



**SAFEGUARDING CHILDREN AND ADULTS AT RISK
POLICY AND CODE OF CONDUCT**

Date: January 2024

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EDGWARE AND HENDON REFORM SYNAGOGUE A COMPANY LIMITED BY GUARANTEE - REGISTERED
IN ENGLAND & WALES

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1. AIM OF THE SAFEGUARDING POLICY

Edgware and Hendon Reform Synagogue (EHRS) is committed to providing a safe and healthy environment for all adult and child members, staff and visitors and to promote best safeguarding practice for all. The policy will enable members, employees, trustees, and other volunteers to make an informed response to specific safeguarding issues by having a basic understanding of safeguarding and their responsibilities in relation to this.

It also serves as a statement of intent of EHRS's commitment to safeguarding best practice and legislation to ensure the safety and well-being of children, young people and vulnerable adults in our place of worship and at events run by EHRS. EHRS will ensure that the synagogue environment and culture is one where:

- Everyone knows how to raise concerns, feels safe to raise concerns and are confident that their concerns will be taken seriously;
- Staff are equipped to deal sensitively and effectively with concerns and disclosures;
- Inclusive and anti-discriminatory behaviour is an expectation for members, staff and visitors;
- All forms of bullying, harassment and discrimination or inappropriate sexualised or offensive language and behaviour are not tolerated;
- Safe recruitment practices are followed for all new members of staff, contractors and volunteers.

The policy and practice guidelines below are based on advice from Barnet Council Safeguarding Department and the ten "Safe and Secure Safeguarding Standards" published by Thirtyone:eight (the Churches' Child Protection Advisory Service). EHRS is a member of Thirtyone:eight and is able to consult them about safeguarding issues.

2. ROLES AND RESPONSIBILITIES OF THE EHRS SAFEGUARDING TEAM

We have a safeguarding team consisting of

- the Designated Safeguarding Lead for Safeguarding Children and Vulnerable Adults;
- the Deputy Designated Safeguarding Lead for children;
- the Deputy Designated Safeguarding Lead for vulnerable adults;
- the Chairman and EHRS Council

2.1 Designated Safeguarding Lead and deputies

The Designated Safeguarding Lead (DSL) has overall responsibility for all safeguarding matters for EHRS and will foster a culture of compliance and care at EHRS in respect of safeguarding. This responsibility will include the care of children, vulnerable adults, staff and other parties to whom EHRS owes any duty of care. The DSL will ensure that EHRS meets all applicable statutory and regulatory obligations relating to safeguarding and that all safeguarding policies and procedures are regularly reviewed, fully implemented and followed. The DSL will ensure that safer recruitment practices are followed and that all staff, trustees and volunteers are appropriately trained and supported to follow safeguarding best practices. The DSL will also be responsible for ensuring that the appropriate level of DBS checks is carried out on all staff, trustees and volunteers and that accurate records are kept of these checks and maintained. The DSL, and in their absence the deputies, will have primary responsibility for collating and clarifying the precise details of any allegation or suspicion and then, if appropriate, to pass this on to and liaise with the relevant authorities. This may include the Local Authority Designated Officer (LADO) where the allegation is against staff within the children's workforce in Barnet, the Channel/ Prevent programme and the Police. The DSL will provide support, advice and guidance to others on an ongoing basis and on any specific safeguarding issue as required.

2.2 Designated Safeguarding Lead (DSL) for Children and Vulnerable Adults

The DSL will provide safeguarding support and advice, as appropriate to the Deputy DSLs, Chairman and the EHRS Council. In addition, where any allegation or suspicion arises regarding a member of staff, Rabbi or Council Member the DSL will be informed as soon as possible. It will then be agreed who will take responsibility for investigating the allegation or suspicion and, where appropriate, for liaising with the relevant authorities. The DSL will keep the appropriate Deputy DSL and Chairman informed of all relevant matters coming to their attention and work together in the fulfilment of their responsibilities. Any difference of view will be taken to, and resolved by, the Chairman.

2.3 The Chairman and EHRS Council

The Chairman and EHRS Council are responsible for ensuring that EHRS appoints an appropriately trained and experienced DSL and that appropriate safeguarding policies

and procedures are put in place and regularly reviewed and updated to ensure that EHRS is a safe and healthy environment for all staff, members, visitors and children.

3. REPORTING ALLEGATIONS OR SUSPICION OF ABUSE

Under no circumstances should an employee, visitor or any other person carry out their own investigation into an allegation or suspicion of abuse. Detailed definitions and signs and indicators of abuse are included later in the policy. The procedures below should be followed, with a written record of the concerns which should be noted and kept in a secure place. It is very important that suspicions or allegations must not be discussed with anyone other than those listed below. Where there is a possibility of a serious incident concerning safeguarding, the Designated Safeguarding Lead or Deputy will, whilst maintaining appropriate confidentiality at this stage, also inform the Chairman. Where an allegation of abuse has been made or a suspicion raised, it will be the responsibility of the Designated Safeguarding Lead to agree with the Chairman/appropriate Deputy DSL who should carry out the investigation and liaise with the relevant authorities. It will be the responsibility of the Designated Safeguarding Lead to ensure that the EHRS insurers are contacted, where appropriate.

3.1 The person in receipt of allegations or suspicions of abuse should report concerns as soon as possible to:

SHARON GARSON, the Designated Safeguarding Lead (DSL) for EHRS who is nominated by the EHRS Council to act on their behalf in dealing with the allegation or suspicion of neglect or abuse, including referring the matter on to the statutory authorities.

In the absence of the Designated Safeguarding Lead, the report should be made to:

VAL JOSEPH the Deputy Designated Safeguarding Lead for adults or

MARIAN COHEN the Deputy Designated Safeguarding lead for children

MILISSA SEILER DESIGNATED SAFEGUARDING LEAD, NAGILA NURSERY

3.2 Or if the suspicions in any way involve the Designated Safeguarding Lead, then the report should be made to either:

VAL JOSEPH the Deputy Designated Safeguarding Lead for adults or

MARIAN COHEN the Deputy Designated Safeguarding lead for children

MILISSA SEILER DESIGNATED SAFEGUARDING LEAD, NAGILA NURSERY

3.3 In the case of an allegation or suspicion about a member of staff, a Rabbi, a member of the EHRS Council: the Designated Safeguarding Lead will share the information as soon as possible or anyway within twenty-four hours, with:

JEREMY HARROD, the Chairman

3.4 Nagila Nursery

The Nagila Nursery is part of Edgware and Hendon Reform Synagogue. It has its own safeguarding policy which can be found at <https://www.ehrs.uk/nagila-pre-school/>. Should any concerns be reported to EHRS about anyone connected to the school, we will follow our procedures. They may be referred to the Nagila Nursery Designated Safeguarding Lead on a need-to-know basis.

3.5 Liaison with External Services

The Designated Safeguarding Lead or appropriate deputies, where there is a child or adult in need of protection, will contact as appropriate:

- Thirtyone:eight for general safeguarding advice
- Barnet Children's Services
- Barnet Adult Care Services
- Barnet LADO Service (if the allegation is of abuse perpetrated by a member of staff or a volunteer towards a child)
- The Police
- See pages 3 and 4 for all contact details.

3.6 Reporting Allegations or Suspicions of Abuse – General principles

If allegations have been made about a person who EHRS believes holds a role elsewhere, then Barnet Social Services should be consulted with regards to reporting, taking into consideration the General Data Protection Regulations.

Whilst allegations or suspicions of abuse will normally be reported to the persons listed above, in the absence of any of such persons, depending on the necessity and urgency of the information there should not be any delay in contacting Social Services, or the Police and/or Thirtyone:eight.

The EHRS Council will support the Designated Safeguarding Lead or appropriate Deputy in their roles and accept that any information they may have in their possession will be shared on a need-to-know basis.

It is, of course, the right of any individual as a citizen to make a direct referral to the safeguarding agencies or seek advice from Thirtyone:eight, although it is hoped that that staff and members of EHRS will report their suspicions using the procedure above in the first instance.

If, however, the individual with the concern feels that the Designated Safeguarding Lead has not responded appropriately, or where they have a disagreement with the Designated Safeguarding Lead or their Deputy as to the appropriateness of a referral, they are free to contact an outside agency directly. It is hoped by making this statement that the EHRS Council demonstrates its commitment to effective safeguarding and the protection of all those who are vulnerable and in need of protection.

4. WHERE THERE IS A CONCERN ABOUT A CHILD

Procedures for the Designated Safeguarding Lead.

4.1 Allegations of physical injury, neglect or emotional abuse.

If a child has a physical injury, a symptom of neglect or where there are concerns about emotional abuse, the Designated Safeguarding Lead or their Deputy will:

- contact Children's Social Services and/or Thirtyone:eight for advice in cases of deliberate injury, if concerned about a child's safety or if a child is afraid to return home;
- not tell the parents or carers unless advised to do so, having contacted Children's Social Services;
- seek medical help if needed urgently, informing the doctor of any suspicions;
- for lesser concerns, (e.g. poor parenting), encourage parent/carer to seek help, but not if this places the child at risk of significant harm;
- where the parent/carer is unwilling to seek help, offer to accompany them. In cases of real concern, if they still fail to act, contact Children's Social Services direct for advice.

- seek and follow advice given by Thirtyone:eight (who will confirm their advice in writing) if unsure whether or not to refer a case to Children’s Social Services.

4.2 Allegations of Sexual Abuse

In the event of allegations or suspicions of sexual abuse, the Designated Safeguarding Lead or their Deputy will:

- contact the Children’s Social Services Department Duty Social Worker for children and families or Police Child Protection Team direct. They will NOT speak to the parent/carer or anyone else;
- seek and follow the advice given by Thirtyone:eight if, for any reason they are unsure whether to contact Children’s Social Services/Police. Thirtyone:eight will confirm its advice in writing for future reference.

5. WHERE THERE IS A CONCERN THAT AN ADULT IS IN NEED OF PROTECTION

Procedures for the Designated Safeguarding Lead:

5.1 Suspicions or allegations of abuse or harm including physical, sexual, organisational, financial and discriminatory; neglect, self-neglect, forced marriage, modern slavery and domestic abuse.

If there is concern about any of the above, the Designated Safeguarding Lead or their Deputy will:

- contact the Adult Social Care Team who have responsibility under the Care Act 2014 to investigate allegations of abuse. Alternatively, Thirtyone:eight can be contacted for advice.
- If the adult is in immediate danger or has sustained a serious injury contact the Emergency Services, informing them of any suspicions.

5.2 If there is a concern regarding spiritual abuse, the Designated Safeguarding Lead or their Deputy will:

- contact Thirtyone:eight and in discussion with them will consider appropriate action with regards to the scale of the concern;
- identify support services for the victim i.e. counselling or other pastoral support

6. ALLEGATIONS OF ABUSE AGAINST A PERSON

6.1 Allegation made against a member of staff, Rabbi, or Member of the EHRS Council.

If an accusation is made against a member of staff, Rabbi or member of the EHRS Council, whilst following the procedure outlined above, the DSL may consult with the Chairman in accordance with Local Safeguarding of Children or Adult Services' procedures and may need to consult with Children's or Adult Social Services about appropriate action to be taken, including that of suspension during the investigation. It should be made clear, however, that should a suspension be seen as appropriate, this does not imply any finding of guilt or otherwise. It is likely to be better for the individual concerned and the effectiveness of the investigation that the individual is not present at this time.

Should the allegation be proven, then the Designated Safeguarding Lead may consult with the Chairman and Head of HR to determine if a referral should be made to the Disclosure and Barring Service which manages the list of those people deemed unsuitable for working with children or adults with care and support needs either by the designated appointed officer within Barnet Children's or Adult Services Team or by EHRS notifying the DBS.

6.2 Allegation against a person who works with children/young people.

If an accusation is made against a member of staff or volunteer, whilst following the procedure outlined above, the Designated Safeguarding Lead will work jointly with the appropriate Deputy DSL, in accordance with Local Safeguarding of Children procedures and in liaison with Barnet's LADO Service to investigate exactly what occurred.

6.3 Allegation against a person who works with adults with care and support needs.

If an accusation is made against a member of staff or volunteer whilst following the procedure outlined above, the Designated Safeguarding Lead will work jointly with the appropriate Deputy DSL, in accordance with Local Authority Adult Services' procedures. The Care Act places the duty upon the local authority's Adult Services to investigate situations of harm to adults with care and support needs. This may result in a range of options including action against the person or organisation causing the harm, increasing the support for the carers or no further action if the 'victim' chooses to take no further

action and they have the capacity to communicate their decision. However, this is a decision for Adult Services to decide - not EHRS.

7. RECEIVING A DISCLOSURE

A disclosure might be made by a child/young person or an Adult with Care and Support Needs to an EHRS member of staff or volunteer that the Child or Adult at Risk sees as a trusted authority figure, possibly in the course of a visit, at the synagogue, at an EHRS event, on a trip or at the Religion School. This may be because synagogue staff are not their family or carers and they feel they are in a secure environment. Whatever the reason, any disclosure must be listened to sensitively, carefully and handled in the correct manner. If you receive a disclosure, an internal referral to EHRS's Designated Safeguarding Lead should be made as soon as the concern becomes known, on the same day if possible and most certainly within twenty-four hours.

KEY PRINCIPLES

- **RECEIVE INFORMATION**
- **REASSURE (but don't make promises)**
- **MAKE SAFE**
- **REFER TO THE EHRS SAFEGUARDING LEAD**
- **RECORD**

7.1 RECEIVE THE INFORMATION:

If a child or adult at risk asks if they can tell you something or you feel that they are about to disclose:

- It is important to be ready to listen.
- Never promise you can keep anything secret, however it is important to assure them that the matter will only be disclosed to people who need to know about it.
- If they then decide not to tell you, don't pressure them - just inform the Designated Safeguarding Lead or the appropriate deputy Designated Safeguarding Lead or if the Designated Safeguarding Leads are not available, inform the Chairman. If no one is

available, inform the most senior person that you can find what has happened or what you might suspect and follow this up in writing.

- If the Child or Adult at Risk accepts that you may have to pass on any information they give you, it may be appropriate to suggest that both of you go to the Designated Safeguarding Lead or appropriate Deputy DSL (as they would probably want to talk to the Child or Adult at Risk themselves). However, don't pressure them to do this if you sense a reluctance that may impact on them continuing with the details of their disclosure.
- If what the Child/Adult at Risk has to tell is very distressing, it is advisable to try to minimise the number of times that they have to repeat it.
- Listen to what is being said, trying not to display shock or disbelief, remaining as neutral as possible. • Accept what is being said, be empathetic, but do not comment upon it or ask questions – allow them to tell the whole story without interruption.
- Do not ask 'leading' or suggestive questions, for example, "What did s/he do next?" (This assumes s/he did!), or, "Did s/he touch your private parts?" Such questions may invalidate your evidence (and that of the individual) in any later prosecution in court or family proceedings.
- Any questions should be open – "what happened?" and intended to help them tell their story. Avoid questions that are based in curiosity – do not for example ask "why would they do that?".

7.2 Reassure:

When a Child/Adult at Risk discloses to you, stay calm and be reassuring. In the most appropriate way possible, try to convey that:

- you are glad they told you;
- you have heard what they have said to you;
- it is not their fault;
- you will do your best to protect and support them;
- reassure them but only so far as is honest and reliable; for example, don't make promises you may not be able to keep, such as, "I'll stay with you", or, "Everything will be alright now".

- Alleviate guilt if they refer to it. For example, you could say: "You are not to blame."
"You are not alone", "we will support you."
- Do not criticise the alleged perpetrator.

7.3 Make safe:

The immediate priority in all instances of any allegation/suspicion of unacceptable behaviour is to keep the suspected victim safe from further immediate harm or distress. It is worth checking with the suspected victim what can be done immediately to keep them safe. For example, asking if they feel safe to re-join the activity or would like to sit in another room with a protective adult until you can get more advice from the EHRS Designated Safeguarding Lead. However, it is paramount to follow the correct internal reporting protocol, to ensure the EHRS Designated Safeguarding Lead is made aware at the earliest opportunity so that appropriate and correct support is provided as a priority and EHRS's Legal Duty of Care and Safeguarding and Protection responsibilities can be fulfilled.

7.4 Refer:

Once immediate danger is removed, at the earliest opportunity you MUST:

- promptly pass a verbal account to the EHRS Designated Safeguarding Lead as soon as possible, same day if at all possible and anyway within twenty-four hours and follow it up in writing recording the date, time and all other key information;
- It is your duty of care to refer this information – you cannot keep it confidential;
- If the EHRS Designated Safeguarding Lead or appropriate Deputy DSL is available, make contact with the most senior EHRS person available, such as one of the Rabbis or the Chairman, who can help you make the right assessment and appropriate action. • They should then alert the EHRS Designated Safeguarding Lead as soon as is possible.

7.5 Record (write down):

- the nature of the allegation, including as much detail as possible on what was actually said by the Child/Adult at Risk (record only the facts you were told not your own judgement or assumptions);
- names, address, and contact details;

- any observations on behaviour/emotional state or injuries/bruising;
- time, location and date of disclosure and sign and date the notes.

Do not investigate the matter yourself, merely receive information and be ready to refer on to the EHRS Designated Safeguarding Lead.

8. PASTORAL CARE

8.1 Supporting those affected by abuse

The EHRS Council is committed to offering pastoral care, working with statutory agencies as appropriate and to supporting all those who have been affected by abuse who have contact with or are part of our organisation.

8.2 Working with those who have had Allegations of Abuse Claims made against them

Anyone against whom a safeguarding allegation has been made will, whilst suspended, be offered an internal link person during the investigation, for support. To the extent lawfully allowed, they will be informed of the allegation and kept informed as to its progress. The link person will report regularly to the Designated Safeguarding Lead. Following an investigation, if a person wishes to participate in activities or to become part of EHRS, the Chairman will have absolute discretion as to whether to allow them to do so, or not, and the terms on which they may do so. In exercising their discretion, the Chairman will have in mind both the protection of the vulnerable and limiting the possibility of the person being wrongly suspected of abuse in the future.

9. RECOGNISING AND RESPONDING APPROPRIATELY TO AN ALLEGATION OR SUSPICION OF ABUSE

9.1 What is abuse?

Abuse and neglect take many forms and can occur in any relationship. Where someone is dependent on another, there is the possibility of abuse or neglect unless adequate safeguards are put in place.

Abuse is a misuse of power and control that one person has over another but is not restricted to any socio-economic group, gender or culture. Abuse can be the result of an act or a failure to act.

The issue of protection arises when it is believed the Child/Adult is at risk of suffering harm, be that physical, emotional, neglect or sexual harm, forms of exploitation, or the violation of their rights or well-being by another person or persons.

9.2 Understanding abuse and neglect

Defining child abuse or abuse against an adult is a difficult and complex issue. A person may abuse by inflicting harm or failing to prevent harm. Children and adults in need of protection may be abused within a family, an institution or a community setting. Very often the abuser is known or in a trusted relationship with the child or adult. In order to safeguard those in our places of worship and organisations we adhere to the UN Convention on the Rights of the Child and have as our starting point as a definition of abuse, Article 19 which states:

- Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.
- Such protective measures should, as appropriate, include effective procedures for the establishment of social programmes to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement. Also, for adults the UN Universal Declaration of Human Rights with particular reference to Article 5 which states: No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.

10. DEFINITIONS AND ASSOCIATED SIGNS AND INDICATORS OF ABUSE OF A CHILD (PERSON UNDER 18).

10.1 The four definitions of abuse below (Physical, Sexual, Emotional and Neglect), operate in England based on the government guidance 'Working Together to Safeguard Children (2018)'.

- **Physical:** This includes assault, hitting, slapping, pushing, shaking, throwing, burning, scalding and suffocating as well as other physical abuse. It can result when a parent

or carer deliberately causes ill health of a child. Symptoms that indicate physical abuse include: bruising, scars of different ages and lengths from untreated wounds, fractures and marks that repeat.

- **Sexual:** This includes forcing or enticing a child or young person to take part in sexual activity or watch sexual acts, whether or not the child is aware of what is happening. This may include physical contact from inappropriate touching to full penetration and also non-contact activity such as indecent exposure or inappropriate nudity, pornography or taking sexual photographs. Any sexual act with a child is a criminal act. Symptoms of sexual abuse may include allegations or disclosure; genital soreness or discomfort; sexually transmitted disease (STD's); sexualised play or behaviour; a child who is sexually provocative; nightmares; eating disorders; going missing from school and home; self-harm; drug and or alcohol abuse; depression and other forms of mental health problems.
- **Emotional** (including psychological abuse): This happens when a child's need for love, security, praise and recognition are not met. It may co-exist with other forms of abuse. Emotional abusive behaviour occurs if someone is constantly hostile, rejecting, threatening, intimidating, blaming, controlling, undermining or verbally abusive. It can result if developmentally inappropriate expectations are placed on a child or if a child is isolated or denied contact and opportunities to engage with others. Bullying, cyber bullying, isolation or unreasonable exclusion within own social groups can also cause extreme distress. Symptoms may include: being excessively clingy or attention seeking behaviour; low self-esteem; fearfulness; despondency; constantly seeking to please; lack of appropriate boundaries; anxiety; eating disorders/various mental health problems. Children who witness and experience domestic abuse are subject to emotional abuse.
- **Neglect** (acts of omission): This includes ignoring emotional wellbeing, physical care or medical needs, failure to provide access to educational services, developmental stimulation, or not giving a child what they need to live safely, such as adequate food/nutrition, clothing, heating, shelter, warmth. It includes failure to protect a child from harm. Symptoms may include inadequate supervision, being left alone for long periods; lack of stimulation, social contact or education; inadequate nutrition; child who is constantly hungry, stealing or gorging food; failure to provide adequate

standards of hygiene, clothing, and comfort in the home; failure to seek or follow medical advice so that a child's life or development is affected and endangered.

10.2 Additional Definitions are:

- **Domestic:** This includes psychological, physical, sexual, or emotional abuse. It also covers so-called 'honour' based violence.
- **Self-neglect:** This covers a wide range of behaviour which shows that someone is not caring for their own personal hygiene, health or surroundings. This may include hoarding, self-harm, extreme eating patterns/eating disorders.
- **Forced marriage:** Forced marriage can happen across all cultures. It is when someone is pressured into an arranged marriage or forced to marry someone they have not freely chosen. It can also happen if someone is under the age of 18 or does not have the mental capacity to make their own choices. Signs of forced marriage might be:
 - a. someone having a brother or sister who has been forced to marry;
 - b. parents talking about marriage;
 - c. hearing talk of weddings or parties;
 - d. talk of family members coming to live with the family, or family trips overseas;
 - e. wedding photos, clothes, gifts, Mehdi henna;
 - f. unreasonable restrictions being placed on someone at home;
 - g. how much the person's family deals with professionals who might help with organising a wedding or a visa before a trip overseas.
- **Modern slavery:** This covers slavery (including domestic slavery), human trafficking and forced labour. Traffickers and slave masters use whatever they can to pressurise, deceive and force individuals into a life of abuse and inhumane treatment. This can also include criminal activity such as gangs using younger children to move drugs or weapons between locations as well as sexual exploitation of children.
- **Discriminatory:** This includes types of harassment or insults because of a child's race, gender or gender identity, disability, sexual orientation or religion.
- **Organisational:** This includes neglect and poor care in an institution or care setting such as a hospital or care home, or if an organisation provides care in someone's

home. The abuse can be a one-off incident or repeated on-going ill treatment. The abuse can be through neglect or poor professional practice, which might be because of structure, policies, processes and practices within an organisation. • **Spiritual Abuse:** This has not currently been recognised in legislation, but religious institutions need to have an awareness to respond appropriately and in serious cases it may fall under other categories of abuse identified above and in legislation.

- **Female Genital Mutilation (FGM):** Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. It is important to note that the procedure has no health benefits. This constitutes physical, emotional and sexual abuse.

10.3 General signs that may indicate abuse, neglect or welfare concerns of a child.

(These are examples and do not constitute an exhaustive list):

- a child is being kept off school a great deal
- a child is being bullied by other children, online or in person
- a child is not being properly cared for e.g. not properly fed, clothed or treated when ill or injured
- a child does not appear to be growing at the rate he/she should be or is being left to fend for themselves
- the state of a house/flat that a child is living in is so dangerous as to be putting them at risk
- a child's behaviour or language suggests that his/her awareness of sex is beyond what it should be for his/her age and stage of development
- a child is harming themselves
- a child has injuries that cannot be explained as an accident
- a parent keeps taking a child to hospital or a health centre
- there are signs of mental health, drugs, alcohol problems, domestic abuse or violence in the home • a child is being exposed to or used in the selling of drugs, for

sex or in other crimes/a child is seeing things of a harmful nature well beyond their years

- a mental health illness in the home raises some doubts about the parent's ability to safely and responsibly care for their children (this does not mean that everyone assessed as having a mental health diagnosis cannot be a good parent)
- it appears that a child has needs (possibly due to the parent's disability or learning difficulties) for which they are not getting help and support
- a child is the main carer in the family (as a result, they can lose out on their childhood and have many of their own needs ignored)
- the main carers for the child are becoming too old and frail to carry on looking after them
- it appears that there is no responsible adult caring for the child
- a child is with people who are homeless, there may be poor conditions that the child is living in (which could be affecting his/her health and development)
- a young person is leaving care
- complaints within the community about 'anti-social' behaviour or that a child is exhibiting disruptive behaviour
- adults, gangs, or older children are using children to commit crime
- there are strangers hanging around outside the school or home.

The above list shows some of the signs (there can be others) that abuse might be taking place. If something on this list happens, it does not automatically mean someone is being abused – it means a further assessment is needed. Abuse can take many forms. It might not fit comfortably into any of the above categories, or it might fit into more than one. Abuse can be carried out by one child towards another. This is still abuse and should be dealt with. The child who abuses may also be neglected or abused which could also be reason for a safeguarding referral.

10.4 Who might be an abuser?

Children can be abused by a wide range of people – anyone, in fact, who has contact with them. This includes family members/other carers, professional staff, paid care workers, other children or vulnerable adults, volunteers, other service users, neighbours, friends and associates, people who deliberately take advantage of children or vulnerable people, strangers and people who see an opportunity to abuse.

Abuse is always wrong but it is especially worrying when carried out by someone in a position of power or authority, who uses that power to harm a child.

11. DEFINITIONS AND ASSOCIATED SIGNS AND INDICATORS OF ABUSE OF AN ADULT WITH CARE & SUPPORT NEEDS

11.1 The following definitions are listed in the Care Act 2014:

- **Physical:** This includes assault, hitting, slapping, pushing, giving the wrong (or no) medication, restraining someone or only letting them do certain things at certain times.
- **Domestic:** This includes psychological, physical, sexual, financial or emotional abuse. It also covers so-called ‘honour’ based violence.
- **Sexual:** This includes rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, taking sexual photographs, making someone look at pornography or watch sexual acts, sexual assault or sexual acts the adult did not consent to or was pressured into giving their consent.
- **Psychological:** This includes emotional abuse, threats of harm or abandonment, depriving someone of contact with someone else, humiliation, blaming, controlling, intimidation, putting pressure on someone to do something, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or support networks.
- **Financial or material:** This includes theft, fraud, internet scamming, putting pressure on someone about their financial arrangements (including wills, property, inheritance or financial transactions) or the misuse or stealing of property, possessions or benefits. Financial abuse can occur by itself but research has shown

that where other forms of abuse take place, there is likely to be financial abuse too.

Signs that might show financial abuse is occurring: -

- a change in living conditions;
- selling possessions;
- being unable to pay bills, or an unexplained lack of money;
- money being taken out of an account without a reason;
- financial documents being lost without a reason;
- someone being cut off from family, friends or their social network;
- a carer appearing to have more money to spend on things like clothes, travel or accommodation;
- sudden changes to a bank account or how someone uses it;
- new or unexplained authorised signatures on a client or acting representatives account or financial documents;
- money being taken without permission or more frequently from the adult at risk's ATM card;
- sudden or unexpected changes to someone's will or other financial documents.
- **Modern slavery:** This covers slavery (including domestic slavery), human trafficking and forced labour. Traffickers and slave masters use whatever they can to pressurise, deceive and force individuals into a life of abuse and inhumane treatment.
- **Discriminatory:** This includes types of harassment or insults because of someone's race, gender or gender identity, age, disability, sexual orientation or religion.
- **Organisational:** This includes neglect and poor care in an institution or care setting such as a hospital or care home, or if an organisation provides care in someone's home. The abuse can be a one-off incident or repeated, on-going ill treatment. The abuse can be through neglect or poor professional practice, which might be because of structure, policies, processes and practices within an organisation.
- **Neglect and acts of omission:** This includes ignoring medical, emotional or physical care needs, failure to provide access to educational services, or not giving someone what they need to help them live, such as medication, enough nutrition and heating.
- **Self-neglect:** This covers a wide range of behaviour which shows that someone is not caring for their own personal hygiene, health or surroundings. It includes behaviour such as hoarding.

- and additionally: **Forced marriage:** Forced marriage can happen across all cultures. It is when someone is pressured into an arranged marriage or forced to marry someone they have not freely chosen. It can also happen if someone lacks the mental capacity to make their own choices. Signs of forced marriage might be: - someone having a brother or sister who has been forced to marry; - parents talking about marriage; - hearing talk of weddings or parties; - talk of family members coming to live with the family, or family trips overseas; - wedding photos, clothes, gifts, Mehdi henna; - unreasonable restrictions being placed on someone at home; - how much the person's family deals with professionals who might help with organising a wedding or a visa, before a trip overseas.

The above list shows some of the signs (there can be others) that abuse might be taking place. If something on this list happens, it does not automatically mean someone is being abused – it means a further assessment of the situation is needed. Abuse can take many forms. It might not fit comfortably into any of the above categories, or it might fit into more than one. Abuse can be carried out by one adult at risk towards another. This is still abuse and should be dealt with as such. The adult at risk who abuses may also be neglecting him/herself which could also be reason for a safeguarding referral.

11.2 Signs that may indicate risk of abuse, neglect or welfare concerns of an Adult with Care & Support Needs

A person aged 18 years or over who may be unable to take care of themselves and are getting or may need help and services to live in the community, or to protect themselves from harm or from being exploited.

This may be a person who:

- Is elderly and frail
- Has a mental illness including dementia
- Has a physical or sensory disability
- Has a learning disability
- Has a severe physical illness
- Is a substance misuser
- Is homeless

12. EHRS COUNCIL'S COMMITMENT

12.1 Best Practice for Contact with Children or Adults at Risk

As well as protecting the child/adult, all EHRS staff and volunteers (paid or unpaid) need to conduct themselves in a professional and sensible way, to prevent any risk of violating protection law and in order that best practice is followed. Some basic rules include:

- Do not have physical contact with them;
- If there is a need to talk, find a quiet corner, in a public place if possible;
- Do not be alone with them if it can be avoided;
- If alone with them, ideally let someone know and leave the door open;
- If away on a trip, best practice is not to go unaccompanied into dormitories.

12.2 Practice guidelines

As an organisation / place of worship working with children, young people and adults with care and support needs, EHRS wishes to operate and promote good working practices. This will enable staff and volunteers to run activities safely, develop good relationships and minimise the risk of false or unfounded accusations.

12.3 Management of Workers – Codes of Conduct

As well as this policy and associated training providing a general code of conduct for staff and volunteers, the EHRS Council will ensure that all staff and volunteers receive support and supervision. Line managers on the EHRS staff also provide guidance for every activity in which they are involved, as defined in their job descriptions. Staff and volunteers will be issued with this Policy, as a code of conduct towards children, young people and adults with care and support needs, so there are clear boundaries with regards to the professional relationships developed with the Synagogue's members and clients. This is also applicable to the way colleagues treat one another when working at EHRS. To avoid power imbalances, EHRS recognises the importance of this Code of Conduct and will strive to encourage a culture of open feedback and mutual respect throughout our organisation, so any EHRS member, client, employee or volunteer feels comfortable in suggesting improvements to existing processes or services, where enhancements can be

made. This will also help to prevent situations that may be perceived as coercive and controlling.

12.4 Safeguarding Awareness Training

The EHRS Council is committed to on-going safeguarding training and development opportunities for all staff, developing a culture of awareness of safeguarding issues to help protect everyone. The Designated Safeguarding Lead will ensure that all staff and volunteers will:

- undertake safeguarding training on a regular basis, appropriate to their role and the department they work in (see details below);
- if newly appointed, will receive induction training in which safeguarding will be an important element and undertake regular safeguarding refresher training thereafter;
- receive a copy of this policy document and be required to read and sign it to confirm their understanding of its content and their personal obligation with regards to ensuring Safeguarding compliance;
- know who in their team they can talk to for ongoing support with any queries/challenges they may encounter.

12.5 EHRS staff in “potential high risk” departments, such as Education, Social Care, Social Action and the Rabbinic team:

Permanent Employees:

- Will attend a Safeguarding training seminar at level 2 for adults and/or children (delivered by an approved provider such as the Safeguarding Children’s/Adult Protection Board of London Borough of Barnet, Social Care institute for Excellence (SCIE) or Thirtyone:eight either in person or online, as part of their induction and thereafter at least every 3 years, or sooner if there are major changes in Safeguarding practice/legislation.
- Other workers and volunteers or those employees who work less than 1 day per week: Will be given a briefing on Safeguarding, either online by an approved safeguarding provider or delivered by a “Safeguarding trained” EHRS member of

staff as part of their induction and thereafter at least every 3 years or sooner if there are major changes in Safeguarding practice/legislation.

- Employees, other workers and volunteers from other “general departments” at EHRS or those who volunteer as part of the Synagogue Membership Community:
- Will attend a briefing on Safeguarding, delivered either online by an approved safeguarding provider or by a “Safeguarding trained” EHRS member of staff on induction and at least every 3 years, or sooner if there are major changes in Safeguarding practice/legislation.

12.6 The EHRS Council through the Designated Safeguarding Lead, will also ensure that:

- children and adults with care and support needs are provided with information on where to get help and advice in relation to abuse, discrimination, bullying or any other matter where they have a concern;
- EHRS displays the Childline number in prominent locations within the Synagogue (e.g. Toilets);
- the Religion School curriculum also teaches children and young people about bullying prevention, no violence and accepting others for who they are (diversity, interfaith and anti-discrimination);
- children are encouraged to talk with staff from the EHRS Education Team about any challenges or difficulties they may have;
- the statement of commitment will be included in the Religion School’s prospectus and parents will be guided to the website if they need further information about the synagogue’s safeguarding policy;
- older members attending social activities are encouraged to discuss any challenges or difficulties they may have with staff from the EHRS Community Care Team.
- Staff and volunteers should not make contact with children or vulnerable adult service users on social media that is not sanctioned or overseen by EHRS. If any relationship pre-exists an individual joining EHRS, this must be declared. Please refer to the operations handbook which outlines best practice behaviours required of all EHRS staff and volunteers. There are also bespoke requirements set out in individual job descriptions and instructions given to volunteers. If individuals have any doubt or queries regarding safeguarding best practice, they should speak to their line manager or, for volunteers, the person in charge.

13. PREVENTION

13.1 Safe Recruitment

The EHRS Council will ensure all staff and volunteers will be appointed, trained, supported and supervised in accordance with government guidance on safe recruitment. This includes ensuring that:

- there is a written job description / person specification for the post;
- those short listed have been interviewed and at least one interviewer will have been trained in safeguarding interviewing;
- safeguarding has been discussed at the interview;
- those applying have completed an application form and a self-declaration form;
- a Disclosure and Barring check has been completed at the appropriate level. Enhanced DBS checks, together with checks on the barred list will be carried out for those people working unsupervised with children and vulnerable adults and accurate records will be kept. EHRS staff will comply with Code of Practice requirements concerning the fair treatment of applicants and the handling of information;
- the applicants' identities have been verified from their passports or other photographic ID and the right to work in the UK has been evidenced;
- qualifications where relevant have been verified;
- written references referencing safeguarding children or vulnerable adults have been obtained, and followed up where appropriate;
- a suitable training programme is provided for the successful applicant;
- the applicant has successfully completed a probationary period;
- the applicant has been given a copy of the organisation's safeguarding policy and knows how to report concerns.

13.2 Working in Partnership

The diversity of organisations, contractors and settings means there can be great variation in practice when it comes to safeguarding children, young people and adults. This can be because of cultural tradition, belief and religious practice or understanding, for example, of what constitutes abuse. This document forms clear policy guidelines with regards to EHRS practice and organisational expectations, which also apply to those with whom EHRS works in partnership, whether in the UK or overseas. Before any work is

undertaken in partnership with another organisation (be it funding or any other project), the organisation will be asked to read this policy and to confirm in writing that they have done so. EHRS will also need to be satisfied that the organisation has safeguarding practices that reflect the values and principles of Edgware and Hendon Reform Synagogue. Therefore, a copy (electronic or paper) of their policy and details of their procedures will be requested so EHRS can be satisfied that their policies are robust and fit for purpose. This may entail a meeting with their safeguarding lead and could result in a request to them to improve their practice before any partnership is agreed. EHRS will discuss with all partners safeguarding expectations and is also in the process of developing a formal Partnership Agreement for Safeguarding. It is also EHRS' expectation that any organisation using EHRS premises, as part of a letting agreement will have their own policy that meets EHRS's safeguarding standards. EHRS is currently developing processes to help ensure this. Good communication is essential for promoting best practice in safeguarding, both to those EHRS wishes to protect, to everyone involved in working with children and adults in need of protection and to all those with whom EHRS works in partnership. This safeguarding policy is just one means of promoting safeguarding.

This policy will be reviewed annually or earlier if needed, thereafter.

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