



FORMERLY KNOWN AS SHABBAT WALK

# SAFEGUARDING POLICY

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*Date reviewed: March 2026*

*Date of next review: March 2027*

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Registered Charity No 1182698

## POLICY PURPOSE

Hand in Hand is a social support organisation which cares for members of the North West London and Manchester communities struggling with isolation, disability, mental or physical illness, or other extenuating circumstances such as bereavement or divorce. We do this by recruiting a large team of dedicated volunteers to assist those in need, providing practical and emotional support such as playing with and taking out children, tutoring, shopping, and home and hospital visits. We have over 800 volunteers giving of their time to support approximately 200 families, primarily from socially disadvantaged backgrounds.

Our charitable activities include working with a wide array of vulnerable people. This includes both our beneficiaries and the under-18 volunteers who facilitate the bulk of our activities. The purpose of this policy is to protect children and vulnerable adults and provide stakeholders and the public with the overarching principles that guide our approach in doing so. Additionally, this policy is aimed at ensuring that all staff and volunteers understand what they must do in order to promote the welfare and wellbeing of the young people and vulnerable adults who are involved with our organisation and protect them from the risk of harm.

The policy sets out Hand in Hand's aspirations regarding our intent to safeguard; how we do this as an organisation; how we support and develop our staff in safeguarding and what we expect our staff and volunteers to do in order to safeguard and protect effectively. It also contains the contact details of all key staff involved in safeguarding. It will be reviewed in March 2027.

## SAFEGUARDING PRINCIPLES

We believe that:

- Nobody who is involved in our organisation, in any capacity, should ever experience abuse, harm, neglect or exploitation. All children and adults have a right to be safe and should be protected from all forms of abuse and neglect.
- We all have a responsibility to promote the welfare of all of our beneficiaries, staff and volunteers, to keep them safe and to work in a way that protects them. However, we have a particular focus on ensuring the welfare of all children and young people, to keep them safe and to practise in a way that protects them.
- We all have a collective responsibility for creating a culture in which our people not only feel safe, but also able to speak up, if they have any concerns.

We recognise that:

- The welfare of children is paramount in all the work we do and in all the decisions we take
- Working in partnership with children, young people, their parents, carers and other agencies is essential in promoting young people's welfare
- All children, regardless of age, disability, race, religion or belief, sex, or sexual orientation have an equal right to protection from all types of harm or abuse
- Some children are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues
- Extra safeguards may be needed to keep children who are additionally vulnerable safe from abuse.

We will seek to keep children and young people safe by:

- Valuing, listening to and respecting them
- Appointing a nominated child protection lead for children and young people, a deputy and a lead trustee for safeguarding
- adopting child protection and safeguarding best practice through our policies, procedures and code of conduct for staff and volunteers
- providing effective management for staff and volunteers through support, training and quality assurance measures so that all staff and volunteers know about and follow our policies, procedures and behaviour codes confidently and competently
- recruiting staff and volunteers safely, ensuring all necessary checks are made
- recording, storing and using information professionally and securely, in line with data protection legislation and guidance
- sharing information about safeguarding and good practice with children and their families both in print and face to face
- making sure that children, young people and their families know where to go for help if they have a concern
- using our safeguarding and child protection procedures to share concerns and relevant information with agencies who need to know, while involving children, young people, parents, families and carers appropriately
- using our procedures to manage allegations against staff or volunteers appropriately
- creating and maintaining an anti-bullying environment and ensuring that we have a policy and procedure to help us deal effectively with any bullying that does arise
- ensuring that we have effective complaints and whistleblowing measures in place
- ensuring that we provide a safe physical environment for our children, young people, staff and volunteers, by applying health and safety measures in accordance with the law and regulatory guidance
- building a safeguarding culture where staff and volunteers, children, young people and their families, treat each other with respect and are comfortable about sharing concerns.

## RELEVANT LEGAL AND INTERNAL POLICIES

Our safeguarding policy is underpinned by the government's statutory guidance on inter-agency working to safeguard and promote the welfare of children (Working Together to Safeguard Children, 2023), as well as London Safeguarding Children Board procedures. Additionally, the following internal policies delineate the rights and obligations of all our staff, volunteers, and beneficiaries. This policy statement should be read alongside our organisational policies, procedures, guidance and other related documents:

- The Family Handbook, The Volunteer Handbook, and The Parent Handbook
- Code of Conduct
- Disciplinary and Grievance Policy and Procedure
- Complaints Policy and Procedure
- Anti-Bullying Policy
- Health and Safety Policy and Risk Assessment
- Procedure for Managing Safeguarding Allegations

- Equality and Diversity Policy
- Safer Recruitment Policy
- Whistleblowing Policy
- Low-Level Concern Policy

## SAFEGUARDING RESPONSIBILITIES

The Children's Act of 2004 says that organisations must make sure that their functions and services are carried out with the welfare of children in mind. Every member of staff has a responsibility to refer a child to local authority children's social care when it is believed or suspected that the child:

- Has suffered significant harm;
- Is likely to suffer significant harm;
- Has a disability, developmental delay or welfare needs which are likely only to be met through provision of social work led family support services (with agreement of the child's parent) under the Children Act 1989;
- Is a Child in Need whose development would be likely to be impaired without provision of services.

Harm can be determined 'significant' by "comparing a child's health and development with what might be reasonably expected of a similar child" (Children Act 1989). This definition was clarified in section 120 of the Adoption and Children Act 2002 (implemented on 31 January 2005) so that it may include "impairment suffered from seeing or hearing the ill treatment of another" for example, where there are concerns of Domestic Abuse.

There are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation, and the presence or degree of threat, coercion, sadism and bizarre or unusual elements. Each of these elements has been associated with more severe effects on the child, and / or relatively greater difficulty in helping the child overcome the adverse impact of the maltreatment.

A single traumatic event may constitute significant harm (e.g. a violent assault, suffocation or poisoning). More often, significant harm is a compilation of significant events, both acute and longstanding, which interrupt, change or damage the child's physical and psychological development. Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long-term neglect, emotional, physical or sexual abuse that causes impairment to the extent of constituting significant harm. Significant harm may also refer to harm caused by one child to another (which may be a single event or a range of ill treatment) and which is generally referred to as 'peer on peer abuse.'

Aside from significant harm, each member of staff must be mindful of the various forms abuse can take, such as physical, psychological or emotional, financial, sexual or institutional abuse, including neglect and exploitation. Signs that may indicate the different types of abuse are listed

in Appendix 1, and staff are on the lookout for these signs in their home visits and in their regular discussions with volunteers.

Our staff are trained to be alert to the signs of abuse and neglect, including questioning the behaviour of children and parents/carers and not necessarily taking what they are told at face value. They know where to turn to if they need to ask for help, and will refer to children's social care or to the police if they suspect that a child is at risk of harm or is in immediate danger.

We are guided by the following key principles:

- children have a right to be safe and should be protected from all forms of abuse and neglect;
- safeguarding children is everyone's responsibility;
- it is better to help children as early as possible, before issues escalate and become more damaging; and
- children and families are best supported and protected when there is a coordinated response from all relevant agencies.

We will not let other considerations, like the fear of damaging relationships with beneficiaries or the wider community, get in the way of protecting children from abuse and neglect. If we think that referral to children's social care is necessary, it will be viewed as the beginning of a process of inquiry, not as an accusation.

We will record, in writing, all concerns and discussions about a child's welfare, the decisions made and the reasons for those decisions (see Appendix 3). When we are concerned that a child is being abused or neglected, we will decide the most appropriate action to take, depending on the circumstances of the case, the seriousness of the concern, and the local multi-agency safeguarding arrangements in place. We might refer directly to children's social care or the police, or discuss our concerns with other agencies and seek their assistance.

When a volunteer notices or is made aware of a matter of concern regarding a child they are assisting, they are trained to notify their coordinator immediately. As they are children themselves, they may be uncomfortable raising delicate matters with our staff, and they are therefore encouraged to make a disclosure to their parents, who will pass on the concern to us on their behalf, allowing us to begin making inquiries regarding the concern. Volunteers are told that it is important to maintain confidentiality, but they must not promise the child that they won't tell anyone, as they may need to disclose in order to protect the child.

Members of staff who have concerns about a child must raise these with the designated safeguarding lead. If they feel their concerns are not being appropriately acted upon by the DSL, they are aware that it is their responsibility to take further action. They may speak to an alternative member of the senior team, or to a trustee. In the event that members of staff would like external advice, they are encouraged to contact the NSPCC helpline at any time – [help@nspcc.org.uk](mailto:help@nspcc.org.uk) or 0800 800 5000.

# TRUSTEE SAFEGUARDING RESPONSIBILITIES

The trustees are mindful of their reporting obligations to the Charity Commission in respect of [Serious Incident Reporting](#).

Trustees are aware of and will comply with the Charity Commission guidance on [safeguarding and protecting people](#) and also the [10 actions trustee boards need to take](#) to ensure good safeguarding governance.

The trustees bear responsibility for the oversight of all aspects of safety, including whistleblowing and Health & Safety. This will include:

- Creating a culture of respect, in which everyone feels safe and able to speak up.
- Ensuring this policy and procedure, and all others relating to safeguarding, are implemented and reviewed regularly and monitored for effectiveness.
- An annual review of safety, with recommendations to the Senior Leadership team.
- Receiving regular reports, to ensure this and related policies are being applied consistently.
- Ensuring that all safeguarding or child protection concerns and any allegations or incidents that arise are reported in a timely way to the right agencies, including reporting to the Police/statutory authorities when required.
- Ensuring that issues are properly investigated and dealt with quickly, fairly and sensitively.
- Providing oversight of any lapses in safeguarding.
- Ensuring that there is a review conducted after any serious incident so that the risk of reoccurrence is minimized through making changes and improvements.
- Ensuring safeguarding risk assessments are carried out and appropriate action taken to minimise these risks, as part of our risk management processes.
- Ensuring that all relevant checks are carried out in recruiting staff and volunteers.
- Planning programmes/activities to take into account potential safeguarding risks, to ensure these are adequately mitigated.
- Ensuring that all appointments that require DBS clearance and safeguarding training are identified, including the level of DBS and any training required.
- Ensuring that a central register is maintained and subject to regular monitoring to ensure that DBS clearances and training are kept up-to-date.
- Ensuring that safeguarding requirements (e.g. DBS) and responsibilities are reflected in job descriptions, appraisal objectives and personal development plans, as appropriate.
- Listening and engaging beneficiaries, staff, volunteers and others and involving them as appropriate.
- Responding to any concerns sensitively and acting quickly to address these.
- Ensuring that personal data is stored and managed in a safe way that is compliant with data protection regulations, including valid consent to use any imagery or video.
- Making staff, volunteers, and others aware of:
  - Our safeguarding procedures and their specific safeguarding responsibilities on induction, with regular updates/reminders, as necessary.
  - The signs of potential abuse and how to report these.

The DSL and other members of the safeguarding team will use their professional judgement and inform the safeguarding trustee as and when the severity of the risk requires it.

Examples of this include but are not limited to where there is a criminal investigation or where

there are matters of reputational risk to the organisation, such as an allegation against a member of staff.

## STAFF SAFEGUARDING TRAINING

The DSL and deputy DSL, as well as all of the family liaison officers, have completed Level 3 safeguarding training, while coordinators have undertaken level 1 training. Externally certified training is renewed every three years (aside from the DSL, who renews every two years), but in-house training, safeguarding discussions and policy updates occur with regularity within the charity. This helps create a culture of awareness, protecting everyone involved.

The DSL will:

- Be a source of advice and expertise on safeguarding, to staff, volunteers, management and trustees.
- Ensure that policies and procedures are up to date, including staying updated with government guidance and ensuring this is implemented.
- Ensure staff and volunteer training and development helps achieve effective safeguarding for both beneficiaries and volunteers.
- Take the lead in or support operational staff making appropriate and timely referrals to Children's Social Care.

We expect that all staff members, volunteers and trustees will remain alert to the signs of abuse and neglect, and ask for help when concerned about a child or vulnerable adult. We will support and guide all staff in this endeavour through committing to the development of their safeguarding skills and knowledge.

## RISK ASSESSMENT

As we are sending child volunteers into others' homes, we carry out an in-depth risk assessment of each home before arranging volunteering. We are also mindful of our position of responsibility regarding the safety of the beneficiary children, both in terms of the volunteers and relating to their home environment. The categories covered in our risk assessment can be found in Appendix 2, and they include evaluation of the physical and psychological circumstances of the family in question. Furthermore, references including community leaders are consulted, and DBS checks are carried out. Likewise, we assess the suitability of each volunteer to fulfil their volunteering duties, including by speaking to their parents and references before they can begin volunteering.

# SAFEGUARDING ADULTS AT RISK

Some of our beneficiaries include adults at risk, and we have a duty of care to safeguard their welfare. Adult safeguarding is addressed in the Care Act 2014 and defined as these types of risks:

- Physical abuse
- Domestic violence
- Sexual abuse.
- Psychological abuse
- Modern slavery
- Discriminatory abuse
- Organisational abuse
- Neglect and acts of omission
- Self-neglect

More detail around these risks to adults can be found in Appendix 4.

# SAFEGUARDING AND FUNDRAISING

We will ensure that:

- We comply with the [Code of Fundraising Practice](#), including [fundraising that involves children](#).
- Staff and volunteers are made aware of the Institute of Fundraising guidance on [keeping fundraising safe](#) and the NCVO Guidance on [vulnerable people and fundraising](#).
- Our fundraising material is accessible, clear and ethical, including not placing any undue pressure on individuals to donate.
- We do not either solicit nor accept donations from anyone whom we know or think may not be competent to make their own decisions.
- We are sensitive to any particular need that a donor may have.

# SAFEGUARDING DATA

We will identify and manage online risks by ensuring that we protect people's personal data and follow [GDPR legislation](#), and that we have permission to display any images on our website or social media accounts, including consent from an individual, parent, etc.

***This policy has been approved by:***



**Suzi Jaeger**  
Safeguarding Trustee  
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# APPENDIX 1 – FORMS OF ABUSE AND THEIR INDICATORS

*Adapted from: What to do if you're worried a child is being abused; Advice for practitioners (HM Government, 2015, available at [publishing.service.gov.uk](http://publishing.service.gov.uk))*

The warning signs and symptoms of child abuse and neglect can vary from child to child. Disabled children may be especially vulnerable to abuse, including because they may have an impaired capacity to resist or avoid abuse. They may have speech, language and communication needs which may make it difficult to tell others what is happening. Children also develop and mature at different rates so what appears to be worrying for a younger child might be normal behaviour for an older child. Parental behaviours may also indicate child abuse or neglect, so you should also be alert to parent-child interactions which are concerning and other parental behaviours. This could include parents who are under the influence of drugs or alcohol or if there is a sudden change in their mental health. By understanding the warning signs, you can respond to problems as early as possible and provide the right support and services for the child and their family. It is important to recognise that a warning sign doesn't automatically mean a child is being abused.

There are a number of warning indicators which might suggest that a child may be being abused or neglected.

Some of the following signs might be indicators of abuse or neglect:

- Children whose behaviour changes – they may become aggressive, challenging, disruptive, withdrawn or clingy, or they might have difficulty sleeping or start wetting the bed;
- Children with clothes which are ill-fitting and/or dirty;
- Children with consistently poor hygiene;
- Children who make strong efforts to avoid specific family members or friends, without an obvious reason;
- Children who don't want to change clothes in front of others or participate in physical activities;
- Children who are having problems at school, for example, a sudden lack of concentration and learning or they appear to be tired and hungry;
- Children who talk about being left home alone, with inappropriate carers or with strangers;
- Children who reach developmental milestones, such as learning to speak or walk, late, with no medical reason;
- Children who are regularly missing from school or education;
- Children who are reluctant to go home after school;
- Children with poor school attendance and punctuality, or who are consistently late being picked up;
- Parents who are dismissive and non-responsive to practitioners' concerns;
- Parents who collect their children from school when drunk, or under the influence of drugs;
- Children who drink alcohol regularly from an early age;
- Children who are concerned for younger siblings without explaining why;
- Children who talk about running away; and
- Children who shy away from being touched or flinch at sudden movements.

There are four main categories of abuse and neglect: physical abuse, emotional abuse, sexual abuse and neglect. Each has its own specific warning indicators, which you should be alert to. Working Together to Safeguard Children (2015) statutory guidance sets out full descriptions.

## **Physical abuse**

Physical abuse is deliberately physically hurting a child. It might take a variety of different forms, including hitting, pinching, shaking, throwing, poisoning, burning or scalding, drowning or suffocating a child.

Physical abuse can happen in any family, but 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.

Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child. Physical abuse can also occur outside of the family environment.

Some of the following signs may be indicators of physical abuse:

- Children with frequent injuries;
- Children with unexplained or unusual fractures or broken bones; and
- Children with unexplained:
  - bruises or cuts;
  - burns or scalds; or
  - bite marks.

## **Emotional abuse**

Emotional abuse is the persistent emotional maltreatment of a child. It is also sometimes called psychological abuse and it can have severe and persistent adverse effects on a child's emotional development.

Although the effects of emotional abuse might take a long time to be recognisable, practitioners will be in a position to observe it, for example, in the way that a parent interacts with their child. Emotional abuse may involve deliberately telling a child that they are worthless, or unloved and inadequate. It may include not giving a child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.

Emotional abuse may involve serious bullying – including online bullying through social networks, online games or mobile phones – by a child's peers.

Some of the following signs may be indicators of emotional abuse:

- Children who are excessively withdrawn, fearful, or anxious about doing something wrong;
- Parents or carers who withdraw their attention from their child, giving the child the 'cold shoulder';

- Parents or carers blaming their problems on their child; and
- Parents or carers who humiliate their child, for example, by name-calling or making negative comparisons.

## **Sexual abuse and exploitation**

Sexual abuse is any sexual activity with a child. You should be aware that many children and young people who are victims of sexual abuse do not recognise themselves as such. A child may not understand what is happening and may not even understand that it is wrong. Sexual abuse can have a long-term impact on mental health.

Sexual abuse may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside clothing. It may include non-contact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can commit acts of sexual abuse, as can other children.

Some of the following signs may be indicators of sexual abuse:

- Children who display knowledge or interest in sexual acts inappropriate to their age;
- Children who use sexual language or have sexual knowledge that you wouldn't expect them to have;
- Children who ask others to behave sexually or play sexual games; and
- Children with physical sexual health problems, including soreness in the genital and anal areas, sexually transmitted infections or underage pregnancy.

Child sexual exploitation is a form of sexual abuse where children are sexually exploited for money, power or status. It can involve violent, humiliating and degrading sexual assaults. In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status. Consent cannot be given, even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. Child sexual exploitation doesn't always involve physical contact and can happen online. A significant number of children who are victims of sexual exploitation go missing from home, care and education at some point.

Some of the following signs may be indicators of sexual exploitation:

- Children who appear with unexplained gifts or new possessions;
- Children who associate with other young people involved in exploitation;
- Children who have older boyfriends or girlfriends;
- Children who suffer from sexually transmitted infections or become pregnant;
- Children who suffer from changes in emotional well-being;
- Children who misuse drugs and alcohol;
- Children who go missing for periods of time or regularly come home late; and
- Children who regularly miss school or education or don't take part in education.

## Neglect

Neglect is a pattern of failing to provide for a child's basic needs, whether it be adequate food, clothing, hygiene, supervision or shelter. It is likely to result in the serious impairment of a child's health or development.

Children who are neglected often also suffer from other types of abuse. It is important that practitioners remain alert and do not miss opportunities to take timely action. However, while you may be concerned about a child, neglect is not always straightforward to identify.

Neglect may occur if a parent becomes physically or mentally unable to care for a child. A parent may also have an addiction to alcohol or drugs, which could impair their ability to keep a child safe or result in them prioritising buying drugs, or alcohol, over food, clothing or warmth for the child. Neglect may occur during pregnancy as a result of maternal drug or alcohol abuse.

Some of the following signs may be indicators of neglect:

- Children who are living in a home that is indisputably dirty or unsafe;
- Children who are left hungry or dirty;
- Children who are left without adequate clothing, e.g. not having a winter coat;
- Children who are living in dangerous conditions, i.e. around drugs, alcohol or violence;
- Children who are often angry, aggressive or self-harm;
- Children who fail to receive basic health care; and
- Parents who fail to seek medical treatment when their children are ill or are injured.

# APPENDIX 2 – FAMILY RISK ASSESSMENT

A key part of our safeguarding policy revolves around the initial and follow-up assessments undertaken in the homes of our beneficiaries. These assessments allow us to gauge the safety and wellbeing of the children within their family environment, as well as the suitability of each family to receive child volunteers. Attached below is the form that is filled in regarding each family, giving an overview of the potential risks we evaluate.

## Shabbat Walk Family Risk Assessment

Family Name:

Family Liaison Officer Name:

Family Address:

Date of Assessment:

Potential Hazards	Identified Hazards <small>(What can cause harm and who is at risk?)</small>	Associated Risk <small>(Details of injury if mentioned risk were to happen)</small>	Control/Action <small>(Action to be taken to lower the risk and how we can control it)</small>
<b>Location</b> Is it a busy or quiet street? Is it well lit? Any alleyways/underpasses/subways? Easy to get to with public transport? Near any highways?			
<b>State of the Home</b> Is it dirty? Messy? Mould? Is there any building works? Are there any broken windows/doors/Furniture? Loose flooring?			
<b>Family Circumstances</b> Single Parent? Au Pair/Nanny? Lodger?			

Potential Hazards	Identified Hazards <small>(What can cause harm and who is at risk?)</small>	Associated Risk <small>(Details of injury if mentioned risk were to happen)</small>	Control/Action <small>(Action to be taken to lower the risk and how we can control it)</small>
<b>Health/Behaviour</b> History of or current Mental health problems? Additional needs/disabilities? Known behavioural issues? (anger, aggression etc) Any allergies esp. food?			
<b>Taking children out the house</b> Which children would be taken out - any associated risks? Where are they going? Park nearby?			
<b>Basic care</b> Does the Flo think that this parent/parents have the capacity to provide basic care, ensure safety, provide emotional warmth, stimulation, guidance, boundaries, and stability to this child/children?			

DBS check?:  Parents  Kids over 16yo (how many kids? \_\_\_\_ Only check box if all of them dbs checked)  Au Pair/Nanny  Lodger

CONSENT FORM SIGNED?:  YES  NO

## APPENDIX 3 – FORM FOR RECORDING SAFEGUARDING CONCERNS

When a safeguarding concern is raised, be it by a beneficiary, a member of staff, a volunteer, or a member of the public, the concerns are promptly recorded using the headings in the following paragraph, and are then graded by the safeguarding team. A yellow concern is one that has been investigated and discerned to be of low current risk. The subject of a yellow concern will continue to be monitored closely to detect any signs of deterioration in the situation. An amber concern is one that has the potential to be significant, and requires further urgent investigation to determine its true status. A concern is only given an amber grading as a short-term measure, pending further information. Once that information has been obtained the concern will either be downgraded to yellow or upgraded to red. A red concern is one that requires immediate action, which will typically include consultation with and possible reporting to external agencies. It is conceivable that red concerns be easily remedied with the support and under the guidance of other agencies, in which case, once successfully rectified, these concerns will be downgraded to yellow.

All reports of safeguarding concerns should include the following elements:

- Date and who is compiling the report
- Subject of the report (name and contact details)
- Person who raised the concern (name and contact details)
- Date of incident/s (if relevant)
- Details of the incident and/or the concerns that were raised (*Who? What? Where? When?*)
- Any written messages that were received, including where possible statements from the relevant parties
- Who is at risk as a result of these safeguarding concerns and why
- Perceived severity of the risk
- What will be done to mitigate the risk and why that is deemed to be sufficient.

It is important to note that when incidents are being looked into, the questions being asked should not be leading questions (“Did they do x to you?”) or those that are closed (with a ‘yes’ or ‘no’ answer). The investigating staff member should prompt the person they are speaking to offer as much information as possible in an open and supportive way, without making assumptions or steering the conversation in any particular direction.

# APPENDIX 4 - TYPES AND INDICATORS OF ABUSE OF ADULTS

Signs of abuse can often be difficult to detect. This page aims to help people who come into contact with people with care and support needs to identify abuse and recognise possible indicators. Many forms of abuse are also criminal offences and should be treated that way.

## TYPES OF 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 and indicators*

- 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

## TYPES OF 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.

### *See guidance about:*

[Recognising domestic abuse](#)

### *Signs and indicators*

- 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.

#### **TYPES OF 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 and indicators*

- 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

#### **TYPES OF 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 and indicators*

- 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

### **TYPES OF 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 and indicators*

- 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

### **TYPES OF 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

GOV.UK has more information on [identifying and reporting modern slavery](#)

### ***Signs and indicators***

- 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

### **TYPES 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 (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 and indicators*

- 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
- 

### **TYPES OF 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 and indicators*

- 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

### **TYPES OF 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 and indicators*

- 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

### **TYPES OF 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

Also see: [Self-neglect at a glance](#)

### *Signs and indicators*

- 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