

Safeguarding Policy (Adults and Children)

1.0 Introduction and Purpose

Impact-Inspire is committed to the protection and welfare of all individuals we engage with, particularly vulnerable adults and children. We have a fundamental duty of care and a zero-tolerance approach to abuse, neglect, and exploitation in any form. This policy establishes our commitment to safeguarding and promoting the welfare of adults and children at risk.

The purpose of this policy is to provide a clear framework for all personnel on their responsibilities in safeguarding. It outlines the procedures for preventing harm, identifying concerns, and responding appropriately to any safeguarding issues that may arise in our diverse working environments, including schools, training venues, and offshore locations.

Details of the Organisation	
Name: Impact-Inspire C.I.C	
Address: 20 Albert Road, Halesowen, England B63 4SW	
Telephone Number: 07399174170	
Email Address: community@impact-inspire.com	
Company Number: 1637553	
Safeguarding Lead (DSL)	
Name	Samantha Lowe
Telephone	07399174170
Email	Sam@impact-inspire.com

2.0 Scope

This policy applies to all directors, officers, employees, contractors, consultants, volunteers, and any other person acting on behalf of Impact-Inspire (collectively referred to as "personnel"). It covers all activities and operations undertaken by the company, with specific attention to contexts where our personnel may come into contact with children or vulnerable adults.

3.0 Guiding Principles

Our safeguarding practice is guided by the following core principles:

- **Welfare is Paramount:** The welfare and safety of the child or vulnerable adult will always be our primary consideration.
- **Prevention:** We are committed to creating and maintaining a safe environment that prevents abuse and harm.
- **Responsibility:** Safeguarding is everyone's responsibility. All personnel have a role to play in identifying and reporting concerns.
- **Empowerment:** We will support and encourage individuals to make their own decisions and provide informed consent, respecting their rights wherever possible.
- **Proportionality:** Our responses will be appropriate and proportionate to the risk presented.
- **Partnership:** We will work in partnership with other organisations, agencies, and individuals to ensure effective safeguarding outcomes.

4.0 Commitment

Impact-Inspire is committed to complying with all relevant safeguarding legislation, statutory guidance, and best practices in the jurisdictions where we operate. This includes, but is not limited to, legislation concerning

child protection, the protection of vulnerable adults, and requirements for background checks (e.g., DBS checks).

We are dedicated to creating a safe, respectful, and supportive environment for all individuals who engage with our company. We recognise that children, young people, and vulnerable adults may be at risk of physical, sexual, or emotional abuse, as well as neglect, and we take seriously our responsibility to safeguard their wellbeing.

We uphold the principles set out in the UN Universal Declaration of Human Rights and the International Covenant of Human Rights, affirming that every person is entitled to equal rights and freedoms without distinction of race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth, or status.

We also support the Convention on the Rights of the Child, which emphasises every child's right to develop their full potential free from hunger, neglect, and abuse. Children must be protected from all forms of violence, injury, exploitation, and abuse while in the care of parents, guardians, or any responsible adult.

In line with statutory guidance, we have adopted safeguarding procedures that reflect best practice and ensure accountability. We are committed to working constructively with statutory bodies, voluntary organisations, and community partners to strengthen safeguarding measures and uphold the highest standards of care and protection.

5.0 Definitions

- **Safeguarding:** The proactive measures taken to protect the health, well-being, and human rights of individuals, enabling them to live free from harm, abuse, and neglect.
- **Child:** Any person under the age of 18.
- **Vulnerable Adult (or Adult at Risk):** A person aged 18 or over 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 themselves, or unable to protect themselves against significant harm or exploitation.

- **Abuse:** A violation of an individual's human and civil rights by any other person or persons. Abuse can take many forms, including physical, sexual, psychological/emotional, financial/material, neglect, discriminatory, and organisational abuse.

6.0 Roles and Responsibilities

6.1 Designated Safeguarding Lead (DSL)

Impact-Inspire has a Designated Safeguarding Lead (DSL) and at least one Deputy DSL. The DSL is the central point of contact for all safeguarding concerns and has the responsibility for:

- Providing advice and support to personnel on all safeguarding matters.
- Receiving and managing safeguarding disclosures and concerns.
- Liaising with external statutory agencies (e.g., social services, police).
- Ensuring all personnel are trained to an appropriate level.
- Maintaining secure records of all safeguarding concerns.

6.2 Management and Leadership

Senior leaders are responsible for promoting a strong safeguarding culture throughout the company. They must ensure this policy is implemented effectively, that sufficient resources are allocated, and the DSL is supported in their role.

6.3 All Personnel

All personnel have a personal and professional responsibility to:

- Read, understand, and adhere to this Safeguarding Policy and the company's Code of Conduct.

- Remain vigilant to the signs of abuse and neglect.
- Report any safeguarding concerns immediately and without delay, following the procedure outlined below.
- Undergo required background checks and safeguarding training.
- Maintain a professional and safe demeanour at all times, especially when working with children or vulnerable adults.

7.0 Prevention

Understanding Abuse and Neglect

Defining abuse – whether of children or adults with care and support needs – is complex. Abuse may occur through direct harm or through a failure to act to prevent harm. Those in need of protection may be at risk within family settings, institutions, workplaces, or community environments. In many cases, the abuser is someone known to, or in a position of trust with, the child or vulnerable adult.

As part of our safeguarding commitment, we align with international standards of protection. We adopt the principles of the UN Convention on the Rights of the Child, specifically Article 19, which requires:

1. Legislative, administrative, social, and educational measures to protect children from all forms of violence, injury, abuse, neglect, maltreatment, or exploitation – including sexual abuse – while under the care of parents, guardians, or any responsible adult.
2. The establishment of effective procedures and programmes to support children and their caregivers, including prevention, identification, reporting, referral, investigation, treatment, and follow-up of abuse cases, with judicial involvement where appropriate.

For adults, we uphold the UN Universal Declaration of Human Rights, particularly Article 5, which affirms that no one shall be subjected to torture or to cruel, inhuman, or degrading treatment or punishment.

Our safeguarding policy provides detailed definitions, signs, and indicators of abuse, alongside clear guidance on how to respond appropriately to disclosures or concerns. These measures ensure that our company maintains a safe environment and acts responsibly in protecting those who may be vulnerable.

8.0 Procedure for Identifying and Reporting Concerns

Any individual who has a concern about the welfare of a child or vulnerable adult, or who has a concern about the behaviour of a colleague, must act immediately.

If you believe an individual is in immediate danger, contact the police or emergency services on 999 (or the local equivalent) without delay.

Reporting Procedure:

1. **Report Immediately:** Report your concern to the Designated Safeguarding Lead (DSL) or a Deputy DSL as soon as possible. Do not attempt to investigate the matter yourself. Contact details at the start of this policy. If the suspicions implicate the DSL and Deputy DSL, then the report should be made in the first instance to:

Safeguarding Lead (DSL)	
Name	Samantha Lowe
Telephone	07399174170
Email	Sam@impact-inspire.com
Alternatively contact Social Services or the police.	

2. **Record:** Make a detailed, factual record of your concern. Include dates, times, locations, names of individuals involved, and direct

quotes where possible. Note what you saw or were told, not your interpretation. Sign and date your record.

3. **Action by DSL:** The DSL will assess the information and decide on the appropriate course of action. This may involve making a referral to the relevant statutory authority (e.g., Local Authority Designated Officer (LADO), Children's Social Care, Adult Social Care, or the Police).
4. **Confidentiality:** Information will be shared only on a strict need-to-know basis with those who need it to protect the individual at risk. For example, those responsible for safeguarding may need to liaise with insurance company to report a serious incident. All records will be stored securely and confidentially by the DSL.

Whilst allegations or suspicions of abuse will normally be reported to the Safeguarding team, the absence of either the DSL or Deputy DSL should not delay referral to Social Services and the Police.

Every individual has the right to make a direct referral to safeguarding agencies if they have concerns. If anyone feels that the DSL or Deputy has not responded appropriately, or if there is disagreement regarding the need for a referral, they are free to contact the relevant external agency directly.

By making this clear, Impact-Inspire reaffirms its commitment to effective safeguarding and to the protection of all vulnerable individuals connected with our company.

The role of the DSL or Deputy is to gather and clarify the details of any allegation or concern, and to ensure that this information is passed on to statutory agencies who hold the legal responsibility to investigate.

9.0 Detailed Procedures Where There Is a Concern About a Vulnerable Adult or a Child

Allegations of Physical Injury, Neglect, or Emotional Abuse

If a child or vulnerable adult has a physical injury, shows signs of neglect, or there are concerns about emotional abuse, the **DSL or Deputy DSL** will:

- Contact Children's Social Services for advice in cases of deliberate injury, if concerned about a child's safety, or if a child is afraid to return home.
- Not inform parents or carers unless advised to do so by Children's Social Services.
- Seek urgent medical help if required, ensuring the doctor is made aware of any safeguarding concerns.
- For lesser concerns (e.g., poor parenting), encourage the parent/carer to seek support, but only where this does not place the child at risk of significant harm.
- Where a parent/carer is unwilling to seek help, offer to accompany them. In cases of serious concern, if they still fail to act, contact Children's Social Services directly for advice.

Allegations of Sexual Abuse

In the event of allegations or suspicions of sexual abuse, the **DSL or Deputy DSL** will:

- Contact the Children's Social Services Duty Social Worker for children and families, or the Police Child Protection Team directly.
- Not speak to the parent/carer or any other individual.

Concerns That an Adult Needs Protection

Where there are suspicions or allegations of abuse or harm – including physical, sexual, organisational, financial, discriminatory, neglect,

self-neglect, forced marriage, modern slavery, or domestic abuse – the **DSL or Deputy DSL** will:

- Contact the Adult Social Care Team, who hold responsibility under the Care Act 2014 to investigate allegations of abuse.
- If the adult is in immediate danger or has sustained a serious injury, contact the Emergency Services and inform them of any safeguarding concerns.
- In cases of suspected spiritual abuse, identify appropriate support services for the victim, such as counselling or pastoral care.

Allegations of Abuse Against a Person Who Works With Children or Young People

If an accusation is made against a worker (whether volunteer or paid staff), the **DSL or Deputy DSL**, in line with Local Safeguarding Children Board (LSCB) procedures, will:

- Liaise with Children's Social Services regarding suspension of the worker.
- Make a referral to the Local Authority Designated Officer (LADO), who is responsible for handling all allegations against adults working with children and young people.
- Make a referral to the Disclosure and Barring Service (DBS) for consideration of barring the individual from working with children or adults with care and support needs. This decision should be informed by the LADO where they are involved.

Allegations of Abuse Against a Person Who Works With Adults With Care and Support Needs

Where an allegation is made against a worker (whether paid or voluntary) in relation to adults with care and support needs, the **DSL or Deputy DSL** will:

- Liaise with Adult Social Services regarding the suspension of the worker.
- Make a referral to the Disclosure and Barring Service (DBS), following the advice and guidance of Adult Social Services.

Under the Care Act 2014, Adult Services hold the statutory duty to investigate situations where harm to adults with care and support needs is suspected. Outcomes of such investigations may include:

- Action against the individual or organisation causing harm.
- Increased support for carers.
- No further action, if the adult concerned chooses this course and has the capacity to make and communicate that decision.

It is important to note that these decisions rest solely with Adult Services, not with the company.

10.0 Creating a Safe Environment

Impact-Inspire is committed to ensuring our practices are safe and create a protective environment. We will achieve this through:

- **Safer Recruitment:** Implementing robust recruitment and selection processes that include appropriate background checks for personnel whose roles involve regular contact with children or vulnerable adults.
- **Code of Conduct:** Requiring all personnel to adhere to a strict Code of Conduct that outlines expected professional boundaries and behaviours.
- **Training and Awareness:** Providing mandatory safeguarding training for all personnel, with enhanced, role-specific training for those with regular contact with at-risk groups and for the DSL.

- **Risk Assessments:** Conducting safeguarding risk assessments for all activities and projects, particularly those in sensitive environments like schools or offshore facilities, to identify and mitigate potential risks.

Pastoral Care and Support

We are committed to supporting anyone affected by abuse with care, dignity, and respect. The DSL or Deputy DSL will work with statutory agencies and specialist services to ensure appropriate protection and assistance. We will provide pastoral care, signposting to counselling or other support, and maintain confidentiality while prioritising safety and wellbeing.

11.0 Safeguarding Concern Reporting Form

Safeguarding Concern Reporting Form

CONFIDENTIAL

This form must be completed immediately upon identifying a safeguarding concern. Submit it to the Designated Safeguarding Lead (DSL) as soon as possible.

Section 1: Reporter's Details

- **Full Name of Reporter:**
- **Job Title / Role:**
- **Date of Report:**
- **Time of Report:**

Section 2: Details of the Person at Risk

- **Full Name:** [If known]
- **Age / Date of Birth:** [If known]
- **Address:** [If known]
- **Relationship to Organisation:** [e.g., service user, child of service user, volunteer]

Section 3: Description of Concern

- **Date and Time of Incident/Observation:**
- **Location of Incident/Observation:**
- **Nature of the Concern:** (Provide a detailed, factual account of what was said, seen, or reported. Use the individual's own words where possible. Include names of any other individuals involved or witnesses.)

Section 4: Actions Taken So Far

- **Immediate Actions Taken:** (Describe any immediate steps taken to ensure the safety of the individual.)

- **Have you spoken to anyone else about this concern?** (If yes, please state who, their role, and when.)
- **Has the individual or their family/carer been informed?** (Yes/No – Only inform them if it does not place the individual at further risk.)

For Official Use Only

Received By (DSL):	
Date Received:	
Action Plan / Next Steps:	
Referral Made To (e.g., Local Authority, Police):	
Date of Referral:	

12.0 Policy Review

This Safeguarding Policy and its procedures will be reviewed at least annually by the Designated Safeguarding Lead and senior management. The policy will also be reviewed in response to any changes in legislation, guidance, or following a significant incident.

Version Number	Author	Purpose / Change	Date
1.0	Samantha Lowe	Policy Created	30 th November 2025

Appendix 1.0 – Statutory Definitions of Abuse

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.

The four definitions of abuse below operate in England based on the government guidance 'Working Together to Safeguard Children (2006)'.

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

Emotional Abuse – is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual Abuse – involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) 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 – is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to provide adequate food and clothing, shelter including exclusion from home or abandonment, failing to protect a child from physical and emotional harm or danger, failure to ensure adequate supervision including the use of inadequate care-takers, 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.

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

Types of abuse (Adults)

This section 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

Assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.

Domestic violence

Psychological, physical, sexual, financial, emotional abuse; so, called 'honour' based violence.

Sexual abuse

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

Psychological abuse

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

Financial or material abuse

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, or the misuse or misappropriation of property, possessions or benefits.

Modern slavery

Slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

Discriminatory abuse

Harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.

Organisational abuse

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

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

Neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. Incidents of abuse may be one-off or multiple and affect one person or more.

Signs of Possible Abuse in Adults

Physical abuse

History of unexplained falls, fractures, bruises, burns, minor injuries.

Signs of under or overuse of medication and/or medical problems left unattended.

Domestic violence

Unexplained injuries or 'excuses' for marks or scars.

Controlling and/or threatening relationship including psychological, physical, sexual, financial, emotional abuse; so, called 'honour' based violence and Female Genital Mutilation.

Sexual abuse

Pregnancy in a woman who is unable to consent to sexual intercourse.

Unexplained change in behaviour or sexually explicit behaviour

Torn, stained or bloody underwear and/or unusual difficulty in walking or sitting.

Infections or sexually transmitted diseases

Full or partial disclosures or hints of sexual abuse

Self-harming.

Psychological abuse

Alteration in psychological state e.g. withdrawn, agitated, anxious, tearful.

Intimidated or subdued in the presence of a carer.

Fearful, flinching or frightened of making choices or expressing wishes.

Unexplained paranoia Financial or material abuse

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

Modern slavery

Physical appearance; unkempt, inappropriate clothing, malnourished.

Movement monitored, rarely alone, travel early or late at night to facilitate working hours.

Few personal possessions or ID documents.

Fear of seeking help or trusting people.

Discriminatory abuse

Inappropriate remarks, comments or lack of respect

Poor quality or avoidance care

Organisational abuse

No confidence in complaints procedures for staff or service users.

Neglectful or poor professional practice.

Neglect and acts of omission

Deteriorating despite apparent care

Poor home conditions, clothing or care and support.

Lack of medication or medical intervention

Self-neglect

Hoarding inside or outside a property

Neglecting personal hygiene or medical needs Incidents of abuse may be one-off or multiple and affect one person or more.

Appendix 2 – Listening Skills

HOW TO RESPOND TO A CHILD/ADULT WISHING TO DISCLOSE ABUSE.

Effective Listening

Ensure the physical environment is welcoming, giving opportunity for the child or vulnerable adult 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 words or short phrases they have used.

Try to remain calm, even if on the inside you are feeling something different.

Be honest and do not make promises you cannot 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 try to help you.

DON'T SAY

Why didn't you tell anyone before?

I cannot believe it.

Are you sure this is true?

Why? How? When? Who? Where?

I am shocked, do not tell anyone else.