

SAFEGUARDING POLICY

1. Introduction

- 1.1. Safeguarding is the practice of protecting children and vulnerable adults from harm, physically and emotionally.
- 1.2. POD does not normally work with children, young people and/or at-risk adults, but may do so occasionally, for example at events.
- 1.3. The purpose of this policy is:
 - 1.3.1. to protect children, young people and at-risk adults with whom we may interact;
 - 1.3.2. to provide the overarching principles that guide our approach to safeguarding;
 - 1.3.3. to comply with all legal obligations placed upon POD by the Safeguarding Vulnerable Groups Act 2006 (England and Wales) and the Protection of Vulnerable Groups (Scotland) Act 2007 (Scotland).

2. Who this policy applies to

- 2.1. This policy statement applies to anyone working on behalf of POD, including board members, paid staff, volunteers and agency staff.

3. What this policy covers

- 3.1. This policy has been drawn up based on legislation, policy and guidance that seeks to protect children, young people and at-risk adults during the recruitment and selection process and safeguarding issues that arise during employment in circumstances where children or service users are placed at risk, or where they could have been placed at risk.
- 3.2. Children and young people are defined as a person or people aged under 18 years.

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- 3.3. At-risk adults are defined as a person aged 18 years or over, who is:
- 3.3.1. in need of community care services by reason of mental or other disability, age or illness;
 - 3.3.2. unable to take care of themselves;
 - 3.3.3. unable to protect themselves against harm or exploitation.

4. How safeguarding is likely to relate to our work

- 4.1. We believe that we have a responsibility to promote the welfare of all children, young people and at risk adults, to keep them safe and to carry out our activities in a way that protects them and doesn't expose them to any undue risks. We also believe that all children, young people and at-risk adults, regardless of age, disability, gender reassignment, race, religion or belief, sex, or sexual orientation have a right to equal protection from all types of harm or abuse.
- 4.2. It is very important to understand the process that you are required to follow if a safeguarding concern arises. Examples of safeguarding concerns could be that:
- 4.2.1. you witness a parent or carer physically abusing a child or young person;
 - 4.2.2. you are concerned that a volunteer is, or has been, subjected to psychological abuse (such as being denied adequate breaks or access to food and water while volunteering);
 - 4.2.3. talking to a vulnerable person leads to concern that they are at risk.
- 4.3. Please note that you do not need to have absolute certainty that there is a safeguarding issue to report a concern (using the process outlined in Appendix A). If you suspect, or are made aware that others suspect, that

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any child, young person, or at-risk adult is at risk of physical or psychological abuse or neglect then you should report this, using the process outlined in this policy. This will ensure that all potential concerns are followed up in a reasonable, confidential and appropriate manner.

5. Definitions and signs of abuse and neglect

- 5.1. This section provides definitions of abuse and neglect based on UK safeguarding legislation and guidance, including the Children Act 1989, Children Act 2004, and Care Act 2014. Recognizing the signs of abuse and neglect is a vital part of POD's commitment to ensuring the safety and well-being of all users and staff.
- 5.2. Definitions of abuse and neglect and the signs that all POD employees and volunteers must look out for.

5.2.1. Physical Abuse

Definition: Causing physical harm to an individual. It may involve hitting, shaking, poisoning, burning, or other forms of physical harm.

Signs: Unexplained injuries, bruises, burns, or fractures; fear of contact; flinching when approached.

5.2.2. Emotional Abuse

Definition: Persistent emotional maltreatment causing severe and persistent adverse effects on emotional development. This includes bullying, threats, and making someone feel worthless or unloved.

Signs: Low self-esteem, withdrawal, fearfulness, developmental delays, or excessive need for approval.

5.2.3. Sexual Abuse

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Definition: Forcing or enticing someone to take part in sexual activities, whether they are aware of it or not. This includes both contact and non-contact activities.

Signs: Difficulty walking or sitting, changes in behavior (e.g., aggression, anxiety), inappropriate sexual knowledge for their age.

5.2.4. Neglect

Definition: Persistent failure to meet basic physical or psychological needs, likely to result in serious harm.

Signs: Poor hygiene, malnourishment, untreated medical issues, or consistent lack of supervision.

5.2.5. Financial or Material Abuse (adults)

Definition: Misuse of someone's money, property, or assets.

Signs: Unexplained withdrawals, missing possessions, or reluctance to discuss finances.

5.2.6. Discriminatory Abuse

Definition: Harassment or ill-treatment based on characteristics like race, gender, disability, or sexual orientation.

Signs: Withdrawn behavior, avoidance of certain people or situations, or signs of depression and anxiety.

5.2.7. Modern Slavery

Definition: Exploitation of individuals through forced labor, human trafficking, or servitude.

Signs: Avoidance of authorities, signs of control by another person, or poor living conditions.

6. Responsibilities under this policy

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- 6.1. The Safeguarding Lead is the Chair of the Board of Directors and the Deputy Safeguarding Lead is the Secretary of the Board of Directors. They will take on the responsibility to oversee this policy, delegating appropriate action to a particular director if required. The Chair can be contacted at: staffing@pod-caldervalley.co.uk. The Secretary can be contacted at: secretary@pod-caldervalley.co.uk. These details will be updated if they change.
- 6.2. The Safeguarding Leads will:
- 6.2.1. ensure anyone working on behalf of POD (either as a volunteer or a staff member) has access to, are familiar with, and know their responsibilities within this policy;
 - 6.2.2. ensure notification advertisements for roles working on behalf of POD will specify clearly if the work involves regulated activity/work;
 - 6.2.3. ensure that offers to or acceptance of a person who will work on behalf of POD will, if the role requires it, be made conditional on the receipt of a satisfactory disclosure check;
 - 6.2.4. ensure that people already working on behalf of POD are required to provide a satisfactory disclosure check where their work becomes a regulated activity;
 - 6.2.5. follow up on reports of safeguarding concerns promptly and according to due process (see Appendix A);
 - 6.2.6. regularly review whether safeguarding checks (such as Disclosure and Barring Service employment check) are required.
 - 6.2.7. regularly review if safeguarding training is required by any volunteer, staff member or member of the Board.
- 6.3. Anyone working on behalf of POD (either as a volunteer or a staff

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member) will:

- 6.3.1. read and make themselves familiar with this Safeguarding Policy;
- 6.3.2. ensure they understand their requirement to report any safeguarding concerns quickly and in line with our reporting procedure (see Appendix A).

7. How to report a safeguarding concern

- 7.1. If you have a complaint or concern relating to safeguarding, you should report it immediately to the Chair of the Board of Directors or the Secretary. If you do not feel comfortable reporting it to the Chair or the Secretary (for example if you feel there may be a lack of understanding of the seriousness of the situation, or if that person is implicated in the concern), you may report the concern to any other member of the Board of Directors.
- 7.2. See Appendix A 'Reporting and responding to a safeguarding concern' for full details.

8. How we will respond to a safeguarding concern

- 8.1. We will ensure that safe, appropriate and accessible means of reporting safeguarding concerns are made available to all our board members, staff and volunteers.
- 8.2. Anyone reporting concerns or complaints through formal whistleblowing channels (or if they request it), will be protected by our Whistleblowing Policy.
- 8.3. We will also accept complaints from external sources such as members of the public, partners and official bodies, where these relate to our work.
- 8.4. We will follow up safeguarding reports and concerns according to this policy and our legal and statutory obligations. See Appendix A 'Reporting

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and responding to a safeguarding concern' for full details.

- 8.5. We will apply appropriate disciplinary measures to anyone working on behalf of POD and found to be in breach of this policy.

9. Confidentiality

- 9.1. It is essential that confidentiality is maintained at all stages of the process when dealing with safeguarding concerns. Information relating to the concern and subsequent case management should be shared on a need to know basis only and should be kept secure at all times.

10. Reviewing this policy

- 10.1. This policy will be reviewed every two years ensure that it remains both relevant and effective. In addition, there are particular cases where the policy will be reviewed:
- 10.1.1. if POD's activities change such that particular safeguarding measures need to be put in place;
 - 10.1.2. when there are legal changes (i.e. amendments or updates to relevant legislation);
 - 10.1.3. ff there are organisational changes (e.g. a restructuring or change of organisational status);
 - 10.1.4. when there are incidents or complaints;
 - 10.1.5. based on feedback from anyone associated with POD.

Approved by the Board on 21st November 2024

Review frequency: see 9. above

Review deadline: 21st November 2026

Person/Role responsible for review: Chair of the Board of Directors

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APPENDIX A - Reporting and responding to a safeguarding concern.

1. Report is received

1.1. Reports can reach us through various routes such as a letter, e-mail, text or message on social media. It may also be in the form of informal discussion or rumour. If you hear something in an informal discussion or chat that you think is a safeguarding concern, you should immediately report this to the Chair of the Board of Directors.

1.1.1. If a safeguarding concern is disclosed directly to you, you should bear the following in mind:

- Listen
- Empathise with the person
- Ask who, when, where, what but not why
- Repeat/check your understanding of the situation
- Report to the Chair of the Board of Directors.

1.1.2. The person receiving the report should then document the following information:

- Name of person making report
- Name(s) of alleged survivor(s) of safeguarding incident(s) if different from above
- Name(s) of alleged perpetrator(s)
- Description of incident(s)
- Dates(s), times(s) and location(s) of incident

1.1.3. The person receiving the report should then forward this information to the Chair of the Board of Directors. within 24 hours.

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- 1.1.4. Due to the sensitive nature of safeguarding concerns, confidentiality must be maintained during all stages of the reporting process, and information shared on a limited 'need to know' basis only. This includes senior management and/or board members who might otherwise be informed of a serious incident.
- 1.1.5. If you are not satisfied that the organisation is appropriately addressing the report, you have a right to escalate the report to any other member of the Board of Directors. You will be protected against any negative repercussions because of this report, see our Whistleblowing Policy for more information.

2. Assess how to proceed with the report

- 2.1. Determine whether it is possible to take this report forward:
- Does the reported incident(s) represent a breach of safeguarding policy?
 - Is there sufficient information to follow up this report?
- 2.2. If there is insufficient information to follow up the report, and no way to ascertain this information (for example if the person making the report did not leave contact details), the report should be filed in case it can be of use in the future and look at any wider lesson learning can be taken forward.
- 2.3. If the report raises any concerns relating to children under the age of 18, seek expert advice immediately via the NSPCC Safeguarding Helpline. If at any point in the process of responding to the report (for example during an investigation) it becomes apparent that anyone involved is a child under the age of 18, the Decision Maker (see 3.1 below) should be immediately informed and should seek expert advice before proceeding.
- 2.4. If the decision is made to take the report forward, ensure that you have the

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relevant expertise and capacity to manage a safeguarding case. You may need to use independent external support experienced in this field.

- 2.5. Clarify what, how and with whom information will be shared relating to this case. Confidentiality should always be maintained, and information shared on a need-to-know basis only. Decide which information needs to be shared with which stakeholder as information needs may be different.

3. **Appoint roles and responsibilities for case management**

- 3.1. If this has not already been done. appoint a Decision Maker for the case. The Decision Maker should be a member of the Board of Directors, not implicated or involved in the case in any way.
- 3.2. If the report alleges a serious safeguarding violation, you may wish to hold a case conference. This should include:
 - Decision Maker
 - Person who received the report
 - Chair of the Board of Directors.
- 3.3. The case conference should decide the next steps to take, including any protection concerns and support needs for the survivor and other stakeholders (see below).

4. **Provide support to survivor where needed/requested**

- 4.1. Provide appropriate support to survivor(s) of safeguarding incidents. Please note that this should be provided as a duty of care even if the report has not yet been investigated.
- 4.2. All decisions made around the support being provided should be led by the survivor.

5. **Decide on next steps**

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5.1. The Decision Maker decides the next steps. These could be (but are not limited to):

- No further action (for example if there is insufficient information to follow up, or the report refers to incidents outside the organisation's remit);
- Investigation is required to gather further information;
- Immediate disciplinary action if no further information needed;
- Referral to relevant authorities, this would include reporting to the board, where appropriate.

5.2. If the report concerns associated personnel (for example contractors, consultants or suppliers), the decision-making process will be different. Although associated personnel are not staff members, we have a duty of care to protect anyone who comes into contact with POD from harm. We cannot follow disciplinary processes with individuals outside our organisation, however decisions may be made for example to terminate a contract with a supplier based on the actions of their staff.

5.3. If an investigation is required and POD does not have internal capacity, identify resources to conduct the investigation. Determine which budget will cover this.

6. Make decision on outcome of investigation report

6.1. The Decision Maker decides based on the information provided in the investigation report. Decisions relating to the subject of concern should be made in accordance with existing policies and procedures for board member, staff or volunteer misconduct.

6.2. If at this or any stage in the process criminal activity is suspected, the case should be referred to the relevant authorities unless this may pose a

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risk to anyone involved in the case. In this case, the Decision Maker, together with the Chair of the Board of Directors will need to decide how to proceed. This decision should be made bearing in mind a risk assessment of potential protection risks to all concerned, including the survivor and the subject of concern.

- 6.3. POD is legally required to send information to the Disclosure and Barring Service if a decision is taken to dismiss an employee or remove them from working in regulated activity/work.

7. Conclude the case

- 7.1. Document all decisions made resulting from the case clearly and confidentially.
- 7.2. Store all information relating to the case confidentially, and in accordance with policy and local data protection law.
- 7.3. Record anonymised data relating to the case to feed into organisational reporting requirements (e.g. serious incident reporting to the Board), and to feed into learning for dealing with future cases.

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