

Safeguarding Policy

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Version Control

Date	Author	Version	Reason for Change
01.09.2024	Athena	1	Introduction of Policy following service review
01.04.2026	Emma Bailey	2	Move to standard document format and updates where required
18.6.2026	Emma Bailey	3	Minor tweaks following CEC feedback 9.6.2026

Summary of Changes

Section	Change
Table 11	Changed review period from 1 year to 3 yearly Related Policy – changed Confidentiality to GDPR

Consultations

Consulted with	Version	Date
CEC	2	June 2026
Staff Consultation	2	May 2026
Customers	2	n/a

1. Purpose

- 1.1 Safeguarding is everyone's responsibility and therefore everyone should understand how their role relates to this and what they should do if they are concerned about an adult or child may be at risk.
- 1.2 This policy aims to help staff to understand the principles that underpin Brighter Futures' approach to safeguarding customers from abuse or neglect.
- 1.3 Effective safeguarding of both children and adults requires the recognition, response, recording and sharing information accurately and in a timely way to effectively identify, challenge and report actual or potential abuse or neglect.
- 1.4 Individuals and organisations must work together to reduce the risks and experience of abuse and neglect.

2. Scope

- 2.1 A robust Safeguarding Policy aims encourage all who work for Brighter Futures to
 - Stop abuse or neglect wherever possible.
 - Prevent harm and reduce the risk of abuse/ neglect.
 - Safeguard adults or older children in a way that supports them in making choices and having control about how they want to live.
 - Promote an approach that concentrates on improving life for those who have experienced abuse or neglect.
 - Raise public awareness so everyone can act in preventing, identifying, and responding to abuse and neglect.
 - Provide accessible information and support to help people understand the different types of abuse, how to stay safe and how to raise a concern.
 - Wherever possible address the causes of abuse or neglect.
 - Whenever applicable Brighter Futures will ensure the customer is housed in a safe environment.

3. Context

- 3.1 This policy sets out the key principles that all Brighter Futures staff should be complying with in safeguarding children, young people, and adults at risk of harm or abuse.
- 3.2 This policy also covers the PREVENT agenda, which is part of the UK's counter-terrorism strategy aiming to reduce the risk the UK faces from terrorism.

4. Safeguarding Roles and Responsibilities

- 4.1 Our clear structure of safeguarding accountability supports everyone within the organisation to understand their individual responsibilities for safeguarding.
- 4.2 The Board of Directors has overall responsibility for ensuring that individuals are aware of and understand the principles of this policy and commit to its procedures. For any queries regarding this policy or overall safeguarding practice, or regarding safeguarding incidents, Brighter Futures has nominated the following roles:

- a) Our **Customer Experience Committee** consists of: 4 Board Members (with at least one

board member having specific expertise and detailed knowledge of Safeguarding Practices), Head of Housing and Homelessness (Deputised by the Head of Assets and Compliance) and the Customer Experience and or Housing Services Lead (on rotation).

The Committee will be provided with;

- Quarterly Performance figures
- Lessons Learnt
- Trend analysis

- b) The **Safeguarding – Audit Group** is overseen by the Designated Safeguarding Lead and requires both the Customer Experience Lead and Housing Services Lead to attend. The Purpose of this group is to review and audit performance figures/ issues/trends identified in the Operational Delivery Group meetings/ closed cases and serious incidents.

This Group meets quarterly.

This group will be tasked with coordinating the preparation of the Safeguarding report for presentation/discussion at Customer Experience Committee.

- c) The **Safeguarding – Operational Delivery Group** is overseen by Service Leads (aka Deputy Safeguarding Leads) and requires Managers and Team Leaders as appropriate, who review reported cases and pick up on any trends, actions taken and look at any potential learning and prevention opportunities in respect of any cases that have been reported.

This Group meets 6 weekly.

The attending Lead will feed progress/trends/ issues in to the

5. Exceptions/Exclusions

5.1 This policy applies to all staff of Brighter Futures, including those seconded into the organisation, volunteers, consultants, students, contractors, and temporary/agency workers. For ease of reference, all employees and workers who fall under these groups will be referred to as “staff” in this document. This policy applies to all staff whenever there is concern about the safety or welfare of the individual.

5.2 This policy applies to all individuals that come into contact with Brighter Futures and its services i.e. service users, their children and their families.

5.3 This policy covers safeguarding adults and safeguarding children, where the guidance differs between the two groups it will be clearly stated, otherwise the guidance can be applied to both adults and children.

5.4 Staff across a wide range of services need to be vigilant about safeguarding concerns in all walks of life, both personal, social, and professional.

6. Definitions

6.1 Safeguarding Adults

6.1.1 The Care Act 2014 Statutory Guidance defines adult safeguarding as protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making

sure that the adult’s wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.

6.1.2 An adult is defined at risk of harm i.e. vulnerable to abuse when they are:

An individual aged 18 years or over who has care or support needs
plus
is unable to protect themselves
or
is currently experiencing or there is a risk of abuse or neglect (including self-neglect)

6.2 Safeguarding Children

6.2.1 Safeguarding and promoting the welfare of children is defined in Working Together to Safeguard Children 2023 as:

- providing help and support to meet the needs of children as soon as problems emerge.
- protecting children from maltreatment, whether that is within or outside the home, including online.
- preventing impairment of children’s mental and physical health or development.
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care.
- taking action to enable all children to have the best outcomes.

6.2.2 Responsibilities for safeguarding are enshrined in legislation. Some duties apply only to children, some apply only to adults, and some apply to both. This policy covers both adults and children.

6.3 What are the categories of Abuse?

6.3.1 Please see appendices

6.4 Who is considered Vulnerable?

6.4.1 A person is vulnerable if, as a result of their situation or circumstances, they are unable to take care or protect themselves or others from harm or exploitation.’ (Wolpert et al., 2014)

- Children under 18 are considered vulnerable
- Some young adults between 18 and 24 are considered vulnerable if they lack the skills to live/function independently
- Adults who are identified under the Care Act 2014 as at risk and receiving care in the community will be seen as vulnerable. The Care Act defines any person aged 18 years and over who is or may be in need of community care services by reason of mental health issue, learning or physical disability, sensory impairment, age or illness or who is or may be unable to take care of him/herself or unable or protect him/herself against significant harm or serious exploitation (2014).

7. 6 Principles of Adult Safeguarding

7.1 There are 6 Principles of Adult Safeguarding as defined in the Care Act 2014 this includes:

1	Empowerment – People being supported and encouraged to make their own decisions and informed consent.
2	Prevention – It is better to act before harm occurs.
3	Proportionality – The least intrusive response appropriate to the risk presented.
4	Protection – Support and representation for those in greatest need.
5	Partnership – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

7.2 Throughout the safeguarding process, the adult's wellbeing must be a priority which requires (whenever practicable) upholding their values and beliefs when deciding on actions. This is especially applicable to Brighter Futures customers who often have complex interpersonal relationships and may be ambivalent, unclear, or unrealistic about their personal circumstances.

7.3 We should not limit our view of what constitutes abuse or neglect, it can take many forms, and each case must be viewed as a unique circumstance.

7.4 . Child safeguarding principles and definitions

7.4.1 Children and Tenancies

Brighter Futures do not have any tenants under the age of 18 years old, however we do have families within our accommodation units which consist of children of any age.

Whilst our Housing Sustainment offer is only available to the named tenant, our staff should make any considerations/ referrals appropriate to Safeguard any children in our homes where needed.

7.4.2 Who is considered a child?

- Unborn status – a child can be subject to safeguarding action before it is born.
- All individuals up to the age of 18 are then considered children.
- Individuals between 18 and 24 are considered young adults many adults in this age bracket with additional support needs lack the skills necessary for independent living and therefore a transitional approach is encouraged by agencies combining both adult and child safeguarding techniques.

All staff must have regard to their safety, welfare and well-being as required under Section 10 and Section 11 of the Children Act (2004) and the United Nations Convention on the Rights of the Child (2010).

7.4.3 Our approach

Brighter Futures is committed to practices which not only protect children from harm but also enable them to maximise life chances for successful adulthood. Decision-making power relating to children lies with those who have parental responsibility for the child, although older children may be involved in decision making. As a child grows in maturity and understanding, the law gives the child a greater say in decisions.

Once a child understands fully the choice to be made and its consequences, the child's view prevails. Where there are issues about a child's upbringing, money or property required considering in court, the law is clear that **"the child's welfare shall be the court's paramount consideration"**.

There are occasions where Brighter Futures staff maybe the first to identify a potential new or emerging safeguarding issue involving a child examples could include (not limited to);

- Being the first to hear about an unborn child
- New relationships with partners with children from other households/local authorities
- New relationships for parents/tenants with new partners known for abusive behaviour
- Identification of a rough sleeping children during Rough Sleeping Outreach
- Identification children associating with the rough sleeping community via Outreach or Hanley HUB activities

Should any staff member have concerns over a new or emerging risk involving a child then this

should be discussed with their Team Leader/Manager immediately so a decision can be made whether or not to refer concerns to partner agencies. Potentially this decision may be escalated to the Safeguarding Lead or Deputy Safeguarding Leads if Operational Team remains unclear/unsure. Staff are always encouraged to share information with partners formally and take any advice or guidance.

Emergencies (immediate risk of physical harm) should always be reported immediately through to 999.

7.4.4 The following Risk Factors should alert professionals to consider a co-ordinated response for the unborn/child. Where mothers, fathers or partners or any other significant member of the household:

- Are involved in risk activities such as substance misuse, including drugs and alcohol;
- Have perinatal/mental illness or support needs that may present a risk to the unborn baby/child or indicate their needs may not be met;
- Are victims or perpetrators of domestic abuse (note: domestic abuse may start or get worse when a woman is pregnant);
- Have been identified as presenting a risk, or potential risk, to children, through their behaviour or any criminal investigations/convictions;
- Have a history of violent behaviours;
- Are not able to meet the unborn baby's/child's needs e.g., significant learning difficulties and in some circumstances severe physical or mental disability;
- Are known because of historical concerns such as previous neglect, other children subject to a child protection plan, subject to legal proceedings or have been removed from parental care;
- Are known because of parental involvement as a child or adult with Children's Social Care;
- Are currently 'Looked After' themselves or were looked after as a child or young person;
- Are teenage/young parents;
- Are living in poor home conditions, homelessness or temporary housing;
- Any other circumstances or issues that give rise to concern.

8. Mental Capacity and Decision Making

8.1 Decision Making

8.1.1 One of the core principles ensures that an adult has a legal right to make their own decisions, even if they are unwise, provided they have the capacity to make that decision free from coercion or undue influence.

8.1.2 Adults are always assumed to have 'capacity' to make decisions until evidence is provided to suggest this is not the case.

8.1.3 Brighter Futures commit to ensuring that all our customers are provided impartial advice and guidance to ensure that customers have a full and unbiased understanding of both the decision they are being asked to make and the impact of choosing one decision or another.

8.2. Lack of Capacity

8.2.1 Brighter Futures recognises it is important that staff understand and always work in line with the Mental Capacity Act (MCA) 2005 when there are doubts around capacity

8.2.2 We encourage staff to work with partners to investigate concerns around capacity whilst promoting support and sustainment services support helps customers manage their risk in ways that put them in control of decision making.

8.2.3 Where there is a lack of capacity any action or decision made for or on their behalf, will often be made in their best interests; this is often made by a specific named individual where the lack of capacity has been evidenced and appropriate safeguards put in place to manage risk.

9. Safeguarding as part of standard practice

9.1 Brighter Futures is committed to ensuring that safeguarding thoughts and good practice are embedded in our standard practices. We aim to do this by;

- Embedding Safeguarding into all customer facing Job Descriptions
- Embedding Safeguarding into front line objectives and 121 documents
- Ensuring our staff are trained appropriately (see below)
- Publishing and promoting policy and procedure
- Offering appropriate levels of support to staff (see below)
- Celebrating good practice and performance
- Ensuring staff are accountable for their actions (see below)

9.2 Support for staff

9.2.1 Brighter Futures ensures it provides appropriate and effective support for its staff.

9.2.2 Any staff member reporting or involved in a safeguarding concern will be offered a debrief and ongoing support by their line manager or another appropriate person in a timely manner. It will be discussed whether they are happy to continue with the role and if they would request any adjustments. If this is not suitable, staff are encouraged to contact the employee assistance helpline.

9.2.3 Designated Safeguarding Leads and anyone dealing with safeguarding concerns, disclosures or investigations will be offered appropriate safeguarding supervision with time given to reflect on decisions, learning, and discuss how it feels from a personal perspective. Those providing this safeguarding supervision should be identified as competent to do so. It may be provided in a one-to-one or group setting, and all formal supervision sessions should have a written record.

9.2.4 Brighter Futures acknowledges that staff who are the subject of allegations will also need support and further information and will always strive to provide this.

9.3 Training

9.3.1 Brighter Futures provides mandatory safeguarding training for all staff and Non-Executive Directors. It is the Employees responsibility to ensure that they are up to date with training. Managers have a duty to ensure staff attend training, and this is identified in annual appraisals.

- Brighter Futures supports all those working with or encountering children and/or adults at risk in their duties to undertake basic Safeguarding Awareness training, refreshed every 2 years.
- All DSLs and Deputy DSLs are required to attend DSL refresher training every 2 years. As part of the role, they are also to develop their knowledge through regularly accessing further training, articles, forums, conferences, newsletters, mentoring etc. Our Board Safeguarding Lead, being responsible for overseeing Brighter Future's safeguarding frameworks as part of the Board, will also be included in the above.
- The Board of Directors should attend relevant safeguarding training refreshed, at a minimum, every 2 years.

- All staff will receive safeguarding training appropriate to their role. This should be refreshed every 2 years at a minimum.
- Safeguarding training and development is an ongoing process and not a one-off event.
- If Brighter Futures introduces a new policy or safeguarding procedures, all staff will be equipped to understand and adhere to these developments.

9.4 Misconduct

- 9.4.1 All staff are issued with our code of conduct on start of employment.
- 9.4.2 All staff are issued with a copy of this policy and the relevant procedure
- 9.4.3 Any staff member not following the guidance/principles set out in this Policy or associate Procedure will be investigated under ‘misconduct’.
- 9.4.4 Human Resources will be notified of any such investigations and outcome.
- 9.4.5 All investigations and outcomes of investigations will be saved to the employees electronic HR file and will remain for the duration of their employment.
- 9.4.6 An investigation requiring formal Disciplinary Action will involve Human Resources and any third party assurance.

10. Legislative and Regulatory Requirements

10.1 This policy has been drawn up based on legislation and guidance that seeks to protect children

and adults at risk, including:

- Human Rights Act 1998
- Mental Capacity Act 2005
- The Children’s Act 1989 and 2004
- United Nations Convention on the Rights of a Child (UNCRC)
- Safeguarding Vulnerable Groups Act 2006
- Equality Act 2010
- Care Act 2014 and the Care Act Statutory Guidance 2014
- Counter Terrorism and Security Act 2015 and Prevent Duty Guidance 2023
- Data Protection Act 2018 and General Data Protection Regulation 2018
- Working Together to Safeguard Children 2023
- Social Housing Regulation Act 2023 (coming into force 2024)
- Information Sharing Advice for Safeguarding Practitioners 2024
- The Prevent Duty 2015 (revised 2016)
- Information sharing: advice for practitioners providing safeguarding services 2024
- Terrorism Act 2006
- What to do if you’re worried a child is being abused: advice for practitioners 2015

11. Related policies, procedures and documents

Policies	Domestic Abuse Policy Data Protection Policy Data Retention Policy
Procedures	Safeguarding Procedure
Forms / Guidelines	Staff Handbook/ Code of Conduct (Staff) How to Respond to a Safeguarding Disclosure – Guidance sheet Managing an initial Safeguarding Risk flow chart

	<p>How to take a disclosure flowchart</p> <p>What to do if you witness a safeguarding incident</p> <p>Information Sharing Protocol</p> <p>Safeguarding Form - Internal Only v1 (1).docx</p>
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12. Other useful documents/websites

13. Monitoring and review

13.1 All safeguarding policies and procedures are reviewed annually, or when there are significant changes externally for example in safeguarding legislation, or internally such as changes to safeguarding roles.

13.2 Policies and procedures are ratified by the Board before being shared with all staff who are required to confirm their understanding and commitment to these documents.

APPENDIX 1

Categories of adult abuse and neglect

Categories of abuse and neglect that adults at risk may experience. Also listed are some possible indicators of abuse. This is not an exhaustive list.

Physical abuse

- 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

Domestic violence or abuse

Domestic violence or abuse can be characterised by any of the indicators of abuse outlined in this briefing relating to:

- psychological

- physical
- sexual
- financial
- emotional

Signs of domestic violence or 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

Domestic violence and abuse includes any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been, intimate partners or family members regardless of gender or sexuality. It also includes so called 'honour' -based violence, female genital mutilation and forced marriage.

Coercive or controlling behaviour is a core part of domestic violence. Coercive behaviour can include:

- acts of assault, threats, humiliation and intimidation
- harming, punishing, or frightening the person
- isolating the person from sources of support
- exploitation of resources or money
- preventing the person from escaping abuse
- regulating everyday behaviour

Sexual abuse

- Rape, attempted rape or sexual assault
- Inappropriate touch anywhere
- Non- consensual masturbation of either or both persons
- Non- consensual sexual penetration or attempted penetration of the vagina, anus or mouth
- Any sexual activity that the person lacks the capacity to consent to
- Inappropriate looking, sexual teasing or innuendo or sexual harassment
- Sexual photography or forced use of pornography or witnessing of sexual acts
- Indecent exposure

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

Psychological or emotional abuse

- 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 psychological or emotional abuse

- An air of silence when a particular person is present
- Withdrawal or change in the psychological state of the person
- Insomnia
- Low self-esteem
- Uncooperative and aggressive behaviour
- A change of appetite, weight loss/gain
- Signs of distress: tearfulness, anger
- Apparent false claims, by someone involved with the person, to attract unnecessary treatment

Financial or material abuse

- Theft of money or possessions
- Fraud, scamming
- Preventing a person from accessing their own money, benefits or assets
- Employees taking a loan from a person using the service
- Undue pressure, duress, threat or undue influence put on the person in connection with loans, wills, property, inheritance or financial transactions
- Arranging less care than is needed to save money to maximise inheritance
- Denying assistance to manage/monitor financial affairs
- Denying assistance to access benefits
- Misuse of personal allowance in a care home
- Misuse of benefits or direct payments in a family home
- Someone moving into a person's home and living rent free without agreement or under duress
- False representation, using another person's bank account, cards or documents
- Exploitation of a person's money or assets, e.g. unauthorised use of a car
- Misuse of a power of attorney, deputy, appointeeship or other legal authority

- Rogue trading – e.g. unnecessary or overpriced property repairs and failure to carry out agreed repairs or poor workmanship

Signs of financial or material abuse

- Missing personal possessions
- Unexplained lack of money or inability to maintain lifestyle
- Unexplained withdrawal of funds from accounts
- Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity
- Failure to register an LPA after the person has ceased to have mental capacity to manage their finances, so that it appears that they are continuing to do so
- The person allocated to manage financial affairs is evasive or uncooperative
- The family or others show unusual interest in the assets of the person
- Signs of financial hardship in cases where the person's financial affairs are being managed by a court appointed deputy, attorney or LPA
- Recent changes in deeds or title to property
- Rent arrears and eviction notices
- A lack of clear financial accounts held by a care home or service
- Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person
- Disparity between the person's living conditions and their financial resources, e.g. insufficient food in the house
- Unnecessary property repairs

Modern slavery

- Human trafficking
- Forced labour
- Domestic servitude
- Sexual exploitation, such as escort work, prostitution and pornography
- Debt bondage – being forced to work to pay off debts that realistically they never will be able to pay off

Signs of modern slavery

- Signs of physical or emotional abuse
- Appearing to be malnourished, unkempt or withdrawn
- Isolation from the community, seeming under the control or influence of others
- Living in dirty, cramped or overcrowded accommodation and or living and working at the same address
- Lack of personal effects or identification documents
- Always wearing the same clothes
- Avoidance of eye contact, appearing frightened or hesitant to talk to strangers
- Fear of law enforcers

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 (known as 'protected characteristics' under the Equality Act 2010)
- Verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic
- 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

Signs of discriminatory abuse

- The person appears withdrawn and isolated
- Expressions of anger, frustration, fear or anxiety
- The support on offer does not take account of the person's individual needs in terms of a protected characteristic

Organisational or institutional abuse

- Discouraging visits or the involvement of relatives or friends
- Run-down or overcrowded establishment
- Authoritarian management or rigid regimes
- Lack of leadership and supervision
- Insufficient staff or high turnover resulting in poor quality care
- Abusive and disrespectful attitudes towards people using the service
- Inappropriate use of restraints
- Lack of respect for dignity and privacy
- Failure to manage residents with abusive behaviour
- Not providing adequate food and drink, or assistance with eating
- Not offering choice or promoting independence
- Misuse of medication
- Failure to provide care with dentures, spectacles or hearing aids
- Not taking account of individuals' cultural, religious or ethnic needs
- Failure to respond to abuse appropriately
- Interference with personal correspondence or communication
- Failure to respond to complaints

Signs of organisational or institutional abuse

- Lack of flexibility and choice for people using the service
- Inadequate staffing levels
- People being hungry or dehydrated
- Poor standards of care
- Lack of personal clothing and possessions and communal use of personal items
- Lack of adequate procedures
- Poor record-keeping and missing documents
- Absence of visitors
- Few social, recreational and educational activities
- Public discussion of personal matters
- Unnecessary exposure during bathing or using the toilet
- Absence of individual care plans
- Lack of management overview and support

Neglect and acts of omission

- Failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care
- Providing care in a way that the person dislikes

- Failure to administer medication as prescribed
- Refusal of access to visitors
- Not taking account of individuals' cultural, religious or ethnic needs
- Not taking account of educational, social and recreational needs
- Ignoring or isolating the person
- Preventing the person from making their own decisions
- Preventing access to glasses, hearing aids, dentures, etc.
- Failure to ensure privacy and dignity

Signs of neglect and acts of omission

- Poor environment – dirty or unhygienic
- Poor physical condition and/or personal hygiene
- Pressure sores or ulcers
- Malnutrition or unexplained weight loss
- Untreated injuries and medical problems
- Inconsistent or reluctant contact with medical and social care organisations
- Accumulation of untaken medication
- Uncharacteristic failure to engage in social interaction
- Inappropriate or inadequate clothing

Self-neglect

- Lack of self-care to an extent that it threatens personal health and safety
- Neglecting to care for one's personal hygiene, health or surroundings
- Inability to avoid self-harm
- Failure to seek help or access services to meet health and social care needs
- Inability or unwillingness to manage one's personal affairs

Signs of self-neglect

- Very poor personal hygiene
- Unkempt appearance
- Lack of essential food, clothing or shelter
- Malnutrition and/or dehydration
- Living in squalid or unsanitary conditions
- Neglecting household maintenance
- Hoarding
- Collecting a large number of animals in inappropriate conditions
- Non-compliance with health or care services
- Inability or unwillingness to take medication or treat illness or injury

Honour Based Violence (HBV) - an umbrella term encompassing various offences. A collection of practices, used to control behaviour within families or other social groups, to protect perceived cultural and religious beliefs and/or honour. Violence can occur when perpetrators perceive that a relative has shamed the family and/or community by breaking their honour code usually following a failure to conform to family/community standards.

Forced Marriage - marriage without the full consent of both parties and where pressure or threats are a factor. This is very different to an arranged marriage which both people will have agreed to. The pressure put on people to marry can be physical (including threats, actual physical violence and sexual violence) or emotional and psychological e.g. when someone is made to feel like they're bringing shame on their family. Financial abuse (taking your wages or not giving you any money) can also occur. There is no 'typical'

victim of forced marriage although most cases involve young women and girls aged between 13 and 30.

Female Genital Mutilation (FGM) - a destructive operation, during which the female genitals are partly or entirely removed or injured. Most often, but not always, the mutilation is performed before puberty, often on girls between the age of four and eight from African, some Middle Eastern and Asian countries. You may come across historic FGM that is impacting upon adult women.

Possible Indicators: Repeated health issues such as infections, intrusive 'other person' in consultations, symptoms of depression, anxiety, post-traumatic stress disorder, sleep disorders, self-harming, increased use of alcohol or other substance misuse, signs of sexual, physical, financial or psychological abuse may be observed.

Hate Crime - any incident act that is perceived by the victim, or any other person, to be racist, homophobic, transphobic or due to a person's religion, belief, gender identity or disability.

Mate Crime - occurring when vulnerable people are befriended by members of the community who go on to exploit and take advantage of them. It may not be an illegal act but still has a negative effect on the individual. Mate Crime is carried out by someone the adult/young person knows and often happens in private.

Radicalisation or Influenced by Extremism - where there is any level of concern that someone maybe or has been radicalised, then you must always report this.

Possible indicators: support for violence and terrorism or the values of extremist organisations, possession of extremist literature; attempts to access extremist websites and associated chat rooms; possession of material regarding weapons, explosives or military training. Behaviour changes such as withdrawal from family and peers, hostility, association with prescribed organisations and those that hold extremist views, personal history claims or evidence of involvement in organisations voicing violent extremist ideology or attendance at military/terrorist training. Indicators of psychological or physical abuse may also be observed.

APPENDIX 2

Categories of child abuse and neglect

Categories of abuse and neglect that children may experience. This is not an exhaustive list. Also listed are some possible indicators of abuse. This list is also not exhaustive and may vary from child to child depending on their experiences, age and development stage, their resilience and degree of vulnerability. There may be limited or no signs for some children who are being abused and children whose English is a second/foreign language, children with speech, language and communication needs or children whose behaviour may be correlated to their disability instead of a possible sign of abuse.

The behaviour of parents/carers can also indicate if a child is being harmed or at risk, therefore parent/carer-child interactions should be observed and recorded. Additionally, parents/carers struggling with addictions and/or emotional mental health difficulties may struggle with parenting and this may have a negative impact upon the child and young person.

Physical Abuse: Deliberately hurting a child, causing injuries such as bruises, broken bones, burns or cuts. Physical abuse isn't accidental - children who are physically abused suffer violence such as being hit, kicked, poisoned, burned, slapped or having objects thrown at them. Shaking or hitting babies can cause non-accidental head injuries. Sometimes parents/carers will make up or cause the symptoms of illness in their child, perhaps giving them medicine they don't need and making the child unwell—this is known as fabricated or induced illness.

Possible Indicators: Bruising caused by finger mark or grasp marks on the limbs or chest of a small child, bites, burn and scald marks; small round burns that could be caused by a cigarette, fractures to arms, legs or ribs in a small child, large numbers of scars of different sizes or ages.

Emotional Abuse: The ongoing emotional maltreatment of a child. It's sometimes called psychological abuse and can seriously damage a child's emotional health and development. Emotional abuse can involve deliberately trying to scare or humiliate a child or isolating or ignoring them. Children who are emotionally abused are often suffering another type of abuse or neglect at the same time, but this isn't always the case.

Possible Indicators: Excessively clingy, attention-seeking behaviour, very low self-esteem, excessive self-criticism, excessively withdrawn behaviour, fearfulness; a 'frozen watchfulness', despondency, lack of appropriate boundaries (e.g. too eager to please), eating disorders.

Sexual Abuse: A child is sexually abused when they are forced or persuaded to take part in sexual activities. This doesn't have to be physical contact and it can happen online. Sometimes the child won't understand that what's happening to them is abuse. They may not even understand that it's wrong. They may be afraid to speak out.

Possible Indicators: Allegations or disclosure, older children and young people may additionally exhibit depression, drug and/or alcohol abuse, eating disorders; obsessive behaviours, self-mutilation; suicide attempts; school/peer/relationship problems. Physical signs in private areas. Changes in behaviours such as mood swings, withdrawing, aggressiveness, sadness, isolating themselves, covering themselves up, shying away from touch.

Child Sexual Exploitation (CSE) is a type of sexual abuse. Children in exploitative situations and relationships receive something such as gifts, money or affection as a result of performing sexual activities or others performing sexual activities on them. Children or young people may be tricked into believing they're in a loving, consensual relationship. They might be invited to parties and given drugs and alcohol. They may also be groomed and exploited online. Some children and young people are trafficked into or within the UK for the purpose of sexual exploitation. Sexual exploitation can also happen to young people in gangs.

Neglect: The ongoing failure to meet a child's basic needs and is the most common form of child abuse. A child may be left hungry or dirty, without adequate clothing, shelter, supervision, medical or health care. A child may be put in danger or not protected from physical or emotional harm. They may not get the love, care and attention they need from their parents/carers. A child experiencing neglect will often suffer

from other forms of abuse too. Neglect is dangerous and can cause serious, long-term damage, even death.

Possible Indicators: Inadequate supervision; being left alone for long periods of time, lack of stimulation, social contact or education, inadequate nutrition, leading to ill-health, constant hunger, stealing or gorging food, failure to seek or to follow medical advice such that a child's life or development is endangered or wear inappropriate clothing for the conditions.

Domestic Abuse: Witnessing domestic abuse is really distressing for a child and causes serious harm. Children living in a home where domestic abuse is happening are at risk of other types of abuse too. Children can experience domestic abuse or violence in lots of different ways and are recognised as victims in their own right. They might see the abuse, hear the abuse from another room, see injuries or distress afterwards, be hurt by being nearby or trying to stop it.

Online Abuse: is any type of abuse that happens on the web. Children and young people may experience cyberbullying, grooming, sexual abuse, sexual exploitation or emotional abuse. Children can be at risk of online abuse from people they know as well as from strangers. Images and videos can be stored by the abuser and shared with other people.

Possible Indicators: appears nervous when receiving a message, or email, seems uneasy about going to school or pretends to be ill, unwillingness to share information about online activity, unexplained anger or depression especially after going online, abruptly shutting off or walking away from the computer/phone mid-use, withdrawing from friends and family in real life, unexplained stomach aches or headaches, trouble sleeping at night, unexplained weight loss or gain, suicidal thoughts or suicide attempts.

Exploitation by Radicalisation: The aim of radicalisation is to attract people to their reasoning, inspire new recruits and embed their extreme views and persuade vulnerable individuals of the legitimacy of their cause. This may be direct through a relationship, or through social media.

Possible Indicators: Radicalisation can be really difficult to spot. Signs may include isolating themselves from family and friends, talking as if from a scripted speech, unwillingness or inability to discuss their views, a sudden disrespectful attitude towards others, increased levels of anger, increased secretiveness especially around internet use. Children who are at risk of radicalisation may have low self-esteem or be victims of bullying or discrimination. Extremists might target them and tell them they can be part of something special, later brainwashing them into cutting themselves off from their friends and family. These signs don't necessarily mean a child is being radicalised - it may be normal teenage behaviour or a sign that something else is wrong.

Criminal Exploitation: When a child or young person is manipulated and coerced into committing crimes. Through the use of violence or grooming and pressure, they may be forced into activities such as stealing or carrying drugs or weapons and be put into dangerous situations. This may involve being part of a gang which is linked to illegal activity. This can involve victims being trafficked away from home.

Possible Indicators: Going missing, unexplained absence from school or college, excessive travelling, being found out of their home area, unexplained access to money, clothes or mobile phone, excessive use of the internet, social media, texts, phone calls, relationships with controlling individuals or groups; gang association and/or isolation from peers/social networks, using slang words, suspicion of physical assault, unexplained injuries, carrying a weapon, self-harm or significant changes in emotional well-being, committing petty crimes like shop lifting or vandalism.

Please see **Appendix 1** above for other definitions and sign of abuse and neglect that can also relate to children and young people.

Appendix 3

Abuse Patterns and Risk Factors

Risk Factors	As Abuser	As Abused
Homeless or sleeping rough	May coerce the adult at risk of harm into providing accommodation.	Potential for exploitation to gain accommodation
In the Care of the Local Authority	May abuse other, more vulnerable adults	Evidence demonstrates a higher proportion of young people in care are targeted for grooming compared with those not in care.
Disability	May abuse other, more vulnerable adults	Physical or mental impairment may leave them unable to protect themselves
Prior experience of sexual, physical or emotional abuse or neglect	Effects of child abuse or neglect last into adulthood. Parents who were abused may themselves have poor parenting skills.	Because of prior experiences there is often an acceptance that abuse is "normal" - often associated with low self-worth
Socially isolated and not engaged with services	They may become overwhelmed, resentful, and stressed.	The victim is unable to inform anyone of the abuse therefore abuse continues unchallenged
Migrant communities	Different values, beliefs e.g., female genital mutilation (FGM) is common practice in some cultures yet illegal under UK law	May not understand culture and will place trust in inappropriate individuals. Risk of exploitation
Those deemed not to have capacity under the 2005 Mental Capacity Act	May lack insight into own actions	Detained against their will, restraint
Trafficked	Those who have been trafficked may become desensitised and tasked to identify others to be trafficked	Have no ID unable to speak English close links with modern slavery. Isolated
Minority	Often linked to culture for e.g.	Insular network may be afraid to

communities	honour based violence	“speak out, mistrust of outsiders”
Mental health conditions	May be at risk to themselves e.g. self-neglect, self-harm. There is also risks to others e.g., paranoia could cause them to harm others	Could be victimised by others and targeted as appear easily manipulated especially with relation to PREVENT
Use drugs and alcohol	Could use extortion of others to obtain drugs/ alcohol or money.	Exploited by others in exchange for drugs/alcohol
Learning difficulties	May lack insight to recognise their behaviour is inappropriate	Coercion, others may not listen to concerns, Organisational abuse
Involved in sex work	May be coerced into encouraging others to become involved	High risk of physical or sexual assault
Living in poverty	May resort to financial abuse of others	May be forced to perform very low paid “cash in hand” work or illegal activities. Illegal money lenders

There are some recognised patterns of abuse. Which include:

Serial abuse in which the perpetrator seeks out and targets the individual. Sexual abuse sometimes falls into this pattern as do some forms of financial abuse.

Long-term abuse in the context of an ongoing family relationship such as domestic violence between spouses or generations or persistent psychological abuse. This can be difficult to recognise as the behaviour may become “normalised” and therefore accepted, especially in families or individuals from different cultures.

Opportunistic abuse such as theft occurring because money or jewellery is left unsecured.

Despite the attention paid to abuse such as targeted fraud or on-line abuse by strangers, it is far more likely that the person responsible for abuse is known to the abused often in a position of trust and power. Abuse can happen anywhere: someone’s own home, school, public place, hospital, care home or in college. The groups of potential abusers are wide ranging, but they share common characteristics known to increase the risk of carrying out abuse. Many of the factors which make the individual a victim of abuse can also increase the likelihood of them being an abuser. This makes identifying abuse a complex process and cause some issues for staff.

For example, a staff member may be supporting an individual with parental responsibility for a child who also has addiction or mental health issues. This parent may struggle to meet the care needs of that child due to their own issues; this may be unintentionally or deliberate. In such cases the law is clear that the needs of the child must take precedent.

Below is a list of factors with the potential to increase the risk of abuse both as victim or perpetrator. These factors are accompanied by examples (not exhaustive) to illustrate how situations may present.

