

Safeguarding & Child Protection Policy

2026 / 2027

To report a safeguarding concern, consult the guidance in this document and use the QR code to complete the form.



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Fellowship Afloat Charitable Trust is a limited company registered in England and Wales.
Company No. 3264887 Charity No. 1059143

“Growing people through community & adventure”

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§ Paragraph Sign

Throughout this policy, there are several cross references, which are clickable links within the document. These are commonly represented with the paragraph / section sign symbol above.

Section A – Recognise

1. Policy Statement

Fellowship Afloat Charitable Trust (FACT) in common with other organisations taking care of children, is required by law to have a written policy on Safeguarding & Child Protection.

The care of all our guests is integral to the work of FACT and this policy stands within our Christian framework and the law relating to children and vulnerable adults. In addition to covering the care of all children (those under the age of 18), we include those over 18 who are deemed vulnerable or as an 'adult at risk' e.g. adults with a disability or mental health difficulties etc.

FACT is committed to safeguarding all children, young people and adults at risk taking part in its activities – from abuse and harm and ensuring their wellbeing. We recognise that the safety, welfare and needs of children, young people and adults at risk are paramount and that any person, irrespective of their age, disability, race, religion or belief, marital status, sex, gender identity, sexual orientation or social status, has a right to protection from discrimination, victimisation and abuse. We also recognise that working in partnership with children, young people, their parents, carers and other agencies is essential in promoting young people's welfare.

FACT is a place where people come first. A community where volunteers and staff are given genuine opportunities to make a difference to the people they serve. It's a place where people feel that they matter to us and to God, because of how they are cared for. FACT recognises that **everyone** has the right to be safeguarded and we must **all** take responsibility to ensure it.

The aim of this policy is:

- to set out good practice guidelines and procedures which state clearly FACT's expectations for all who work and volunteer for us;
- to protect and safeguard children and vulnerable adults in our care, and in so doing, promote the healthy development and flourishing of each person who interacts with FACT;
- to protect staff and volunteers from false accusation;
- to provide a procedure that staff should adopt in the event that they suspect a child, young person or vulnerable adult may be experiencing, or at risk of, harm.

We will endeavour to safeguard children, young people and vulnerable adults by:

- valuing them, listening to them and respecting them;
- adopting safeguarding & child protection guidelines through procedures;
- explicitly prohibiting the use of corporal punishment;
- recruiting staff safely, ensuring all necessary checks are made;
- ensuring that there is a designated Safeguarding Lead with the necessary skills and training who will take the lead (with support) in dealing with all safeguarding concerns;
- responding swiftly and appropriately to all complaints and concerns about poor practice or suspected abuse;
- sharing information about safeguarding, child protection and good practice with children, parents, teachers and staff;
- sharing information about concerns with agencies that need to know, and involving parents and children appropriately;
- ensuring that all information regarding safeguarding referrals is stored securely and confidentially;
- providing effective management through supervision, support and training;
- regularly reviewing our safeguarding procedures and practices in the light of experience, to take account of legislative, social or technological changes, as required.

A – Recognise: Definitions

2. Definitions

The following is a list of definitions used throughout this policy:

A Child

Any individual under 18 years of age (as defined by the Children Act 1989). For the avoidance of doubt, this includes any FACT volunteer who is under 18.

Young Person

Any individual under 18 years of age (as defined by the Children Act 1989). Used to reflect that many of teen age would not consider themselves a child despite the legal definition.

Adult at Risk / Adult in Need of Protection (or sometimes Vulnerable Adult)

Any individual aged 18 years or older, (including FACT volunteers) who is or may be in need of community care services by reason of mental health issues, learning or physical disability, sensory impairment, age or illness and who is or may be unable to take care of themselves or unable to protect themselves against significant harm or serious exploitation because of their care and support needs. For the purposes of this document included in the term 'child' unless otherwise explicitly stated.

Staff Member

Any staff member or volunteer on the FACT team during the relevant period.

Senior Staff Member

The Chief Executive, Operations Manager and Lead Instructors at FACT.

Safeguarding Lead

The FACT staff member who oversees and ensures our safeguarding policy is fully implemented. This is the Chief Executive.

Safeguarding Deputy Lead

The FACT staff member who is nominated by the Safeguarding Lead to support, or cover for, the Lead. This is the FACT Group Host / Day Leader for the booking.

FACT Group Host / Day Leader

The FACT Group Host is the main liaison for the visiting group as designated by the briefing sheet. The Day Leader is the person responsible for that specific day, will typically run the staff morning meeting and is usually designated by the weekly staffing sheet (green sheet).

Safeguarding Trustee

The trustee of FACT appointed to deal specifically with safeguarding and child protection issues.

Group Leader

The organiser and leader of the visiting group, which includes visiting school staff.

Low Level Concern

Where harm may not have taken place but there is concern, doubt or worry, even if no more than causing a sense of unease or a 'nagging' doubt' that an adult may have acted in a way that conflicts with the standards and values of FACT.

A – Recognise: Roles & Responsibilities

3. Roles & Responsibilities

3.1 FACT Safeguarding Lead & Deputy

Our Lead for Safeguarding is the *Chief Executive*.

Our Deputy Lead is the *FACT Group Host / Day Leader*.

Their role is to:

- Oversee and ensure that our safeguarding policy is fully implemented;
- Ensure our safeguarding standards are communicated to all staff;
- Ensure details are made available to all adults, children and parents / carers;
- Ensure all staff receive appropriate training in safeguarding;
- Ensure DBS (Disclosure and Barring Service) reporting procedures are adhered to.

The Deputy should be able to support, or cover for, the nominated Lead. Further support is available from the Safeguarding Trustee.

The responsibilities of the Safeguarding Lead & Deputy Lead are:

- Receive information from staff, group leaders, accompanying adults, children or parents who have safeguarding concerns and record it.
- Assess the information promptly and carefully, clarifying or obtaining more information about the matter as appropriate.
- Alert the Safeguarding Trustee to the incident, and, if necessary, consult locally with a statutory child protection agency such as the Children's Social Care Services to test out any doubts or uncertainty about the concerns as soon as possible.
- If necessary, make a formal referral to Social Care Services or the police promptly, if a crime has, or may have been committed.
- Be fully conversant with all aspects of FACT safeguarding policy.
- To have an understanding of the laws relating to safeguarding as well as company policies and operating procedures.
- Ensure that the preventative measures are in effect.
- To be proactively responsible for determining, administering and delivering additional training.
- Make recommendations for change or improvements to current policies or operating procedures.
- To know and establish links with local safeguarding agencies.
- Ensure a record is kept of all children or staff protection issues, even if at the time no further action is deemed necessary.
- To openly encourage and nurture a protective culture and environment that puts children's interests first and actively supports a whistle-blowing policy.
- Annually review the centre's safeguarding policy and procedures.

3.2 FACT staff and volunteers

The roles and responsibilities of FACT staff and volunteers:

- Undertake training to be fully aware of their role and responsibility regarding safeguarding.
- Be fully familiar with FACT's safeguarding policy and be a proactive part of maintaining the safe, nurturing culture of FACT.
- Respond to any concerns whether through observation or direct disclosure.
- Record any concerns and pass these immediately to the Safeguarding Lead.

A – Recognise: Roles & Responsibilities

3.3 FACT Safeguarding Trustee

The roles and responsibilities of the Safeguarding Trustee:

- Represent safeguarding at a board level, providing safeguarding oversight for the organisation.
- Be a support and liaison for the Safeguarding Lead.
- Be responsible, alongside the Safeguarding Lead, for reporting serious incidents / concerns to external bodies (eg the Charity Commission).
- Take a lead for the board in managing incidents / concerns and allegations.
- Critically assess and constructively challenge the safeguarding practice of the organisation and any information presented to the board.
- Make an annual report on safeguarding for the board alongside the Safeguarding Lead.

4. Legislation

4.1 Key Legislation and Guidance for the Safeguarding of Children and Young People

[The Children Act 1989](#)

The primary legislation in England (and Wales) governing child welfare, aiming to protect children at risk and support families.

[Keeping Children Safe in Education - Statutory Guidance](#)

Statutory guidance for schools and colleges on safeguarding children and safer recruitment.

[Working Together to Safeguard Children – Statutory Guidance](#)

Statutory guidance on multi-agency working to help, support and protect children.

[Children and Families Act 2014](#)

Legislation which focuses on reforming services for vulnerable children, improving adoption, family courts, and Special Educational Needs and Disabilities (SEND) support.

[The United Nations Convention on the Rights of the Child](#)

An international legally binding agreement, adopted by most countries, which outlines the fundamental rights of every child, regardless of their race, religion or abilities (as explained by UNICEF).

4.2 Key Legislation and Guidance for the Safeguarding of Adults at Risk

[The Care Act 2014](#)

The primary legislation in England (and Wales) governing adult social care, focusing on providing a consistent approach across the various local authorities and on personal wellbeing, prevention and support for vulnerable adults and carers.

[Care and Support Act – Statutory Guidance](#)

Statutory guidance for how The Care Act should be implemented, particularly by local authorities.

[The United Nations Universal Declaration of Human Rights](#)

An international standard, which most countries have used as the basis for their own laws on human rights.

A – Recognise: Key Terms

This paragraph covers the various forms of abuse that we need to be aware of for both children and adults. Detail on the signs and the indicators of each form of abuse is outlined in §6.

Many people think of abuse (particularly child abuse) solely in terms of sexual abuse but it is much wider than that. Abuse can be defined as any harm done to a child or vulnerable adult, physical or psychological. Abuse can occur in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults or by another child or children.

5. Key Terms

5.1 There are 4 categories of abuse recognised in legislation **concerning children**, all of which are also recognised concerning adults and adults at risk.

- a) **Emotional Abuse:** persistent emotional maltreatment of a child that causes severe and lasting adverse effects on their emotional development.
For adults: actions or neglect by a caregiver or another person that severely impair the psychological well-being of the individual, without physical harm. Can also be called psychological abuse.

Types:

- Overprotection / enforced social isolation – preventing someone accessing services, educational and social opportunities and seeing friends
- Intimidation, coercion, harassment, use of threats, humiliation, bullying, swearing or verbal abuse
- Conveying feeling of worthlessness, inadequacy or that a child is unloved
- Threats of harm or abandonment
- Placing inappropriate expectations on children
- Witnessing or hearing the abuse or ill-treatment of others (including domestic violence)
- Removing mobility or communication aids or intentionally leaving someone unattended when they need assistance
- Preventing someone from meeting their religious and cultural needs
- Preventing the expression of choice and opinion
- Failure to respect privacy of an adult
- Preventing stimulation, meaningful occupation or activities
- Addressing an adult in a patronising or infantilising way
- Cyber bullying

- b) **Physical Abuse:** deliberate harm inflicted on a person, resulting in physical injury. This category also includes instances where a parent or caregiver fabricates symptoms or intentionally induces illness in a child.

Types:

- Hitting, slapping, punching, kicking, hair-pulling, biting, pushing
- Rough handling
- Scalding and burning
- Physical punishments
- Inappropriate or unlawful use of restraint, restriction of movement / freedom
- Physical harm caused by a parent or carer fabricating the symptoms of, or inducing, illness
- Making someone purposefully uncomfortable (e.g. opening a window and removing blankets)
- Involuntary isolation or confinement

A – Recognise: Key Terms

- Misuse of medication (e.g. over-sedation)
 - Forcible feeding or withholding food
- c) **Sexual Abuse:** forcing or enticing a child or young person to engage in sexual activities, which may not necessarily involve a high level of violence, regardless of the child's awareness of the situation.

Types:

- Forcing or enticing a child or young person to take part in sexual activities, which may or may not involve violence
- Penetrative acts
- Non-penetrative acts (kissing, masturbation, rubbing or inappropriate touching)
- Sexual photography or forced use of pornography or witnessing of sexual acts
- Non-contact (looking at or producing pornography or sexual images, watching sexual activities, grooming in preparation for abuse)

Specifically relating to adults and adults at risk: involvement in sexual activities or relationships that a person does not want, has not consented to, or cannot understand.

- Rape, attempted rape or sexual assault
 - Inappropriate touch anywhere
 - Non- consensual masturbation of either or both persons
 - Non- consensual sexual penetration or attempted penetration of the vagina, anus or mouth
 - Any sexual activity that the person lacks the capacity to consent to
 - Inappropriate looking, sexual teasing or innuendo or sexual harassment
 - Sexual photography or forced use of pornography or witnessing of sexual acts
 - Indecent exposure
- d) **Neglect:** a persistent failure to meet a child's basic physical and/or psychological needs, likely leading to serious impairment of the child's health or development. Neglect may also occur during pregnancy due to maternal substance abuse.

For adults: persistent failure by caregivers to meet an individual's physical and / or psychological needs. Can also be called Acts of Omission.

Types:

- Failing to provide adequate shelter, clothing or food, heating, stimulation and activity, personal or medical care
- Failing to protect a child from harm or danger
- Failing to ensure that a child is supervised appropriately
- Failing to access medical care or treatment for a child when it is needed, failure to administer medication as prescribed
- Preventing access to glasses, hearing aids, dentures, etc.
- Not taking account of individuals' cultural, religious or ethnic needs; or educational, social and recreational needs
- Ignoring or isolating the person

Specifically relating to adults:

- Providing care in a way that the person dislikes
- Refusal of access to visitors
- Preventing the person from making their own decisions
- Failure to ensure privacy and dignity

A – Recognise: Key Terms

5.2 There are six further categories of abuse (in addition to the four above) recognised in legislation **concerning adults and adults at risk.**

- a) **Domestic Violence or Abuse:** a pattern of controlling, coercive, or threatening behaviour, violence, stalking, or abuse between individuals aged 16 or over who are, or have been, intimate partners or family members, regardless of gender or sexuality.

Types: domestic violence or abuse can be characterised by any of the indicators of abuse relating to:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

- b) **Financial or Material Abuse:** misappropriation or misuse of a person's money or assets, including transactions made without consent or under intimidation or deception.

Types:

- Theft of money or possessions
- Fraud, scamming
- Preventing a person from accessing their own money, benefits or assets
- Employees taking a loan from a person using the service
- Undue pressure, duress, threat or undue influence put on the person in connection with loans, wills, property, inheritance or financial transactions
- Arranging less care than is needed to save money to maximise inheritance
- Denying assistance to manage / monitor financial affairs
- Denying assistance to access benefits
- Misuse of personal allowance in a care home
- Misuse of benefits or direct payments in a family home
- Someone moving into a person's home and living rent free without agreement or under duress
- False representation, using another person's bank account, cards or documents
- Exploitation of a person's money or assets, e.g. unauthorised use of a car
- Misuse of a power of attorney, deputy, appointeeship or other legal authority
- Rogue trading – e.g. unnecessary or overpriced property repairs and failure to carry out agreed repairs or poor workmanship

- c) **Modern Slavery:** the use of coercion, deception, or force by traffickers and slave masters to subject individuals to abuse, servitude, and inhumane treatment.

Types:

- Human trafficking
- Forced labour
- Domestic servitude
- Sexual exploitation, such as escort work, prostitution and pornography
- Debt bondage – being forced to work to pay off debts that realistically they never will be able to

- d) **Discriminatory Abuse:** any form of abuse motivated by discrimination based on race, culture, belief, age, gender, disability, sexual orientation, etc.

Types:

- Unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation (known as 'protected characteristics' under the Equality Act 2010)

A – Recognise: Key Terms

- Verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic
 - Denying access to communication aids, not allowing access to an interpreter, signer or lip-reader
 - Harassment or deliberate exclusion on the grounds of a protected characteristic
 - Denying basic rights to healthcare, education, employment and criminal justice relating to a protected characteristic
 - Substandard service provision relating to a protected characteristic
- e) **Organisation or Institutional Abuse:** repeated incidents of poor professional practice or neglect, often resulting from inflexible services designed to meet providers' needs rather than those of the individuals receiving care.

Types:

- Discouraging visits or the involvement of relatives or friends
 - Run-down or overcrowded establishment
 - Authoritarian management, rigid regimes or lack of leadership and supervision
 - Insufficient staff or high turnover resulting in poor quality care
 - Abusive and disrespectful attitudes towards people using the service
 - Inappropriate use of restraints
 - Lack of respect for dignity and privacy
 - Failure to manage residents with abusive behaviour
 - Not providing adequate food and drink, or assistance with eating
 - Not offering choice or promoting independence
 - Failure to provide care with dentures, spectacles or hearing aids or misuse of medication
 - Not taking account of individuals' cultural, religious or ethnic needs
 - Failure to respond to abuse appropriately
 - Interference with personal correspondence or communication
 - Failure to respond to complaints
- f) **Self-Neglect:** a range of behaviours reflecting an individual's neglect of their personal hygiene, health, or living environment.

Types:

- Lack of self-care to an extent that it threatens personal health and safety
- Neglecting to care for one's personal hygiene, health or surroundings
- Inability to avoid self-harm
- Failure to seek help or access services to meet health and social care needs
- Inability or unwillingness to manage one's personal affairs

5.3 There are several further areas of concern which are not recognised as their own distinct categories of abuse in legislation but are worth being aware of such as:

- **Bullying:** when individuals or groups seek to harm, intimidate or coerce someone who is perceived to be vulnerable.
- **Self-Harm:** any act of intentional, non-fatal self-poisoning, self-injury or self-neglect often used to manage or express personal distress.
- **Online Abuse:** any type of abuse that happens on the internet, sometimes called cyber abuse.
- **Spiritual Abuse:** a form of emotional and psychological abuse, characterised by a systematic pattern of coercive and controlling behaviour in a religious context.

For the purposes of legislation, they would come under the categories above according to the specific details of the abuse.

A – Recognise: Signs & Indicators of Abuse

6. Signs & Indicators of Abuse

6.1 Signs

Different types of harm and abuse will have particular indicators, and harm impacts individual people in different ways, but there are some common signs that it is helpful to recognise:

- **Changes** in behaviour or appearance;
- **Relationships** where someone seems fearful of a particular person, they are becoming overly reliant on a new relationship above all others, or a new partner is isolating someone from family and friends;
- **Physical signs** such as injuries in unusual places, when the injury does not match the explanation given, or when they have been left untreated.
- **Comments** which indicate that someone isn't safe, including when they may not realise that they are experiencing abuse.
- **Absence** when attendance is normally regular.
- **Interactions** which cause concern, including words or actions that children use in play, the way people interact, or the way one person seems to treat one child or adult at risk differently from others in the group.

A sign or indicator on its own will not necessarily mean that abuse is taking place. However, it is important to report concerns, no matter how small, to the Safeguarding Lead so that appropriate action can be taken.

6.2 Indicators

a) Emotional Harm & Abuse

- low self-esteem
- attachment issues
- depression
- self-harm
- eating disorders
- signs of distress, tearfulness or anger and / or difficulty controlling strong emotions
- reluctance to be alone with a particular person
- seeming detached from others
- fear of making mistakes

b) Physical Harm & Abuse

- visible injuries and bruising
- unexplained cuts, marks or scars and / or injuries that don't match the explanation given
- loss of hair in clumps
- getting injured often
- unexplained falls
- subdued or changed behaviour
- changes in weight, being excessively under or overweight or malnourished
- failing to get medical treatment or changing doctors often

c) Sexual Harm & Abuse

- physical injuries and bruising, particularly to the thighs, buttocks, upper arms and neck
- bleeding, pain or itching in the genital area or when walking or sitting
- sexually transmitted diseases or infections
- pregnancy in a woman who is unable to consent to sex
- uncharacteristic or age-inappropriate use of sexual language or significant changes in sexual behaviour or attitude

A – Recognise: Signs & Indicators of Abuse

d) Neglect

- lower than expected level of personal hygiene e.g. appearing smelly or dirty
- living in an unsuitable home environment e.g. having no heating
- inappropriate or inadequate clothing
- being hungry or showing signs of malnutrition
- having frequent and untreated medical issues or an accumulation of untaken medication
- body issues such as sores, skin complaints, poor muscle tone or prominent joints
- poor language or social skills
- being left alone for a long time
- being withdrawn, depressed or anxious
- tiredness or finding it hard to concentrate or take part in activities
- self-soothing behaviours such as drug or alcohol misuse and self-harm
- poor school attendance or performance

e) Bullying

- Unexplainable injuries
- Lost or destroyed clothing, books, electronics, or jewellery
- Frequent headaches or stomach aches, feeling sick or faking illness
- Changes in eating habits, like skipping meals or binge eating
- Difficulty sleeping or frequent nightmares
- Loss of friends or avoidance of social situations
- Feelings of helplessness or decreased self-esteem
- Self-destructive behaviours such as running away from home, harming themselves, or talking about suicide

f) Self-harm

- Poor concentration, withdrawal, sleep disturbance
- Poor personal hygiene, malnutrition and / or dehydration
- Unexplained bruises, cuts, burns or bite-marks
- Avoiding friends, family and being at home
- Feeling down, low self-esteem or blaming themselves for things
- Outbursts of anger, or risky behaviour like drinking or taking drugs
- Neglecting household maintenance and / or hoarding
- Non-compliance with health or care services
- Inability or unwillingness to take medication or treat illness or injury

g) Online Abuse

- Spending a lot more or a lot less time than usual online, messaging, gaming or using social media
- Being distant, upset or angry after using the internet or messaging / texting
- Being secretive about who they're talking to and what they're doing online or on their mobile phone
- Having lots of new phone numbers, texts, email addresses or other contacts on their mobile phone, laptop or tablet.

A – Recognise: Signs & Indicators of Abuse

6.3 Other factors, which may add to our concern:

- Child sexual exploitation / child trafficking / child criminal exploitation / county lines
- Grooming
- Child trafficking and modern slavery
- Harmful sexual behaviour
- Female genital mutilation
- Children living away from home or who have gone missing
- Child on child abuse / peer abuse, including bullying
- Race and racism
- Extremism and radicalisation
- Forced marriage
- Concealed pregnancy
- Families that are dealing with mental health problems, drug or alcohol abuse, or families in prison
- Children in care or having just left care, or otherwise receiving support from social services
- Children who care for others (a young carer)
- Those that have an Education, Health and Care Plan (EHCP)
- Self-harm / suicidal ideation and mental health issues, including eating disorders and substance abuse.

You may also become concerned because of behaviours or difficulties that are experienced by the adults you work with eg: peer domestic violence incidents, mental health issues, and substance and alcohol incidents. You should raise any concerns, even if they are 'low-level', with the Safeguarding Lead or Deputy.

Section B – Respect

7. Guidelines for Interactions

7.1 Care of Children & Vulnerable Adults – Good Practice Guidelines

As an organisation working with children, young people and adults with care and support needs, we wish to operate within and promote good working practice. This will enable staff and volunteers to run activities safely, develop good relationships and minimise the risk of potential harm or abuse and false or unfounded accusations.

Below are some good practice guidelines which apply across our operations.

All staff and volunteers should:

- Treat all children and vulnerable adults with the respect and dignity befitting their age. This is regardless of ability or culture.
- Use appropriate speech, tone of voice and body language.
- Keep everything in public – in a counselling situation another staff member or group leader should be present.
- Avoid significant time working with children or vulnerable adults in isolation.
- Keep physical contact to a minimum and only with the person's consent (unless there is otherwise an immediate risk of harm). e.g. If a child is having difficulty with a wetsuit or buoyancy aid, direct them to ask a friend to help if at all possible and if you do have to help a child, make sure you are in full view of others, preferably another adult.
- Avoid entering cabins wherever possible – if entering always knock. If entering a cabin of the opposite gender always ensure that you are accompanied by another adult.
- Avoid entering group toilets & showers wherever possible when they are likely to be in use by the group. Cleaning is undertaken when the group is engaged elsewhere, with clear signage that cleaning is in progress. If entering when in use by the group, announce your intention before entering, allowing enough time for them to be vacated.
- Follow the guidelines on transportation contained within the Code of Practice.
- Only transport children or vulnerable adults with the knowledge and permission of the CEO, and never alone however short the journey. This includes volunteers who are under 18.
- Where any of the above are unavoidable, ensure that they only occur with the full knowledge and consent of the Trust or child's parents.

Staff and volunteers should not:

- Engage in rough, physical or sexually provocative behaviour.
- Allow or engage in any inappropriate touching in any form.
- Do things for a child or vulnerable adult that they can do for themselves.
- Allow children to use inappropriate language unchallenged, or use such language themselves when with children.
- Make sexually suggestive comments, even in fun.
- Invade a child's or vulnerable adult's privacy while washing or using the toilet.
- Sleep in a cabin with a group member, unless in exceptional circumstances known to a senior member of staff.
- Take children (including U18 volunteers) or vulnerable adults to your cabin, home or the FACT staff house.

B – Respect: Guidelines for Interactions

- Create digital media of group members without their informed consent (which is taken at the time of booking). Any such media created is to be used in line with the Trust's guidelines – refer to the Additional Team Guide and the Employee Handbook for full details.
- Develop exclusive relationships with guests.
- Fail to respond to an allegation of abuse made by a child or vulnerable adult - always act.
- Engage in or continue contact with a child or U18 volunteer through letter, email, text, phone or any form of digital or social media, following a visit to FACT. Such communications & responses should be managed through discussion with the CEO or FACT office. This includes contact initiated by the child. If a child makes contact through any means after their visit, do not respond without first discussing with the Safeguarding Lead.

7.2 Supervising Children and Managing Behaviour

When caring for children at FACT there will be times when disciplinary action is needed to manage the group or an individual. In minor cases, in the group context, team members can safely take the appropriate action necessary, but the incident should be reported to the group leader or senior staff member as soon as possible.

More serious incidents, particularly relating to an individual, should be referred directly to the group leader or a senior staff member to be dealt with by them and not by the team member.

When taking action to manage a group or individual the following guidelines should be adopted:

- Positive reinforcement will be our default approach i.e. praising good behaviours and achievements.
- We encourage all children, young people and adults to succeed and celebrate their achievements. We do this by actively reviewing sessions with group members to highlight their successes; recognising different abilities & comfort levels and; creating an environment where all achievements are given attention and praise. We acknowledge that disabled children or vulnerable adults may achieve things in smaller steps, but these should be equally celebrated.
- Keep calm - do not be angry. If necessary, wait and / or ask for help.
- Do not shout, reject or belittle people.
- Physical punishment is not permitted at any time.
- Don't take the child or vulnerable adult away from the group - stay within sight of the group.
- Appropriate sanctions might be telling them off verbally, missing activities, extra duties etc. which will be decided in consultation with a senior member of staff and the group leader.
- Take care to highlight that it is the behaviour that's the problem, not the person.
- The child or vulnerable adult should understand the procedures to be taken, e.g. referring incident to the group leader.

8. Boundaries

At FACT, we are working in a position of trust. This means that whilst we want to be warm, welcoming and friendly, we are not a friend to those in our care – we have professional responsibilities and boundaries.

Anyone working with children, young people or adults at risk holds a position of trust in a general sense. Additionally, there is a legal meaning to being in a Position of Trust in sports coaching and faith contexts. Any kind of sexual relationship between an adult worker and a child is never acceptable and under the legal meaning, it's against the law for someone in a Position of Trust to engage in sexual activity with a child in their care, even if that child is over the age of consent (16 or over).

B – Respect: Boundaries

We must never misuse our authority, nor use our position to:

- Intimidate, bully, humiliate, threaten, coerce or undermine.
- Form or promote relationships that are or may become sexual.
- Gain access to information for their own or another's benefit.
- Promote their own personal agenda and make people feel they can't disagree with them.

When responding to safeguarding concerns, we also need to remember that we are responding in a professional capacity. We are there to listen and respond with care and compassion but then to refer it on to the Safeguarding Lead. It is not for us to solve or fix safeguarding issues for someone in our care (which we might want to do if that person was our friend).

Where there is concern, doubt or worry that an adult may have acted in a way that conflicts with the standards and values of FACT, i.e. in a way that doesn't align with this safeguarding policy, this is known as a low-level concern. Examples of low-level behaviour that do not meet the harm threshold include:

- Connecting on social media with young people met in a professional context
- Having favourites when working with children
- Create digital media of group members without their informed consent
- Humiliating an individual
- Losing one's temper – even if this is to another adult as this is a possible indicator of conduct that could also be directed to a child or vulnerable person

Low level concerns may arise as a result naivety, be accidental or unintentional, be the result of misinformed action, a failure to follow procedures, a lack of training or, more rarely, deliberate abuse.

9. Capacity – Adults

Legislation is clear in the groups of people that must be protected by law (see §4 on legislation) i.e. children and adults at risk. However, safeguarding is for everyone. Anyone can be in a situation where they are at risk or need support. It's important to be aware of the following regarding adults and their capacity.

Adults have a general right to independence, choice and self-determination including control over information about themselves. However, when a person's safety is threatened or they are unable to advocate for themselves, the safeguarding policy and procedure should be followed.

An "adult with capacity" refers to someone aged 18 or over who is able to understand, retain, and use information to make decisions, and can communicate those decisions effectively. If the person is an adult with capacity, they have the right to be a part of the decision-making process for the support offered to them.

Mental (in)capacity means whether a person can make a specific decision at a specific time. *Everyone is assumed to have capacity unless a professional assessment shows otherwise.* A person may lack capacity if, due to a condition affecting their mind or brain, they cannot understand, remember, weigh up, or communicate a decision—even with support. Capacity can change over time and between decisions, and making an unwise choice does not mean someone lacks capacity.

Ultimately, we want everyone to be safe and cared for and we are not in a professional position to assess someone's capacity. Therefore, any concerns or disclosures involving an adult should be reported to the Safeguarding Lead who can take the appropriate action.

Section C – Respond

At FACT we spend time with children and vulnerable adults during the activity programme and life onboard. We must all be prepared to respond appropriately to what we see and hear through our interactions. A disclosure may be made verbally or through observation, through play / activity or through the behaviour of a child, young person or an adult.

10. How to Respond to Concerns

You may become aware of suspected or likely abuse by:

- Your own observations, especially relating to the signs in §6.1
- Being told by another person that they have concerns about a child / adult at risk
- The child or vulnerable adult telling you
- The abuser telling you
- Parents, LADO or police informing the centre

If you have any worries that a child or vulnerable adult has been abused or is at risk of harm talk to the Safeguarding Lead or Deputy.

Being the recipient of a safeguarding concern can be difficult. However, choosing not to respond is not an option, regardless of how uncomfortable you might be. If a child or vulnerable adult discloses information about possible abuse, follow these guidelines of dos and don'ts.

Dos

- Keep calm and remain receptive and approachable – remember the child or vulnerable adult is likely to be frightened or anxious.
- Assess the situation – is the person in need of immediate medical help?
- Listen carefully and patiently without interrupting if possible and let the person give you information in their own time. Take them seriously and believe them.
- Use the person's own words if you need to seek clarification.
- If you need more information, use TED: Tell me... Explain to me... Describe to me...
- Only ask open questions that establish what was done and who was involved, do not lead the child or vulnerable adult. Ask questions, such as "*When, What, How*" i.e. "*What happened?*"
- Ask no more questions than are necessary to ensure that you are clear enough about what has happened, enabling you to pass on the child or vulnerable adult's concerns on. However, you must not prevent a child or vulnerable adult from recalling events.
- Thank the person for telling you and acknowledge how difficult it must have been to disclose.
- Reassure them that they have done the right thing in telling you and they are not to blame.
- Advise the person who has given you the information what will happen next – be honest, tell them that you will have to tell someone else.
- Make a written record as soon as possible, preferably by using the online form (see QR code in next section).
- Inform the Safeguarding Lead or Deputy. If you are unable to establish contact with the Safeguarding Lead or Deputy in the first instance, contact the Safeguarding Trustee.

Don'ts

- Don't panic or allow shock or disapproval show.
- Don't ask leading questions, put words in the mouth of the person disclosing, speculate or make assumptions about what has happened.

C – Respond: How to Respond

- Don't repeatedly ask the person disclosing to repeat their disclosure.
- Don't engage in gossip or discuss the details of a concern with others outside the chain of reporting – confidentiality is paramount in these situations. If you have heard / experienced something distressing, speak with the Safeguarding Lead who will arrange for pastoral support.
- Don't be judgmental.
- Don't approach or contact the alleged abuser, it may jeopardise later police investigations.
- Don't rush into actions that may be inappropriate, or remove or contaminate any evidence that may be present.
- Don't make a promise to keep secrets or any other promises that you cannot keep.
- Ask more questions than are necessary for you to be sure that you need to act.
- In the event of an internal accusation do not approach the team member concerned or any other members of staff except the person who you report to.
- Never dismiss your concerns – even a gut feeling is worth reporting.
- Take sole responsibility – always consult the next person in the reporting procedure.
- Never ignore what you have been told – **you must record it and pass it on.**

Note:

There is a key difference between children and adults at risk when handling safeguarding concerns. In the case of a child, there is a clear duty to act if we suspect that the child has been harmed or is at risk of harm.

In the case of an adult, the starting assumption **must always be** that they have the capacity to make a decision and **have the right** to do so (see §9). If there is an allegation by, or concern for, an adult who has capacity, their consent must be obtained before any referral is made to external parties, *unless a crime has been committed, other people may be at risk, or the risk is unreasonably high*. However, the Safeguarding Lead / Deputy will assess the next step – you should still report any concern to them so that they can take appropriate action and support you.

Section D – Record



11. Recording Form

Safeguarding Concern Report Form – Strictly Confidential

If possible, a report should be made using [this online form](#) (scan the QR code on this page). Otherwise, the spare copy of this form, found at the back, can be used and should be given directly to the Safeguarding Lead or Deputy.
This form should be completed as soon as possible after disclosure or suspicion of abuse and then passed to the Safeguarding Lead who will liaise with the Safeguarding Trustee. The grey section is to be completed by the Safeguarding Lead or Deputy.

Your Name: _____ Staff Member / Volunteer*

Date & Time of incident: _____

Details of person about whom the report, complaint or allegation is made:

Name: _____ Position / Relation _____

Child's Name: _____ Male / Female* D.O.B. _____

Address: _____

Visiting group name: _____

Group leader's name: _____

Date of visit from: _____ to: _____

Are any other team members aware of the situation? Yes/No*

Who? _____

Brief description of concern: _____

Time and place of disclosure: _____

Has the group leader been informed? Yes / No*

When? _____ Who by? _____

Key points discussed between Safeguarding Lead and team member:

Agreed action to be taken: _____

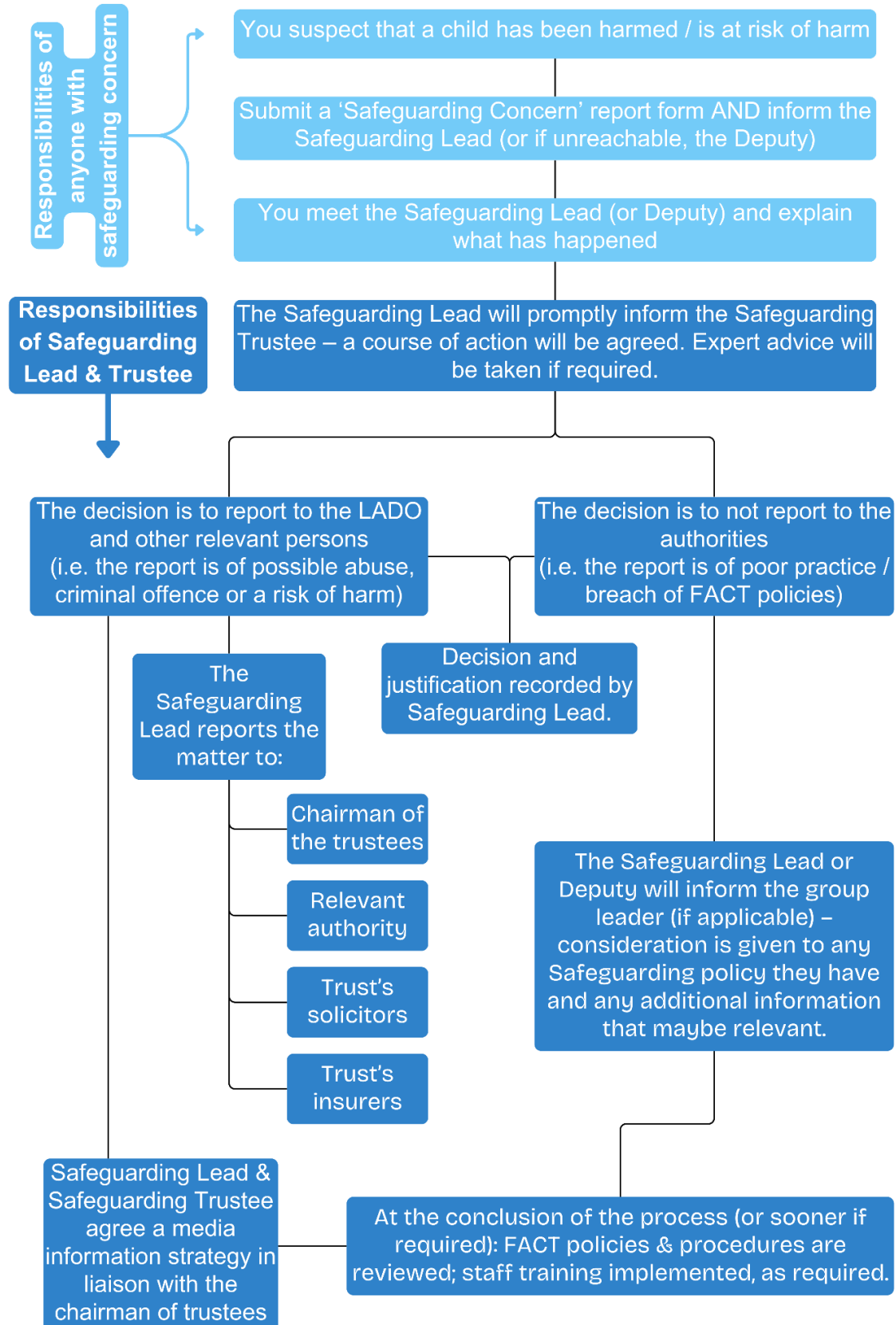
Signed: _____ Date: _____

Safeguarding Lead: _____

Section E – Report

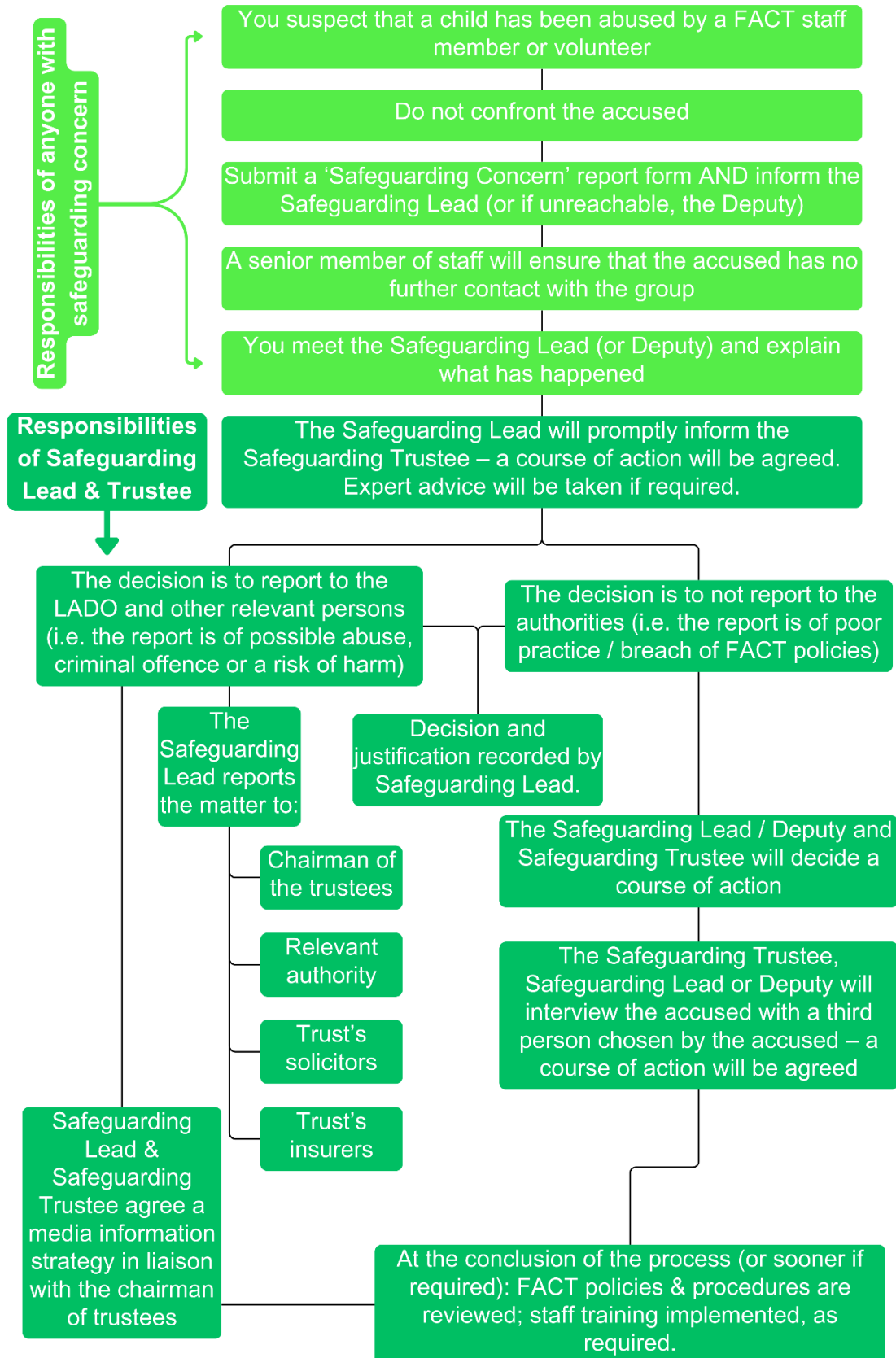
12. Reporting Procedures

12.1 Procedure in the event of a disclosure / concern of abuse or harm



E – Report: Internal Accusation

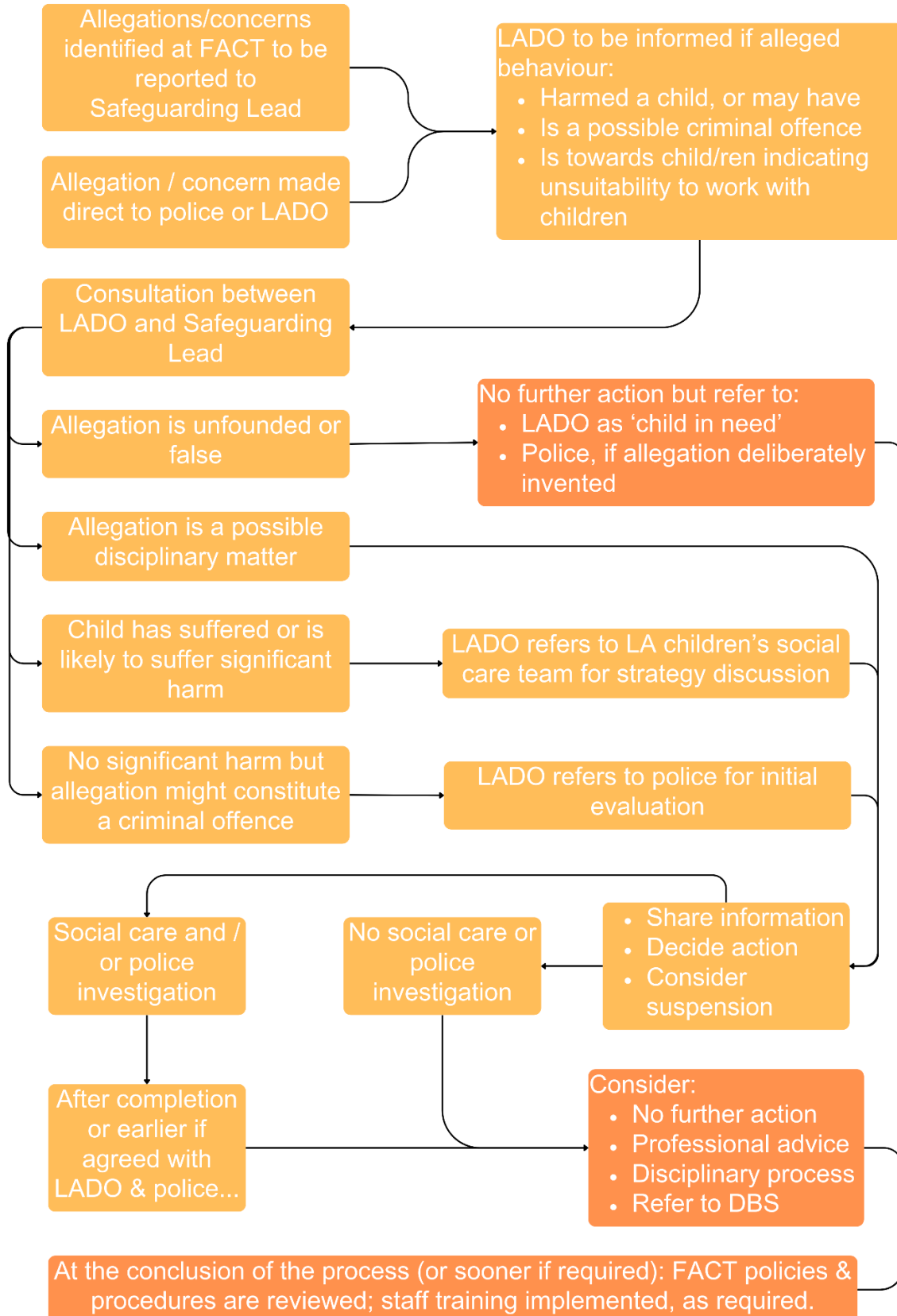
12.2 Procedure in the event of an internal accusation against FACT Team



E – Report: External Accusation

12.3 Procedure in the event of an external body accusing a team member

This flowchart is for reference and for use by the Safeguarding Lead and Safeguarding Trustee only.



E – Report: Grievance Procedures

13. Allegations, Complaints, Disciplinary & Grievance Procedures

We have clear policies about handling allegations, dealing with complaints and our own disciplinary and grievance procedures; these details can be made available to all adults, children, parents and carers as necessary.

Social Care Services will manage any investigations, overseen by the Local Authority Designated Officer (LADO) in accordance with Local Authority procedures. FACT will make referrals to the DBS when deemed necessary or when advised by the Local Authority Designated Officer, and in liaison with local agencies as relevant.

With regards to disciplinary and grievance procedures, we are very clear that we will take no steps until we have fully discussed and agreed a strategy with the Local Authority Designated Officer, Social Care Services and / or the police. Any investigation will override the need to implement any such procedures.

All staff will follow our 'open-door' policy for whistle-blowing if there are any concerns about the management of safeguarding concerns within FACT. Should any staff member or volunteer have a concern about poor or unsafe practice in FACT's safeguarding provision, these should be raised with the Safeguarding Lead. Should they feel unable to do so or that their genuine concerns are not being addressed, they should contact the Safeguarding Trustee.

Our confidentiality statement, complaints procedures, allegations and whistle-blowing statements, and disciplinary and grievance procedures are made available to everyone through training, induction and the Employee Handbook.

Section F – Refer

14. Sharing Data & Confidentiality

FACT may collect personal information for safeguarding purposes. This information will be shared with relevant authorities when it is necessary to do so. The legal basis for processing this information will vary according to the specifics of the concern but may be legal obligation, legitimate interest, vital interest, or consent. In an emergency, the safety of a person will take precedence over the following of usual processes but as soon as possible, a record will be made of what it shared, who with and why.

FACT will retain personal information for safeguarding purposes in accordance with its Data Retention Policy. Any information provided in connection with safeguarding will be kept secure and access shall be limited to those who need to know.

15. Record Keeping

All reports of concern will be recorded by the person with the concern within 24 hours, and securely delivered to the Safeguarding Lead and will be factual and non-judgemental. The records should include any known details of the child or vulnerable adult involved, including name, date of birth, address, name of group, name of group leader, dates of visit, descriptions of the concern, time and place of disclosure and whether any other team members are aware of the situation, the name and role of those making the records.

All records will be kept securely by the Safeguarding Lead. Only the lead for safeguarding will have access, and records will only be kept as long as necessary. If necessary, safeguarding records will be passed to Social Care Services.

A record should also be kept about any decisions made (e.g. referral to other agencies) and the reasons for it – whether the decision is to share information or not. If the decision is to share information, a record of what, with whom and for what purpose, will be kept.

16. Media Policy

FACT has a full Public Information, Serious Incident and Media Policy, which can be found in the Centre Code of Practice. Below is an excerpt, which should be observed in all matters relating to safeguarding.

In the event of serious accidents, disagreements, events or incidents that may attract public attention or indeed warrant public announcement, the Chief Executive or their deputy will take responsibility for liaising with the media. During such occasions, the Chief Executive will immediately apprise the FACT Chairman or deputy, with a view to establishing an agreed approach. Thereafter, it may be decided that the Trustees and other relevant people should also be immediately informed about the matter.

In any safeguarding matter:

DO NOT MAKE ANY STATEMENTS ESPECIALLY TO THE PRESS OR MEDIA, OR ALLOW ANYONE ELSE TO MAKE STATEMENTS. JUST COLLECT THE FACTS. PLEASE CONTACT THE SAFEGUARDING LEAD FOR ALL MEDIA ENQUIRIES, BUT DO NOT PASS ON THEIR NUMBER.

Section G -Resources

17. Safer Recruitment

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

- there is a written job description / person specification for the post
- those applying have completed an application form
- those short listed have been interviewed
- written references have been obtained, and followed up where appropriate
- a self-declaration at the time of application and the relevant check with the Disclosure and Barring Service has been completed where necessary (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 and induction 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, knows how to report concerns and has had training on safeguarding best practice.

18. Useful Contacts

Safeguarding Lead	Chief Executive – Andrew Eastham safeguarding.lead@fact.org.uk
Deputy Safeguarding Lead	FACT Group Host for the booking / Day Leader
Safeguarding Trustee	David Hillyer safeguarding.trustee@fact.org.uk
For the Safeguarding Lead, Deputy & Trustee, the following contacts may be helpful:	
Tollesbury Doctors Surgery	01621 869 204
Local Police	Phone 101
Essex Children's Social Care	0345 603 7627 0345 606 1212 (out of hours Emergency Duty Team)
Essex Adult's Social Care	0345 603 7630 0345 606 1212 (out of hours Emergency Duty Team) socialcaredirect@essex.gov.uk
Thirtyone:eight	0303 003 1111
Childline	0800 1111
RYA Safeguarding Co-ordinator	safeguarding@rya.org.uk

Safeguarding Concern Report Form – Strictly Confidential



If possible, a report should be made using [this online form](#) (scan the QR code on this page). Otherwise, this spare copy can be used and should be given directly to the Safeguarding Lead or Deputy. **This form should be completed as soon as possible after disclosure or suspicion of abuse and then passed to the Safeguarding Lead who will liaise with the Safeguarding Trustee. The grey section is to be completed by the Safeguarding Lead or Deputy.**

Your Name: _____ Staff Member / Volunteer*

Date & Time of incident: _____

Details of person about whom the report, complaint or allegation is made:

Name: _____ Position / Relation _____

Child's Name: _____ Male / Female* D.O.B. _____

Address: _____

Visiting group name: _____

Group leader's name: _____

Date of visit from: _____ to: _____

Are any other team members aware of the situation? Yes/No*

Who? _____

Brief description of concern: _____

Time and place of disclosure: _____

Has the group leader been informed? Yes / No*

When? _____ Who by? _____

Key points discussed between Safeguarding Lead and team member:

Agreed action to be taken: _____

Signed: _____ Date: _____

Safeguarding Lead: _____