

## Shiloh Rotherham Safeguarding Policy V6 September 2025

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### Review Schedule

Date	Person/s Responsible	Role	Status
Sept 2026	Sarah Smart & Paul Clarkson	CE / Safeguarding Lead Trustee	Not Started

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## **Related Documents**

[Safeguarding Reporting Procedure](#)  
[Shiloh Safeguarding Case Form](#)  
[Safeguarding Triage Matrix](#)  
[Lamplight Safeguarding Module Manual](#)

## **Related Policies & Procedures**

[Lone Working Policy](#)  
[Health & Safety Policy](#)  
[Disciplinary Procedure](#)  
[Data Protection Policies](#)  
[Whistleblowing Policy](#)

## **Important Contacts**

[Rotherham Safeguarding Adults Board](#)  
[Multi Agency Safeguarding Hub \(Children\)](#)  
[Prevent - Act Early](#)

## **1. Introduction**

**1.1** Shiloh Rotherham (Shiloh) is fully committed to safeguarding the welfare of all vulnerable groups and individuals that are involved in its activities and will provide the necessary support and training for staff to ensure the risk of abuse is minimised.

**1.2** Shiloh also supports the sector in providing services to children and young people. It is committed to working in line with best practice, including, but not limited to, Section 11 of the Children Act 2004.

**1.3** The Board of Trustees has a duty of care to protect the reputation and assets of Shiloh and takes active responsibility for safeguarding matters, including reporting of any serious safeguarding incidents to the Charity Commission.

## **2. Aim of this Policy**

**2.1** This policy aims to provide procedures for promoting safeguarding, preventing abuse and protecting vulnerable adults, children and young people, staff and volunteers. This includes clear procedures for taking appropriate action when safeguarding concerns are raised involving vulnerable adults, children and young people who we support or those who attend our activities and events.

## **3. Definitions**

### **3.1 Vulnerable Adults**

A vulnerable adult is any person aged 18 or over who *'is or may be in need of community care services by reason of mental health or other disability, age or illness'* and *'is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'*.

### **3.2 Children and Young People**

A child is *'anyone who has not yet reached their 18th birthday. 'Children', therefore, means children and young people throughout. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate for children and young people, does not change his or her status or entitlement to services or protection under the Children Act 2004'* (Working Together to Safeguard Children 2018).

### **3.3 Employee/Staff**

When this policy references *'staff'* or *'employee'*, this shall also include *'volunteers'*, *'partner agency staff'*, and *'contractors'*.

## **4. What is Meant by Abuse?**

**4.1** Abuse is the violation of an individual's human rights. It can be single or repeated acts and can include: physical, financial/material, sexual, psychological, discriminatory and emotional abuse and neglect or an omission to act. It may be something that is done to the individual or something not done when it should have been. It does not necessarily have to be intentional – if the vulnerable person experiences it as abusive, it is considered abuse.

**4.2** Children may be abused and/or neglected by their parents, carers, guardians or other trusted adults as well as by strangers. Abuse may be perpetrated by individuals, groups or networks of individuals. Children may also be abused by other children.

**4.3** The definitions of abuse differ slightly between adults and children. A copy of the definitions can be found in **Appendix 1**.

## **5. Recruitment, Induction and Training**

**5.1** Shiloh is committed to recruitment and selection procedures that are designed to promote best practice and to protect vulnerable adults, children, young people and workers from potential harm.

**5.2** Prospective staff will be asked to complete an application form requesting basic details, including previous experience of working with vulnerable adults and children, where appropriate.

**5.3** Shiloh expects that all staff working directly with vulnerable adults and/or children will be subject to an appropriate check through the Disclosure and Barring Service (DBS). Disclosure of a criminal record may not itself prevent appointments, as the nature of any offence is considered, except for convictions for crimes against vulnerable adults/children.

**5.4** Shiloh will need to obtain two references before the appointment (non-family members). Structured interviews will be undertaken, and any gaps in job history or rapid movement from one to another will be investigated.

**5.5** All staff will receive information about Shiloh's policies and procedures during induction to ensure they understand their responsibilities in relation to safeguarding vulnerable adults and children, in particular, how to identify and report safeguarding concerns.

**5.6** All staff will be expected to undertake awareness raising and/or training on safeguarding at a level appropriate to their role and will be expected to undertake refresher training when required following discussion with their line manager.

**5.7** The Designated Safeguarding Lead (DSL) and other Safeguarding Managers will be expected to undertake more specialist safeguarding training, including refreshers, as appropriate.

## 6. Roles and Responsibilities

**6.1** The ultimate accountability for safeguarding within Shiloh lies with the Board of Trustees; however, the trustees also appoint a named Designated Safeguarding Lead (DSL) who will deal with the day-to-day work around safeguarding.

### 6.2 Designated Safeguarding Lead (DSL)

This person is responsible for overseeing that safeguarding issues regarding vulnerable adults are dealt with appropriately in line with this policy, following our **Safeguarding Reporting Procedure** and the **Safeguarding Triage Matrix**. All concerns must be recorded and managed within our Lamplight Safeguarding Module. They will refer concerns to the appropriate agencies (e.g. Single Point of Access – formerly Assessment Direct – for vulnerable adults and the Multi Agency Safeguarding Hub – MASH – for children) promptly and in line with confidentiality guidelines. They may also attend safeguarding meetings, case conferences and reviews with referral agencies.

The DSL will act as a source of advice on all safeguarding matters and seek further guidance from Rotherham's Local Safeguarding Boards when required..

**6.3** The contact details for the DSL can be found in the staff & volunteers area or are available from the individual's line manager.

### 6.4 Line Managers

Line Managers will ensure:

- They fully understand this policy and all other policies that have a direct link.
- All staff in their team receive appropriate safeguarding information and training commensurate with the responsibilities of their role.
- Safeguarding responsibilities are highlighted during team meetings, supervision and appraisals as appropriate.
- They encourage staff to contribute to discussions about safeguarding and positively involve them in developing safe practices where appropriate.
- They adhere to Shiloh's safer recruitment procedures and ensure that appropriate checks are undertaken.
- They follow Shiloh's **Safeguarding Reporting Procedure** for any Safeguarding concerns reported to them.

### 6.5 Staff

All staff will ensure they:

- Are fully aware of their responsibility to safeguard and promote the welfare of vulnerable adults and children within their role as appropriate;

- Undertake any awareness raising/training appropriate to the level and responsibilities of their role;
- They follow the Shiloh's **Safeguarding Reporting Procedure** to raise concerns or allegations of abuse and neglect without delay;
- Act in a way which protects them against false allegations of abuse as far as possible in accordance with this policy and the **Lone Working Policy**.

## 7. Identifying Risks

**7.1** Shiloh undertakes risk assessments for all its areas of activity in line with the **Health and Safety Policy**. Risk assessments in relation to safeguarding issues are undertaken as follows:

- When recruiting to a new or existing post which involves working directly with vulnerable adults or children, safer recruitment processes are undertaken, including DBS checks;
- Upon commencement of new activities or events involving or potentially involving vulnerable adults or children;
- When changes are being made to existing activities or events involving or potentially involving vulnerable adults or children.

## 8. How to Recognise Abuse

**8.1** It is important to be aware of the possible signs and symptoms of abuse. Some signs could be indicators of several different categories of abuse. **Appendix 2** shows the possible signs and symptoms of abuse for both adults and children.

**8.2** It is essential to note, however, that these are only indicators of possible abuse. There may be other, innocent reasons for these signs and/or behaviour. They will, however, provide a guide to assist in assessing whether abuse of one form or another is a possible explanation for an adult's or a child's behaviour.

**8.3** Abuse can occur in all types and structures of families and situations regardless of gender, race, culture, sexual orientation, religion/belief or class. It is important to be mindful that there are many different ideas and attitudes about how children should be brought up. However, this does not mean that an individual should ignore a situation where children are clearly at risk on the grounds that the family concerned has a different set of beliefs.

**8.4** For individuals with learning disabilities, there can be additional issues in relation to abuse, and individuals may have greater difficulty in being heard when trying to disclose situations of abuse.

**8.5** It is important to be mindful of assumptions as to what is appropriate in terms of caring for individuals with learning disabilities. Sometimes practices that would clearly be seen as unacceptable in general terms are not challenged when the individual has a learning disability. If employees are in any doubt, they should refer to the DSL for advice.

## **9. What to do if there has been a Disclosure, Allegation or Concern of Abuse**

**9.1** It is not the responsibility of anyone working for Shiloh in a paid or unpaid capacity to decide whether or not abuse has taken place. However, there is a responsibility on Shiloh to act on any concerns through contact with the appropriate agencies so that they can then make inquiries and take any necessary action to protect the individual concerned. This applies to BOTH;

- allegations/suspicions of abuse occurring within Shiloh, and to
- allegations/suspicions that abuse is taking place elsewhere

**9.2** If an adult or child discloses that they are being abused and/or an allegation of abuse against someone, the person being told should:

- Stay calm and listen carefully;
- Reassure the individual that they have done the right thing in telling;
- NOT investigate or ask leading questions;
- Explain that they will need to tell someone else if anyone is at risk of harm, in order to help them;
- NOT promise to keep secret what they have been told;
- Ensure the individual is informed about what will happen next;
- Reassure the individual about what to expect;
- Inform the DSL as soon as possible, following the ***Safeguarding Reporting Procedure***.

**9.3** ***Appendix 3*** gives further information to employees on what to do if a disclosure is made or a concern is identified.

**9.4** The DSL will be responsible for any actions taken. Under no circumstances should the individual member of staff contact an external agency or undertake their own investigation.

**9.5** Employees must not discuss their suspicions or any allegations made with anyone other than the DSL, their Line Manager or the Chair of the Board of Trustees.

**9.6** Shiloh will support any investigation as appropriate; therefore, any member of staff who has been involved in a safeguarding concern will be expected to give a full account of the incident or their concerns and may be called on as a witness in any subsequent proceedings.

## **10. What to do if there is an Immediate Threat of Harm**

**10.1** In most situations, there will not be an immediate threat, and the decision about protecting the vulnerable adult or child will be taken by the appropriate agency.

**10.2** In certain circumstances, it may be necessary to take immediate action to protect the vulnerable adult or child by calling emergency services (999). Direct calls to the police should be reserved for incidents of assault and/or violence where an element of urgency applies.

**10.3** In all circumstances where the emergency services have been called, the employee must inform the DSL as soon as possible, following the ***Safeguarding Reporting Procedure***.

## **11. Support for Employees**

**11.1** Where required, the individual's Line Manager or DSL will make themselves available to the employee reporting the incident or concern. They will provide an opportunity to talk through the matter and help identify any additional support needs. This includes offering appropriate assistance where the employee may be experiencing distress or vicarious trauma as a result of the incident.

**11.2** If an external agency or the police need further information or involvement from the employee, then they will be expected to co-operate fully with any investigation. **Shiloh** will assist the individual, including attending any investigatory meetings with them, or a representative from Shiloh (Line Manager or DSL) may provide information to the relevant authority on the individual's behalf.

## **12. Allegations Against Employees**

**12.1** Employees may also be subject to allegations of abusing vulnerable adults and children during the course of their employment/volunteering with Shiloh.

**12.2** To minimise any allegations, employees should adhere to the ***Lone Working Policy*** at all times. Where this is not possible, individuals should consider how else they might minimise any risk, including holding meetings in appropriate rooms and places.

**12.3** Any complaint against a member of staff or volunteer must be made to the Chief Executive, who will seek the advice of the relevant external agency and/or police on how to proceed with investigations and inform the Chair of the Board of Trustees. If the



complaint is regarding the Chief Executive, then the complaint should be sent directly to the Chair of the Board of Trustees.

**12.4** If the Chief Executive is informed of a complaint by the authorities, he/she will meet with the authorities to discuss the details and agree on appropriate action.

**12.5** While appropriate support will be offered to any employee facing an allegation of abuse, Shiloh will ensure that the relevant authorities are given all assistance in pursuing any investigation.

**12.6** Where an allegation is made against an employee, that employee may be suspended on full pay until any investigation is completed. The employee may be liable to action under the ***Disciplinary Procedure***, and they will be informed of that at the time. Employees will, therefore, need to ensure that they have a sufficient support network outside the organisation should the ***Disciplinary Procedure*** be invoked.

**12.7** Whilst other employees should show due courtesy and respect, the confidentiality of colleagues and the needs, welfare and protection of vulnerable adults and children will at all times be paramount.

### **13. Record Keeping**

**13.1** All reported incidents and concerns will be added to the Lamplight Safeguarding Module and overseen by the DSL. The outcomes of any investigation will also be documented. All records will be treated as confidential and managed in line with data protection requirements. Where information has been collected on paper, it will be securely shredded once transferred into the Lamplight system.

**13.2** The DSL will produce regular update reports to the Board of Trustees via the Chief Executive (if the Chief Executive is not the DSL), including the number of incidents and any reports of serious incidents to the Charity Commission.

### **14. Whistleblowing**

**14.1** It is important that Shiloh has procedures for enabling staff to share, in confidence with a designated person, concerns they may have about a colleague's behaviour. This may be behaviour linked to safeguarding or behaviour that pushes boundaries beyond acceptable limits. More information can be found in our ***Whistleblowing Policy***.

**14.2** Shiloh is fully supportive of '*whistleblowing*' for the sake of the vulnerable adult or child and will provide support and protect those who '*whistle blow*'. While it is difficult to express concerns about colleagues, they must be communicated to the DSL. All staff will be encouraged to talk to the DSL if they become aware of anything that makes them feel uncomfortable.

## **15. Confidentiality**

**15.1** Shiloh respects everyone's right to confidentiality; however, it believes that the welfare of vulnerable people has to take priority, and it has a duty to disclose abuse to the appropriate agency if deemed necessary. Shiloh's **Data Protection Policies** may be overridden in these circumstances, and reference should be made to this policy.

## **16. Commissioning Arrangements**

**16.1** Shiloh will ensure it has safeguarding procedures in place in line with any commissioner guidelines and will review this policy in line with any specified requirements under commissioning or funding arrangements.

## **17. Digital Safeguarding**

**17.1** Shiloh recognises the increasing role of digital communication and online engagement in its work with adults at risk, children, and young people. It is committed to ensuring that all digital interactions are safe, respectful, and appropriate.

**17.2** Staff and volunteers must:

- Use only approved platforms and devices for communication with service users.
- Avoid private messaging or unsupervised digital contact with adults or children at risk.
- Report any online safeguarding concerns, including cyberbullying, grooming, or inappropriate content, to the DSL immediately.

**17.3** Shiloh will provide guidance and training on digital safeguarding, including the safe use of social media, video conferencing, and data protection in online environments.

## **18. Prevent Duty**

**18.1** In accordance with the Counter-Terrorism and Security Act 2015, Shiloh has a duty to prevent individuals from being drawn into terrorism. This is known as the Prevent Duty.

**18.2** Staff and volunteers must:

- Be alert to signs of radicalisation or extremist behaviour.
- Report concerns to the DSL, who will assess the situation and, if necessary, refer to the appropriate Prevent or Channel Panel.

**18.3** Shiloh will ensure that staff receive appropriate training to understand the risks associated with radicalisation and how to respond effectively.

## **19. Accessibility and Inclusion**

**19.1** Shiloh is committed to ensuring that safeguarding information and procedures are accessible to all, including individuals with learning difficulties, disabilities, or language barriers.

**19.2** To support this:

- Easy-read versions of safeguarding material requests can be made to the DSL and will be provided at the earliest opportunity.
- Translation requests can be made to the DSL, and materials will be provided at the earliest opportunity.
- Staff will receive training on inclusive communication and how to support individuals with additional needs.

**19.3** Shiloh will regularly review its safeguarding materials and practices to ensure they remain inclusive and accessible.

## **20. Monitoring and Evaluation**

**20.1** Shiloh will monitor the effectiveness of its safeguarding policy and procedures through:

- Annual audits of safeguarding records and processes.
- Quarterly safeguarding reports to the Board of Trustees.
- Feedback from staff, volunteers, and service users.

**20.2** The DSL will ensure all safeguarding concerns and outcomes are recorded in our Lamplight system and will identify trends or areas for improvement.

**20.3** Lessons learned from safeguarding incidents will be used to inform training, policy updates, and service delivery improvements.

## **21. Policy Monitoring & Review**

**21.1** The application of this policy will be monitored by the Chief Executive and Trustees periodically. The policy will be reviewed annually, subject to changes in legislation or organisational structure.

## Appendix 1: Definitions of Abuse

### VULNERABLE ADULTS

Abuse is a violation of an individual's human and civil rights by any other person or persons. It may consist of a single act or repeated acts. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it. The following definitions have been taken from examples in the Care Act 2014.

**Physical Abuse:** This is the infliction of pain or physical injury, which is either caused deliberately or through lack of care. It can include assault, misuse of medication, restraint and inappropriate physical sanctions.

**Psychological or Emotional Abuse:** These are acts or behaviours that cause mental distress or anguish, or negate the wishes of the vulnerable adult. It is also behaviour that harms the vulnerable adult's emotional health and development, or any other form of mental cruelty. It includes threats of harm or abandonment, humiliation, intimidation, verbal abuse, cyberbullying and isolation.

**Sexual Abuse:** This is the involvement in sexual activities to which the person has not consented or does not truly comprehend and so cannot give informed consent, or where the other party is in a position of trust, power or authority and uses this to override or overcome lack of consent. It can include rape, assault, sexual harassment, exploitation, sexual photography, and sexual acts to which the adult has not consented or was pressured into consenting.

**Neglect or Act of Omission:** This is the repeated deprivation of assistance that the vulnerable adult needs for important activities of daily living, including the failure to intervene in behaviour which is dangerous to the vulnerable adult or to others. A vulnerable person may be suffering from neglect when their general wellbeing or development is impaired.

**Financial or Material Abuse:** This is the inappropriate use, misappropriation, embezzlement or theft of money, property or possessions. It includes fraud, internet scamming and coercion in relation to an adult's financial affairs.

**Discriminatory Abuse:** This is the inappropriate treatment of a vulnerable adult because of their age, gender, race, religion/belief, cultural background, sexuality, disability, etc. Discriminatory abuse exists when values, beliefs or culture result in a misuse of power that denies opportunity to some groups or individuals. Discriminatory abuse links to all other forms of abuse.

**Institutional Abuse:** This is the mistreatment or abuse of a vulnerable adult by a regime or individuals within an institution (e.g. hospital or care home) or in the community. It can be through repeated acts of poor or inadequate care and neglect, or poor professional practice.

**Domestic Abuse:** This includes acts of domestic violence, including psychological, physical, sexual and financial abuse.

**Modern Slavery:** This categorises offences of slavery, domestic servitude and forced or compulsory labour, and Human Trafficking.

**Exploitation:** This can be either opportunistic or premeditated and involves unfairly manipulating someone for profit or personal gain. It also includes safeguarding people and communities from the threat of people being drawn into terrorism (Prevent Strategy).

## **CHILDREN AND YOUNG PEOPLE**

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger (e.g. via the internet). They may be abused by an adult or adults, or another child or children.

**Physical Abuse:** This may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes ill health to a child who they are looking after. This situation is commonly described using terms such as factitious illness by proxy or Munchausen's syndrome by proxy.

**Emotional Abuse:** This is the persistent emotional ill treatment of a child, such as to cause severe and persistent effects on the child's emotional development. It may involve conveying to children that they are worthless and unloved, inadequate, or valued only insofar as they meet the needs of another person. It may involve age or developmentally inappropriate expectations being imposed on children. It may involve causing children to frequently feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of ill treatment of a child, though it may occur alone.

**Sexual Abuse:** Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape or buggery) or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production or, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways. Child sexual exploitation (CSE) is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. CSE does not always involve physical contact; it can also occur through the use of technology.

**Neglect:** Neglect is the persistent failure to meet a child's basic physical and or psychological needs, likely to result in the serious impairment of the child's health or development. It may involve a parent or carer failing to provide adequate food, shelter and clothing, failure to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

**Harmful Sexual Behaviour:** Children and young people who develop harmful sexual behaviour harm themselves and others. It can include using sexually explicit words and phrases,

inappropriate touching, using sexual violence or threats and full penetrative sex with other children or adults. Sexual behaviour between children is also considered harmful if one of the children is much older; however, a younger child can abuse an older child, particularly if they have power over them.

***Child Trafficking:*** Child trafficking is child abuse. It involves recruiting and moving children who are then exploited. Many children are trafficked into the UK from overseas; however, children can also be trafficked from one part of the UK to another and to other countries.

***Female Genital Mutilation (FGM):*** FGM is the partial or total removal of external female genitalia for non-medical reasons. It is also known as female circumcision or cutting. Religious, social or cultural reasons are sometimes given for FGM; however, it is child abuse, dangerous and a criminal offence. It is used to control female sexuality and can cause severe and long-lasting damage to physical and emotional health.

Note: Children whose situations do not currently fit the above categories may also be at significant risk of harm. This could include situations where another child in the household has been harmed or the household contains a known child abuser.

## **Appendix 2: Signs and Symptoms of Possible Abuse**

### **VULNERABLE ADULTS**

#### ***Physical:***

- A history of unexplained falls, fractures, bruises, burns and minor injuries
- Signs of underuse or overuse of medication and/or medical problems unattended

#### ***Psychological:***

- Alteration in psychological state, e.g. withdrawn, agitated, anxious, tearful
- Intimidated or subdued in the presence of the carer
- Fearful, flinching or frightened of making choices or expressing wishes
- Unexplained paranoia

#### ***Sexual:***

- Pregnancy in a woman who is unable to consent to sexual intercourse
- Unexplained change in behaviour or sexually implicit/explicit behaviour
- Torn, stained or bloody underwear and/or unusual difficulty in walking or sitting
- Infections or sexually transmitted diseases
- Full or partial disclosure or hints of sexual abuse

#### ***Neglect or Omission:***

- Malnutrition, weight loss and/or persistent hunger
- Poor physical condition, poor hygiene, varicose ulcers, pressure sores
- Being left in wet clothing or bedding and/or clothing in a poor condition
- Failure to access appropriate health, educational services or social care
- No callers or visitors

#### ***Financial or Material:***

- Disparity between assets and living conditions
- Unexplained withdrawals from accounts or disappearance of financial documents
- Sudden inability to pay bills
- Carers or professionals fail to account for expenses incurred on the person's behalf
- Recent changes to deeds or title to property

#### ***Discriminatory:***

- Inappropriate remarks, comments or lack of respect
- Poor quality or avoidance of care

#### ***Institutional:***

- Lack of flexibility or choice over meals, bedtimes, visitors, phone calls ,etc.
- Inadequate medical care and misuse of medication
- Inappropriate use of restraint
- Sensory deprivation, e.g. denial of use of spectacles or hearing aids

- Missing documents and/or absence of individual care plans
- Public discussion of a private matter
- Lack of opportunity for social, educational or recreational activity

## **CHILDREN AND YOUNG PEOPLE**

Extreme care should be taken as misreading signs of abuse can result in significant harm or trauma to the child and their family. In general, staff employed in the voluntary sector will not have the expertise to diagnose child abuse, but do have a responsibility to be alert and aware of the signs. However, just because a child exhibits one of the signs listed below, this does not mean that they have been abused. Nevertheless, the presence of one or more of the signs, or their repeated presence, might raise concerns and should be used as a prompt for discussion with the DSL. In their absence, the matter should be brought to the attention of the Chief Executive (if not DSL) or Chair of the Board of Trustees without delay.

### ***Physical Signs:***

- Any injuries, bruises, bites, burns, fractures, etc., which are not consistent with the explanation given for them
- Injuries which occur to the body in places which are not normally exposed to falls, rough games, etc.
- Injuries which appear to have been caused by a weapon, e.g. cuts, welts, etc.
- Injuries which have not received medical attention
- Instances where children are kept away from the group inappropriately or without explanation
- Self-mutilation or self-harm, e.g. cutting, slashing, drug abuse

### ***Emotional Signs:***

- Changes or regression in mood and behaviour, particularly where a child withdraws or becomes clinging. Also depression/aggression
- Nervousness/inappropriate fear of particular adults, e.g. frozen watchfulness
- Sudden changes in behaviour, e.g. under-achievement or lack of concentration
- Inappropriate relationships with peers and/or adults, e.g. excessive dependence
- Attention-seeking behaviour
- Persistent tiredness
- Wetting or soiling of the bed or clothes by an older child

### ***Neglect Signs:***

- Regular poor hygiene
- Persistent tiredness
- Inadequate clothing
- Excessive appetite
- Failure to thrive, e.g. poor weight gain
- Consistently being left alone and unsupervised



***Sexual Signs:***

- Any direct disclosure made by a child concerning sexual abuse
- A child with excessive preoccupation with sexual matters and detailed knowledge of adult sexual behaviour, or who regularly engages in age-inappropriate sexual play
- Preoccupation with sexual activity through words, play or drawing
- A child who is sexually provocative or seductive with adults
- Inappropriate bed-sharing arrangements at home
- Severe sleep disturbances with fears, phobias, vivid dreams or nightmares, sometimes with overt or veiled sexual connotations
- Other emotional signs (see above) may be indicative of sexual or some other form of abuse

***Possible signs of concern regarding adult behaviour:***

- A person in whose presence a child or children becomes unusually distressed or agitated
- A member of staff, volunteer, or parent asking a child to lie about anything (especially if it is about meeting that child)
- Any member of staff, volunteer, or parent who asks you to lie about a situation involving a child, particularly if that child looks distressed
- Any person who persistently fails to follow the organisation's Code of Conduct / Behavioural protocols, particularly if the reasons are evasive
- Private (i.e. outside of work) meetings between a child and a member of staff or volunteer

## **Appendix 3: Guidelines for Responding to Allegations or Disclosure of Abuse**

### ***General Points:***

- Keep calm – do not appear shocked or disgusted
- Accept what the person says without passing judgement (however unlikely the disclosure may sound)
- Look directly at the person and be honest
- Let them know you will need to tell someone else, don't promise confidentiality
- Be aware that the person may have been threatened and fear reprisals for having spoken to you
- Never push for information or question the person, as this can undermine any subsequent criminal investigation. If at any point a person decides not to continue, accept that and let them know that you are ready to listen should they wish to continue at any time

### ***Helpful Things to Say or Show:***

- Show acceptance of what the person says
- "I take what you are saying very seriously"
- "I am pleased that you have told me. Thank you for telling me"
- If appropriate, "it isn't your fault and you are not to blame at all"
- "I am sorry that happened to you, I will help you"

### ***Things Not to Say:***

- "Why didn't you say something before?"
- "I really can't believe it"
- "Are you sure this has happened?"
- "Why?" "Where?" "When?" "Who?" "What?" "How?"
- Don't make false promises to the person, like confidentiality – be honest now, any lies will be further abuse and betrayal
- Never make statements such as 'I am shocked!' or 'don't tell anyone else'

### ***Concluding the Conversation:***

- Reassure the person that they were right to tell you
- Let the person know what you are going to do next, and tell them that you will let them know what is happening at each stage
- Follow the Safeguarding Reporting Procedure
- If there is any disagreement between the person in receipt of the allegation or suspicion and the DSL as to the appropriateness of a referral to an external agency, retain a responsibility as a member of the public to report serious matters to that agency, and should do so without hesitation
- Do not be tempted to try to investigate further the claims – this could lead to contamination of the evidence and could jeopardise any Police investigation and criminal prosecution activity

## Change Log

Section	V5 May 2023 (Current)	V6 September 2025 (Draft)	Change Type
<b>Header Dates</b>	Last review: May 2023 Next review: May 2024	Last review: September 2025 Next review: September 2026	Updated review dates
<b>Related Documents, Policies &amp; Procedures and Important Contacts</b>	Not Included	Links to all documents, policies, procedures and contacts mentioned within the policy	New Content
<b>3. Definitions</b>	“Staff” includes volunteers	“Staff” includes volunteers, partner agency staff, and contractors	Expanded definition
<b>5. Recruitment, Induction and Training</b>	Enhanced DBS Checks	Updated ‘Enhanced’ to ‘Appropriate’	Change of process
<b>6. Roles and Responsibilities</b>	Not included	Reflecting the new process using the Lamplight Safeguarding Module	New content
<b>9. What to do if there has been a Disclosure, Allegation or Concern of Abuse</b>	Not included	Reflecting the new process using the Lamplight Safeguarding Module	New content
<b>11. Support for Employees</b>	Not included	Updated to include support for any distress or vicarious trauma experienced by the employee	New content
<b>13. Record Keeping</b>	Not included	Reflecting the new process using the Lamplight Safeguarding Module and shredding of any paper records.	New content
<b>17. Digital Safeguarding</b>	Not included	New section added covering safe digital communication, cyberbullying, and training	New content
<b>18. Prevent Duty</b>	Mentioned under “Exploitation”	A dedicated section was added with responsibilities and training	Expanded content
<b>19. Accessibility &amp; Inclusion</b>	Not explicitly addressed	New section added on inclusive communication, easy-read materials, and translations	New content
<b>20. Monitoring &amp; Evaluation</b>	DSL reports to the Board	Added use of the Lamplight system, audits, feedback, and lessons learned	Expanded content