

# **TRANSFORMING LIVES TOGETHER**

## **SAFEGUARDING CHILDREN AND ADULTS AT RISK POLICY & PROCEDURES**

**Approved by Board 11/3/21  
Date for next review March 2023**

# SAFEGUARDING CHILDREN AND ADULTS AT RISK POLICY AND PROCEDURES

## 1. Policy Statement

Transforming Lives Together (TLT):

- Is committed to the safeguarding and protection of all children, young people and adults when they are vulnerable, within TLT activities and associated projects;
- Is committed to establishing safe, caring communities which provide an environment where there is a culture of 'informed vigilance' as to the dangers of abuse and an awareness that safeguarding is everyone's responsibility;
- Will carefully select, recruit and train trustees, staff and volunteers who work with children and young people and adults at risk, undertaking safer recruitment procedures, including obtaining criminal record checks where appropriate to the role and task being undertaken;
- Will have a named Safeguarding Lead to ensure implementation of Safeguarding policy and procedures.
- Will listen attentively and respond without delay to every concern, complaint or allegation that a child or young person or adult at risk has suffered harm or is at risk of suffering harm, ensuring that all concerns are reported to the designated safeguarding officer, who in turn will report all allegations or suspicions of abuse to the relevant statutory authorities with safeguarding responsibilities;
- Will fully cooperate with statutory agencies during any investigation they make into allegations of abuse or neglect concerning a TLT trustee, staff member, volunteer or a project that TLT is involved in;
- Will ensure there is appropriate insurance cover for all activities involving children and adults at risk undertaken in the name of TLT;
- Will ensure that appropriate support and pastoral care is offered to the victims / survivors of abuse and those who are the subject of concerns or allegations;
- Will in all these principles follow legislation, guidance and recognised good practice.

In addition, TLT will require all projects receiving funding from TLT to provide evidence of their own comprehensive Safeguarding Policy and Procedures or an undertaking to adhere to this policy.

## 2. Definitions and Terms

**2.1 What is Safeguarding?** The term 'safeguarding' covers all measures taken to protect the health, well-being and human rights of individuals, both children and adults, allowing them to live free from abuse, harm and neglect.

**2.2 What is the definition of a child?** Although some legislation in the UK allows young people from age 16 to make certain decisions for themselves, safeguarding legislation applies to anyone under the age of 18, because this is the legal definition of a child.

**2.3 What is the definition of an adult at risk?** An adult is someone over the age of 18. The Care Act 2014, stipulates that adult safeguarding duties apply to any adult who:

- Has care and support needs;
- Is experiencing, or is at risk of abuse or neglect; and;
- Is unable to protect themselves because of their care and support needs.

#### **2.4 Who is this policy for?**

All those who work or have significant contact with children and their families, or adults at risk, on behalf of TLT are in positions of trust and have responsibility to comply with this policy and related procedures.

Staff and volunteers within projects enabled through TLT funding should refer firstly to, and comply with, their own church / organisation's Safeguarding Policy.

#### **2.5 TLT Safeguarding Lead**

The person to whom initial reports of safeguarding concerns should be made is the Chair of TLT Trustees, Ven Ian Bishop, Archdeacon of Macclesfield.

He will refer to the Cathedral Safeguarding Officer and/or the Diocesan Safeguarding Adviser as appropriate.

### **3. Safeguarding Children and Young People**

#### **3.1 What is child abuse?**

The generic term 'child abuse' is used to describe various ways in which children are harmed or mistreated.

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 by a stranger, for example via the internet. They may be abused by an adult, adults or another child or children.

Abuse can take many forms, for example:

- Physical Abuse
- Sexual Abuse
- Emotional Abuse
- Neglect
- Child Exploitation
- Female Genital Mutilation
- Child Trafficking
- Spiritual Abuse

**Further explanation of each of these terms, along with signs of possible abuse in children to be aware of, can be found in *Appendix A* to this document.**

### **3.2 Procedure - What to do if a child reveals abuse.**

Most children find it enormously difficult to tell anyone about abuse; if they have summoned up the courage to talk, it is important to

- Listen carefully and believe what they are saying. Let the child talk at their own pace – don't ask questions, just listen.
- Make sure the child knows you are taking what they say seriously, they have done the right thing in telling someone, and that you will try to help.
- Explain that you have a responsibility to talk to somebody who is experienced in working with children who have been through such difficulties, for guidance and advice.
- As soon as possible after receiving the information from the child, make a careful record of what has happened: what the child told you (use their words as closely as you can, even if the child has used 'slang' words), when and where the alleged abuse took place, who was involved, and when and where the child told you about it. Time, date and sign the record.
- Pass the information on immediately, in accordance with the flowchart at **Appendix C** and paragraph 3.3 below.

**Do not, under any circumstances, endeavour to investigate any allegation. Specially trained professionals will undertake this role.**

#### **Do not:**

- Show shock or disbelief;
- Agree to keep the disclosure a secret;
- Make a promise or suggestion that you can stop the abuse;
- Ask questions seeking further detail – you risk contaminating the evidence;
- Contact the alleged perpetrator;
- Make any statement or comment to the press.

### **3.3 Referral procedure**

- A report of any child who is at risk of harm or has been abused must be made without delay.
- If the child or young person is at risk of immediate harm the Police should be contacted immediately and the TLT Safeguarding Lead should be notified as soon as possible but at least within 24 hours.
- If there is no immediate risk of further harm the TLT Safeguarding Lead should be notified who, with support from the Cathedral Safeguarding Officer (or the Diocesan Safeguarding Adviser) if necessary, will refer the issue to the relevant statutory agency,
- A verbal notification of the situation must be followed up with a written statement within 24 hours.
- The decision as to how the parents or carers should be informed will be made in conjunction with the Local Authority or Police representative

- In the event that concerns arise out of office hours. Thirtyone:eight (previously CCPAS -Church Child Protection and Advisory Service) may be contacted for advice and guidance.

### **3.4 Disclosure by an adult about abuse that occurred when they were a child.**

As an adult, the person disclosing abuse in their childhood has the right to expect their information to remain confidential, but if there is any reason to believe that the person who abused them is still in contact with children, the abuser is a continuing risk. Under these circumstances, responsibility moves towards the protection of children today, so total confidentiality cannot be promised and the adult disclosing the abuse must be informed.

It is important that any adult survivor of abuse is able to access pastoral care from an appropriate person. Thirtyone:eight has a confidential helpline that the person may contact directly for support and advice on 0303 003 1111

### **3.5 Allegations of abuse against a member of TLT staff, a TLT Trustee, a TLT volunteer, a member of the clergy or church worker (in a paid or voluntary position)**

- All such allegations or suspicions of abuse should be notified to the TLT Safeguarding Lead for liaising with the Cathedral or Diocese as appropriate and reporting to the appropriate statutory authority.
- In addition to speaking with the Police and/or Children's Social Care, the TLT Safeguarding Lead will also contact the Local Authority Designated Officer (LADO). The LADO has to be informed whenever an allegation is made against someone who works with children and/or is in a position of trust.
- Where a member of the clergy or a church worker is involved or a project run by a member of staff against whom an allegation has been made, is based on Church premises, the Diocesan Safeguarding Advisor will be informed.

### **3.6 Safeguarding Referral Flow Chart**

Concerns in regard to children and adults at risk must be diligently responded to and according to procedures, recognising the sensitivity it may hold for those involved. The flow chart at **Appendix C**, sets out the process which should be followed.

## **4. Safeguarding adults**

All adults, including vulnerable adults, have a fundamental human right to choose how and with whom they live, even if this appears to involve a degree of risk. They should be supported to make those choices, to live as independently as possible and treated with respect and dignity.

It follows that some adults, because of circumstance or particular vulnerability or risk, may be in need of protection. Mental capacity to consent must be considered when considering actions to be taken in regard to an adult who may be at risk in line with the Mental Capacity Act (2005).

Balancing protection from harm with the need for the individual to exercise control over how they live, or their capacity to do so, can often be very complex and advice should be sought from the Cathedral Safeguarding Officer and the Diocesan Safeguarding Adviser.

The Care Act 2014 builds on previous government guidance and local authorities are now required to make enquiries or ensure that enquiries take place, if they reasonably suspect an adult who would meet the criteria of being at risk, has been abused or neglected or is at risk of being abused or neglected. It is therefore important that serious concerns are referred to the designated person in the Adult Services Department (or similar) of the local authority.

#### **4.1 What is abuse – adults at risk**

As with children, abuse of adults can take many forms, including:

- Physical Abuse
- Sexual Abuse
- Psychological or Emotional Abuse
- Financial or Material Abuse
- Neglect or act of omission
- Discriminatory Abuse
- Human Trafficking
- Hate Crime

**Further explanation of each of these terms, along with signs of possible abuse in children to be aware of, can be found in *Appendix B* to this document.**

#### **4.2 Procedure - What to do if adult at risk discloses that they have been abused.**

It is important to:

- Listen to the person, let them express their views and feelings without interruption, accept what they are saying without making a judgement or making a comment that may lead the individual to believe his or her word is doubted.
- Reassure them that they have done the right thing in telling someone;
- Only use open questions (open questions begin with words like: who, what, when, where and how. Open questions cannot be answered with a 'yes' or 'no').
- Check, if face to face, whether they mind you taking notes while they talk so you can make sure you capture the information accurately. At the end you can check with them that you have understood everything correctly.
- Make a careful record of what has happened, using the individual's own words where possible: what the adult told you, when and where the alleged abuse took place, who was involved, and when and where the adult told you about it. Put the date and time on the report and sign it.
- Check what the person hopes to happen as a result of the disclosure.

- Tell the person what you are going to do next.
- Establish only as much information as is needed to be able to tell the TLT Safeguarding Lead and statutory authorities what is believed to have happened, when and where.
- Pass the information on immediately, in accordance with the flowchart in **Appendix C** and paragraph 4.3 below.

**Do not, under any circumstances, endeavour to investigate any allegation. Specially trained professionals will undertake this role.**

**Do not:**

- Show shock or disbelief;
- Make promises that cannot be kept e.g. that you won't share the information.
- Make assumptions or offer alternative explanations.
- Make a promise or suggestion that you can stop the abuse;
- Do a physical or medical examination.
- Discuss the situation with anyone other than the officers with Safeguarding responsibilities.

Under no circumstances should the person against whom the allegation has been made be contacted or any other actions taken that might be construed as an investigation of the allegation. This is extremely important as it may place the adult at increased risk of harm and may prejudice any future investigation by Police or Statutory Agencies. Many adults at risk rely on their carers for support, shelter and care and therefore the reporting of mistreatment needs to be undertaken with sensitivity.

**4.3 Referral procedure**

- If the person is at risk of immediate harm the Police should be contacted immediately and the TLT Safeguarding Lead should be notified as soon as possible, but at least within 24 hours.
- If there is no immediate risk of further harm, a report of any suspicion, allegation or disclosure of abuse or risk of harm must be made to the TLT Safeguarding Lead without delay who will, with support from the Cathedral Safeguarding Officer (or the Diocesan Safeguarding Adviser) if necessary, refer the issue to the relevant statutory agency.
- A verbal notification of the situation must be followed up with a written statement within 24 hours.

**4.4 Allegations of abuse against a member of TLT staff, a TLT volunteer, a member of the clergy or church worker (in a paid or voluntary position)**

- Any such allegations or suspicions of abuse should be reported immediately to the TLT Safeguarding Lead for reporting to the appropriate statutory authority.

- In addition to speaking with the Police and/or Adult Social Care, the TLT Safeguarding Lead will also contact the Local Authority Designated Officer (LADO). The LADO has to be informed whenever an allegation is made against someone who works with children and/or is in a position of trust.
- Where a member of the clergy or a church worker is involved or a project run by a member of staff against whom an allegation has been made, is based on Church premises, the Diocesan Safeguarding Advisor will also be informed.

#### **4.5 Safeguarding Referral Flow Chart**

Concerns in regard to children and adults at risk must be diligently responded to and according to procedures, recognising the sensitivity it may hold for those involved. The flow chart at **Appendix C**, sets out the process which should be followed.

#### **5. Record keeping**

In instances where safeguarding issues have been raised, TLT's involvement will need to be documented in addition to any staff/volunteers' involvement. In line with guidance from 'Working Together to Safeguard Children', records should be clear, accessible and comprehensive with decisions and interventions carefully recorded, signed and dated. Copies of any notes taken at the time of the incident and reports sent to statutory bodies should be securely retained.

There have been numerous cases where people raise allegations about matters which occurred many years before and an accurate record is invaluable. In line with the request from the Goddard Enquiry (2015) no records relating to safeguarding matters should be destroyed.

All confidential information must be stored in a locked filing cabinet with access limited to the TLT Staff and Trustees. Information stored on computers must be password protected and information shared electronically password protected.

#### **6. Information sharing**

The Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.

When dealing with a safeguarding concern or allegation, the TLT Safeguarding Lead will be open and honest with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be, shared, and will seek their agreement, unless it is unsafe or inappropriate to do so, for example if informing them is likely to hamper the prevention of, or investigation into, a serious crime, or put a child or adult at risk of significant harm. Advice will be taken from the Cathedral Safeguarding Officer or the Diocesan Safeguarding Adviser as appropriate, and/or statutory bodies in this regard.



## **7. Support and Pastoral Care**

Sensitive handling is essential at all stages and for all concerned in situations of abuse. The TLT Lead will work closely with the Cathedral Safeguarding Officer and the Diocesan Safeguarding Adviser to ensure that appropriate provision is made for the support and pastoral care of both victims of abuse and alleged perpetrators. Support may also be needed, and will be provided if required, for members of staff, volunteers or clergy involved in raising concerns or reporting allegations of abuse.

## **8. Media involvement**

All media communications must be handled in a sensitive manner and should be steered by the TLT Board of Trustees (or their representative) with support from the Communications Officer at Chester Cathedral and the Diocesan Communications Department as appropriate.

## **9. Roles and Responsibilities**

### **9.1 The Role of the TLT Board of Trustees**

- Each Trustee must be fully aware of, and work in line with, the TLT Policy on Safeguarding Children and Adults at Risk.
- The Board of Trustees should agree a Safeguarding Children and Adults at Risk policy and related procedures which should be considered and reviewed annually.
- In line with good practice, safeguarding should be included regularly on the agenda of Trustees meetings.
- The Board of Trustees must appoint a TLT Safeguarding Lead for children and adults at risk and support them in the fulfilment of this role.
- The Board should ensure that a risk assessment is undertaken for any TLT event or activity.
- Members of staff employed by Chester Cathedral on behalf of TLT are employed on the Cathedral's Terms and work to their employment related policies. The TLT Board will satisfy itself that Chester Cathedral's policies and procedures related to Safer Recruitment, Training, Staff Conduct etc. meet their requirements in terms of Safeguarding, as for all TLT workers and volunteers.

### **9.2 The Role of TLT Staff**

- The Community Missioner(s), and any staff subsequently appointed, must be fully aware of, and work in line with, the TLT Safeguarding Policy, The Chester Cathedral Safeguarding policy and Procedures on Safeguarding Children and Adults at Risk.
- The Community Missioner(s) will ensure that all safeguarding concerns within TLT activities are notified to the TLT Safeguarding Lead immediately and are logged and acted upon in line with TLT's policies and procedures.
- The Community Missioner(s), in supporting Churches and other community organisations to participate in TLT projects, will ensure that adequate

Safeguarding policies and procedures are in place and will provide guidance to ensure safe working practices are followed.

### **9.3 The Role of TLT Volunteers**

TLT expects that volunteers who contribute time and work to TLT core activities should:

- Understand their role and responsibility in relation to children, young people and adults at risk;
- Be aware of TLT's Safeguarding policies and procedures and their responsibilities within it;
- Know who to contact to report safeguarding concerns or for advice on safeguarding issues.

### **10. E-safety: Electronic Communication and Social Networking.**

Safeguarding children and others today requires the recognition that abuse can happen both online and offline. Whilst computers, mobile phones and all other electronic communication devices are by very nature neutral, unfortunately they can be used as vehicles to bring harm, and as a tool to groom children.

Communication between children and adults by whatever method should always take place within clear and explicit boundaries. This includes face to face contact, mobile phones, text messaging, emails, digital camera, videos, webcams, websites, blogs and social media messaging.

Due to the increasing personal use of social networking sites, everyone needs to be aware of the impact of their personal use on their professional standing.

Therefore staff and volunteers should:

- Ensure that all electronic communications are appropriate and professional;
- Not engage in any activities which may harm the welfare of children or young people;
- Not engage in activities on the internet which might bring TLT, CUF, the Diocese or Chester Cathedral into disrepute;
- Not browse, download, upload or distribute any material that could be considered offensive, illegal or discriminatory;
- Ensure that all electronic communications are appropriate and professional.

## **11. Related Policies**

- Whistleblowing
- Comments & Complaints
- Recruitment
- Risk Management
- Communication / Media & Publicity

## **12. Review**

This policy will be reviewed annually.

Signed:

TLT Chairman

Date:

## **1. Definitions Of Child Abuse**

### **Significant Abuse**

This relates to the degree of harm that triggers statutory action to protect a child. It is based on the individual child's health or development compared to that which could reasonably be expected of a similar child. Department of Health guidance suggests that 'significant' means 'considerable, noteworthy or important.'

### **Physical Abuse**

Physical abuse 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 fabricates the symptoms of, or deliberately induces, illness in a child.

### **Sexual Abuse**

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving violence, whether or not the child is aware of what is happening. The activities 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 of clothing.

They may also include non-contact activities, such as involving children in looking at, or in the production of sexual images, watching 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 also commit acts of sexual abuse, as can other children.

### **Emotional Abuse**

Emotional abuse is persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects of the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.

It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying including cyber-bullying, causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may also occur alone.

## **Child Sexual Exploitation**

Child sexual exploitation (CSE) is a type of sexual abuse in which children are sexually exploited for money, power or status. Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities.

Violence, coercion and intimidation are common; children or young people may be tricked into believing they are in a loving, consensual relationship. They might be invited to parties and given drugs and alcohol. They may also be groomed 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.

CSE can occur through the use of technology without the child's immediate recognition; for example being persuaded to post sexual images on the internet/mobile phones. In all cases, those exploiting the child or young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources.

Regardless of the challenging behaviours they may display, exploited children should be viewed as victims of child sex abuse, not as criminals.

## **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. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- Protect a child from physical and emotional harm or danger;
- Ensure adequate supervision (including the use of inadequate care-givers); or
- Ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

## **Child Trafficking**

Child trafficking is the bringing of children into the country, sometimes without proper immigration arrangements, for a variety of illegal purposes, which can include domestic service, illegal adoption, organ harvesting, benefit claims or prostitution. Such children may have little English. The police or local authority children's social care service should be contacted immediately if a staff member or volunteer comes across such a child.

## **Female Genital Mutilation**

Female Genital Mutilation (FGM) is an offence and any suggestion that it is being sought or has been carried out should be referred to the local authority children's social care service or the police.

## **Spiritual Abuse**

Spiritual abuse is not covered by the statutory definitions but is of concern both within and outside faith communities, including the Church. Linked with emotional abuse, spiritual abuse could be defined as an abuse of power, often done in the name of God or religion, which involves manipulating or coercing someone into thinking, saying or doing things without their right to choose for themselves.

Some indicators of spiritual abuse might be a leader who is intimidating and imposes their will on other people, perhaps threatening dire consequences or the wrath of God if disobeyed. A leader/person in a position of trust may say that God has revealed certain things to them and their way of thinking is correct. Those under their leadership are fearful to challenge or disagree, believing they will lose the leader's, or more seriously, God's acceptance and approval.

## **Domestic Violence**

Domestic abuse is any type of controlling, bullying, threatening or violence behaviour between people in a relationship. It is not just physical violence – domestic abuse includes any emotional, physical, sexual, financial or psychological abuse between adults, aged 18 and over, who are or have been intimate partners, or family members, regardless of gender or sexuality. Family members are defined as mother, father, son, daughter, brother, sister, and grandparents, whether direct related, in laws or step-family. Acts such as forced marriage and other so-called 'honour crimes', which can include abduction and homicide, can also come under the definition of domestic violence.

## **2. Signs of possible abuse in children and young people**

The following signs could be indicators that abuse has taken place, but should be considered in the context of the child's whole life:

### **Physical**

- Injuries not consistent with the explanation given for them;
- Injuries that occur in places not normally exposed to falls, rough games, etc.;
- Injuries that have not received medical attention;
- Reluctance to change for, or participate in, games or swimming;
- Repeated urinary infections, or unexplained tummy pains;
- Bruises on babies, bites, burns, fractures etc. which do not have an accidental explanation\*;
- Cuts/scratches/substance abuse\*.

## **Sexual**

- Any allegations made concerning sexual abuse;
- Excessive preoccupation with sexual matters and detailed knowledge of adult sexual behaviour;
- Age-inappropriate sexual activity through words, play or drawing;
- Child who is sexually provocative with adults;
- Inappropriate bed-sharing arrangements at home;
- Severe sleep disturbances with fears, phobias, vivid dreams, nightmares, sometimes with overt or veiled sexual connotations;
- Eating disorders – anorexia, bulimia etc.\*

## **Emotional**

- Changes or regression in mood or behaviour, particularly where a child withdraws or becomes clinging;
- Depression, aggression, extreme anxiety;
- Nervousness, frozen watchfulness;
- Obsessions or phobias;
- Sudden under-achievement or lack of concentration;
- Inappropriate relationships with peers and/adults;
- Attention-seeking behaviour;
- Persistent tiredness;
- Running away/stealing/lying.

## **Neglect**

- Under nourishment, failure to grow, constant hunger, stealing or gorging food;
- Untreated illnesses;
- Inadequate care, etc.;
- Smelly and wearing the same clothes that appear unwashed.

\*These indicate the possibility that a child or young person is self-harming. Approximately 20,000 children and young people are treated for self-harm related injuries in accident and emergency departments in the UK each year.

## **1. Definition of abuse – adults at risk**

### **Elder Abuse**

The national charity, Action on Elder Abuse (AEA), defines abuse as ‘a single or repeated act or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person’. It is generally recognised that the perpetrators of abuse or neglect are most commonly people who are trusted and relied on by the older person, such as family members or care staff. The new law of safeguarding is not, however, limited to situations where there is a breach of trust; it includes situations such as risk of exposure to scams.

### **Physical Abuse**

This is the infliction of pain or physical injury, which is either caused deliberately, or through lack of care.

### **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 using this to override or overcome lack of consent.

### **Psychological or Emotional Abuse**

These are acts or behaviour, which cause mental distress or anguish or negates the wishes of the adult at risk. It is also behaviour that has a harmful effect on their emotional health and development or any other form of mental cruelty.

### **Financial or Material Abuse**

This is the inappropriate use, misappropriation or embezzlement or theft of money, property or possessions. Adults at risk can be prey to people taking advantage of them by taking gifts of money, food and other items from them, when the adult has little idea of their true value, does not realise this will leave them with insufficient means or believes that the people they are helping are their friends. Such abuse may also involve the use of a position of authority or friendship to persuade a person to make gifts, to leave legacies or change a will.

### **Neglect or Act of Omission**

This is the repeated deprivation of assistance that the adult of risk needs for important activities of daily living, including the failure to intervene in behaviour which is dangerous to the adult at risk or to others. Someone may be suffering from neglect when their general well-being or development is impaired and where access to necessary health or medication is denied.



## **Discriminatory Abuse**

This is the inappropriate treatment of an adult at risk because of their age, gender, race, religion, 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 an adult at risk by a regime or individuals within an institution (e.g. hospital or care home) or in the community, for example, care provided in a person's home. It can be through repeated acts of poor or inadequate care and neglect or poor professional practice and is more about the needs of the organisation rather than the needs of the person. Often, institutional abuse involves poor policy and procedures and a failure to implement them appropriately and in a manner which promotes safety and wellbeing.

## **Hate Crime**

This is an act of violence or hostility directed at people because of who they are or someone thinks they are. For example, a person is disabled or thought to be LGBT+.

## **2. Signs of possible abuse in adults at risk**

### **Physical**

- A history of unexplained falls, fractures, bruises, burns, minor injuries;
- Signs of under or over use of medication and/or medical problems unattended.

### **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;
- Self-harming.

### **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.

### **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 a person's behalf;
- Recent changes of deeds or title to property.

### **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.

### **Discriminatory**

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

### **Institutional**

- Lack of flexibility or choice over meals, bed times, 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 private matter;
- Lack of opportunity for social, educational or recreational activity.

### **Other indications that abuse may be occurring:**

- The person may not be allowed to speak for themselves, or see others, without the caregiver (suspected abuser) being present;
- Attitudes of indifference or anger towards the adult at risk;
- Family member or caregiver blames the adult at risk (e.g. accusation that incontinence is a deliberate act);
- Aggressive behaviour (threats, insults, harassment) by the caregiver towards the person they are caring for;
- Previous history of abuse of others on the part of the caregiver;
- Inappropriate display of affection by the caregiver;
- Flirtations, coyness, etc., - possible indicators of an inappropriate sexual relationship;
- Social isolation of the family or restriction of activity for the person they are caring for by the caregiver;
- Conflicting accounts of incidents by the family, supporters or the adult at risk;
- Inappropriate or unwarranted defensiveness by the caregiver;
- Indications of unusual confinement (closed off in a room, tied to furniture, change in routine or activity);
- Obvious absence of assistance or attendance.
- Appearance, unshaven, clothes not washed, unkempt.

## TLT SAFEGUARDING PROCESS

