

Safeguarding Adults and Children Policy



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1) Policy Statement

At GDA, we firmly believe that every individual, regardless of age, ability, identity, or background, has the right to live free from abuse, neglect, and exploitation. We operate a Zero Tolerance approach to all forms of abuse towards children and adults at risk. Safeguarding is central to our values and embedded in everything we do including our core values.

We recognise and uphold the inherent right of all children and adults at risk to be equally protected from harm, exploitation, or abuse, irrespective of factors such as age, disability, ethnicity, gender, religion, sexual orientation, language, or social background. We recognise that deaf, disabled, and neurodivergent children and adults face heightened risks due to reliance on others for communication and accessibility barriers.

We are committed to preventing abuse, protecting those at risk, and ensuring communication in their referred language or method (e.g., BSL, SSE, lip-reading, written English, Deafblind communication). Vigilance is paramount in ensuring their protection and promptly recognising any signs of abuse, exploitation, or neglect and where possible communicating in their preferred language.

We follow the requirements of the Gloucestershire Safeguarding Children Board and the Gloucestershire Safeguarding Adults board.

We also follow the latest legislation within England which are:

- [Care Act 2014](#)
- [Children Act 1989](#) and [Children Act 2004](#)
- [Children and Social Work Act 2017](#)
- [Domestic Abuse Act 2021](#)
- [Online Safety Act 2023](#)
- [Working Together to Safeguard Children 2023 \(statutory guidance\)](#)

We also follow procedures from:

- [Gloucestershire Safeguarding Children Partnership \(GSCP\)](#)
- [Gloucestershire Safeguarding Adults Board \(GSAB\)](#)

The responsibility for safeguarding and addressing concerns related to child and adult protection rests with every member of our staff, volunteers, and representatives, regardless of their role or status—whether salaried or voluntary.

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In our pursuit of promoting the welfare of children and adults at risk, collaboration and partnership are vital. We actively engage with individuals, their parents, caregivers, and relevant agencies within the communities where we operate, recognising that collective effort is essential in safeguarding the vulnerable.

Keeping children and vulnerable adults safe involves awareness of how to identify and report concerns about abuse and also creating a safe space at GDA and during our events that ensures risks are identified and mitigated.

GDA provides services to deaf/hard of hearing adults, vulnerable adults and children at our centre and out in the community. When planning events the staff involved will identify necessary levels of supervision and communication support for the amending numbers. They will complete a risk assessment to identify any potential risks or hazards and what actions should be taken to mitigate these. All staff involved in events will be given the key information beforehand so they know what is expected to help maintain a safe environment for children and vulnerable adults.

GDA will ensure that children, adults at risk, and their families are provided with clear and accessible information about safeguarding procedures, including what to expect if a concern is raised and how to report worries. Information will be shared in appropriate formats and preferred communication methods, including British Sign Language (BSL) and other accessible formats.

A) Scope

This policy applies to all trustees, staff, sessional workers, volunteers, agency staff, contractors, and students engaged in any activity on behalf of GDA. The term 'staff' is used for simplicity throughout this document to refer to all the above.

B) Implementation

GDA staff are to report any safeguarding concerns to their Line Manager or Safeguarding Team which consists of a Designated Safeguarding Lead (DSL), Deputy Safeguarding Leads (DSL), and Trustee Safeguarding Lead (TSL) straightaway. This allows for a detailed and chronological timeline to be in place should the concern need to be escalated more. This policy is put into effect through accompanying detailed procedures. These procedures encompass all necessary forms, flowcharts, and contact information. Additional, guidance and training are provided to assist staff in fulfilling their safeguarding and child/adult protection duties. Our commitment is that all staff and volunteers will be fully inducted when joining GDA, as well as this staff will be required to take regular refresher training sessions.

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C) Logging & Reporting Concerns

- If a child or adult is in immediate danger, call 999 (or 999BSL) and inform the DSL or Safeguarding Team to take immediate action. The Safeguarding Escalation Process is shown 3 in Appendix 2. If you feel there is a risk to them if they return home, you should talk to the DSL and together call the Children's or Adults Helpdesk to ask for immediate support.
- Concerns must be referred to:
Children's Help Desk: 01452 426565
Adults Help Desk: 01452 426868 or [Gloucestershire Online Form](#)
– The DSL or Safeguarding Team will escalate to Social Care and follow up in writing within 48 hours.

Safeguarding concerns may arise outside of normal working hours. If there is a serious or immediate risk of harm to a child or adult at risk, staff and volunteers must contact the emergency services by calling 999 or 999BSL. Where concerns require advice or intervention but are not an immediate emergency, staff should contact Children's or Adult's Social Care out of hours emergency number found on their [contact page](#). All out-of-hours safeguarding actions must be reported to the DSL or Safeguarding Team as soon as possible on the next working day and recorded in line with this policy.

If a child, vulnerable adult or other person discloses any concerns all information about the suspected abuse, disclosure or concern, you should:

- Give the child/vulnerable adult your full attention and believe what they are telling you.
- Give them time to explain in their own, way do not ask leading questions or lead the conversation in any other way.
- Remain calm, do not show you are distressed or shocked.
- Reassure the person they have done the right thing, do not make any comments about why they chose to disclose now (if they are describing a long-term issue).
- Clearly explain what will happen next and that this information will be passed on to appropriate services.
- Do not promise to keep the information a secret.
- Details of the concern should be recorded on the 'Logging a concern' form (a link to form is provided at end of policy), as soon as possible after the event. This information is then saved onto our secure CRM system.
- The record should include:
 - date of the disclosure, or the incident, or the observation causing concern
 - date and time at which the record was made
 - name and date of birth of the child/vulnerable adult involved as well as the contact details for the parents/carers too

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- a factual report of what happened. If recording a disclosure, you must use the child or vulnerable adult's own words.
- name, signature and job title of the person making the record.

- The record will be given to GDA's DSL who will decide on the appropriate course of action. For concerns about abuse, the DSL will contact Social Care immediately in line with GSAB and GCSP procedures. The DSL will follow up all referrals to Social Care in writing within 48 hours. If a member of staff thinks that the incident has not been dealt with properly, they may contact Social Care directly.

For urgent concerns please contact the Police using 999 or 999BSL.

Safeguarding records will be retained securely in line with statutory guidance and data protection legislation. Records relating to children will normally be kept until the individual reaches the age of 25. Adult safeguarding records will be retained in accordance with local authority and GDPR requirements.

All safeguarding concerns will be handled sensitively and confidentially. However, confidentiality cannot be promised where a child or adult may be at risk of harm. Information will be shared only with those who need to know in order to protect the individual, in line with safeguarding legislation and data protection requirements.

D) Informing Parents/Carers

The DSL will discuss any concerns about a child/vulnerable adult with their parents/carers where appropriate. Where this might place the child/vulnerable adult at further risk the DSL will seek guidance from the Gloucestershire MASH Team before any discussion.

E) Allegations Against Staff

A safeguarding allegation is any concern or claim that a member of staff, volunteer, or person in a position of trust has harmed, may have harmed, behaved inappropriately towards, or poses a risk of harm to a child or adult at risk. This includes behaviour inside or outside of work and does not require proof to be reported.

If anyone makes an allegation of child or adult abuse against a member of staff, the allegation will be recorded on an Incident record form. Any witnesses to the incident should sign and date the entry to confirm it. The allegation must be reported to the Local Authority Designated Officer (LADO) immediately. The LADO will advise if other agencies (e.g. police) should be informed, and GDA will act upon their advice. Any telephone reports to the LADO will be followed up in writing within 48 hours. Following advice from the LADO, it may be necessary to suspend the member of

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staff pending full investigation of the allegation. If appropriate, GDA will make a referral to the Disclosure and Barring Service.

If a concern or allegation relates to the DSL/DSO, a senior manager, or a trustee, staff must report the concern directly to the Trustee Safeguarding Lead or the Local Authority Designated Officer (LADO). Staff may also use the Whistleblowing Policy. Concerns can be raised without fear of reprisal.

F) Digital Safeguarding

Staff must:

- Act professionally in all online/digital interactions.
- Record online safeguarding concerns as they would offline.
- Follow the Social Media Policy.
- Be aware of risks from online grooming, radicalisation, cyberbullying, AI-generated abuse (e.g., deepfakes), and immersive technologies (VR/AR).
- Note that Ofcom regulates compliance under the Online Safety Act 2023.
- Written, informed consent must be obtained from the adult, parent or legal guardian before capturing or sharing images or video. Extra care must be taken to ensure an adult is able and has capacity to give fully informed consent. Consent must be freely given, without pressure or incentive. Consent forms must specify how and where content may be used (e.g. website, social media, print). Consent can be withdrawn at any time and must be acted on promptly.

We recognise that many deaf children, young people, adults, and their families utilise social media and online platforms as primary means of communication due to communication barriers. Unfortunately, there has been a surge in online abuse, inappropriate use of technology, and various forms of exploitation and harm. It is crucial to address these challenges effectively.

Safeguarding responsibility extends to all devices (e.g., mobiles, laptops, desktops) and digital platforms, whether private or public conversations.

Only authorised individuals may take photos or video on behalf of the charity. Children and adults must be appropriately dressed for the activity. Images should reflect diversity and inclusion.

Staff and volunteers must not engage in private messaging with children or adults at risk unless authorised and necessary for their role. Personal social media accounts must not be used to contact service users. Any safeguarding concerns arising from online interactions must be reported immediately.

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Digital images and video must be stored securely and access restricted. Content must only be kept for as long as necessary. The charity will comply with UK GDPR and data protection legislation.

Any concerns about inappropriate content, online behaviour, or safeguarding risks must be reported to the Designated Safeguarding Lead immediately. Content will be removed promptly if it raises safeguarding concerns or if permission is withdrawn.

G) Definitions Safeguarding

Protecting children and adults at risk from abuse, neglect, exploitation, and harm. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the child's and adult's well-being is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. For the purposes of charity law and reporting, the Charity Commission defines safeguarding as: "the range of measures in place to protect the people who come into contact with charities through their work from abuse and mistreatment of any kind (including neglect)."

To know more about the Charity Commission definition, see the government guidance on [safeguarding and protecting people for charities and trustees.](#)

Adults at Risk: Adults who may be unable to protect themselves because of care needs, disability, or circumstance (Care Act 2014).

Child: Any person under the age of 18.

Child protection: Refers to the actions taken to protect children who are at immediate risk of harm.

Deaf: We use the term 'deaf' to refer to all levels of hearing loss in children and young people, including partial, total, or temporary loss of hearing. This includes those who may describe themselves as having a 'hearing loss', 'hearing impairment', or as 'deaf' and includes children who have glue ear.

Abuse: Is when someone does or says something which harms others and makes them upset and scared. It is always unacceptable; everyone has a right to be treated with dignity and respect. No-one has the right to abuse others.

Abuse can be a single one-off act or something that happens over weeks, months or years. It can be accidental or deliberate. Just because there is no injury does not mean there is no abuse.

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Abuse can happen in lots of different ways. Abuse and neglect can be defined in many ways and there can be no exhaustive list, however the most recent guidance from the Government identifies the following types of abuse and neglect:

Below are categories of adult abuse (with a link to GCC website explaining these):

- [Psychological Abuse](#)
- [Financial or Material Abuse](#)
- [Sexual Abuse](#)
- [Neglect and Acts of Omission](#)
- [Organisation Abuse](#)
- [Self Neglect](#)
- [Domestic Abuse](#)
- [Modern Slavery](#)
- [Discriminatory Abuse](#)

Below are categories of child abuse (with a link to the NSPCC website explaining these):

- [Bullying and Cyberbullying](#)
- [Child Sexual Exploitation](#)
- [Child Trafficking](#)
- [Gangs Criminal Exploitation](#)
- [Domestic Abuse](#)
- [Emotional Abuse](#)
- [Female Genital Mutilation \(FGM\)](#)
- [Grooming](#)
- [Neglect](#)
- [Non-Recent Abuse](#)
- [Online Abuse](#)
- [Physical Abuse](#)
- [Child Sexual Abuse](#)

H) Preferred Communication Methods

GDA recognises that deaf adults and children may feel reluctant to seek help or express needs due to fear of misunderstanding or lack of communication support.

GDA recognises that deaf people have a range of preferred communication methods and have a Total Communication approach (See Total Communication Policy). Some may use British Sign Language (BSL), others Signed Supported English (SSE), some may rely on lip reading, note taking

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or other visual communication methods. Deafblind adults and children may also have unique communication requirements.

GDA is committed to making every effort to communicate with children and adults in their preferred language. All staff at GDA are required to learn BSL to a minimum of level 1 but are encouraged to pursue higher levels. Where appropriate communication professionals may be needed to facilitate communication. These may include using British Sign Language interpreters and/or note takers. GDA will ensure that the professional we use have Enhanced DBS clearance as well as Safeguarding training as part of their Continued Professional Development (CPD).

I) Principles

We are committed to ensuring the safety of children and vulnerable adults by:

Valuing them, listening to them, and respecting their voices (verbally, signed or otherwise).

When necessary, supporting them in understanding what constitutes unacceptable behaviour and empowering them to take appropriate action.

J) Roles & Responsibilities

Safeguarding is a collective responsibility that extends to all individuals. This expectation will be explicitly stated in every job or role description for staff, sessional workers, and volunteers, and will be referenced in agreements with partners and contractors.

The policy and procedures governing safeguarding will be widely promoted and are compulsory for all individuals associated with Gloucestershire Deaf Association.

Failure to adhere to the policy and procedures will be promptly addressed and may result in disciplinary action, potentially leading to dismissal or exclusion from the organisation.

Clear internal escalation procedures will be established, directing concerns to the Lead of Safeguarding and trustees. Additionally, external escalation routes will be outlined, ensuring communication with relevant authorities responsible for safeguarding/child abuse allegations. The Safeguarding Reporting Process is to be followed. This can be found in Appendix 2 at the end of this policy.

Trustees: Ensure oversight, appoint a Trustee Safeguarding Lead (TSL), and receive annual safeguarding training. The safeguarding responsibilities of trustees and the Trustee Safeguarding Lead are outlined in the trustees' role description.

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CEO: Ensure DSL and Safeguarding Team are supported by:

- Building in safeguarding training and awareness of policies into new staff inductions
- Promoting safeguarding as a crucial organisation wide matter in internal communication through staff meetings and email updates
- Providing appropriate training and support for the DSL and developing cover through other staff having sufficient training to cover any absence, in the absence of the DSL the Deputy DSL will take on DSL responsibilities.

Designated Safeguarding Lead (DSL): Lead on safeguarding, provide advice, escalate concerns, maintain records.

Safeguarding Team (Deputy DSLs/DSOs): Provide cover and support for the DSL, ensuring safeguarding responsibilities are always upheld.

Line Managers: Support staff in logging concerns and liaise with the DSL or Safeguarding Team.

Staff/Volunteers: Report concerns immediately and follow safeguarding procedures.

All staff are required to undertake safeguarding training and refreshment courses.

GDA are committed to ensuring clear understanding of roles and responsibilities among all staff and providing effective management through supervision, support, training, and quality assurance measures.

Contact details for the Designated Safeguarding Lead (DSL), Deputy DSLs/DSOs, and Trustee Safeguarding Lead are available on Charity Log, the organisation's internal system accessible to staff, and within the Volunteer Handbook. Contact information will also be included on the risk assessment documentation for all events delivered by GDA.

K) Training & Review

- All staff: trained to Level 2 safeguarding.
- DSL, Safeguarding Team, CEO, and TSL: trained to Level 3 safeguarding.
- Training refreshed annually.
- Policy reviewed annually or sooner if legislation or statutory guidance changes.

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2) Safeguarding Policy and Procedures

As GDA is based in Gloucestershire, this policy primarily follows the recommendations outlined by the '[Gloucestershire Safeguarding Children Partnerships](#)' and the [Gloucestershire Safeguarding Adults Board](#).

Understanding Safeguarding: Understanding the scope of abuse is an important step in identifying abuse.

A) Physical Abuse

Physical abuse includes assault, hitting, slapping, pushing, kicking, misuse of medication, being locked in a room, inappropriate sanctions or force-feeding, inappropriate methods of restraint, and unlawfully depriving a person of their liberty.

Possible indicators:

- Unexplained or inappropriately explained injuries;
- Child exhibiting untypical self-harm;
- Unexplained cuts or scratches to mouth, lips, gums, eyes or external genitalia;
- Unexplained bruising to the face, torso, arms, back, buttocks, thighs, in various stages of healing. Collections of bruises that form regular patterns which correspond to the shape of an object or which appear on several areas of the body;
- Unexplained burns on unlikely areas of the body (e.g. soles of the feet, palms of the hands, back), immersion burns (from scalding in hot water/liquid), rope burns, burns from an electrical appliance;
- Unexplained or inappropriately explained fractures at various stages of healing to any part of the body;
- Medical problems that go unattended;
- Sudden and unexplained urinary and/or faecal incontinence. Evidence of over/under-medication;
- Child flinches at physical contact;
- Child appears frightened or subdued in the presence of particular people;
- Child asks not to be hurt;
- Child may repeat what the person causing harm has said (e.g. 'Shut up or I'll hit you');
- Reluctance to undress or uncover parts of the body;
- Person wears clothes that cover all parts of their body or specific parts of their body;

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B) Psychological Abuse (For adults) Emotional Abuse (For children)

Psychological abuse includes 'emotional abuse' and takes the form of threats of harm or abandonment, deprivation of contact, humiliation, rejection, blaming, controlling, intimidation, coercion, indifference, harassment, verbal abuse (including shouting or swearing), cyber bullying, isolation or withdrawal from services or support networks.

Psychological abuse is the denial of a person's human and civil rights including choice and opinion, privacy and dignity and being able to follow one's own spiritual and cultural beliefs or sexual orientation.

It includes preventing the adult from using services that would otherwise support them and enhance their lives. It also includes the intentional and/or unintentional withholding of information (e.g. information not being available in different formats/languages etc.).

Possible indicators:

- Untypical ambivalence, deference, passivity, resignation;
- Child appears anxious or withdrawn, especially in the presence of the alleged abuser;
- Child exhibits low self-esteem;
- Untypical changes in behaviour (e.g. continence problems, sleep disturbance);
- Child is not allowed visitors/phone calls;
- Child is locked in a room/in their home;
- Child is denied access to aids or equipment, (e.g. glasses, dentures, hearing aid, crutches, etc.);
- Child's access to personal hygiene and toilet is restricted;
- Child's movement is restricted by use of furniture or other equipment;
- Bullying via social networking internet sites and persistent texting.

C) Financial or Material Abuse (Adults only)

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

Possible indicators:

- Lack of heating, clothing or food;
- Disparity between assets/income and living conditions;
- Illegal money-lending.

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D) Sexual Abuse

Sexual abuse including 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.

It includes penetration of any sort, incest and situations where the person causing harm touches the abused person's body (e.g. breasts, buttocks, genital area), exposes his or her genitals (possibly encouraging the abused person to touch them) or coerces the abused person into participating in or looking at pornographic videos or photographs. Denial of a sexual life to consenting adults is also considered abusive practice.

Any sexual relationship that develops between adults where one is in a position of trust, power or authority in relation to the other (e.g. day centre worker/social worker/residential worker/health worker etc.) may also constitute sexual abuse (see section on position of trust).

Possible indicators:

- Child has urinary tract infections, vaginal infections or sexually transmitted diseases that are not otherwise explained;
- Child appears unusually subdued, withdrawn or has poor concentration;
- Child exhibits significant changes in sexual behaviour or outlook;
- Child experiences pain, itching or bleeding in the genital/anal area;
- Child's underclothing is torn, stained or bloody;

Sexual exploitation

The sexual exploitation of children with care and support needs involves exploitative situations, contexts and relationships where children with care and support needs (or a 11 third person or persons) receive 'something' (e.g. food, affection, gifts, money) as a result of performing sexual activities, and/or others performing sexual activities on them.

Sexual exploitation can occur through the use of technology without the person's immediate recognition. This can include being persuaded to post sexual images or videos on the internet or a mobile phone with no immediate payment or gain, or being sent such an image by the person alleged to be causing harm. In all cases those exploiting the child have power over them by virtue of their age, gender, intellect, physical strength, and/or economic or other resources.

Neglect and Acts of Omission

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These include ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, social care or educational services, and the withholding of the necessities of life such as medication, adequate nutrition and heating. Neglect also includes a failure to intervene in situations that are dangerous to the person concerned or to others, particularly when the person lacks the mental capacity to assess risk for themselves.

Neglect and poor professional practice may take the form of isolated incidents or pervasive ill treatment and gross misconduct. Neglect of this type may happen within a adult's own home or in an institution. Repeated instances of poor care may be an indication of more serious problems. Neglect can be intentional or unintentional.

Possible indicators:

- Child has inadequate heating and/or lighting;
- Child's physical condition/appearance is poor (e.g. ulcers, pressure sores, soiled or wet clothing);
- Child is malnourished, has sudden or continuous weight loss and/or is dehydrated;
- Child cannot access appropriate medication or medical care;
- Child is not afforded appropriate privacy or dignity;
- Child and/or a carer has inconsistent or reluctant contact with health and social services;
- Callers/visitors are refused access to the person;
- Person is exposed to unacceptable risk.

E) Organisational Abuse (Adults only)

Including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, or where care is provided within their 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.

Organisational abuse is the mistreatment, abuse or neglect by a regime or individuals in a setting or service where the child lives or that they use. Such abuse violates the person's dignity and represents a lack of respect for their human rights.

Organisational abuse occurs when the routines, systems and regimes of an institution result in poor or inadequate standards of care and poor practice which affect the whole setting and deny, restrict or curtail the dignity, privacy, choice, independence or fulfilment of adults with care and support needs.

Organisational abuse can occur in any setting providing health or social care. A number of inquiries into care in residential settings have highlighted that organisational abuse is most likely to occur when staff:

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- receive little support from management;
- are inadequately trained;
- are poorly supervised and poorly supported in their work;
- receive inadequate guidance Or where there is:
- Unnecessary or inappropriate rules and regulations;
- Lack of stimulation or the development of individual interests;
- Inappropriate staff behaviour, such as the development of factions, misuse of drugs or alcohol, failure to respond to leadership;
- Restriction of external contacts or opportunities to socialise

F) Self-Neglect (Adults only)

NB: If adolescents are thought to be self-neglecting, this is referred to via the neglect category for children.

Self-neglect entails neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. It is also defined as the inability (intentional or unintentional) to maintain a socially and culturally accepted standard of self-care with the potential for serious consequences to the health and wellbeing of the individual and sometimes to their community.

Indicators of self-neglect may be:

- living in very unclean, sometimes verminous, circumstances;
- poor self-care leading to a decline in personal hygiene;
- poor nutrition;
- poor healing/sores;
- poorly maintained clothing;
- isolation;
- failure to take medication;
- hoarding;
- neglecting household maintenance;
- portraying eccentric behaviour/lifestyles;

Note: Poor environments and personal hygiene may be a matter of personal or lifestyle choice or other issues such as insufficient income.

G) Domestic Abuse (For children)

In 2013, the Home Office announced changes to the definition of domestic abuse as below:

- An incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse... by someone who is or has been an intimate partner or family member regardless of gender or sexuality

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- Includes psychological, physical, sexual, financial, emotional abuse; so-called 'honour-based' violence; Female Genital Mutilation; forced marriage.
- Age range extended down to 16.

Many people think that domestic abuse is restricted to abuse between intimate partners, but this is incorrect. It actually extends to other family members as well and a great deal of the safeguarding work that occurs at home is in fact concerned with domestic abuse. This confirms that domestic abuse approaches and legislation can be considered safeguarding responses in appropriate cases.

Family members are defined as: mother, father, son, daughter, brother, sister and grandparents, whether directly related, in-laws or step-family.

H) Modern Slavery (For children)

Modern slavery encompasses slavery, human trafficking, forced and compulsory 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.

A large number of active organised crime groups are involved in modern slavery. But it is also committed by individual opportunistic perpetrators.

There are many different characteristics that distinguish slavery from other human rights violations, however only one needs to be present for slavery to exist.

Someone is in slavery if they are:

- forced to work - through mental or physical threat;
- owned or controlled by an 'employer', usually through mental or physical abuse or the threat of abuse;
- dehumanised, treated as a commodity or bought and sold as 'property'
- physically constrained or has restrictions placed on his/her freedom of movement.

Contemporary slavery takes various forms and affects people of all ages, gender and races.

I) Discriminatory Abuse

This includes discrimination on the grounds of race, faith or religion, age, disability, gender, sexual orientation and political views, along with racist, sexist, homophobic or ageist comments or jokes, or comments and jokes based on a person's disability or any other form of harassment, slur or similar treatment. Hate crime can be viewed as a form of discriminatory abuse, although will often involve other types of abuse as well. It also includes not responding to dietary needs and not

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providing appropriate spiritual support. Excluding a person from activities on the basis they are 'not liked' is also discriminatory abuse.

Possible indicators:

Indicators for discriminatory abuse may not always be obvious and may also be linked to acts of physical abuse and assault, sexual abuse and assault, financial abuse, neglect, psychological abuse and harassment, so all the indicators listed above may apply to discriminatory abuse.

- A child may reject their own cultural background and/or racial origin or other personal beliefs, sexual practices or lifestyle choices
- A child making complaints about the service not meeting their needs.

Conducting safe recruitment practices, including thorough checks:

Maintaining a safe physical environment for children, adults and staff by adhering to health and safety measures in accordance with country-specific laws and regulatory guidance, as well as any higher standards set by the organisation.

Professionally and securely recording and storing information, and disseminating safeguarding information and best practices to children, adults at risk, their families, and staff using the most appropriate method in the operating county.

Using established safeguarding procedures to share concerns and pertinent information with relevant agencies for appropriate management and response.

Managing allegations against staff or other service users transparently, effectively, and appropriately, and preventing the employment or deployment of unsuitable individuals through rigorous due diligence.

Establishing effective Whistleblowing Procedures. This policy provides a clear and confidential process for reporting concerns about misconduct, malpractice, or unethical behaviour within Gloucestershire Deaf Association (GDA). It ensures concerns are addressed appropriately, without fear of reprisal, while maintaining the organisation's values and standards. This can be found in the supporting documents list, below.

GDA operates safer recruitment practices, including appropriate Disclosure and Barring Service (DBS) checks, identity verification, references, and ongoing suitability checks for all staff, volunteers, and sessional workers in line with statutory guidance.

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3) Safeguarding Procedures and Guidance

Digital Safeguarding

We recognise that many deaf children, young people, adults, and their families utilise social media and online platforms as primary means of communication due to communication barriers. Unfortunately, there has been a surge in online abuse, inappropriate use of technology, and various forms of exploitation and harm. It is crucial to address these challenges effectively. Staff should follow our Internet, Social Media and Email Policy.

Safeguarding responsibilities extend to all devices (e.g., mobiles, laptops, desktops) and digital platforms, whether private or public conversations.

Staff Responsibilities

Conduct themselves professionally in all forms of communication with children, adults, or families. Document online interactions as they would offline, adhering to data protection and safeguarding protocols.

Follow relevant safeguarding and data protection guidance when using digital equipment and seek consent accordingly.

Avoid using organisation devices for personal use without prior approval and adhere to all requirements.

Refrain from sharing images from work devices with individuals outside the organisation.

Securely store devices containing beneficiary images and ensure they remain onsite.

Responsibilities and Escalation

Safeguarding is a collective responsibility that extends to all individuals and staff. This expectation will be explicitly stated in every job or role description for staff, sessional workers, and volunteers, and will be referenced in agreements with partners and contractors.

The policy and procedures governing safeguarding will be widely promoted and are compulsory for all individuals associated with Gloucestershire Deaf Association. In our reception monthly team meetings and fortnightly SMT meetings safeguarding is a standard agenda item.

Failure to adhere to the policy and procedures will be promptly addressed and may result in disciplinary action, potentially leading to dismissal or exclusion from the organisation.

Clear internal escalation procedures have been established, directing concerns to the Lead of Safeguarding and Board of Trustees. Additionally, external escalation routes will be outlined,

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ensuring communication with relevant authorities responsible for safeguarding/child abuse allegations.

Our Board Trustees will oversee safeguarding within the organisation to ensure that individuals benefiting from or collaborating with the charity are safeguarded from harm. This oversight includes appointing a designated Trustee Safeguarding Lead (Sam Stocken), providing regular updates, and conducting annual Safeguarding Training for all trustees. The safeguarding responsibilities of trustees and the Trustee Safeguarding Lead are outlined in the trustees' role description.

As well as a Safeguarding lead on the Board of Trustees, there is also a nominated member of the Senior Management Team, who operates as the Designated Safeguarding Lead (DSL), Gilson Sly, who can offer guidance on any safeguarding concerns and escalate them where necessary.

Revisions

This policy will undergo an annual review and will also be revised if there are significant changes to the laws, regulations, systems, or processes pertaining to it.

GDA Supporting documents:

These documents are found on One Drive in the 'General' folder under 'Policies and Procedures'

- Code of Conduct
- Whistleblowing Policy
- Social Media Policy
- Logging a Concern Form
- Risk Assessment Procedure
- Equality, Diversity & Inclusion Policy

Appendix 1 – Safeguarding Responsibilities Map

Trustee Safeguarding Lead (TSL)

- Provides regular updates to the Board.
- Ensures annual safeguarding training for all trustees.
- Works with the DSL and Safeguarding Team to maintain high standards of safeguarding practice.

Chief Executive Officer (CEO)

- Ensures the DSL and Safeguarding Team are fully supported.
- Makes safeguarding a high priority across the organisation.
- Ensures staff training is kept up to date and safeguarding remains on the agenda for SMT and team meetings.

Designated Safeguarding Lead (DSL)

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- Provides overall leadership for safeguarding.
- Ensures all staff understand how to raise concerns.
- Follows all necessary procedures to report concerns to GSAB/GSCP via the appropriate HelpDesk.
- Maintains safeguarding records and ensures timely escalation.

Safeguarding Team (Deputy DSLs)

- A group of trained staff who support the DSL and provide cover when the DSL is unavailable.
- Share responsibility for responding to safeguarding concerns and escalating appropriately.
- Ensure safeguarding best practice is embedded in day-to-day operations and service delivery.
- Maintain regular communication with the DSL and CEO.

Line Managers

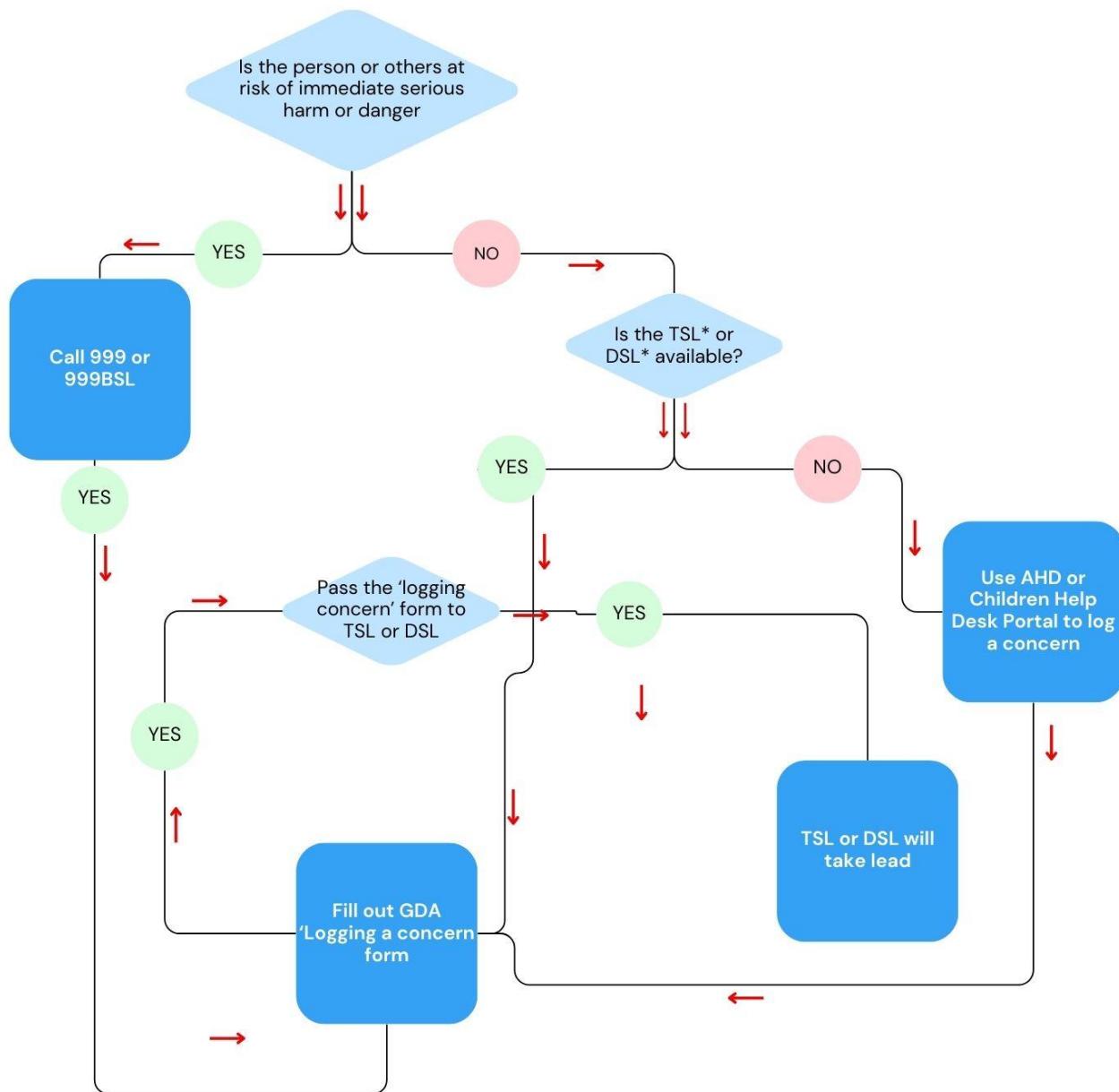
- Ensure staff have access to, and understand how to use, safeguarding concern forms.
- Provide initial support to staff raising concerns and liaise with the DSL or Safeguarding Team.

All Staff and Volunteers

- Report any safeguarding concerns immediately following GDA's Safeguarding Policy.
- Keep safeguarding at the forefront of all activities and interactions.

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GDA Safeguarding Reporting Process



***TSL = Trustee Safeguarding Lead**

***DSL = Designated Safeguarding Lead**

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