CARMARTHEN FOODBANK AND MONEY ADVICE

BANC BWYD A CHYNGOR ARIANNOL CAERFYRDDIN

'Reaching People, Changing Lives'

SAFEGUARDING POLICY

Policy Approved: April 2026

Policy to be reviewed annually

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NAMED STAFF AND OTHER CONTACTS

Trustee Responsible for Safeguarding
Dr Llinos Williams: 07779 114362

Carmarthen Foodbank
Safeguarding Lead – Cath Cork: 07522 005452
Deputy Safeguarding Co-ordinator – Suzy Phelps: 07743 935158

Money Advice
Safeguarding Lead – Suzy Phelps: 07743 935158
Deputy Safeguarding Co-ordinator – Cath Cork: 07522 005452

Safeguarding Contact Numbers

Social Services Central Referral Team	01554 742322
Police	101
Social Services Duty line out of hours	01558 824283 (childcare)
Thirtyone:eight (formerly CCPAS) 24 hour helpline *(Support organisations to create safer places for all)*	0303 003 11 11 (option 2)
Live Fear Free (Women's Aid Domestic Abuse Helpline Wales)	0808 80 10 800
SHELTER *(*Work for people in housing need across Wales and prevent people from losing their homes by offering free, confidential and independent advice*)*	08000 495 495 (9.30am – 12.30pm Monday to Friday)

Other helpful numbers

TAF (Team Around the Family) *(provide help and support with all sorts of issues such as concerns about school and education, behaviour, health, housing, etc)*	01267 246555
Childline - for children *(help and advice about a wide range of issue)*	0800 1111
NSPCC *(Provide therapeutic services to help children move on from abuse, as well as supporting parents and families in caring for their children. Help professionals make the best decisions for children and young people, and support communities to help prevent abuse from happening in the first place)*	0808 800 5000

Kidscape Parent Advice Line *(A leading anti-bullying charity. Their vision is for all children to grow up in a world free from bullying and harm, with adults who keep them safe and help them reach their full potential)*	07496 682785
Stop it Now *(Prevents the sexual abuse of children by mobilizing adults, families and communities to take actions that protect children before they are harmed. We provide support, information and resources to keep children safe and create healthier communities)*	0808 1000 900
MindinfoLine *(Provides information on a range of topics, including types of mental health problems and where to get hep).*	0300 123 3393
Through the Roof *(Changes the lives of disabled people around the world and helps others to change lives too)*	01372 749955
Hourglass (previously Action on Elder Abuse) *(Runs a confidential Freephone helpline, which provides information, advice and support to victims and others who are concerned about or have witnessed abuse, neglect or financial exploitation)*	0808 808 8141
Crimestoppers *(An independent charity that gives people the power to speak up and stop crime)*	0800 555 111
Thinkuknow *(Helps keep children and young people safe from sexual abuse and grooming online)*	www.thinkuknow.co.uk
Samaritans *(is a unique charity dedicated to reducing feelings of isolation and disconnection that can lead to suicide)*	116 123 (UK)
Estyn *(Inspect education and training in Wales)*	02920 446446

INTRODUCTION AND DETAILS OF THE ORGANISATION

Name of organisation: Carmarthen Foodbank and Money Advice (CFMA)

Addresses :
Carmarthen Foodbank, Xcel Centre, Llansteffan Road, Johnstown, Carmarthen, SA31 3BP
Carmarthen CMA, Bethel Church, Hill House, Picton Terrace, Carmarthen, SA31 3BT

CFMA is registered with the Charity Commission: Charity Number**:** 1217609.

Carmarthen Foodbank and CMA (CFMA)

Carmarthen Foodbank and CMA were originally established by Towy Community Church in response to increasing levels of financial hardship and food insecurity amongst individuals and families in our local community. Carmarthen Foodbank started in 2012 and CMA in 2020. These services grew as demand increased, and they became an established part of local support systems. The decision to establish the two services within a new charity was taken to protect and sustain these vital services independently, ensuring they can continue to operate safely, transparently, and sustainably.

CFMA exists for the relief and prevention of poverty, the reduction of financial hardship, and the improvement of wellbeing and resilience for individuals and families experiencing financial crisis. The charity provides:

- emergency food support to people unable to afford essentials
- confidential debt advice and money guidance to help people address underlying financial difficulties
- signposting and support to enable individuals to access appropriate statutory and voluntary services

These activities help prevent crisis from escalating, reduce stress and anxiety, and support people to regain stability and independence. The benefits are tangible, immediate, and are accessible to those in need within our community.

CFMA provides direct, face to face services to individuals and families. These services involve:

- operating a Trussell foodbank that distributes emergency food parcels following referral
- providing access to debt advice and money guidance through trained advisers
- working in partnership with local agencies, churches, and support services
- identifying underlying causes of hardship and supporting people toward longer-term solutions

The service is delivered by a combination of trained volunteers and employed staff, operating under clear safeguarding, data protection, and governance arrangements. The CIO prioritises dignity, confidentiality, and fairness in all service delivery.

OUR COMMITMENT

We recognise the need to provide a safe and caring environment for children, young people and adults at risk. We acknowledge that children, young people and adults at risk can be the victims of physical, sexual and emotional abuse, and neglect.

We accept and concur with:

- the UN Universal Declaration of Human Rights and the International Covenant of Human Rights (for details see appendix 1)
- the Convention on the Rights of the Child (for details see appendix 1)
- **Children (Abolition of Defence of Reasonable Punishment) (Wales) Act 2020**

We have therefore adopted the procedures set out in this safeguarding policy in accordance with statutory guidance. We are committed to building constructive links with statutory and voluntary agencies involved in safeguarding.

This policy and attached practice guidelines are based on the ten **Safe and Secure** safeguarding standards published by Thirtyone:eight.

We undertake to:

- endorse and follow all national and local safeguarding legislation and procedures, in addition to the international conventions outlined above.
- provide on-going safeguarding training for all staff and volunteers and will regularly review the operational guidelines attached.
- ensure that our premises meet the requirements of the Disability Discrimination Act 1995 and all other relevant legislation, and that we are welcoming and inclusive.
- support the Safeguarding Coordinator(s) in their work and in any action they may need to take in order to protect people at risk.
- file a copy of the policy and practice guidelines with Thirtyone:eight, the Local Safeguarding Children's Board, and the local authority.

ROLES AND RESPONSIBILITIES

All staff and volunteers within CFMA have a responsibility to safeguard and promote the welfare of those we support. This includes a responsibility to be alert to possible abuse and risk, and to report concerns to those identified as having safeguarding responsibilities within CFMA. The key people who have those responsibilities are named and listed on page 3 of this document and in the Appendices.

RECOGNISING AND RESPONDING APPROPRIATELY TO AN ALLEGATION OR SUSPICION OF ABUSE

Understanding abuse and neglect
Defining child abuse or abuse against an adult at risk is a difficult and complex issue. A person may abuse by inflicting harm or failing to prevent harm. Children and adults in need of protection may be abused within a family, an institution or a community setting. Very often the abuser is known or in a trusted relationship with the child or adult at risk.

Definition of an adult at risk
"Someone who is or may be in need of community care services by reason of disability, age or illness; and is or may be unable to take care or unable to protect him or herself against significant harm or exploitation".

We understand 'Categories of Abuse' to be:

- Physical
- Sexual
- Emotional
- Neglect

(Refer to Appendix 3: *Statutory Definitions of Abuse*
Appendix 4: *Signs of Possible Abuse*
Should anyone be concerned about an individual, make your concerns known to the named co-ordinators for Foodbank and CMA**.**

Should an individual at risk disclose abuse to you, listen carefully (write down exactly what has been said if possible), don't judge or question, and be honest about having to share what has been said to the named co-ordinators as soon as possible. Do not discuss the disclosure with anyone else.

Important considerations

- What you see and hear regarding an individual is important, don't dismiss it
- Raising concern is not a betrayal
- You cannot guarantee confidentiality
- Do not question the individual about your concerns
- Do not suggest how an incident may have occurred

*(*Refer to Appendix 5*: Effective Listening)*

Safeguarding awareness
The Children's Act 1989 and 2004

- Applies to ALL children and young people under the age of 18
- It aims to achieve a balance between protecting a child from harm and unwarranted intervention in family life
- Places a new duty on key agencies to co-operate to safeguard children and to improve well-being through the Children and Young People's plans
- Provision of Local Safeguarding Children Boards (LSCB)

As a charity we want to ensure that we look after children in the families we support, ensuring that they are kept safe.

Principles we follow

- The child's welfare is paramount
- We recognise that children are generally best looked after within their own family
- We encourage working in partnership with parents/ and carers to bring about the best outcomes
- Children are individuals in their own right.

Social Services, through the Children's Act, have a responsibility and duty.

- Section 47 gives the power and the DUTY to Social Services (and the Police) to investigate Child Abuse concerns
- Section 17 Social Services have a duty to investigate, assess and provide services for the child in need in their area.

CFMA's Board of Trustees has a designated trustee responsible for safeguarding. The Board is committed to on-going safeguarding training and development opportunities, developing a culture of awareness of safeguarding issues to help protect everyone. All relevant individuals will receive induction training and undertake recognised safeguarding training on a regular basis.

Responding to allegations of abuse

Under no circumstances should anyone carry out their own investigation into an allegation or suspicion of abuse. The following procedures should be followed:

- The person in receipt of allegations or suspicions of abuse should report concerns as soon as possible to **the relevant Safeguarding Lead** who is nominated by the Trustees to act on their behalf in dealing with the allegation or suspicion of neglect or abuse, including referring the matter on to the statutory authorities.

- In the absence of the Safeguarding Lead or, if the suspicions in any way involve that person, then the report should be made to **the designated deputy.** If the suspicions implicate both the Safeguarding Lead and the Deputy, then advice should be sought from Thirtyone:eight, PO Box 133, Swanley, Kent, BR8 7UQ. Telephone 0845 120 4550, and then reported to Social Services or the Police.

- Where the concern is about a child the Safeguarding Co-ordinator should contact Children's Social Services or the Police. Where the concern is regarding an adult in need of protection contact Adult Social Services or take advice from Thirtyone:eight as above.
    - Duty Line out of hours' emergency number is **01558 824283**

- Where the allegation relates to abuse within CFMA, reference should be made to **the Safeguarding Lead or Deputy**

- The local Adult Social Services out of hours number is **0300 333 2222**

- Where required the Safeguarding Lead should then immediately inform **the responsible trustee**..

- Suspicions must not be discussed with anyone other than those nominated above. A written record of the concerns should be made in accordance with these procedures and kept in a secure place.

- Whilst allegations or suspicions of abuse will normally be reported to the Safeguarding Lead, the absence of the Safeguarding Designated Person or Deputy should not delay referral to Social Services, the Police or taking advice from Thirtyone:eight.

- The Trustees will support the Safeguarding Lead/Deputy in their role, and accept that any information they may have in their possession will be shared in a strictly limited way on a need to know basis.

- We have every confidence in the rigour of our procedures, but also recognise the right of any individual to make a direct referral to the safeguarding agencies or seek advice from Thirtyone: eight should they feel it necessary.

The role of the Safeguarding Lead/Deputy is to collate and clarify the precise details of the allegation or suspicion and pass this information on to the statutory agencies that have a legal duty to investigate. They will also support the person who has received that information.

DETAILED PROCEDURES WHERE THERE IS CONCERN ABOUT A CHILD OR ADULT AT RISK
see APPENDIX 2

Key messages to ensure effective and appropriate response

- Developing understanding
- Observation
- Understanding the categories of abuse
- Response to any concerns
    - Active/passive listening
    - Confidentiality - secrets
    - Who to tell

Key Message: Do not talk to anyone about this other than the appropriate Safeguarding Designated Person.

Likely Scenarios:

(a) Disclosure to a worker

Action:
- listen appropriately
- make note
- contact Designated Person
- discuss and record accurately with dates/details

(b) Disclosure concerning worker

Action:
- listen appropriately
- make note
- contact Designated Person
- discuss and record accurately with dates/details
- Worker suspended from role

(c) Disclosure concerning Designated Person

Action:
- listen
- make note
- contact other co-ordinator
- discuss and record accurately with dates/details
- Designated Person suspended from role.

(d) Someone discloses allegation involving both Designated Lead and Deputy

Action: Contact Thirtyone:eight for advice

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Children Social Services Team Duty Officer

- discuss and record accurately with dates/details

Appropriate response: Key messages

- Act swiftly and avoid delay.
- Any adult can take action on his or her own right to ensure that an allegation or concern is investigated and can report directly to investigating agencies
- Written records must be made and dated. The record must include what has been alleged, noticed or reported, and kept securely and confidentially.
- When an individual makes a disclosure <u>do not</u> ask leading questions, examine children or promise confidentiality. Reassure the child by informing them-what action will be taken.

- As soon as possible write a dated and timed note of what has been disclosed, noticed, said or done.
- Report to the Safeguarding Lead and/or Deputy.
- Inform the person of action/further action to be taken.
- Begin a case file containing communications and actions and store securely.

SYSTEM FOR SAFEGUARDING LEAD AND DEPUTY SAFEGUARDING COORDINATOR

SAFE RECRUITMENT

We will ensure all employees and volunteers are appointed, trained, supported and supervised in accordance with government guidance on safe recruitment. This normally includes ensuring that:

- There is a written job description / person specification for the post
- Those applying have completed an application form and a self declaration form
- Those short listed have been interviewed
- Safeguarding has been discussed at interview
- Written references have been obtained, and followed up where appropriate
- A Disclosing and Barring Service (DBS) check has been completed (we will comply with Code of Practice requirements concerning the fair treatment of applicants and the handling of information)
- Qualifications where relevant have been verified
- A suitable training programme is provided for the successful applicant
- The applicant has completed a probationary period
- The applicant has been given a copy of the organisation's safeguarding policy and knows how to report concerns.
- References and DBS checks will always be sought for volunteers before appointment.

MANAGEMENT OF WORKERS – CODES OF CONDUCT

We are committed to supporting all workers and ensuring they receive support and supervision. CFMA undertakes to follow the principles found within the 'Abuse of Trust' guidance issued by the Home Office and it is therefore unacceptable for those in a position of trust to engage in any behaviour which might allow a sexual relationship to develop for as long as the relationship of trust continues. Social Media – social activities outside of the charity will be considered.

PASTORAL CARE

Supporting those affected by abuse

CFMA is committed to offering pastoral care, working with statutory agencies as appropriate. As a charity that works with the most vulnerable and needy within our local community, we wish to operate and promote good working practice. We want the facilities we use to provide a safe environment, promoting good relationships and minimising the risk of any accusation.

Working with offenders

When someone is known to have abused children, or is known to be a risk to adults, CFMA will work closely with police and probation to ensure that any legal restrictions regarding the offenders contact with others are upheld within the charity's environment. The safety of children and adults remains paramount and CFMA will refuse the right of access to our services to any individual who refuses to work within set boundaries.

Working in partnership
We have clear expectations of those we work in partnership with and will make them aware of those expectations. Good communication over safeguarding is essential to our partnerships.

APPENDICES

APPENDIX 1: Our commitment

We recognise the need to provide a safe and caring environment for children, young people and adults at risk. We acknowledge that children, young people and adults at risk can be the victims of physical, sexual and emotional abuse and neglect.

We accept and concur with:

- The UN Universal Declaration of Human Rights and the International Covenant of Human Rights. This states that everyone is entitled to "all the rights and freedoms set forth therein, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status".
- The Convention on the Rights of the Child. This states that children should be able to develop their full potential, free from hunger and want, neglect and abuse. They have a right to be protected from "all forms of physical or mental violence, injury or abuse, neglect or negligent treatment or exploitation, including sexual abuse while in the care of parent(s), legal guardian(s), or any other person who has care of the child".

In order to safeguard those in our places of worship and organisations we adhere to the UN Convention on the Rights of the Child and as a definition of abuse, Article 19. This states:

1. Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of the parent(s), legal guardian(s), or any other person who has the care of the child.
2. Such protective measures should, as appropriate, include effective procedures for the establishment of social programmes to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement.

Also, for adults the UN Universal Declaration of Human Rights with particular reference to Article 5. This states that 'No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment'.

APPENDIX 2: Detailed procedures where there is concern:

ALLEGATIONS OF PHYSICAL INJURY, NEGLECT OR EMOTIONAL ABUSE

If a child has a physical injury, a symptom of neglect or where there are concerns about emotional abuse, the Safeguarding Designated Person/Deputy will:

- Contact Children's Social Services Thirtyone:eight for advice in cases of deliberate injury, if concerned about a child's safety or if a child is afraid to return home.
- Not tell the parents or carers unless advised to do so, having contacted Children's Social Services.
- Seek medical help if needed urgently, informing the doctor of any suspicions.
- For lesser concerns, encourage parent/carer to seek help, but not if this places the child at risk of significant harm.
- Where the parent/carer is unwilling to seek help, offer to accompany them. In cases of real concern, if they still fail to act, contact Children's Social Services direct for advice.
- Seek and follow advice given by Thirtyone:eight (who will confirm their advice in writing) if unsure whether or not to refer a case to Children's Social Services.

ALLEGATIONS OF SEXUAL ABUSE

In the event of allegations or suspicions of sexual abuse, the Safeguarding Designated Person/Deputy will

- Contact the Children's Social Services Department Duty Social Worker for children and families or Police Child Protection Team direct. They will NOT speak to the parent/carer or anyone else.
- Seek and follow the advice given by Thirtyone:eight if, for any reason they are unsure whether or not to contact Children's Social Services/Police. Thirtyone:eight will confirm its advice in writing for future reference.

The following procedure will be followed where there is a concern that an adult is in need of protection:

SUSPICIONS OR ALLEGATIONS OF PHYSICAL OR SEXUAL ABUSE

If a adult at risk has a physical injury or symptom of sexual abuse the Safeguarding Lead / Deputy will:

- Discuss any concerns with the individual themselves giving due regard to their autonomy, privacy and rights to lead an independent life.
- If the adult at risk is in immediate danger or has sustained a serious injury contact the Emergency Services, informing them of any suspicions.
- For advice contact the Adult Social Care Adults at Risk Team who have responsibility under Section 47 of the NHS and Community Care Act 1990 and government guidance, 'No Secrets' to investigate allegations of abuse. Alternatively, Thirtyone:eight can be contacted for advice.

APPENDIX 3: InFocus: Statutory Definitions of Abuse (Children)

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm.
Children may be abused in a family or in an institutional or community setting; by those known to them or, more rarely, by a stranger. They may be abused by an adult or adults or another child or children.
Child protection legislation throughout the UK is based on the United Nations Convention on the Rights of the Child. Each nation within the UK has incorporated the convention within its legislation and guidance.

1. FORMS OF ABUSE - WALES
The following definitions of child abuse are recommended as criteria throughout Wales by the Department of Health, Department for Education and Skills and the Home Office in their joint document, Working Together to Safeguard and Promote the Welfare of Children (2000).

Physical Abuse
This involves deliberate harm to children. Physical abuse may involve hitting, shaking, throwing, poisoning, squeezing, burning or scalding, drowning, suffocating, biting, as well as giving children alcohol, inappropriate drugs or poisonous substances or otherwise causing physical harm to a child. 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 is commonly described using terms such as 'factitious illness by proxy' or 'Munchausen Syndrome by proxy'. Reasonable physical restraint to prevent a child from harming themselves, another person, or from causing serious damage to property is not deemed to be abuse.

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

Sexual Abuse
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 what is happening. The activities may involve physical contact, including penetrative (e.g. rape or buggery) or non-penetrative acts. They may 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.

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. It may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

2. RECOGNITION OF ABUSE
Child abuse can and does occur both within a child's family and in institutional or community settings. The church acknowledges that some individuals seek to use voluntary and community organisations to gain access to children, and that it is necessary to have an open mind when the possibility arises that a member of the church is suspected of abuse or inappropriate activity. The following may indicate that a child is being or has been abused:

- Unexplained or suspicious injuries, particularly if such an injury is unlikely to have occurred accidentally.
- An injury for which the child's or adult's explanation appears inconsistent.
- The child describes an abusive act or situation.
- Unexplained changes in behaviour.
- Inappropriate sexual awareness or sexually explicit behaviour.
- The child appears distrustful of adults.
- The child is not allowed to be involved in normal social activities.
- The child becomes increasingly dirty or shabby.

The recognition of abuse is not always easy and we acknowledge that not all are experienced in this area and will not easily know whether or not abuse is taking place. However, it is the responsibility of all to act on concerns in order to safeguard the welfare of the child.

InFocus: Statutory Definitions of Abuse (Adults at Risk)
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
- It may occur when a person at risk is persuaded to enter into a financial or sexual transaction to which he or she has not consented or cannot consent.
- It can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it'.

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

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.

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

Financial or Material Abuse
This is the inappropriate use, misappropriation, embezzlement or theft of money, property or possessions.

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

Discriminatory Abuse
This is the inappropriate treatment of an adult 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.

Institutional Abuse
This is the mistreatment or abuse of an adult 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.

APPENDIX 4: InFocus: Signs of Possible Abuse (children & young people)

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

Physical

- Injuries not consistent with the explanation given for them
- Injuries that occur in places not normally exposed to falls, rough games, etc
- Injuries that have not received medical attention
- Reluctance to change for, or participate in, games or swimming
- Repeated urinary infections or unexplained tummy pains
- Bruises on babies, bites, burns, fractures etc which do not have an accidental explanation*
- Cuts/scratches/substance abuse*

Sexual

- Any allegations made concerning sexual abuse
- Excessive preoccupation with sexual matters and detailed knowledge of adult sexual behaviour
- Age-inappropriate sexual activity through words, play or drawing
- Child who is sexually provocative or seductive with adults
- Inappropriate bed-sharing arrangements at home
- Severe sleep disturbances with fears, phobias, vivid dreams or nightmares, sometimes with overt or veiled sexual connotations
- Eating disorders - anorexia, bulimia*

Emotional

- Changes or regression in mood or behaviour, particularly where a child withdraws or becomes clinging.
- Depression, aggression, extreme anxiety.
- Nervousness, frozen watchfulness
- Obsessions or phobias
- Sudden under-achievement or lack of concentration
- Inappropriate relationships with peers and/or adults
- Attention-seeking behaviour
- Persistent tiredness
- Running away/stealing/lying

Neglect

- Under nourishment, failure to grow, constant hunger, stealing or gorging food, Untreated illnesses,
- Inadequate care, etc

*These indicate the possibility that a child or young person is self-harming. Approximately 20,000 are treated in accident and emergency departments in the UK each year.

InFocus: Signs of Possible Abuse (Adults at risk)

Physical

- A history of unexplained falls, fractures, bruises, burns, minor injuries
- Signs of under or over-use of medication and/or medical problems unattended

Sexual

- Pregnancy in a woman who is unable to consent to sexual intercourse
- Unexplained change in behaviour or sexually implicit/explicit behaviour
- Torn, stained or bloody underwear and/or unusual difficulty in walking or sitting
- Infections or sexually transmitted diseases
- Full or partial disclosure or hints of sexual abuse
- Self-harming

Psychological

- Alteration in psychological state e.g. withdrawn, agitated, anxious, tearful
- Intimidated or subdued in the presence of the carer
- Fearful, flinching or frightened of making choices or expressing wishes
- Unexplained paranoia

Financial or Material

- Disparity between assets and living conditions
- Unexplained withdrawals from accounts or disappearance of financial documents
- Sudden inability to pay bills
- Carers or professionals fail to account for expenses incurred on a person's behalf
- Recent changes of deeds or title to property

Neglect or Omission

- Malnutrition, weight loss and /or persistent hunger
- Poor physical condition, poor hygiene, varicose ulcers, pressure sores
- Being left in wet clothing or bedding and/or clothing in a poor condition
- Failure to access appropriate health, educational services or social care
- No callers or visitors

Discriminatory

- Inappropriate remarks, comments or lack of respect
- Poor quality or avoidance of care

Institutional

- Lack of flexibility or choice over meals, bed-times, visitors, phone calls etc
- Inadequate medical care and misuse of medication
- Inappropriate use of restraint
- Sensory deprivation e.g. denial of use of spectacles or hearing aids
- Missing documents and/or absence of individual care plans
- Public discussion of private matter

- Lack of opportunity for social, educational or recreational activity

APPENDIX 5: InFocus: Effective Listening

Ensure the physical environment is welcoming, giving opportunity for the child or adult at risk to talk in private but making sure others are aware the conversation is taking place.
It is especially important to allow time and space for the person to talk.
Above everything else listen without interrupting.
Be attentive and look at them whilst they are speaking.
Show acceptance of what they say (however unlikely the story may sound) by reflecting back words or short phrases they have used.
Try to remain calm, even if on the inside you are feeling something different.
Be honest and don't make promises you can't keep regarding confidentiality.
If they decide not to tell you after all, accept their decision but let them know that you are always ready to listen.
Use language that is age appropriate and, for those with disabilities, ensure there is someone available who understands sign language, Braille etc.

HELPFUL RESPONSES

- You have done the right thing in telling
- I am glad you have told me
- I will need to tell someone else to make sure we are keeping you safe
- TED -TELL ME – CAN YOU EXPLAIN TO ME- DESCRIBE TO ME-

DON'T SAY

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

APPENDIX 6: Safeguarding Statement from the Trustees

The Trustees of CFMA recognise the importance of the charity's responsibility to protect everyone entrusted we serve.

The following statement has been agreed by the trustees:

We are fully committed to the safeguarding of children and adults at risk and ensuring their well-being.
Specifically:

- We recognise that we all have a responsibility to help prevent the physical, sexual, emotional abuse and neglect of children and young people (those under 18 years of age) and to report any such abuse that we discover or suspect.
- We believe every child should be valued, safe and happy. We want to make sure that children we have contact with know this and are empowered to tell us if they are suffering harm.
- All children and young people have the right to be treated with respect, to be listened to and to be protected from all forms of abuse.
- We recognise that we all have a responsibility to help prevent the physical, sexual, psychological, financial and discriminatory abuse and neglect of adults at risk and to report any such abuse that we discover or suspect.
- We recognise the personal dignity and rights of adults at risk and will ensure all our policies and procedures reflect this.
- We believe all adults should enjoy and have access to every aspect of what we offer, unless they pose a risk to the safety of those we serve.
- We undertake to exercise proper care in the appointment and selection of all those who will work with children and adults at risk.

We are committed to:

- Following the requirements for UK legislation in relation to safeguarding children and adults at risk and good practice recommendations.
- Respecting the rights of children as described in the UN Convention on the Rights of the Child.
- Implementing the requirements of legislation in regard to people with disabilities.
- Ensuring that workers adhere to the agreed procedures of our safeguarding policy.
- Keeping up to date with national and local developments relating to safeguarding.
- Following any denominational or organisational guidelines in relation to safeguarding children and adults in need of protection.
- Supporting the safeguarding co-ordinators in their work and in any action they may need to take in order to protect children/adults at risk.
- Ensuring that everyone agrees to abide by these recommendations and the guidelines established by this organisation.
- Supporting, resourcing, training, monitoring and providing supervision to all those who undertake this work.

We recognise:

- Children's Social Services (or equivalent) has lead responsibility for investigating all allegations or suspicions of abuse where there are concerns about a child. Adult Social Care

(or equivalent) has lead responsibility for investigating all allegations or suspicions of abuse where there are concerns about an adult at risk.

- Where an allegation suggests that a criminal offence may have been committed then the police should be contacted as a matter of urgency.
- Where working outside of the UK, concerns will be reported to the appropriate agencies in the country in which we operate, and their procedures followed. In addition, we will report concerns to our agency's headquarters.
- Safeguarding is everyone's responsibility.

We will review this statement and our policy and procedures annually.
If you have any concerns for a child or adult at risk, then speak to one of the following:.
Tbc: Safeguarding Trustee
Safeguarding Lead Foodbank: Cath Cork
Safeguarding Lead Money Advice: Suzy Phelps

A copy of our safeguarding policy has been lodged with Thirtyone:eight, Education and Children's Services Department, Carmarthenshire County Council and the Local Safeguarding Children's Board.

Appendix 7

INCIDENT REPORTING FORM

Name:

Date of Incident:

Location:

People Present:

How Suspicions/Evidence of Possible Abuse Obtained – DESCRIPTION OF OBSERVATIONS, CONCERNS OR DISCLOSURE?

Nature of possible abuse

Action Taken:

Signed: _____

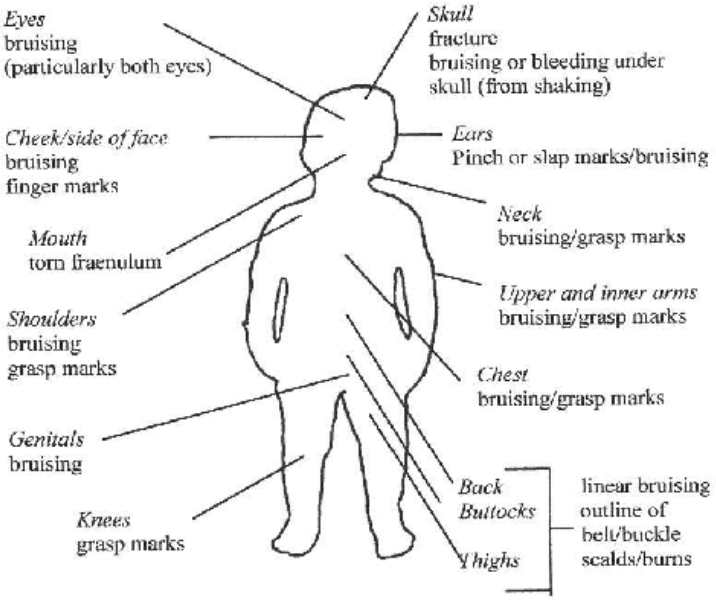
Print Name:_____

Date: _____

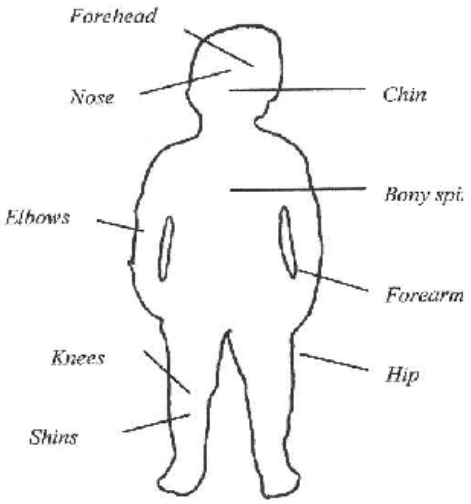
Appendix 8

The signs of possible child abuse:

Common sites for non-accidental injury



Common sites for accidental injury



Non-accidental injuries

Bruises likely to be:
- frequent
- patterned, e.g. finger and thumb marks
- old and new in same place (note colour)
- in unusual position (see chart)
- consider:
  - developmental level of the child and their activities
  - may be more difficult to see on darker skins

Burns and scalds likely to have:
- clear outline
- splash marks around burn area
- unusual position, e.g. back of hand
- indicative shapes, e.g. cigarette burns, bar of electric fire

Injuries suspicious if:
- bite marks
- fingernail marks
- large and deep scratches
- incisions, e.g. from razor blade

Fractures likely to be:
- numerous - healed at different times
- consider:
  - age of child, always suspicious in babies under two
  - years old delay in seeking treatment

Sexual abuse may result in:
- unexplained soreness, bleeding or injury in genital or anal area
- sexually transmitted diseases, e.g. warts, gonorrhoea

Accidental injuries

Bruises likely to be:
- few but scattered
- no pattern
- same colour and age
- consider:
  - age and activity of child, e.g. learning to walk
  - may be confused with birthmarks or other skin conditions

Burns and scalds likely to be:
- treated
- easily explained
- may be confused with other conditions e.g. impetigo, nappy rash

Injuries likely to be:
- minor and superficial
- treated
- easily explained

Fractures likely to be:
- of arms and legs
- seldom on ribs except for road traffic accidents
- rare in very young children
- may rarely be due to 'brittle bone syndrome'

Genital area
- injury may be accidental (seek expert opinion)
- soreness may be nappy rash or irritation, e.g. from bubble bath or anal soreness may be due to constipation or threadworm infestation

Parental attitude is important in assessing all of the above - when a child is suffering a severe and painful injury most would seek medical help.