

Version No: 1.4

Effective From: March 2025

Review Date: March 2026

<b>Description</b>	<b>Date</b>	<b>Prepared by</b>	<b>Approved by</b>	<b>Review date</b>
Version 1	January 2018	Neil Burnell Linda Fugill		January 2020
Version 1.1	February 2022	Neil Burnell		February 2024
Version 1.2	March 2022	Linda Fugill		March 2024
Version 1.3	March 2022	Linda Fugill	<i>Linda Fugill</i>	March 2024
Version 1.4	March 2025	John Rowley	<i>John Rowley</i>	March 2026

**Changes in Version 1.1:** Version dates of Reference documents updated, and locations in Reference documents inserted. Review interval changed to biennial. Some reformatting.

Changes in Versions 1.2/1.3: Training and contact details added

Changes in Version 1.3: Food Bank Appointed Safety Officer amended

## **1. Introduction and terms**

Wansbeck Valley Food Bank is committed to safeguarding the rights, well-being and safety of children and adults with whom it comes into contact. This policy describes how the Food Bank will address this commitment.

### **Terms used in this document**

**The Food Bank:** Wansbeck Valley Food Bank

**Safeguarding:** The Government's definitions of Safeguarding are:

Safeguarding children, Reference 1, Introduction, means:

- protecting children from maltreatment;
- preventing impairment of children's mental and physical health or development;
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care;
- taking action to enable all children to have the best outcomes.

Safeguarding adults at risk means protecting their right to live in safety and free from abuse and neglect, Reference 2, Section 14.7.

**Adult:** A person who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself,

or unable to protect him or herself against significant harm or exploitation, Reference 2, Section 14.3.

**Child:** A person who is aged under 18 years of age, Reference 1, Introduction.

**Staff:** any person who works on behalf of the Food Bank, including paid staff, trustees and volunteers

The Food Bank recognises that anyone could ill-treat children and adults. Should a concern relating to a child or adult come to the attention of the Food Bank, it will work with partner organisations to decide on the appropriate course of action.

## **2. Child Abuse and Neglect**

*"Child abuse consists of anything which individuals, institutions, or processes do or fail to do which directly or indirectly harms children or damages their prospects of safe and healthy development into adulthood".<sup>1</sup>*

See Appendix 1 for signs of child abuse and neglect.

## **3. Adult Abuse and Neglect**

Per Reference 2, Section 14.2, safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- is experiencing, or at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

See Appendix 2 for different types of adult abuse or neglect.

## **4. The appointed Safeguarding Officer**

Currently the person appointed to the role of the Food Bank's Safeguarding Officer is David Lea. Contact detail is [safeguard@wansbeckvalleyfoodbank.org](mailto:safeguard@wansbeckvalleyfoodbank.org)

## **5. Disclosure Procedure**

Staff may become aware of concerns regarding a child/adult's wellbeing in the course of their work. When this occurs the staff member must contact the Safeguarding Officer and ensure that a written record is made, so that it can be passed to the referring organisation, social services or the police.

Where abuse is disclosed to a member of staff they must:

- not promise confidentiality to anyone wishing to share a secret;
- request permission to take notes to ensure nothing is missed;
- not ask any leading questions;
- complete the appropriate form (see Appendix 4);
- pass the record to the Safeguarding Officer.

## **6. Procedure following allegations of harm by staff**

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<sup>1</sup> National Commission of Inquiry into the Prevention of Child Abuse 1996  
Derived from Gil D G, 1970

- 6.1. Anyone suspecting that a member of staff may have acted in a way that compromises the well-being of a child or adult must report it to the Safeguarding Officer immediately, who will follow the procedure in Appendix 3.
- 6.2. The welfare of the child or adult is paramount and immediate action must be taken to ensure their protection and that any medical attention is provided.
- 6.3. Information about the suspicion must not be shared with other staff, without the permission of the Safeguarding Officer.
- 6.4. It is necessary to consider when a suspicion is raised whether there is any indication that other children or adults may also have had their well-being compromised by the member of staff.
- 6.5. Where such concerns arise, the matter must be investigated without any presupposition that harm has or has not occurred. In most cases while investigations are being carried out the person(s) concerned will neither attend nor undertake Food Bank duties.
- 6.6. If the suspicion relates to the Safeguarding Officer another Trustee (who must not be a relative) should be informed.
- 6.7. Where necessary information will be shared with Safeguarding Officers of premises in which the Food Bank operates.

## **7. Disclosure and Barring Service issues**

Because the Food Bank does not engage in Regulated Activity with clients (eg personal tasks such as washing, dressing or accompanying to the toilet) Food Bank staff are ineligible for DBS checks. The Food Bank will keep abreast of any legislative changes.

If the trustees dismiss or cease using a staff member on matters relating to safeguarding, they will seek advice from Children's or Adult Services as to whether the DBS should be informed.

## **8. Training**

All new volunteers and staff will familiarise themselves with the Safeguarding Policy and procedures, during induction.

Following the biennial review of the policy, (or if there is a change in legislation) all staff and volunteers will receive a briefing paper, training, and guidance reminding and updating them of the requirements relating to safeguarding.

A copy of the policy is always available in the office and can be readily accessed if clarification or guidance is needed.

In instances of uncertainty the Safeguarding Officer should always be consulted.

## **9. Review**

This policy will be reviewed biennially by the trustees, as a minimum, and more frequently if indicated by changes to legislation, guidance or good practice

## **10. Important Contact numbers**

Ambulance            999

Police                    999

Northumberland County Council Children's Services  
and Adult Services (Onecall)

01670 536400

Emergency duty team

0345 6005252

Northumberland Designated Officer:

Carol Gasper

01670 623979

[LADO@northumberland.gov.uk](mailto:LADO@northumberland.gov.uk)

or

[Carol.Glasper@northumberland.gov.uk](mailto:Carol.Glasper@northumberland.gov.uk)

## **11. References**

The definitions and indicators of abuse and neglect used in this document are taken from the following documents:

- 1 [Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children](#) (2018).
- 2 [Care and Support Statutory Guidance](#) issued under the Care Act 2014 by the Department of Health & Social Care, updated on 27<sup>th</sup> January 2022.
- 3 [What To Do If You're Worried A Child Is Being Abused](#) (2015).
- 4 [Children Act](#) (1989), chapter 41, sections 17(10) and 17(11).
- 5 [Children Act](#) (1989), chapter 41, section 31(2), updated on 1<sup>st</sup> December 2020.

## **Appendix 1: Signs of child abuse and neglect**

The definitions and signs in Sections A1.1 to A1.6 are from Reference 3.

### **A1.1 *Some of the following signs might be indicators of abuse or neglect:***

- children whose behaviour changes – they may become aggressive, challenging, disruptive, withdrawn or clingy, or they might have difficulty sleeping or start wetting the bed;
- children with clothes which are ill-fitting and/or dirty;
- children with consistently poor hygiene;
- children who make strong efforts to avoid specific family members or friends, without an obvious reason;
- children who don't want to change clothes in front of others or participate in physical activities;
- children who are having problems at school, for example, a sudden lack of concentration and learning or they appear to be tired and hungry;
- children who talk about being left home alone, with inappropriate carers or with strangers;
- children who reach developmental milestones, such as learning to speak or walk, late, with no medical reason;
- children who are regularly missing from school or education;
- children who are reluctant to go home after school;
- children with poor school attendance and punctuality, or who are consistently late being picked up;
- parents who are dismissive and non-responsive to practitioners' concerns;
- parents who collect their children from school when drunk, or under the influence of drugs;
- children who drink alcohol regularly from an early age;
- children who are concerned for younger siblings without explaining why;
- children who talk about running away; and
- children who shy away from being touched or flinch at sudden movements.

**A1.2 Physical Abuse** is deliberately physically hurting a child.

It might take a variety of different forms, including hitting, pinching, shaking, throwing, poisoning, burning or scalding, drowning or suffocating a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

### ***Some of the following signs may be indicators of physical abuse:***

- children with frequent injuries;
- children with unexplained or unusual fractures or broken bones; and
- children with unexplained:
  - bruises or cuts;
  - burns or scalds; or
  - bite marks.

**A1.3 Neglect** is a pattern of failing to provide for a child's basic needs, whether it be adequate food, clothing, hygiene, supervision or shelter. It is likely to result in the serious impairment of a child's health or development.

Neglect may occur if a parent becomes physically or mentally unable to care for a child. A parent may also have an addiction to alcohol or drugs, which could impair their ability to keep a child safe or result in them prioritising buying drugs, or alcohol, over food, clothing or warmth for the child. Neglect may occur during pregnancy as a result of maternal drug or alcohol abuse.

***Some of the following signs may be indicators of neglect:***

- children who are living in a home that is indisputably dirty or unsafe;
- children who are left hungry or dirty;
- children who are left without adequate clothing, e.g. not having a winter coat;
- children who are living in dangerous conditions, i.e. around drugs, alcohol or violence;
- children who are often angry, aggressive or self-harm;
- children who fail to receive basic health care; and
- parents who fail to seek medical treatment when their children are ill or are injured.

A1.4 **Emotional abuse** is the persistent emotional maltreatment of a child. It is also sometimes called psychological abuse and it can have severe and persistent adverse effects on a child's emotional development.

Emotional abuse may involve deliberately telling a child that they are worthless, or unloved and inadequate. It may include not giving a child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may involve serious bullying – including online bullying through social networks, online games or mobile phones – by a child's peers.

***Some of the following signs may be indicators of emotional abuse:***

- children who are excessively withdrawn, fearful, or anxious about doing something wrong;
- parents or carers who withdraw their attention from their child, giving the child the 'cold shoulder';
- parents or carers blaming their problems on their child; and
- parents or carers who humiliate their child, for example, by name-calling or making negative comparisons.

A1.5 **Sexual abuse** is any sexual activity with a child. You should be aware that many children and young people who are victims of sexual abuse do not recognise themselves as such. A child may not understand what is happening and may not even understand that it is wrong. Sexual abuse can have a long-term impact on mental health.

Sexual abuse may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside clothing. It may include non-contact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can commit acts of sexual abuse, as can other children

***Some of the following signs may be indicators of sexual abuse:***

- children who display knowledge or interest in sexual acts inappropriate to their age;
- children who use sexual language or have sexual knowledge that you wouldn't expect them to have;
- children who ask others to behave sexually or play sexual games; and
- children with physical sexual health problems, including soreness in the genital and anal areas, sexually transmitted infections or underage pregnancy.

A1.6 **Child sexual exploitation** is a form of sexual abuse where children are sexually exploited for money, power or status. It can involve violent, humiliating and degrading sexual assaults. In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status. Consent cannot be given, even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. Child sexual exploitation doesn't always involve physical contact and can

happen online. A significant number of children who are victims of sexual exploitation go missing from home, care and education at some point.

***Some of the following signs may be indicators of sexual exploitation:***

- children who appear with unexplained gifts or new possessions;
- children who associate with other young people involved in exploitation;
- children who have older boyfriends or girlfriends;
- children who suffer from sexually transmitted infections or become pregnant;
- children who suffer from changes in emotional well-being;
- children who misuse drugs and alcohol;
- children who go missing for periods of time or regularly come home late; and
- children who regularly miss school or education or don't take part in education.

A1.7 **Children in need** are defined in Reference 4. The critical factors to be taken into account in deciding whether a child is in need under the Children Act 1989 are what will happen to a child's health or development without services being provided, and the likely effect the services will have on the child's standard of health and development. Local Authorities have a duty to safeguard and promote the welfare of children in need.

Reference 4 says that a child is taken to be in need if:

- he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority under this Part (Children Act 1989, chapter 41 part III);
- his health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services; or
- he is disabled,

"Family", in relation to such a child, includes any person who has parental responsibility for the child and any other person with whom he has been living.

Within the context of this Act, a child is disabled if he is blind, deaf or dumb or suffers from mental disorder of any kind or is substantially and permanently handicapped by illness, injury or congenital deformity or such other disability as may be prescribed; "development" means physical, intellectual, emotional, social or behavioural development; and "health" means physical or mental health.

### **A1.8 Significant harm**

Some children are in need because they are suffering or likely to suffer significant harm. The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children, and gives local authorities a duty to make enquires to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer significant harm.

Reference 5 says that a court may only make a care order or supervision order if it is satisfied:

- that the child concerned is suffering, or is likely to suffer, significant harm; and
- that the harm, or likelihood of harm, is attributable to -
  - the care given to the child, or likely to be given to him if the order were not made, not being what it would be reasonable to expect a parent to give to him; or
  - the child's being beyond parental control.

## **Appendix 2: Types of adult abuse or neglect**

This section, based on Reference 2, Section 14.17, considers the different types and patterns of abuse and neglect and the different circumstances in which they may take place. This is not intended to be an exhaustive list but an illustrative guide as to the sort of behaviour which could give rise to a safeguarding concern.

### ***Physical abuse includes:***

- assault;
- hitting;
- slapping;
- pushing;
- misuse of medication;
- restraint;
- inappropriate physical sanctions.

### ***Domestic violence includes:***

- psychological;
- physical;
- sexual;
- financial;
- emotional abuse;
- so-called 'honour' based violence.

### ***Sexual abuse includes:***

- rape;
- indecent exposure;
- sexual harassment;
- inappropriate looking or touching;
- sexual teasing or innuendo;
- sexual photography;
- subjection to pornography or witnessing sexual acts;
- sexual assault;
- sexual acts to which the **adult** has not consented or was pressured into consenting.

### ***Psychological abuse includes:***

- emotional abuse;
- threats of harm or abandonment;
- deprivation of contact;
- humiliation;
- blaming;
- controlling;
- intimidation;
- coercion;
- harassment;
- verbal abuse;
- cyber bullying;
- isolation;
- unreasonable and unjustified withdrawal of services or supportive networks.

### ***Financial or material abuse includes:***

- theft;
- fraud;
- internet scamming;



- coercion in relation to an **adult's** financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions;
- the misuse or misappropriation of property, possessions or benefits.

***Modern slavery encompasses:***

- slavery;
- human trafficking;
- forced labour and domestic servitude;
- traffickers and slave masters using whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

***Discriminatory abuse includes forms of:***

- harassment;
- slurs or similar treatment because of:
  - race;
  - gender and gender identity;
  - age;
  - disability;
  - sexual orientation;
  - religion.

***Organisational abuse***

Includes neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

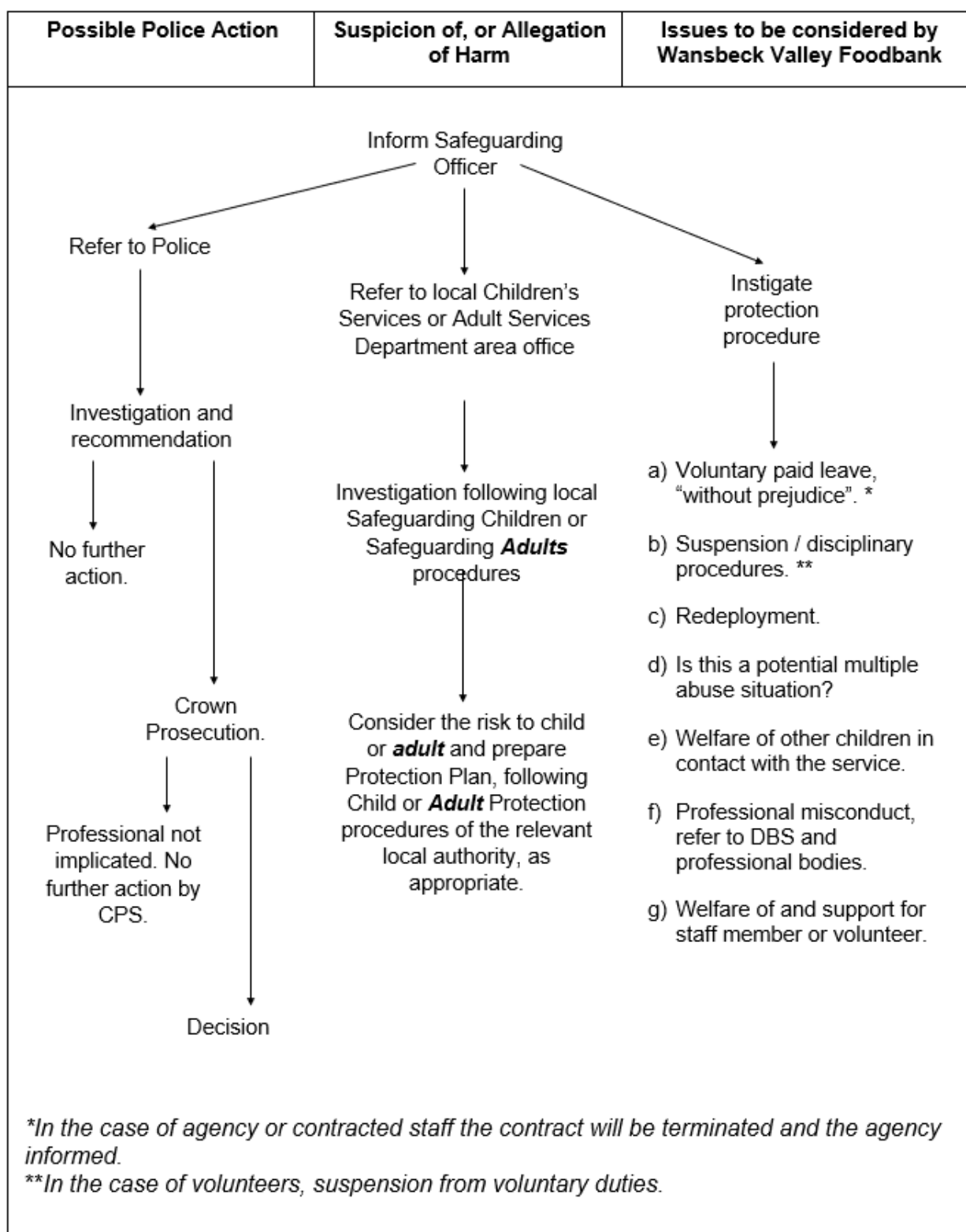
***Neglect and acts of omission include:***

- ignoring medical, emotional or physical care needs;
- failure to provide access to appropriate health, care and support or educational services;
- the withholding of the necessities of life, such as medication, adequate nutrition and heating.

***Self-neglect***

This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

### Appendix 3: Process of Investigation



The outcomes of concerns involving members of staff will be notified to DBS, other regulatory bodies and funding partners, as appropriate.

**Appendix 4: Form for reporting concern**

<b>Date:</b>	<b>Name of volunteer reporting concern:</b>
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<b>Details of child/ adult:</b>	
<b>Name:</b>	<b>Age:</b>
<b>Address:</b>	
<b>Details of concern:</b>	
<b>Any further information:</b>	

<b>Date form passed to Safeguarding Officer:</b>
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