



THH03B

Torch Safeguarding Procedures

Torch Safeguarding Procedures

Summary

“Speak out on behalf of the voiceless,
and for the rights of all who are vulnerable.”

Proverbs 31:8

“We recognise that the Bible gives us a clear mandate, motivation and mission to ensure that those who are or may be vulnerable are heard, defended, and treated appropriately, effectively, fairly and compassionately.”¹

These procedures concern all staff and volunteers who undertake tasks for Torch.

- We all have a duty of care and as a charity we are committed to the protection and safety of everyone who comes in to contact with Torch.
- This procedure is for managing Safeguarding suspicions and allegations.
- The procedure requires that any suspicions and allegations involving harm to children and/or adults at risk are referred to the Designated Safeguarding Lead (DSL) or the Trustee Safeguarding Lead (TSL).
- All staff and volunteers must know how to:
 - Recognise and record abuse.
 - Report any concerns or allegations of abuse and be aware of the appropriate reporting procedure.
 - Take any immediate action to mitigate further harm.
- Always go with your gut feeling but keep matters confidential.
- Safeguarding is everyone’s responsibility.

Please read through this document to ensure you fully understand and embrace this policy. If you have any questions, please contact the Operations Director.

¹ Quote taken from On behalf of the voiceless - A theology of safeguarding. Published by Thirtyone:eight

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1.0 Introduction

In conjunction with the THH03A Torch Safeguarding Policy, this procedure for managing suspicions and allegations aims to strike a balance between the need to protect children and adults at risk from abuse and the need to protect staff and volunteers from false or unfounded accusations. Any individual who raises a concern will not be subject to any adverse or detrimental treatment.

This procedure requires that any suspicions and allegations involving harm to children and/or adults at risk are referred to the Designated Safeguarding Lead (DSL) or the Trustee Safeguarding Lead (TSL) to determine what action, if any, must be taken. This will enable each situation to be investigated thoroughly, whilst treating the parties involved fairly and sensitively. It will also ensure that appropriate steps are taken because of any investigations, which may include contacting the police, social services and/or fulfilling the legal duty to refer information to the DBS as required.

This document should also read in conjunction with THH03C Torch Safeguarding Code of Conduct.

2.0 Responsibilities

We have a duty of care and are committed to the protection and safety of everyone who comes in to contact with Torch and recognise the need of an individual's right to live in safety and free from all forms of harm, abuse, neglect, and exploitation. We also have a duty to safeguard and support our staff and volunteers.

We acknowledge that children and adults can be the victims of physical, sexual, and emotional abuse, and neglect. They have a right to be protected from "all forms of physical or mental violence, injury or abuse, neglect or negligent treatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s), or any other person who has care of the child." As a Charity we have therefore adopted the approach set out in our THH03A Torch Safeguarding Policy and this procedure in accordance with statutory guidance.

Safeguarding is everyone's responsibility, and all staff, volunteers and Trustees must be familiar with our Safeguarding Policy. For our policy and procedure to be effective, every individual who supports us whatever their role, will play their part in keeping people safe. The minimum requirement for staff and volunteers is to know how to:

- Recognise and record abuse.
- Report any concerns or allegations of abuse and be aware of the appropriate reporting procedure.
- Take any immediate action to mitigate further harm.

In addition, they must, wherever possible, conduct themselves in accordance with the THH03C Torch Safeguarding Code of Conduct.

3.0 Dealing with reported concerns and allegations

Concerns for the safety and wellbeing of children and adults at risk could arise in a variety of ways and in a range of situations. For example, a child/ adult at risk may report or show signs of abuse, someone may hint that a child/adult at risk is or has been subject to harm, or that a colleague is an abuser, or someone may witness abuse.

An allegation is information, which comes to light from any source which suggests that an employee or volunteer has behaved in a way that has harmed, or may have harmed, or had the potential to harm a child or adult at risk.

Where disclosures are made that a child or adult at risk has been, is being, or could be harmed the individual must accept what the person is saying and never ignore or suppress a disclosure because it is thought to be improbable. If disclosures are made or an individual suspects harm, it is not the responsibility of that person to decide whether abuse has taken place or whether it should be reported.

Instead, the individual aware of these suspicions or allegations must take the following steps:

Step 1

IN EMERGENCY CIRCUMSTANCES (i.e. where there is certain, immediate and/or significant danger to an individual, an individual has suffered or is likely to suffer significant harm, or a criminal act has been witnessed), **referrals must be made to the Police, social services, or other emergency services if serious injury has occurred.** This should always be prior to consulting with the DSL, or the TSL. Where this is necessary, DSL, or the TSL, should be informed immediately afterwards. In such cases, a criminal investigation may follow.

Step 2

Where the situation is **not an emergency**, referrals should be channelled through the DSL. The DSL is nominated by Torch to act on their behalf in dealing with the allegation or suspicion of abuse and concerns, including referring the matter on to the statutory authorities.

In the absence of the DSL or, if the suspicions in any way involve the DSL, then the report should be made to the TSL.

If the suspicions implicate both the DSL and TSL, then the report should be made in the first instance to the Chair of Trustees.

If the Chair of Trustees is implicated then the report should be made to the Vice Chair of Trustees.

Where one or more of the above is not available, the process should be followed through as above until a relevant individual can be contacted. If no relevant individual can be contacted, another Trustee should then be notified.

The contact details of the roles above are provided here: <https://torchhub.org.uk/safeguarding/>

Concerns or allegations must not be discussed with anyone other than the DSL, or the above-mentioned persons in the absence of the DSL. It is impossible to promise complete confidentiality when a concern is raised, or an allegation made. This is because Torch must take reasonable steps to ensure the safety of children and adults at risk. However, as part of this and the Safeguarding policy, only people who need to be informed about an incident or concern, whether internal or external to Torch, will be informed.

The person who has concerns or has been alerted to allegations must keep detailed records of the initial cause for concern, noting down exactly what the complainant or alleged victim has said or indicated to you or what you have witnessed. Any such records must clearly separate factual information from

expression or opinion. This initial report may be required later as part of legal or disciplinary action. For all concerns or allegations raised, the following information should be documented by the individual as soon as possible and sent to the DSL within 24 hours:

- Name and address of person of concern
- Details of concern
- Time and date of incident/concern
- Does the person continue to be at risk of harm?
- Are there other people who may be at risk of harm?
- Are details known of the person alleged to be causing the harm?
- What is the relationship of the person known to the individual who is subject of this concern?

Upon receipt of a report, the DSL will collate and clarify the precise details of the allegation or suspicion, carefully consider the information available and decide on the appropriate course of action, including passing the information on to statutory agencies who have a legal duty to investigate.

The following information will be recorded and retained by the DSL in a confidential manner:

- a clear and comprehensive summary of the allegation, including who made it and who it was against.
- details of how the allegation was followed up and resolved.
- a note of any action taken, decisions reached, and the outcome as categorised above.

The DSL may need to inform others depending on the circumstances and/or nature of the concern:

- The TSL who may need to liaise with the insurance company or the Charity Commission to report a serious incident.
- Designated Officer or LADO (Local Authority Designated Officer) whose function is to handle all allegations against adults who work with someone under 18 whether paid or voluntary.

4.0 Detailed procedures where there is concern about a child at risk

If a child has a physical injury, a symptom of neglect or where there are concerns about emotional abuse, the DSL will:

- Contact Children's Social Services (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 support them in doing so. In cases of real concern, if they still fail to act, contact Children's Social Services direct.
- Seek and follow advice given by Thirtyone:eight (who will confirm their advice in writing) if unsure whether to refer a case to Children's Social Services.

In the event of allegations or suspicions of sexual abuse, the DSL 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.

5.0 Detailed procedures where there is a concern about an adult at risk

Section 42 of the Care Act 2014 defines an adult at risk as an adult who:

- Has needs for care and support, whether the local authority is meeting any of those needs; and
- Is experiencing, or at risk of, abuse or neglect; and
- As a result of those needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

If there are suspicions or allegations of abuse or harm including physical, sexual, organisational, financial, discriminatory, neglect, self-neglect, forced marriage, modern slavery, domestic abuse the DSL will:

- Make a safeguarding referral to the Adult Social Care Team who have responsibility under the Care Act 2014 to investigate allegations of abuse.
- Where a crime has been committed or suspected this will be referred to police alongside the safeguarding referral. It is useful to advise both the police and Adult Social Care of both referrals having taken place to assist in coordinating the response.

The local authority retains the responsibility for overseeing a safeguarding enquiry and ensuring that any investigation satisfies its duty under section 42 to decide what action, if any, is necessary to help and protect the adult, and to ensure that such action is taken when necessary.

Concerns raised that do not meet the threshold for safeguarding can be dealt with by Torch giving advice, providing information, referral to other services (this list is not exhaustive).

6.0 Obtaining Consent

It is always essential in safeguarding to consider whether the adult at risk can give informed consent in relation to the investigation. If they are, their consent should be sought. This includes an awareness of the risks of disclosing that an investigation is being undertaken.

Where an adult at risk with capacity has decided that they do not want action to be taken and there are no public interest or vital interest considerations, their wishes must be respected. The adult at risk must be given information and can consider all the risks and fully understand the likely consequences of that decision over the short and long term. If, after discussion with the adult at risk who has mental capacity, they refuse any intervention, their wishes will be respected unless:

- There is a public interest, for example, not acting will put other adults or children at risk.
- There is a duty of care to intervene, for example, a crime has been or may be committed.

7.0 Allegations of abuse or misconduct against a member of staff or volunteer

Any allegations or concerns regarding a member of staff or volunteer of any organisation, including Torch, must be reported immediately to the DSL. It is essential that any allegation or concern is dealt with fairly, quickly, and consistently, in a way that provides effective protection for children and adults, and at the same time supports the person who is the subject of the allegation.

If an accusation is made against an individual who works with children, whilst following the procedure outlined above, the DSL will:

- Liaise with Children Social Services regarding suspension of individual
- Make a referral to LADO
- Make a referral to Disclosure and Barring Service for consideration of the person being placed on the barred list for working with children or adults with additional care and support needs. This decision should be informed by the LADO if they are involved.

Where accusations of abuse are made against an individual working with vulnerable adults, the DSL will:

- Liaise with Adult Safeguarding regarding suspension of the individual
- Make a referral to Disclosure and Barring Service for consideration of the person being placed on the barred list for working with vulnerable adults as informed by Adult Social Care

The Care Act places the duty upon Adult Social Care 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 for no further action and they have the capacity to communicate their decision. However, this is a decision for Adult Social Care and not Torch. If the allegation or concern is against the DSL, then it must be reported to the TSL who will follow the same procedures above.

8.0 Types and Signs of Abuse

Incidents of abuse may come to light in different ways. You may have noticed some indicators of abuse, you may witness abuse taking place and, in some cases, abuse may only come to light because a person discloses it to you directly. To assist staff and volunteers in recognising the types and signs of abuse a detailed summaries are provided for guidance in Appendix 1 for children and Appendix 2 for adults.

9.0 Details to Report for a Disclosure

A summary of the information required when reporting a disclosure is provided for guidance in Appendix 3.

10.0 Handling a Breach of Safeguarding

If anyone related to Torch should breach the Torch Safeguarding Policy, Procedures or Code of Conduct, they may be subject to an investigation in line with the procedures set out in THH11 Disciplinary Procedures. It may also be appropriate to make a referral to statutory agencies such as the police and/or the local authority children’s or adult’s social care departments or DBS. If anyone becomes aware of a breach, they should escalate your concerns to the DSL.

Appendix 1: Types and Signs of Abuse – Children

A1.1 General signs of abuse

Child abuse happens when a person harms a child. There are four main types of abuse:

- Physical
- Emotional
- Sexual
- Neglect

Children may be abused by:

- Family members
- Friends
- People working or volunteering in organisational or community settings
- People they know
- Strangers

Children experiencing abuse often experience more than one type of abuse over a period. They may be afraid to tell anybody about the abuse and struggle with feelings of guilt, shame, or confusion – particularly if the abuser is a parent, caregiver or close family member or friend.

Many of the signs that a child is being abused are the same regardless of the type of abuse. Anyone working with children or young people needs to be able to recognise the signs. These include a child:

- Being afraid of places or making excuses to avoid particular people
- Knowing about or being involved in ‘adult issues’ which are inappropriate for their age or stage of development, for example alcohol, drugs and/or sexual behaviour
- Having angry outbursts or behaving aggressively towards others
- Becoming withdrawn or appearing anxious, clingy, or depressed
- Self-harming or having thoughts about suicide
- Showing changes in eating habits or developing eating disorders
- Regularly experiencing nightmares or sleep problems
- Regularly wetting the bed or soiling their clothes
- Running away or regularly going missing from home or care
- Not receiving adequate medical attention after injuries.

These signs do not necessarily mean that a child is being abused. There may well be other reasons for changes in a child’s behaviour such as a bereavement or relationship problems between parents or carers. If you have any concerns about a child’s wellbeing, you should report them following Torch’s safeguarding procedure.

A1.2 Physical Abuse

This is when someone hurts a child on purpose and with the intent to cause harm. This can include:

- Hitting
- Shaking
- Throwing
- Poisoning
- Burning
- Drowning or suffocating

- When a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

If it causes them physical harm, such as cuts, bruises, broken bones, or other injuries, it is physical abuse. Anyone can hurt a child - a relative, friend or stranger.

Signs of physical abuse

Children with frequent injuries

- Children with unexplained or unusual fractures or broken bones
- Children with unexplained:
 - a) bruises or cuts
 - b) burns or scalds
 - c) bite marks

Children may be more at risk if their parents have problems with drugs, alcohol, and mental health or if they live in a home where domestic abuse happens. Babies and disabled children also have a higher risk of suffering physical abuse.

A1.3 Emotional Abuse

Emotional abuse is the severe and persistent ill treatment of a child and can have a long-lasting and devastating effects on a child's emotional health and development.

It is when a child's feelings and emotions are manipulated or shamed on purpose. This can take different forms, for example:

- Humiliating, putting down or regularly criticising a child
- Shouting at or threatening a child or calling them names
- Mocking a child or making them perform degrading acts
- Constantly blaming or scapegoating a child for things which are not their fault
- Trying to control a child's life and not recognising their individuality
- Not allowing a child to have friends or develop socially
- Pushing a child too hard or not recognising their limitations
- Manipulating a child
- Exposing a child to distressing events or interactions
- Persistently ignoring a child
- Being cold and emotionally unavailable during interactions with a child
- Not being positive or encouraging to a child or praising their achievements and successes.

Signs of emotional abuse

- Be overly affectionate towards strangers or people they haven't known for very long
- They do not appear to have a close relationship with their parent, for example when being taken to or collected from school
- Lack confidence or become wary or anxious
- Be unable to play
- Being aggressive or nasty towards other children and animals.
- Struggling to control strong emotions or have extreme outbursts
- Seem isolated from their parents
- Lack social skills or have few, if any, friends

- Fear making mistakes
- Fear their parent being approached regarding their behaviour
- Self-harm.

Emotional abuse may be the only form of abuse suffered by a child, or it might be part of a wider pattern of abuse.

A1.4 Sexual Abuse

Sexual abuse is any sexual activity with a child or inducing a child to act in sexually inappropriate ways. Many children and young people do not recognise themselves as victims. A child may not understand what is happening and may not even understand that it is wrong. Child sexual abuse can involve contact abuse and non-contact abuse.

Contact abuse happens when the abuser makes physical contact with the child. It includes:

- Sexual touching of any part of the body whether the child is wearing clothes or not
- Rape or penetration by putting an object or body part inside a child's mouth, vagina, or anus
- Forcing or encouraging a child to take part in sexual activity
- Making a child take their clothes off or touch someone else's genitals.

Non-contact abuse involves non-touching activities. It can happen online or in person and includes:

- Encouraging or forcing a child to watch or hear sexual acts
- Making a child masturbate while others watch
- Making, showing, or distributing indecent images of children

Online sexual abuse includes:

- Persuading or forcing a child to send or post sexually explicit images of themselves, this is sometimes referred to as sexting
- Persuading or forcing a child to take part in sexual activities via a webcam or smartphone
- Having sexual conversations with a child by text or online.

Abusers may threaten to send sexually explicit images, video, or copies of sexual conversations to the young person's friends and family unless they take part in other sexual activity. Images or videos may continue to be shared long after the abuse has stopped.

Abusers will often try to build an emotional connection with a child to gain their trust for the purposes of sexual abuse. This is known as grooming.

Signs of sexual abuse

- Displaying knowledge or interest in sexual acts inappropriate to their age
- Using sexual language or have sexual knowledge that you wouldn't expect them to have
- Asking others to behave sexually or play sexual games
- Bruising or bleeding in the genital and anal areas, soreness and/or trouble sitting down
- Exhibiting physical sexual health problems such as sexually transmitted infections or underage pregnancy

Sexual abuse is not only perpetrated by adult males. Women can commit acts of sexual abuse, as can other children.

A1.5 Neglect

Neglect is where a child is not looked after. It is the persistent failure to meet a child's basic and essential needs. This can include:

- Not providing adequate food, water, clothing, and shelter
- Leaving a child alone in dangerous situations, or to watch after themselves when they are very young
- Failure to provide medical care
- Failure to meet the child's emotional needs

Signs of Neglect

- Living in a home that is indisputably dirty or unsafe
- Persistent hunger and signs of malnutrition, stealing food
- Lack of hygiene - dirty clothes and hair that may lead to lice or nits
- Lack of adequate clothing for the time of year - such as not having a winter coat
- Living in dangerous conditions, i.e. Around drugs, alcohol, or violence
- Often acting angry, aggressive, or self-harming
- Failing to receive basic health or dental care
- Parents who fail to seek medical treatment when their children are ill or injured
- If a child does not have a safe and stable home, this is neglect.

A1.6 Other types of abuse

There are other types of abuse which will fall under one of the four main categories of abuse. They are:

- Child Sexual Exploitation (CSE)
- Criminal Drugs Exploitation (CDE)
- Child Trafficking
- Domestic Abuse
- Female Genital Mutilation (FGM)
- Bullying & Cyberbullying

A1.6.1 Child Sexual Exploitation (CSE)

Child sexual exploitation is a form of sexual abuse. This is when an individual or group takes advantage of a child (anyone under 18) to coerce, manipulate or deceive them into sexual activity. This is done:

- In exchange for something the victim needs or wants
- For the financial advantage or increased status of the perpetrator or facilitator.
- Even if the activity appears consensual, the victim still may have been sexually manipulated.

Child sexual exploitation does not always involve physical contact and can also occur online or through social media.

Signs of CSE

- Associating with other young people involved in exploitation
- Suffering from sexually transmitted infections or pregnancies
- Changes in emotional well-being
- Going missing for periods of time or regularly coming home late

- Regularly missing school or not taking part in education go missing from home, care, or education
- Be involved in abusive relationships
- Hang out with groups of older people
- Be involved in gangs or anti-social groups
- Have older boyfriends or girlfriends
- Spend time at places of concern, such as hotels or known brothels
- Be involved in petty crime such as shoplifting
- Have access to drugs and alcohol
- Have new things such as clothes and mobile phones, which they can't easily explain
- Have unexplained physical injuries.

A1.6.2 Criminal Drugs Exploitation (CDE)

Also known as 'County lines', this is when gangs and organised crime networks exploit children and young people into transporting and selling drugs. Gangs groom children and young people because they're less suspicious and are given lighter sentences than adults.

Signs of CDE

- Repeatedly going missing from home or school and being found in other areas
- Having money, new clothes or electronic devices and they can't explain how they paid for them
- Getting high numbers of texts or phone calls, being secretive about who they are speaking to
- Being secretive about where they are going or have been
- Using more than one phone or has several sim cards
- Decline in school or work performance
- Significant changes in their emotional wellbeing, having unexplained injuries
- Increasingly disruptive or aggressive and violent behaviour
- Returning home unusually late or staying out all night
- Meeting with unfamiliar people or associating with a gang
- Becoming isolated from peers and friends
- Having a friendship or relationship with someone who appears older or controlling
- Increasingly disruptive or aggressive and violent behaviour
- Using sexual, gang, drug-related or violent language you wouldn't expect them to know
- Carrying a weapon

This is not an exhaustive list. The indicators for exploitation can sometimes be mistaken for 'normal adolescent behaviours and the warning signs presented by children and young people who are being exploited will present differently for each individual.

A1.6.3 Child Trafficking

Child trafficking is child abuse. It involves recruiting and moving children who are then exploited. Many children are trafficked into the UK from overseas, but children can also be trafficked from one part of the UK to another. Child trafficking can be carried out by a network of organised criminals, by individuals or the children's own families. Modern slavery is another term which may be used in relation to child trafficking. Children may be trafficked for:

- Child sexual exploitation
- Benefit fraud
- Forced marriage

- Domestic servitude such as cleaning, childcare, cooking
- Forced labour in factories or agriculture
- Criminal exploitation such as cannabis cultivation, pickpocketing, begging, transporting, drugs, selling pirated DVDs and bag theft.

Signs of child trafficking

Signs that a child has been trafficked may not be obvious, but you might notice unusual behaviour or events. Children who have been trafficked may:

- Must do excessive housework chores
- Rarely leave the house and have limited freedom of movement
- Not have any documents (or have falsified documents)
- Give a prepared story which is very similar to stories given by other children
- Be unable or reluctant to give details of accommodation or personal details
- Not be registered with a school or a gp practice
- Have a history with missing links and unexplained moves
- Be cared for by adults who are not their parents or carers
- Not have a good quality relationship with their adult carers
- Be one among several unrelated children found at one address
- Receive unexplained or unidentified phone calls whilst in a care placement or temporary accommodation

A1.6.4 Domestic Abuse

Domestic abuse is any type of controlling, coercive, threatening behaviour, violence, or abuse between people who are, or who have been in a relationship, regardless of gender or sexuality. It can include physical, sexual, psychological, emotional, or financial abuse.

Exposure to domestic abuse is child abuse. Children can be directly involved in incidents of domestic abuse, or they may be harmed by seeing or hearing abuse happening. Children in homes where there is domestic abuse are also at risk of other types of abuse or neglect.

Signs of domestic abuse

It can be difficult to tell if domestic abuse is happening, because abusers can act very differently when other people are around. Children who witness domestic abuse may:

- Become aggressive
- Display anti-social behaviour
- Suffer from depression or anxiety
- Not do as well at school - due to difficulties at home or disruption of moving to and from refuges

A1.6.5 Female Genital Mutilation (FGM)

FGM is the partial or total removal of external female genitalia for non-medical reasons. It's also known as female circumcision or cutting. The age at which FGM is carried out varies. It may be carried out when a child is new-born, during childhood or adolescence, just before marriage or during pregnancy.

FGM is child abuse. There are no medical reasons to carry out FGM. It's dangerous and a criminal offence.

Signs of FGM

A child at risk of FGM may not know what's going to happen. But they might talk about, or you may become aware of:

- A long holiday abroad or going 'home' to visit family
- Relative or cutter visiting from abroad
- A special occasion or ceremony to 'become a woman' or get ready for marriage
- A female relative being cut – a sister, cousin or an older female relative such as a mother or aunt
- Missing school repeatedly or running away from home.

A child who has had FGM may:

- Have difficulty walking, standing, or sitting
- Spend longer in the bathroom or toilet
- Appear withdrawn, anxious, or depressed
- Have unusual behaviour after an absence from school or college
- Be particularly reluctant to undergo normal medical examinations
- Ask for help but may not be explicit about the problem due to embarrassment or fear.

A1.6.6 Bullying & Cyberbullying

Bullying is when individuals or groups seek to harm, intimidate, or coerce someone who is perceived to be vulnerable. It can happen anywhere – at school, at home or online. Bullying includes:

- Verbal abuse, such as name calling
- Non-verbal abuse, such as hand signs or glaring
- Emotional abuse, such as threatening, intimidating, or humiliating someone
- Exclusion, such as ignoring or isolating someone
- Undermining, by constant criticism or spreading rumours
- Controlling or manipulating someone
- Racial, sexual, or homophobic bullying
- Physical assaults, such as hitting and pushing
- Making silent, hoax or abusive calls.

Online bullying can also be known as cyberbullying. Cyberbullying includes:

- Sending threatening or abusive text messages
- Creating and sharing embarrassing images or videos
- 'Trolling' - sending menacing or upsetting messages on social networks, chat rooms or online games
- Excluding children from online games, activities, or friendship groups
- Setting up hate sites or groups about a particular child
- Encouraging young people to self-harm
- Voting for or against someone in an abusive poll
- Creating fake accounts, hijacking, or stealing online identities to embarrass a young person or cause trouble using their name.

Signs of bullying and cyberbullying

- Belongings getting 'lost' or damaged
- Physical injuries such as unexplained bruises
- Being afraid to go to school, being mysteriously 'ill' each morning, or skipping school

- Not doing as well at school
- Asking for, or stealing, money (to give to a bully)
- Being nervous, losing confidence or becoming distressed and withdrawn
- Problems with eating or sleeping
- Bullying others.

Appendix 2: Types and Signs of Abuse – Adults

A2.1 Introduction

The Care Act 2014 identifies ten types of abuse in Adults, these are:

- Physical
- Psychological/emotional
- Financial
- Sexual
- Neglect and acts of omission
- Organisational/institutional
- Self-neglect
- Domestic Abuse
- Modern Slavery
- Discriminatory

An adult at risk of harm is a person aged 18 or over and is abused when someone misuses their power or control over them, causing harm or distress. Their risk of harm may be increased by their personal characteristics or life circumstances. Their personal characteristics may include:

- Age
- Physical or mental disabilities
- Special educational needs
- Any illness, mental or physical they may have

Their life circumstances may include isolation or loneliness, poor finances, and lack of work and unhealthy living conditions.

An abuser could be a:

- Partner
- Relative or other family member
- Person entrusted to act on behalf of the adult in some aspect of their affairs
- Service or care provider
- Neighbour
- Health or social care worker or professional
- Employer
- Volunteer or another service user
- Person or people who have no previous connection to the victim.

A2.2 Physical Abuse

This is when someone uses physical force or mistreatment to someone on purpose with might or might not cause physical injury. This can include:

- Assault, hitting, slapping, punching, kicking, hair-pulling, biting, pushing
- Rough handling
- Scalding and burning
- Physical punishments
- Inappropriate or unlawful use of restraint
- Making someone purposefully uncomfortable (e.g. opening a window and removing blankets)
- Involuntary isolation or confinement

- Misuse of medication (e.g. over-sedation)
- Forcible feeding or withholding food
- Unauthorised restraint, restricting movement (e.g. tying someone to a chair)

Signs of physical abuse

No explanation for injuries or inconsistency with the account of what happened

- Injuries are inconsistent with the person's lifestyle
- Bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps
- Frequent injuries
- Unexplained falls
- Subdued or changed behaviour in the presence of a particular person
- Signs of malnutrition
- Failure to seek medical treatment or frequent changes of GP

A2.3 Psychological/Emotional Abuse

Psychological or emotional abuse is harmful behaviour that can cause mental distress. It can involve both verbal and non-verbal abuse which can scare, humiliate, and isolate a person. This may include:

- Enforced social isolation – preventing someone accessing services, educational and social opportunities and seeing friends
- Removing mobility or communication aids or intentionally leaving someone unattended when they need assistance
- Preventing someone from meeting their religious and cultural needs
- Preventing the expression of choice and opinion
- Failure to respect privacy
- Preventing stimulation, meaningful occupation, or activities
- Intimidation, coercion, harassment, use of threats, humiliation, bullying, swearing or verbal abuse
- Addressing a person in a patronising or infantilising way
- Threats of harm or abandonment
- Cyber bullying

Signs of emotional and psychological abuse

- Change of behaviour or become silent when a particular person is present
- Withdrawal, avoiding eye contact or change in the psychological state of the person
- Signs of distress: tearfulness, anger; confusion and agitation
- Uncooperative and aggressive behaviour
- Showing compulsive behaviour
- A change of appetite, weight loss/gain
- Low self-esteem, lack of confidence – not being able to do the things they used to
- Not being able to concentrate or focus
- Apparent false claims, by someone involved with the person, to attract unnecessary treatment

A2.4 Financial Abuse

Financial abuse is the mistreatment of someone in terms of their money or assets, such as their property. Financial abuse often occurs alongside other forms of abuse. Financial abuse can include:

- Money being stolen or misused

- Fraud
- Exploiting someone's financial affairs
- Restricting someone's access to money, employment, or possessions
- Pressuring and coercing someone about their will, lasting power of attorney, property, or inheritance.

Indicators of financial abuse

- Unexplained lack of money
- Disparity between the person's living conditions and their financial resources, e.g. insufficient food in the house, belongings
- Unexplained or unusual patterns of withdrawal of funds from accounts
- Resistance by family or person responsible for managing financial affairs is evasive or cannot give explanations for unusual financial activities
- The family or others show unusual interest in the assets of the person, and not in relation to care of the adult
- Recent changes in deeds or title to property
- Rent arrears and eviction notices, sudden debt, inability to pay bills
- Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person
- Purchase of items that the adult would not usually buy or need
- Personal items going missing
- The main interest shown by a family member is financial and not the in relation to the care of the adult
- Unnecessary property repairs

A2.5 Sexual Abuse

Sexual abuse is unwanted sexual activity or sexual behaviour that happens without consent or understanding and can be physical contact or non-contact sexual activities such as:

- Rape
- Indecent exposure
- Sexual harassment
- Inappropriate looking or touching
- Sexual teasing or innuendo
- Sexual photography
- Subjection to pornography or witnessing sexual acts
- Indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

Signs of sexual abuse

- Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck
- Torn, stained or bloody underclothing
- Bleeding, pain or itching in the genital area
- Unusual difficulty in walking or sitting
- Foreign bodies in genital or rectal openings
- Infections, unexplained genital discharge, or sexually transmitted diseases
- Pregnancy in a woman who is unable to consent to sexual intercourse

- The uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude
- Incontinence not related to any medical diagnosis
- Self-harming
- Poor concentration, withdrawal, sleep disturbance
- Excessive fear/apprehension of, or withdrawal from, relationships
- Fear of receiving help with personal care
- Reluctance to be alone with a particular person

A2.6 Neglect and Acts of Omission

A person who has responsibility for the charge, care, or custody of an adult with care and support needs who fails to provide the amount and type of care required to meet those needs. Neglect can be intentional or unintentional and may range from one off incidents to on-going ill-treatment. Some examples are:

- Ignoring medical, emotional, or physical care needs
- Failure to provide access to appropriate health, care and support or educational service
- The withholding of the necessities of life, such as medication, adequate nutrition, and heating
- Failure to administer medication as prescribed
- Failure to allow choice and preventing people from making their own decisions
- Ignoring or isolating the person
- Not taking account of individuals' cultural, religious, or ethnic needs
- Not taking account of educational, social, and recreational needs

Indicators of neglect and acts of omission

- Poor environmental conditions
- Inadequate heating and lighting
- Poor physical condition of the adult such as pressure sores or ulcers, and/or poor personal hygiene
- Malnutrition or unexplained weight loss
- Untreated injuries and medical problems
- Inconsistent or reluctant contact with medical and social care organisations
- Failure to give prescribed medication properly, accumulation of untaken medication
- Uncharacteristic failure to engage in social interaction
- Inappropriate or unclean clothing, in poor condition
- Isolation – denying access to callers or visitors

A2.7 Organisational/Institutional Abuse

Organisational abuse (sometimes referred to as institutional abuse) is neglect and poor care practice within an institution or specific care setting such as a hospital or care home or relating to care in a person's own home. It occurs when the individual's wishes and needs are sacrificed for the smooth running of a group, service, or organisation. This can range from a one-off incident to on-going ill-treatment; neglect might also occur because of the structure, policies, processes, and practice in an organisation.

Indicators of organisational abuse

- Run-down or poor facilities, including the standard of heating and ventilation
- Overcrowded facilities

- Abusive and disrespectful attitudes towards people using services
- Lack of respect for dignity and privacy
- Not providing adequate food or drink or assistance with eating
- No flexibility or lack of choice in relation to daily routines and diet
- Not promoting independence
- Misuse of medication
- Tasks not being completed on time or correctly due to staffing pressures
- Poor moving and handling practices
- Failure to maintain moving and handling equipment
- Inappropriate use of restraints
- Lack of care plans
- Poor record-keeping and lack of procedures
- High staff turnover resulting in poor quality care
- Failure to provide care with dentures, glasses, and hearing aids
- Failure to respond to abuse appropriately
- Discouraging/refusing visits or involvement of relatives, friends, or carers
- Lack of personal items, clothing, or possessions
- Few social, recreational, and educational activities
- Not taking account of individuals' cultural, religious, or ethnic needs

Abusive behaviours may include:

- Treating adults like children.
- Arbitrary decision making by staff group, service, or organisation.
- Strict, regimented, or inflexible routines or schedules for daily activities such as mealtimes, bed / awakening times, bathing / washing, going to the toilet.
- Lack of choice or options with food and drink, dress, possessions, daily and social activities.
- Lack of privacy, dignity, choice, or respect for people as individuals.
- Unsafe or unhygienic environment.
- Lack of provision for dress, diet, or religious observance in accordance with an individual's belief or cultural background, including dietary needs.

A2.8 Self-neglect

Self-neglect entails neglecting their personal hygiene, care for their own health (this can include drug or alcohol misuse/dependency) and/or own surroundings. Self-Neglect can also involve refusal of services, treatment, assessments, or intervention, which could potentially improve self-care or care of their environment. In these circumstances there is no third-party abuser.

Hoarding is also a form of self-neglect when there is excessive collection and retention of any material to the point that it impedes day to day function. This can include things like:

- Clothes
- Books, magazines, newspapers
- Toys, videos, DVDs, CDs
- Letters, leaflets, and papers
- Food/packaging
- Animals

Indicators of self-neglect

- Poor hygiene
- Dirty or inappropriate clothing
- Poor hair and/or nail care
- Malnutrition
- Obesity
- Unmet medical or health needs
- Alcohol and/or drug misuse/dependency
- Eating disorders
- Social isolation
- Unsanitary, untidy, or dirty conditions which create a hazardous situation that could cause serious physical harm to the individual or others or a potential fire risk
- Poor maintenance of property
- Keeping lots of pets who are poorly cared for
- Vermin at the person's property
- Lack of heating
- No running water and or lack of sanitation
- Poor financial management, including not paying bills which leads to utilities being cut off
- Refusal of care services in own home, care environment and refusal of health assessments and interventions

A2.9 Domestic Abuse

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

Controlling behaviour includes a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour includes an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten the subject of the abuse.

All forms of domestic abuse involve perpetrators seeking to exert power and control over their partners or family member and often incorporate a range or variety of abusive behaviours. Forms of abuse include:

- Psychological
- Physical
- Sexual
- Financial
- Emotional abuse
- Honour based violence (honour killings)
- Female Genital Mutilation
- Forced marriage
- Stalking and harassment

Signs of domestic abuse

- Low self-esteem
- Feeling that the abuse is their fault when it is not
- Physical evidence of violence such as bruising, cuts, broken bones
- Verbal abuse and humiliation in front of others
- Fear of outside intervention
- Damage to home or property
- Isolation – not seeing friends and family
- Limited access to money, having to ask for money, unable to buy necessities, account for everything they spend
- Loans and credit cards taken out and or/running up debts in their name
- Constant put downs to feel belittled e.g. 'stupid', 'worthless' and 'useless'
- Preventing them from gaining employment
- Stalking and harassment - is one of the most common forms of domestic abuse and includes obsessive and repetitive behaviour that causes distress for the victim.

A2.10 Modern Slavery

Modern slavery encompasses slavery, human trafficking, forced and compulsory labour and domestic servitude. Many active organised crime groups are involved in modern slavery, but it is also committed by individual opportunistic perpetrators who use whatever means they have at their disposal to coerce, deceive, and force individuals into a life of abuse and exploitation for their own personal, financial, or commercial gain.

Victims of modern slavery are exploited in a range of ways and both adults and children can be trafficked for:

- Labour exploitation
- Sexual exploitation
- Criminal exploitation
- Domestic servitude
- Forced marriage
- Organ harvesting.

Indicators of modern slavery

- Physical appearance – victims may show signs of physical or psychological abuse, look malnourished or unkempt, or appear withdrawn, scared, or frightened.
- Isolation – victims may rarely be allowed to travel on their own, rarely interact or appear unfamiliar with their neighbourhood or where they work.
- An unknown person may appear to be monitoring the movements of them, speaking on their behalf or appears to be controlling them in some way. This may include a person being collected and dropped off at work each day.
- Poor living conditions – victims may be living in a dirty, cramped, or overcrowded accommodation, and/or living and working at the same address.
- Few or no personal effects – victims may have no identification documents (including access to their passport), have few personal possessions and always wear the same clothes day in, day out. What clothes they do wear may not be suitable for the work they are doing and may not be appropriate for the season/weather.
- The person may not have been provided with the appropriate personal protective equipment

linked to the work they are doing, for example, safety gloves, goggles, or boots.

- Reluctance to seek help – victims may avoid eye contact, appear frightened or hesitant to talk to strangers and fear law enforcers for many reasons, such as not knowing who to trust or where to get help, fear of deportation, fear of violence to them or their family.

A2.11 Discriminatory Abuse

Discrimination is the unjust or prejudicial treatment or harassment towards different categories of people including age, disability, gender reassignment, marriage/civil partnership, pregnancy/maternity, race, religion/belief, sex, and sexual orientation, which are known as protected characteristics.

Different forms of discrimination towards people because of their protected characteristics are:

- Direct discrimination – treating someone less favourably than others
- Indirect discrimination – putting rules or arrangements in place that apply to everyone, but that puts someone at an unfair disadvantage
- Harassment – unwanted behaviour that violates someone’s dignity or creates an offensive environment for them
- Victimisation – treating someone unfairly because they have complained about discrimination or harassment.

Indicators of discriminatory abuse

- Unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, or sexual orientation
- Verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic
- Acts of violence or hostility directed at people because of who they are or who someone thinks they are – also known as hate crime
- Acts or comments motivated to harm and damage, including inciting others to commit abusive acts
- Denying access to communication aids, not allowing access to an interpreter, signer, or lip-reader
- Harassment or deliberate exclusion on the grounds of a protected characteristic
- Denying basic rights to healthcare, education, employment, and criminal justice relating to a protected characteristic
- Substandard service provision relating to a protected characteristic
- The person appears withdrawn and isolated
- Expressions of anger, frustration, fear, or anxiety
- An adult making complaints about the service not meeting their need

Appendix 3: Details to Report

Remember you can report anything to the DSL that's making you feel concerned without needing to identify the type of abuse or harm that's taking place. You just need to explain what you've seen or heard that's worrying you.

In some circumstances it may not be appropriate to take down notes at the time of the disclosure, so try and memorise and note down as soon as possible. An accurate record of the disclosure is essential as this may be used later in criminal trials, legal proceedings, or disciplinary action.

To be a good report it should include:

1. Details of the person making the disclosure and details of the individual the disclosure is about (if it is not the same person making the disclosure).
2. What was said, or what you saw, that suggests a person may be experiencing, or at risk of, abuse or neglect?
3. Wherever possible, note down what the person says, quoting their own words and phrases rather than summarising or paraphrasing.
4. Avoid speculation and personal opinions or assumptions.
5. Describe any physical injuries observed or other items shown in connection with the disclosure.
6. Make a careful note of any information about the alleged perpetrator and significant dates, times, names, or places.
7. Confirm where and when the disclosure was made and if anyone else was present.
8. Clarify, where possible, the relationship between the victim and alleged perpetrator
9. Include name, contact details and sign and date the report.

The report can be sent using the Safeguarding Report Form (which can be found at www.torchhub.org.uk/documents) or similar. It may be typed up or handwritten but must be legible.

Change Record

Date of Change:	Changed By:	Comments:
19/04/24	DSL	Procedures refreshed and separated from THH03A Safeguarding Policy
26/02/25	TSL/OTL	Annual review with minor updates in section 3
19/02/26	TSL/OD	Annual review with minor amendments approved by Trustees