

Safeguarding policy and procedures

TRAFFORD VETERANS CIC

Children, young people and adults at risk

Version 2.0 | Revised 12 October 2026

Policy owner: Claire Squires, Designated Safeguarding Lead

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1. Our commitment and scope

Trafford Veterans CIC is committed to preventing abuse and neglect, listening to people and acting promptly when concerns arise. Everyone has the right to be treated with dignity and to take part safely, regardless of age, disability, sex, race, religion or belief, sexual orientation, gender reassignment or service background. The welfare of children is paramount. Adult safeguarding respects the person's wishes and supports their choices.

This policy applies to directors, management committee members, employees, sessional workers, volunteers, students and contractors. It covers community activities, home visits, transport, events, online contact and partner delivery. Partners and subcontractors must agree equivalent safeguards and reporting responsibilities before delivery; their procedures must never delay a necessary referral.

Governance and adoption

The directors are accountable for safeguarding, resources and oversight. Version 2.0 replaces the previous policy when formally adopted. The adoption date and board minute must be recorded in the controlled register; this revision does not itself evidence board approval. Review is due no later than 12 October 2027, or sooner after an incident, change in activity or guidance. Staff must have access to the current policy and acknowledge that they have read and understood it.

In immediate danger, call 999. Safeguarding email is not an emergency service. Anyone may contact statutory services directly; permission from a lead is not required.

2. Responsibilities and reporting contacts

Designated leads

Claire Squires - Designated Safeguarding Lead (DSL). Oversees implementation; receives concerns; assesses urgency; makes or coordinates referrals; maintains secure records; checks recruitment, induction and training; ensures activity risk assessments and partner arrangements; follows up referrals and reports learning to directors.

Benjamin Gardner - Deputy Safeguarding Lead. Acts when Claire is unavailable or when a concern involves Claire. The directors must provide the deputy with appropriate training, authority and access to records. Staff must know how to reach the deputy directly at each activity; private deputy contact details are held in the internal contact register and must be confirmed before delivery.

Use info@traffordveterans.org for routine contact and request the relevant lead. Where the concern involves a lead or the mailbox's confidentiality cannot be assured, contact an uninvolved director or statutory services directly. Do not send detailed sensitive disclosures to an unrestricted shared mailbox.

External routes - Trafford

Immediate danger or urgent threat to life: 999.

Non-emergency police: 101.

Adult safeguarding: 0161 912 5135; make a referral through the Trafford Safeguarding Portal linked at www.traffordsab.org. Advice: AdultSafeguardinghub@trafford.gov.uk.

Children's First Response: 0161 912 5125 (Monday-Friday, 8.30am-4.30pm); use the Council's First Response referral route.

Social care out of hours: 0161 912 2020.

Allegations against adults working with children: Trafford LADO, LADO@trafford.gov.uk; current Council/partnership referral route. Contact within one working day when the allegations criteria are met.

For activity outside Trafford, use the relevant local authority's safeguarding service and agree cross-boundary coordination. If uncertain, seek advice promptly from Trafford or the authority where the person is located; do not wait to establish jurisdiction in an emergency.

Everyone's responsibility

Recognise concerns, secure immediate safety, listen, record and report without delay. Staff must not investigate abuse, confront the alleged perpetrator, seek proof or wait for someone else to act. The DSL records the referral reference, recipient, advice and follow-up. If no response is received or risk remains, chase and escalate to the service's manager or police as appropriate.

3. Recognising abuse and additional risks

A child is anyone under 18. Adult safeguarding concerns include people aged 18 or over with care and support needs who face abuse or neglect and, because of those needs, cannot protect themselves. An older age, veteran status or diagnosis alone does not make someone an adult at risk. Report concerns and seek advice even when the formal threshold is unclear.

What to look for

Physical harm; emotional or psychological abuse; sexual abuse or harassment; neglect; coercive or controlling behaviour; domestic abuse; discriminatory abuse; financial exploitation, theft and scams; organisational abuse; modern slavery; self-neglect and unsafe hoarding. Concerns may arise from injuries, fear, withdrawal, missing money, controlling companions, unsafe living conditions, unexplained absences or a disclosure. These signs are indicators, not proof.

Children may also face grooming, exploitation, online abuse, harmful sexual behaviour between children, trafficking, forced marriage, female genital mutilation or recruitment into extremist violence. Abuse may occur within families, peer groups, organisations or online. Do not dismiss it as banter or normal development.

Consent and sexual harm

A child under 13 cannot legally consent to sexual activity. Any indication of sexual activity involving a child under 13 must be reported urgently to Children's First Response; involve police where appropriate. For other under-18s, assess coercion, exploitation, age and power differences and seek safeguarding advice. LADO is an additional route for allegations involving an adult who works with children, not the general route for every disclosure.

Community and veteran settings

Bereavement, isolation, caring pressures, disability, cognitive changes, homelessness, dependency, substance misuse and financial hardship may increase exposure to harm. Staff must respond without stereotypes or pressure to disclose service experiences. Peer support and wellbeing sessions are not a replacement for clinical care.

Take self-harm and suicide concerns seriously. If there is an immediate threat to life, call 999, remain with the person where safe, and follow emergency advice. For urgent non-emergency mental health help, support access to NHS 111 and its mental health option. Record and refer any associated safeguarding concern.

Principles

Adult safeguarding uses empowerment, prevention, proportionality, protection, partnership and accountability. Ask what safety and a helpful outcome mean to the person, make participation accessible and use the least restrictive response consistent with the risk.

4. Responding to a concern or disclosure

Act immediately

- 1. Protect.** If there is immediate danger, urgent medical need or a threat to life, call 999. Make the location safe without putting yourself or others at risk. Do not leave someone at immediate risk alone where it is safe to remain.
- 2. Listen.** Stay calm, take the person seriously and let them speak in their own words. Reassure them that telling you was right and that the abuse is not their fault. Ask only the minimum open questions needed to establish immediate safety. Do not promise secrecy, suggest answers, demand a detailed account or promise a particular outcome.
- 3. Explain.** Say that relevant information may need to be shared with people who can help. Explain who will be told and why, in language the person understands. Arrange communication support where necessary; do not use a person suspected of abuse as interpreter.
- 4. Report.** Notify Claire or Benjamin immediately, and on the same day for all concerns. Urgent external referrals must not wait for either lead to respond. If they are unavailable, implicated or fail to act, contact statutory services directly and inform an uninvolved director as soon as safe.
- 5. Record.** Make a factual, dated and signed record as soon as possible, normally the same day and no later than 24 hours. A recording deadline must never delay protection or referral. Preserve the person's exact words where possible and separate observations from opinion. Use Appendix B or a secure equivalent.

Consent, capacity and information sharing

Seek and record the adult's wishes and consent to referrals where safe. Explain any decision to share without consent, for example serious risk, coercion, risk to others, a legal duty or lack of capacity for the particular decision. Record necessity, proportionality and the reason; seek statutory advice when uncertain. A refusal does not end risk assessment or prevent emergency action.

Presume capacity. Support understanding and communication; an unwise choice alone does not show incapacity. Capacity is decision-specific and time-specific. Where capacity is in doubt, seek appropriate professional assessment; follow best-interests and least-restrictive principles where applicable. Staff must not make unsupported clinical judgments.

For children, consider their views and inform parents/carers where safe and advised by statutory services. Do not seek parental permission or notify a suspected abuser where doing so could increase danger or undermine protection. Data protection does not prevent necessary and lawful safeguarding information sharing.

5. Safer recruitment, training and conduct

Recruitment and selection

Before appointment, define the role and safeguarding responsibilities; use an application and interview; verify identity, relevant experience and qualifications; obtain appropriate references; explore gaps and concerns; and record selection decisions. Assess the lawful eligibility for each DBS check. Obtain the appropriate level and barred-list check only where legally eligible; do not require enhanced checks indiscriminately or permit a barred person to undertake regulated activity.

The responsible manager records checks and a suitability decision before unsupervised access. Where checks are pending, use a documented risk assessment and supervision; prohibit regulated activity where the legal requirements are unmet. Contractors must provide equivalent evidence for relevant roles. Reassess suitability when duties change or new concerns arise; a DBS check is only one safeguard.

Induction, training and supervision

Before participant contact, staff and volunteers must receive induction covering this policy, reporting routes, boundaries, confidentiality and immediate action. Role-appropriate children/adult safeguarding training is required, with a yearly refresher or update and additional learning when duties or guidance change. Leads need training appropriate to their responsibilities. The DSL maintains a training register and directors review overdue training. These requirements must be evidenced by actual records, not assumed from this policy.

Provide regular supervision and a confidential route for advice and support after disclosures. Record policy acknowledgements, supervision and learning without circulating unnecessary personal information. Staff with unmet training requirements must be supervised or restricted from relevant duties until competent.

Code of conduct

Treat people respectfully; use professional, accessible language; avoid discrimination, intimidation, humiliation and sexualised comments. Never exploit trust, seek loans, borrow money, accept substantial gifts, offer private financial arrangements, or form sexual or exploitative relationships with children or adults at risk encountered through your role.

Use approved organisational communication channels. Do not contact children through private social-media accounts or ask for secrecy. Keep one-to-one work visible or auditable, follow agreed visit arrangements and report boundary concerns. Do not use physical punishment, unnecessary restraint, unauthorised medication or personal care outside your role. Report gifts, conflicts, breaches and concerning behaviour promptly. Consent to photographs or publicity must be separate from access to support.

6. Allegations, complaints and speaking up

Allegations against staff, volunteers or partners

Take every concern seriously, including historical allegations, low-level boundary breaches and behaviour outside work that may affect suitability. Report to the DSL, deputy or an uninvolved director. Where both leads or senior managers are implicated, use statutory routes directly. The subject of an allegation must not control the response or access the reporter's confidential records.

For adults working with children, contact Trafford LADO within one working day where conduct has harmed or may have harmed a child, may constitute a criminal offence against or related to a child, indicates a risk of harm to children, or raises suitability concerns. Refer the child's safety needs separately to Children's First Response. For adult safeguarding and position-of-trust concerns, contact the adult safeguarding service and follow local PiPoT procedures; notify police where a crime is suspected.

Preserve evidence and seek statutory advice before internal investigative interviews. Directors decide proportionate interim measures, such as supervision, restricted duties or suspension; suspension is not automatic or a finding of guilt. Protect the person affected and provide fair support to the individual accused. Consider required DBS referrals where statutory referral conditions are met, including relevant resignations; resignation must not close the matter.

Whistleblowing and complaints

Participants, families, staff and volunteers may raise concerns verbally, in writing or with communication support. Contact a lead or uninvolved director; use statutory services directly if unsafe to report internally. Nobody needs to exhaust a complaints procedure before reporting abuse. Anonymous concerns are considered, although anonymity may limit follow-up. Explain confidentiality limits and prohibit retaliation for concerns raised in good faith.

Record complaints and the outcome. Acknowledge routine complaints within five working days and aim to respond within 20 working days; explain delays. Safeguarding concerns receive immediate triage, not these routine deadlines. Offer review by a director not involved in the original decision or, where none is available, arrange independent review. Signpost statutory routes if risks remain. Staff grievances follow section 7.

Escalation and commissioner notifications

If a referral or internal response does not address ongoing risk, escalate to the service manager, police or relevant safeguarding complaints/escalation process. Record the challenge and response. Inform GMCA of reportable incidents in accordance with its framework and grant agreement, using secure channels and minimum necessary information. Commissioner reporting does not replace statutory referrals.

7. Disciplinary and grievance procedure

Safeguarding protection and statutory referrals take priority and proceed alongside employment procedures. This section sets the minimum procedure; employee contracts and applicable law must also be followed. Directors must use the Acas Code of Practice for employee disciplinary and grievance matters. Volunteer arrangements use a fair equivalent process; employment rights depend on status.

Disciplinary process

An uninvolved manager or director establishes the facts, consulting police/LADO/social care about timing and scope where relevant. Where practicable, different people investigate and decide. Keep records, act consistently, avoid unreasonable delay and consider proportionate interim safeguards. A formal sanction is decided only after a fair process.

Tell the employee in writing what is alleged, the possible consequences and the evidence, allowing reasonable preparation time. Invite them to a meeting to explain and respond, present evidence and relevant witnesses. Allow the statutory right to be accompanied by an eligible fellow worker or trade-union representative and make reasonable adjustments.

Give a reasoned written decision. Where appropriate, specify improvement required, timescales, support and the duration and consequences of a warning. Dismissal, including alleged gross misconduct, requires a fair process. Tell the employee how to appeal. An uninvolved director hears the appeal wherever practicable; where all are conflicted, appoint independent support. Confirm the appeal outcome in writing.

Grievance process

An employee may raise a concern informally if appropriate, but may submit a written grievance to an uninvolved manager or director without using the informal route. Arrange a meeting promptly, allow preparation and the right to an eligible companion, hear the employee's account, investigate as necessary and communicate a reasoned written outcome.

Provide a written appeal route to a person not involved in the original decision wherever practicable. Explain any unavoidable delay and keep the employee informed. For overlapping grievance and disciplinary matters, consider whether to pause or deal with both together fairly, without delaying necessary safeguarding action.

Records and protection

Maintain confidential employment records separately from safeguarding case records, linked only where necessary. Protect complainants and witnesses from victimisation, preserve relevant evidence and explain who may access it. Malicious allegations proven after fair investigation may lead to action; an unsubstantiated concern is not automatically malicious.

8. Safer activities and partner delivery

A responsible activity leader must approve a written risk assessment before delivery and review it when circumstances change. Assess participant needs, venue accessibility, staffing and supervision, first aid, emergency contacts, fire/evacuation arrangements, travel, lone working, home visits, online access and foreseeable safeguarding risks. Set controls, owners and review dates; cancel or adapt activity where risk cannot be managed.

For children's activity, agree supervision appropriate to ages and needs, attendance and collection arrangements, parental permissions where relevant, and a missing-child response. Do not assume a family or mixed community event removes safeguarding responsibility. For adult participation, agree support and accessible communication without treating all older participants as incapable.

For home visits, transport or one-to-one work, use authorised arrangements, staff check-in/out, emergency procedures and agreed boundaries. Do not provide personal care, clinical advice or medication outside competence and authority. Check vehicles, drivers and insurance where transport is provided. Record consent and planned contact; avoid unplanned private meetings.

Online sessions, images and community reporting

Use approved platforms, access controls and moderation. Establish respectful conduct, manage private messages and remove unsafe content or participants with a proportionate response. Explain that participants must not record or circulate another person's information without permission. Obtain separate consent for recordings, photographs, interviews, publication and quotations; declining publicity must not prevent participation.

For online distress or emergencies, establish the person's current location where possible and arrange appropriate local help. Preserve necessary evidence of online harm securely without forwarding harmful material more widely. Follow statutory advice on illegal images; do not download or circulate them.

Partner and subcontractor controls

Before joint delivery, document which organisation leads the activity, receives concerns, makes referrals, holds records and notifies commissioners. Check recruitment, training, competence, insurance and safeguarding arrangements for the agreed work. Share essential contact routes and make them available during sessions. Trafford Veterans CIC retains responsibility for its own staff and actions; a partner's failure to act must be escalated, never used as a reason to delay protection.

9. Records, confidentiality and oversight

Recording and information security

Use factual incident records including dates, exact words where possible, observations, immediate actions, wishes and consent, referrals, decisions, rationale and follow-up. Store safeguarding files separately from general participant files, in access-controlled electronic storage or a locked cabinet. Limit access to authorised leads and necessary directors. Keep an access and sharing record; use secure transfer methods agreed with receiving services.

Do not place case information in public websites, social media, shared group chats, ordinary programme reports or unrestricted email. Apply UK GDPR and the Data Protection Act 2018, as amended: identify the lawful basis and, where required, a special-category condition and appropriate policy documentation. Share information that is relevant, necessary, accurate and proportionate; record recipient, purpose and justification.

The directors must maintain a documented retention schedule covering safeguarding records, employment allegations and complaints, with category-specific retention periods, reasons, review dates and secure disposal. Obtain appropriate advice rather than apply one generic period to every case. Preserve records subject to investigations, litigation holds or statutory advice. Record retention decisions and respond to access requests through the data protection procedure, protecting third parties where required.

10. Listening, support and accessible reporting

Explain safeguarding and reporting routes at first contact and at activities. Offer plain-language, large-print, translated or assisted communication as needed. People may speak to either lead, an uninvolved director or statutory services. Involve the person in decisions, explain next steps and follow up their safety and requested support. Refer to advocacy and specialist help where appropriate. Avoid repeatedly asking them to recount abuse.

11. Monitoring and review

The DSL reviews open concerns and follow-up regularly. Directors review safeguarding at least quarterly using anonymised information on incidents, complaints, recruitment checks, training, partner compliance and outstanding actions. Keep a restricted decision/action log. Review this policy annually and after serious incidents or changed guidance; share improvements with staff and verify implementation.

Before adoption and use, directors must confirm the deputy's contact route and training, access restrictions, retention schedule and operational records. Board adoption, actual DBS/training evidence, risk assessments and completed grant declarations must be separately evidenced. No checklist claim should imply these actions have happened solely because they are required here.

Appendix A. GMCA safeguarding evidence map

Use this map when completing the official Appendix 2 medium-risk checklist. Submit this policy and each additional document relied on. Policy requirements must be supported by real operational evidence; this map is not a signed checklist declaration.

Checklist requirement	Policy section / page	Implementation evidence to retain
Written policy; staff access	1, p1; 5, p5	Adoption minute; policy access and acknowledgements
Named accountable leads	2, p2; 11, p9	Lead/deputy appointment, authority and contacts
Behaviour/code of conduct	5, p5; 8, p8	Signed conduct acknowledgements; boundary controls
Disclosure, consent, sharing	4, p4; 9, p9	Incident records; sharing decisions; secure storage
Confidential reporting / whistleblowing	6, p6; 10, p9	Complaints and escalation log; safe alternative route
Disciplinary and grievance	7, p7	Employee procedure communication; fair-process records
Safer recruitment; lawful DBS	5, p5	Role eligibility assessments, checks, references and decisions
Regular role-appropriate training	5, p5	Training register, certificates, supervision and updates
Planned and risk-assessed activities	8, p8	Approved activity assessments; partner agreements

References and local procedures - checked 12 October 2026

Care Act 2014 and Care and support statutory guidance, chapter 14:

<https://www.gov.uk/government/publications/care-act-statutory-guidance>

Children Acts 1989/2004; Working Together to Safeguard Children 2026:

<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

Trafford adult safeguarding reporting and procedures: <https://www.traffordsab.org/>

Trafford children's safeguarding and LADO routes: <https://www.traffordsafeguardingpartnership.org.uk/>

Acas disciplinary and grievance Code of Practice:

<https://www.acas.org.uk/acas-code-of-practice-on-disciplinary-and-grievance-procedures>

Also apply the Mental Capacity Act 2005; Safeguarding Vulnerable Groups Act 2006 and Protection of Freedoms Act 2012 (DBS); Sexual Offences Act 2003; Equality Act 2010; UK GDPR and Data Protection Act 2018 as amended; and GMCA Appendix 1 Safeguarding Framework and Appendix 2 Medium Risk Checklist supplied with this opportunity.

Appendix B. Safeguarding concern record

CONFIDENTIAL - Complete promptly and store in the restricted safeguarding record. Do not use this form to delay immediate reporting. Continue on a securely linked sheet if needed.

Record reference; date/time of report; reporter and safe contact

Person affected; age/date of birth if known; location; communication needs

Concern, observations and exact words of disclosure (separate facts from opinion)

Immediate safety actions; emergency services; current risk

Person’s wishes; consent; capacity concerns; reason for sharing without consent

Lead notified; date/time; external referral, recipient, reference and advice

Decisions and reasons; follow-up actions, owner and due date; escalation

Completed by; signature/date; lead review; secure storage location
