Disclosure

It is important to listen carefully to the information a child or adults at risk discloses. When listening to a disclosure the following good practice is required:

1. React calmly so as not to frighten the child/adults at risk.
2. Listen to the child/adults at risk.
3. Do not show disbelief.
4. Tell the child/adults at risk that he/she is not to blame and that he/she was right to tell.
5. Take what the child/adults at risk says seriously, recognising the difficulties inherent in interpreting what a child/adults at risk says, especially if they have a speech disability and/or differences in language.
6. Do not pre-suppose that the experience was bad or painful - it may have been neutral or even pleasurable. Always avoid projecting your own reactions onto the child or adults at risk.
7. If you need to clarify, keep questions to the absolute minimum to ensure a clear and accurate understanding of what has been said.
8. If you need to clarify or the statement is ambiguous, use open-ended, non-leading questions.
9. Do not introduce personal information from either your own experiences or those of other children or adults at risk.
10. Reassure the child or adults at risk.
11. If the information received highlights an issue of potential safeguarding it is desirable that Street Pastors inform the child/adult from the onset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so. The duty manager should be asked to join the conversation.

When receiving a disclosure:

1. Avoid panic, showing shock or distaste.
2. Avoid probing for more information than is offered.
3. Avoid speculating or making assumptions.
4. Avoid making negative comments about the person against whom the allegation has been made.
5. Avoid approaching the individual against whom the allegation has been made.
6. Avoid making promises or agreeing to keep secrets.
7. Avoid giving a guarantee of confidentiality.

## 3. Responding to Disclosures

It is vital that Street Pastors volunteers respond well to a suspicion or allegation of abuse, inappropriate behaviour or misconduct from a child or adults at risk. Street Pastors understand what is meant by the term 'abuse'. The different types of abuse are:

1. Emotional Abuse
2. Neglect
3. Physical Abuse
4. Sexual Abuse
5. Negative Discrimination (including racism)
6. Bullying (includes bullying by gangs; bullying by family volunteers; physical bullying; verbal bullying; teasing; and harassment)

The definitions for the types of abuse, and the signs that may suggest abuse, are detailed in **Types of Abuse p7** and **Signs and Symptoms p9**. It is very important that this appendix is read and understood.

### 3.1. Basic procedures

In the course of your role within Southampton Street Pastors:

- a child or adults at risk may disclose information to you about a person that leads to a suspicion or allegation of inappropriate behaviour or misconduct
- a person may be clearly vulnerable displaying harmful behaviour to themselves or others
- a person may display verbally or behaviourally mental instability such as threatening suicide, psychosis, severe disorientation, paranoia etc.
- Street pastors may have good grounds to suspect sexual exploitation
- there may be other things that concern you regarding the welfare of the person or others around them
  1. Listen to the child/adult as detailed above.
  2. Acknowledge the information received.
  3. Call Mike Sarson.
  4. Make a full written record of disclosure as soon as practical.
  5. Sign and date the record then pass it to the Child and Adults at risk Officer.

Make a full written record of what has been seen, heard and/ or told as soon as possible in the child/adults at risk's own words. Ensure to write down any action taken and keep all hand written notes even if subsequently typed up. The information recorded in conjunction with the Team Leader must, where known, include:

1. Name of child/adults at risk.
2. Age, date of birth of child/adults at risk.
3. Home address and telephone number of the child/adults at risk.
4. The nature of the allegation in the child/adults at risk's own words.
5. Any times, dates or other relevant information.
6. Whether the person making the report is expressing their own concern or the concerns of another person.
7. The child/adults at risk's account, if it can be given, of what has happened and how any injuries occurred.
8. The nature of the allegation (include all of the information obtained during the initial account e.g. time, date, location of alleged incident).
9. A description of any visible (when normally dressed) injuries or bruising, behavioural signs, indirect signs (do not examine the child/adults at risk).
10. Details of any witnesses to the incident.
11. Whether the child/adults at risk's parents/guardians/carers have been contacted.
12. Details of anyone else who has been consulted and the information obtained from him or her.
13. If it is not the child/adults at risk making the report, whether the child/adults at risk has been spoken to, if so what was said.
14. Record, sign and date on the day what you have seen, heard or been told.
15. Pass the record to the Social Work Department or the Police.

### 3.2. Disclosures about a Street Pastor

If you receive a disclosure that leads to a suspicion or allegation of inappropriate behaviour or misconduct against a team volunteer:

1. Listen to the child/adult as detailed above.
2. Acknowledge the information received.
3. Pass on to the Child and Adults at risk Officer/Safeguarding Officer immediately.
4. Make a full written record of the disclosure as soon as is practical
5. Sign and date the record then pass to the Child and Adults at risk Officer.

### 3.3. Making a Referral in Cases of Suspected and/or Alleged Abuse

1. The Child and Adults at risk Officer (Mike) will refer the suspicion and/or allegation to social services and the Police as soon as possible.
2. Appropriate steps may be required to ensure the safety of the child(ren) or adult(s) who may be at risk.
3. A record should be made of the name and designation of the social worker and the Police Officer to whom the concerns were passed, together with the time and date of the call, in case any follow up is required.
4. **Important Note:** *Reporting of the matter to the Police or Social Services must not be delayed by attempts to obtain more information.*

### 3.4. Confidentiality

Volunteers receiving information about possible abuse should always treat that information as confidential in the sense that it must not be disclosed to anybody except those having a legal duty to receive it, for example the Police, a social work reporter, the Child and Adults at risk Officer or a line manager in the governing body. Communicating information obtained from a Disclosure Certificate under the Police Act 1997 is a criminal offence.

## ***Remember: Listen; Respond; Report and Record!***

### 3.5. Child and Adults at risk Officer:

This is the person with designated responsibility for safeguarding within each Street Pastors charity, Mike Sarson. His deputy is Richard Pitt (Trustee)

Southampton Street pastors also take advice from Elaine Davidson - Assoc CIPD; NSPCC Accredited Trainer - HR & SG Services.

### 3.6. Child:

The legal definition of a child is someone under the age of 18. Some legislation in the UK allows young people from age 16 to make certain decisions for themselves (e.g. getting married), but safeguarding legislation applies to anyone under the age of 18 because this is the legal definition of a child. The Children Act 1989 and 2004 in England and Wales, the Children (Scotland) Act 1995 in Scotland and the Children (Northern Ireland) Order 1995 in Northern Ireland similarly define a child as someone under 18.

### 3.7. Adults at risk or adult in need of safeguarding:

An adult is someone over 18 (unless specific legislation states otherwise). Some adults because of circumstance or particular vulnerability or risk may be in need of safeguarding. Adults at risk are also known as 'adults at risk'.

'No secrets: Guidance on developing and implementing multi-agency policies and procedures to protect adults at risk from abuse' - Department of Health and Home Office (March 2000) states a vulnerable person is someone:

*'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'.*

There are also specific definitions for DBS purposes of who is regarded as a adults at risk and for Scotland in relation to Disclosure Scotland and the SVG Scheme.

Adults at risk may be in need of health or social support services and may be unable to take care of himself/herself and to protect themselves from harm or exploitation.

## 4. Types of Abuse

### 4.1. Statutory Definitions of Abuse (Children)

It is generally accepted that there are four main categories of abuse for children – physical abuse, sexual abuse, emotional abuse and neglect. The four definitions of abuse below operate in England based on the government guidance *'Working Together to Safeguard Children (2015)'*. There are similar definitions for Wales, Scotland and Northern Ireland. Contact Ascension Trust for specific definitions outside England.

#### 4.1.1. Abuse and Neglect

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger for example, via the internet. They may be abused by an adult or adults, or another child or children.

#### 4.1.2. Physical Abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

#### 4.1.3. Emotional Abuse

Emotional abuse is 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 children 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 the child's developmental capability, as well as over safeguarding 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.

#### 4.1.4. Sexual Abuse

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.

#### 4.1.5. Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

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

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

## 4.2. Statutory Definitions of Abuse (Adults at risk)

For adults at risk the statutory authorities use the following categories; physical abuse, sexual abuse, psychological or emotional abuse, financial or material abuse, discriminatory abuse, institutional abuse as well as neglect or act of omission.

The following definition of abuse is laid down in 'No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect adults at risk from abuse (Department of Health 2000):

*'Abuse is a violation of an individual's human and civil rights by any other person or persons. In giving substance to that statement, however, consideration needs to be given to a number of factors. 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 may result in significant harm to, or exploitation of, the person subjected to it'.*

### 4.2.1. Physical Abuse

This is the infliction of pain or physical injury, either caused deliberately, or through lack of care.

### 4.2.2. Sexual Abuse

This is the involvement in sexual activities to which the person has not consented or does not truly comprehend and so cannot give informed consent, or where the other party is in a position of trust, power or authority and uses this to override or overcome lack of consent.

### 4.2.3. Psychological or Emotional Abuse

These are acts or behaviour, which cause mental distress or anguish or negates the wishes of the adults at risk. It is also behaviour that has a harmful effect on the adults at risk's emotional health and development or any other form of mental cruelty.

### 4.2.4. Financial or Material Abuse

This is the inappropriate use, misappropriation, embezzlement or theft of money, property or possessions

### 4.2.5. Neglect or Act of Omission

This is the repeated deprivation of assistance that the adults at risk needs for important activities of daily living, including the failure to intervene in behaviour which is dangerous to the adults at risk or to others. A vulnerable person may be suffering from neglect when their general well-being or development is impaired

### 4.2.6. Discriminatory Abuse

This is the inappropriate treatment of a adults at risk because of their age, gender, race, religion, cultural background, sexuality, disability etc. Discriminatory abuse exists when values, beliefs or culture result in a misuse of power that denies opportunity to some groups or individuals. Discriminatory abuse links to all other forms of abuse.

### 4.2.7. Institutional Abuse

This is the mistreatment or abuse of a adults at risk by a regime or individuals within an institution (e.g. hospital or care home) or in the community. It can be through repeated acts of poor or inadequate care and neglect or poor professional practice.

## 5. Signs and Symptoms

### 5.1. Signs and symptoms generally

Recognising child abuse is not easy and it is not a person's responsibility to decide whether or not a child or adults at risk has been abused. It is a person's responsibility to pass on any concerns to the statutory agencies for them to investigate.

The signs of abuse listed are not definitive or exhaustive. The list is designed to help Street Pastors volunteers to be more alert to the signs of possible abuse.

Children and adults at risk may display some of the indicators at some time; the presence of one or more should not be taken as proof that abuse is occurring. Any of these signs or behaviours must be seen in the context of the child/adults at risk's whole situation and in combination with other information related to the child/adults at risk and his/her circumstances. There can also be overlap between different forms of abuse.

### 5.2. Physical Abuse

<i>Children and young people</i>	<i>Adults at risk, adults at risk</i>
<p>Most children will sustain cuts and bruises throughout childhood. These are likely to occur in bony parts of the body like elbows, shins and knees. In most cases injuries or bruising will be genuinely accidental. An important indicator of physical abuse is where bruises or injuries are unexplained or the explanation does not fit the injury or the injury appears on parts of the body where accidental injuries are unlikely e.g. on the cheeks or thighs. The age of the child must also be considered.</p> <p>Signs of possible physical abuse include:</p> <ol style="list-style-type: none"> <li>1. Unexplained injuries or burns, particularly if they are recurrent, improbable excuses given to explain injuries.</li> <li>2. Refusal to discuss injuries.</li> <li>3. Fear of parents being approached for an explanation.</li> <li>4. Untreated injuries or delays in reporting them.</li> <li>5. Excessive physical punishment to themselves.</li> <li>6. Arms and legs kept covered in hot weather.</li> <li>7. Avoidance of swimming, physical education etc.</li> <li>8. Fear of returning home.</li> <li>9. Aggression towards others.</li> <li>10. Running away.</li> </ol> <p>When considering the possibility of non-accidental injury it is important to take in to consideration that injuries may have occurred for other reasons e.g. skin disorders such as impetigo, rare bone diseases.</p>	<p>Signs of possible physical abuse include:</p> <ol style="list-style-type: none"> <li>1. A history of unexplained falls, fractures, bruises, burns, minor injuries</li> <li>2. Signs of under or over use of medication and/or medical problems unattended</li> </ol>

### 5.3. Sexual Abuse

<i>Children and young people</i>	<i>Adults at risk, adults at risk</i>
<p>A child or adults at risk who is distressed may display some of the following physical, behavioural or medical signs that should alert you to a problem. It is the combination and frequency of these that may indicate sexual abuse. Always seek advice.</p> <p>Signs of possible sexual abuse:</p> <ol style="list-style-type: none"> <li>1. Behavioural</li> <li>2. Lack of trust in adults or over familiarity with adults</li> <li>3. Fear of a particular adult</li> <li>4. Social isolation - withdrawn or introversion</li> <li>5. Sleep disturbance (nightmares, bed-wetting, fear of sleeping alone, needing a night light)</li> <li>6. Running away from home</li> <li>7. Girls taking over the mothering role</li> <li>8. Sudden Street problems e.g. falling standards, truancy</li> <li>9. Reluctance or refusal to participate in physical activity or to change clothes for games</li> <li>10. Low self-esteem</li> <li>11. Drug, alcohol or solvent abuse</li> <li>12. Display of sexual knowledge beyond child's age e.g. French kissing</li> <li>13. Unusual interest in the genitals of adults, children or animals</li> <li>14. Fear of bathrooms, showers, closed doors</li> <li>15. Abnormal sexual drawings</li> <li>16. Fear of medical examinations</li> <li>17. Developmental regression</li> <li>18. Over sexualised behaviour</li> <li>19. Compulsive masturbation</li> <li>20. Stealing</li> <li>21. Irrational fears</li> <li>22. Psychosomatic factors e.g. recurrent abdominal or headache pain</li> <li>23. Sexual promiscuity</li> <li>24. Eating disorders</li> <li>25. Sleeping problems, nightmares, fear of the dark</li> <li>26. Bruises, scratches, bite marks to the thighs or genital areas</li> <li>27. Anxiety, depression</li> <li>28. Eating disorder e.g. anorexia nervosa or bulimia</li> <li>29. Pregnancy -particularly when reluctant to name the father</li> <li>30. Itchiness, soreness, discharge, unexplained</li> </ol>	<p>Signs of possible sexual abuse:</p> <ol style="list-style-type: none"> <li>1. Pregnancy in a woman who is unable to consent to sexual intercourse</li> <li>2. Unexplained change in behaviour or sexually implicit/explicit behaviour</li> <li>3. Torn, stained or bloody underwear and/or unusual difficulty in walking or sitting</li> <li>4. Infections or sexually transmitted diseases</li> <li>5. Full or partial disclosure or hints of sexual abuse</li> <li>6. Self-harming</li> </ol>

bleeding, pain on passing urine, recurring urinary tract problem, vaginal infections or genital damage	
<b>31.</b> Sexually transmitted infections	
<b>32.</b> Soiling or wetting in children who have been trained	
<b>33.</b> Self-mutilation, suicide attempts	

#### 5.4. Emotional Abuse

<i>Children and young people</i>	<i>Adults at risk, adults at risk</i>
<p>Signs of possible emotional abuse:</p> <ol style="list-style-type: none"> <li>1. Low self esteem</li> <li>2. Continual self-deprecation</li> <li>3. Sudden speech disorder</li> <li>4. Significant decline in concentration</li> <li>5. Immaturity</li> <li>6. 'Neurotic' behaviour e.g. rocking</li> <li>7. Self-mutilation</li> <li>8. Compulsive stealing</li> <li>9. Extremes of passivity or aggression</li> <li>10. Running away</li> <li>11. Indiscriminate friendliness</li> </ol>	<p>Signs of possible emotional abuse:</p> <p><b>Psychological</b></p> <ol style="list-style-type: none"> <li>1. Alteration in psychological state e.g. withdrawn, agitated, anxious, tearful</li> <li>2. Intimidated or subdued in the presence of the carer</li> <li>3. Fearful, flinching or frightened of making choices or expressing wishes</li> <li>4. Unexplained paranoia</li> </ol> <p><b>Financial or Material</b></p> <ol style="list-style-type: none"> <li>1. Disparity between assets and living conditions</li> <li>2. Unexplained withdrawals from accounts or disappearance of financial documents</li> <li>3. Sudden inability to pay bills</li> <li>4. Carers or professionals fail to account for expenses incurred on a person's behalf</li> <li>5. Recent changes of deeds or title to property</li> </ol>

### 5.5. Neglect

<i>Children and young people</i>	<i>Adults at risk, adults at risk</i>
<p>Signs of possible neglect:</p> <ol style="list-style-type: none"> <li>1. Constant hunger</li> <li>2. Poor personal hygiene</li> <li>3. Constant tiredness</li> <li>4. Poor state of clothing</li> <li>5. Frequent lateness or unexplained non-attendance at Street</li> <li>6. Untreated medical problems</li> <li>7. Low self esteem</li> <li>8. Poor peer relationships</li> <li>9. Stealing</li> </ol>	<p>Signs of possible neglect:</p> <ol style="list-style-type: none"> <li>1. Malnutrition, weight loss and /or persistent hunger</li> <li>2. Poor physical condition, poor hygiene, varicose ulcers, pressure sores</li> <li>3. Being left in wet clothing or bedding and/or clothing in a poor condition</li> <li>4. Failure to access appropriate health, educational services or social care</li> <li>5. No callers or visitors</li> </ol>

*NB. Please also see Southampton Local Safeguarding Children's Board "Really useful guide to recognising Neglect"*

## Safeguarding Check-Sheet

### Southampton Street Pastors

#### Detailed safeguarding procedures for suspected abuse

Under no circumstances should a Street Pastor volunteer carry out their own investigation into an allegation or suspicion of abuse. Follow the procedures as set out below:

1. Ensure there are 2 street pastors together. Listen to the child / adult out of the hearing of others.
2. Acknowledge the information received. Do not probe or make suggestions. LISTEN.
3. Make a decision with the team leader - is this urgent (fast time / now), high priority (slow time/end of shift) or for the office (Monday)
4. If fast time get team members to stay with the person and call Mike 07718 311528/07855 838544/01489 895236 – if no response from either Mike or Richard Pitt (07912 694493) in his absence call school, social services or out of hours number for advice or 101.
5. The local Children's Social Services office **telephone number** is the **Southampton MASH** Telephone: **023 8083 3336** (Out of hours: **023 8023 3344**)
6. The local Adult Social Services office **telephone number (office hours)** is 023 8033 000 (**if you call diverts to out of hours after 5pm automatically**)  
The **out of hours emergency number for the council** (for all things – ask for the specialist you want i.e. adult or children safeguarding) is 023 80233 344.
7. Team to make decision re advice given if vague. If you are not sure, call 101/social services and ask for help
8. Make a full written record of disclosure as soon as practical in your note book.
9. Complete the safeguarding incident form asap and attach your notes from the time.
10. Sign and date the records then pass it to the Child and Adults at risk Officer.
11. Any information will be shared in a strictly limited way on a need to know basis. Suspicions must not be discussed with anyone other than those nominated above

#### Making a report

Make a full written record of what has been seen, heard and/ or told as soon as possible in the child/adults at risk's own words. Ensure to write down any action taken and keep all hand written notes even if subsequently typed up. The information recorded in conjunction with the Team Leader must, where known, include:

16. Name of child/adults at risk.
17. Age, date of birth of child/adults at risk.
18. Home address and telephone number of the child/adults at risk.

19. The nature of the allegation in the child/adults at risk's own words.
20. Any times, dates or other relevant information.
21. Whether the person making the report is expressing their own concern or the concerns of another person.
22. The child/adults at risk's account, if it can be given, of what has happened and how any injuries occurred.
23. The nature of the allegation (include all of the information obtained during the initial account e.g. time, date, location of alleged incident).
24. A description of any visible (when normally dressed) injuries or bruising, behavioural signs, indirect signs (do not examine the child/adults at risk).
25. Details of any witnesses to the incident.
26. Whether the child/adults at risk's parents/guardians/carers have been contacted.
27. Details of anyone else who has been consulted and the information obtained from him or her.
28. If it is not the child/adults at risk making the report, whether the child/adults at risk has been spoken to, if so what was said.
29. Record, sign and date on the day what you have seen, heard or been told.
30. Pass the record to the Safeguarding Officer – Mike who will pass them to the police/services.