

Healthy Living Platform (HLP)

Registered Charity: 1195487

Safeguarding Children and Adults at Risk Policy

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Designated Safeguarding Lead (DSL)

The Designated Safeguarding Lead for HLP is: Helen Wiggins- 07701365551

Deputy Designated Safeguarding Lead (DDSL)

The Deputy Designated Safeguarding Lead is: Zoe Marks

Trustee Lead for Safeguarding

The Trustee with overall responsibility for Safeguarding at HLP

Chair of Trustees

The Chair of Trustees at HLP

This policy was reviewed on:

April 2021

September 2021

This policy will next be reviewed on: January 2021

Policy Overview

This policy is written in accordance with HLP's mission, which empowers local communities to alleviate food poverty, providing education and activities that promote healthy, sustainable lifestyles through cooking, eating, and sharing food.

Healthy Living Platform (HLP) - safeguarding children, young people and adults.

We recognise that the safety and security of the children and adults we work with is paramount and all children, young people and adults regardless of age, disability, gender, racial, heritage, religious belief, and sexual orientation or identity have the right to protection from all types of harm, abuse and discrimination.

Healthy Living Platform (HLP) - safeguarding adults and adults at risk

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We acknowledge that the work of Healthy Living Platform (HLP) involves working directly with adults in the community and coming into contact with adults from a range of backgrounds, in particular adults at risk.

Terms

- HLP = Healthy Living Platform (HLP)
- LEAP = Lambeth Early Action Partnership
- Safeguarding = the actions taken to promote the welfare of children and protect them from harm.
- Designated Safeguarding Lead = the person assigned overall responsibility for safeguarding within the organisation.
- Deputy Designated Safeguarding Lead = deputises and advises the Designated Safeguarding Lead. Refer to this person if the Designated Safeguarding Lead is not available (e.g. they are on annual leave).
- Trustee Lead for Safeguarding = the trustee responsible for Safeguarding Governance and supporting the Safeguarding Lead
- A child = anyone under the age of 18
- A young person = anyone under the age of 18 (usually aged 15-18) used for specific reference when speaking about the person or when referring to a young person on work experience.

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Who does this policy apply to?

This policy applies to **all** paid employees, seconded staff, volunteers, trustees, mentors, students, agency workers, contract, and unpaid staff working on behalf of Healthy Living Platform (HLP) in any capacity or setting- in person or online. It makes specific reference to the Healthy Living Platform (HLP) programmes and services.

Code of Practice for Employees, Trustees & Volunteers

Please refer to the HLP Employee and Volunteer Code of Conduct- provided to all staff and volunteers. This Code of Conduct is regularly updated and circulated.

Safeguarding children and adults at risk is everyone's responsibility.

Staff, volunteers and sessional workers

All staff (employed and freelance), volunteers and sessional workers will receive an induction training within their first month and will confirm that they have:

- Received and understood the safeguarding policy and Code of Conduct
- Been given any relevant resources to perform their safeguarding duties
- Understood the commitment to safeguarding training
- Understood how to raise a concern and respond to a disclosure

Safer Recruitment

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A risk-assessment will determine the level of criminal checks required by staff and volunteers according to their roles and whether they will be in regular contact with children and adults at risk.

The risk assessment will be reviewed every 6 months.

At least one manager and one coordinator involved in recruitment will keep up-to-date with current Safer Recruitment training and guidelines.

Regular audits (at least every 6 months) on staff and volunteers DBS checks.

All volunteers will be asked to present ID when starting their role.

Children and Young People engaged by Healthy Living Platform (HLP)

HLP recognises that children and young people can become abusers and abuse can happen within peer groups and of older/younger children.

Staff, volunteers and sessional workers should be made aware of the procedures for reporting abuse or suspected abuse.

Staff should be aware of the signs of peer-on-peer abuse or grooming.

The Designated Safeguarding Lead is responsible for providing training and raising awareness of this.

Young people or young members of the community on work experience and any young people involved in the work of HLP should be made aware of this policy and procedures for reporting a concern or disclosure. Those with specific communication needs, because of language or disability should have access to information in appropriate forms to ensure their understanding. Staff engaged in work with young people should ensure they know what the appropriate procedures are for their particular circumstances.

Procedure for Reporting Concerns or Disclosures at HLP- what to do

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If you have a concern about the welfare or safety of a child or adult or you have hear or witnessed something that causes you concern, you have a duty to report it- tell the Designated Safeguarding Lead immediately or as soon as it is safe to do so.

If someone discloses abuse to you:

DO

- Stay calm
- Listen/watch/understand
- Give the person time to say what they want
- Reassure the child/adult that they have done the right thing in telling you
- Ensure that any medical attention needed is addressed as a priority
- Record in writing what was said as soon as possible.
- **Tell the Designated Safeguarding Lead immediately**
- Tell **only** the Designated Safeguarding Lead, who will decide who needs to know and how to deal with the concern. Keep the concern confidential from other staff.

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DON'T...

- Ask leading questions (i.e. Did he touch you?)
- Show panic or use language which shows you are panicking or upset
- Promise to keep secrets
- Ask for details of the abuse
- Make a child repeat the story unnecessarily
- Try to investigate the concern or abuse yourself
- Speak directly to the parents or carer about the abuse
- Confront the person being accused of the abuse
- Discuss detail of the abuse with other staff or volunteers
- Destroy evidence, e.g. in the case of sexual assault don't let the child/adult who has been assaulted change their clothes, wash, bathe or shower.
- Discuss details of the abuse or names of people affected with friends or family.

Once you have reported the concern to the Designated Safeguarding Lead, or their deputy- they will ask you to record this in writing. The Designated Lead will decide then how to escalate or follow up the concern.

In cases of serious abuse, the Charity Commission will be notified without identifying details used.

HLP recognises that receiving a disclosure of abuse can be distressing. You will be offered support should you receive a disclosure.

It is essential to report - the law in the UK is clear on this.

Reporting FGM

Female Genital Mutilation (FGM) is a form of violence against women and girls and it is considered **child abuse** and is **illegal**. It comprises of all procedures involving partial or total removal of the external female genitalia

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for non-medical reasons. It may be carried out at any time in a girl's life, from baby to womanhood, but the most common age for those FGM cases where the age is known is 5 to 9 year old girls.

FGM is also commonly known as 'cutting' or 'female circumcision'

FGM is child abuse. In the UK, anyone found guilty of an FGM offence or of helping somebody commit one, faces up to 14 years in prison, a fine, or both, regardless of where in the world the FGM takes place. Anyone found guilty of failing to protect a girl under the age of 16 from risk of FGM faces up to 7 years in prison, a fine, or both.

Reporting procedure: as of 31st October 2015 it has been **mandatory to report** cases of "known" FGM to the Police. The duty applies to all regulated professionals working within health or social care, and teachers. This duty does not apply to unregulated professionals but constitutes good practice.

This duty does not apply to cases where FGM is suspected or there is a concern that a child or adult may be at risk of FGM.

DO NOT attempt to investigate the suspected FGM yourself or ask the child or adult to show you physical evidence.

In all cases where you receive a disclosure that FGM has taken place or you suspect FGM- you must report it directly to the Designated Safeguarding Lead at Healthy Living Platform

The responsibilities of the Designated Safeguarding Lead and Deputy

Designated Safeguarding Lead are:

- Developing HLP's approach to Safeguarding and reviewing the policy and procedures on a regular basis.
- Providing advice and support to staff, volunteers or anyone else working for or with HLP.

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- Management of concerns reported by staff and working with Senior Management and the statutory services to escalate/follow up these concerns.
 - Keeping up to date with relevant training in Safeguarding and Safer Recruitment as well as new developments in the safeguarding information or law.

Deputy Safeguarding Lead (DDSL)

The Deputy Safeguarding Lead supports and advises the Designated Safeguarding Lead. In cases where the Designated Safeguarding Lead is not available or is on leave, the Deputy Safeguarding Lead will act as the Designated Safeguarding Lead and all concerns should be reported to them.

Trustee Lead for Safeguarding

The Trustee Lead for Safeguarding has overall responsibility for Safeguarding at HLP. The Trustee Lead supports, advises and supervises the DSL and the DDSL. HLP acknowledges that all trustees have responsibility for Safeguarding.

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Reporting Procedure

Once a concern/disclosure is reported to the Designated Safeguarding Lead they will follow up on the concern with the relevant action.

The DSL will first decide whether the child or adult is in immediate danger or potentially going to return home to an abusive situation. If the DSL believes this, they may refer the concern or disclosure directly to the Police.

If this is not the case, but the DSL still believes the concern is a significant safeguarding issue, they may refer to Social Services for advice.

Anyone who raises a concern is entitled to receive general, non-specific information regarding how the concern has been followed up by the Designated Safeguarding Lead.

Complaints against the Designated Safeguarding Lead or Deputy Designated Safeguarding Lead:

If anyone who raises a concern feels that the Designated Safeguarding Lead has not adequately followed up on the concern or disclosure you have raised, you may report this to the Trustee Responsible for Safeguarding or the Chair of Healthy Living Platform (HLP) by emailing hlp.alexis@gmail.com

This procedure also applies if the concern/allegation is about or involving the Designated Safeguarding Lead.

You may also contact:

- Lambeth Safeguarding Adults Board on 02079265555 Mon- Fri 9am-5:30pm
Or out of hours: 02079265555
<https://beta.lambeth.gov.uk/adult-social-care-and-health/safeguarding/report-concern-about-adult>
- Lambeth Safeguarding Children Partnership: 02079264679
<https://www.lambethsaferchildren.org.uk/safeguarding-referral>
- <https://www.lambethscb.org.uk/report-abuse>

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- [Adult Safeguarding concern form \(lambeth.gov.uk\)](http://lambeth.gov.uk)
- The Local Authority Designated Officer for Lambeth is Andrew Zachariades
- NSPCC helpline for confidential advice: 0808 800 5000
- If you believe the child/adult may be in immediate danger- you may contact the Police on 999
- Or 101, if you are not sure whether it is an emergency.

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Confidential Record Keeping and data protection

All concerns and any discussions about a child's or vulnerable adult's welfare should be recorded in writing whether or not further action is taken. It is important that concerns raised are recorded accurately and in detail. All discussions should end with clear and explicit recorded agreement about who will be taking what action. Where no further action is the outcome the reason for this should be clearly recorded.

The DSL is responsible for the safe storage, sharing and destruction of records. Managers and The Designated Safeguarding Lead have a particular responsibility in maintaining the confidentiality of these records and must ensure that the records, or any information they contain, are made available only to relevant parties. The transfer of information - verbally, through the mail, electronically, etc - should be done in such a way that confidentiality is maintained.

Records are kept electronically on a secure data filing system and destroyed after 3 years.

Ensuring arrangements for partner organisations

HLP agrees to work effectively with other partner organisations, including community centres, children's centres, community cafes, schools, local authorities, LEAP partnership organisations, supply and creche worker agencies and other statutory or regulated settings. If a disclosure or concern is reported within one of these settings, the Designated Safeguarding Lead will make a decision as to whether to include the relevant persons in the partner organisations in their following-up the concern. This may include seeking advice from the Designated Safeguarding Lead for that setting on how to follow up a concern or disclosure.

E.g. it may be that the child/adult's situation is already known to the setting and they are currently putting in place relevant support.

Home Visits and Lone Working

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HLP acknowledges that it may be necessary to visit a HLP member in their home for the purposes of dropping off resources where it is not possible for the member to attend the HLP offices or community hubs or any of our other partner settings.

Home visits should only be undertaken when all other options are not available and then only with the permission of the HLP Director or HLP Community Programmes Manager

When visiting a HLP member at their home, notify the Programme Coordinator where you are going, how long you will be there and the purpose of your visit.

Always call the Programme Coordinator to let them know when you have left the HLP member's home.

Any safeguarding concerns, such as a young child being at home alone, the person not answering the door or suspected abuse should be raised with the DSL.

Responding to allegations of abuse, inappropriate or dangerous behaviour by a member of staff - whistleblowing.

Any allegation by a child, young person or vulnerable adult against a member of HLP staff, contracted sessional workers, volunteers or trustees should be reported immediately to the Designated Safeguarding Lead or, in their absence, the Deputy Designated Safeguarding Lead or the Chair of Trustees.

Once the allegation is made, the Designated Safeguarding Lead and/or the HLP Director will immediately consult the Local Authority Designated Officer to consider the next action, taking advice from Social Care and Police as necessary.

The Charity Commission will be informed.

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All staff, volunteers & trustees should be assured that they will be fully supported if they report a concern about a colleague's poor practice or the possibility that a child or adult may be being abused.

All staff, volunteers & trustees should be assured that they will receive support if they are subject to an allegation/have concerns reported against them.

Every effort should be made to ensure that confidentiality is maintained at all times while maintaining the child or adult at risk's welfare as paramount.

Procedures will be applied with common sense and judgment. HLP recognises that some allegations will be so serious as to require immediate referral to social care and the police for investigation.

The following issues will be considered:

- Whether it is a matter that can be properly dealt with under an agency's disciplinary procedures or whether the Police and/or Children's Social Care might need to be involved. If the Police and or Children's Social Care need to be involved then a strategy discussion will take place, in accordance with Safeguarding Children Board Procedures
- How and by whom the parents or carers of a child should be informed. In specific circumstances parents may need to be informed straight away, e.g. if the child is injured and requires medical treatment. In all other circumstances this should happen as soon as possible.
- How and by whom the member of staff/volunteer about whom the allegation has been made should be told about the allegation. This should happen as soon as possible. However, if it is concluded that

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Police and/or Children's Social Care need to be involved in further enquiries, this should not happen prior to a strategy discussion involving the relevant agencies or until the decision is made at a strategy meeting. If the person subject to the allegation is a member of a union or professional body they should be advised to seek the support of that body from the outset.

- What support the child and their carer may require if the concern/allegation relates to the restraint of a child then the initial consideration and any subsequent strategy discussion/meeting should consider the agency policy and training on the use of safe handling
- OFSTED should be informed of any allegation made against a member of staff in any day care establishment or against a registered childminder.
- The Charity Commission and HLP Board of Trustees and Directors should also be informed of any allegation, as well as any partners where funding may be affected.
- HLP has the power to suspend the worker from their duties, pending further investigation into the allegations. Suspension is classified as a neutral act to prevent further harm to both the alleged worker and the child or vulnerable adult involved.

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Reporting to the Charity Commission

HLP is a registered charity (1195487) - as such HLP is required to report all allegations of misconduct or serious safeguarding concerns to the Charity Commission as soon as possible after receiving them and to ensure that records are made available for any investigation by the Charity Commission into the practices, procedures or handling of any safeguarding concerns.

Relevant Legislation and Legal Framework

- The Children Act 1989 (as amended by section 53 of the Children Act 2004). This Act requires local authorities to give due regard to a child's wishes when determining what services to provide under section 17 of the Children Act 1989, and before making decisions about action to be taken to protect individual children under section 47 of the Children Act 1989. These duties complement requirements relating to the wishes and feelings of children who are, or may be, looked after (section 22(4) Children Act 1989), including those who are provided with accommodation under section 20 of the Children Act 1989 and children taken into police protection (section 46(3)(d) of that Act);
- The Equality Act 2010 which puts a responsibility on public authorities to have due regard to the need to eliminate discrimination and promote equality of opportunity. This applies to the process of identification of need and risk faced by the individual child and the process of assessment. No child or group of children must be treated any less favourably than others in being able to access effective services which meet their particular needs; and
- The United Nations Convention on the Rights of the Child (UNCRC). This is an international agreement that protects the rights of children and provides a child-centred framework for the development of services to

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children. The UK Government ratified the UNCRC in 1991 and, by doing so, recognises children's rights to expression and receiving information.

E-safety and Social Media Acceptable Use

Please refer to the social media and e-safety guidelines in the [Code of Conduct](#).

Appendix 1: Types of abuse in children and recognising the signs of abuse

Child abuse is any action by another person – adult or child – that causes significant harm to a child. It can be physical, sexual or emotional, but can just as often be about a lack of love, care and attention which is neglect. We know that neglect, whatever form it takes, can be just as damaging to a child as physical abuse.

An abused child will often experience more than one type of abuse, as well as other difficulties in their lives. It often happens over a period of time, rather than being a one-off event. And it can increasingly happen online. Children and young people may be abused in a family, institutional or community setting; by those known to them or, more rarely, by a stranger.

Physical abuse

May involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child, including by fabricating the symptoms of, or deliberately causing, ill health.

- Bite marks
- Bruises
- Burns
- Broken bones
- Hair missing in tufts
- Lacerations and abrasions (especially to the eyes, lips, gums & mouth)
- Lack of treatment and care of an injury

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- Missing or loosened teeth
- Welts

Behavioural indicators

- No or little emotion when hurt
- Regression
- Overly compliant, shy, withdrawn, passive
- Uncommunicative
- Self harming
- Suicide attempts
- Disclosure
- Fear of a parent or carer
- Avoidance of physical contact
- Arms and legs are covered by clothing in warm weather
- Homelessness
- Parent shows little concern about the marked delay between injury and medical assistance

Emotional abuse

Persistent emotional ill-treatment of a child such as to cause severe and persistent adverse effects on 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, age or developmentally inappropriate expectations being imposed on children, causing children frequently to feel frightened, or the exploitation or corruption of children.

Physical indicators

- Depression
- Eating disorders (anorexia or bulimia)
- Lethargy or fatigue
- Symptoms of stress
- Evidence of drug abuse or dependence

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- Wetting, soiling, smearing
- Psychosomatic complaints
- Violent drawings or writing
- Rocking
- Sucking thumb
- Self-harming behaviour

Behavioural indicators

- Attempted suicide
- Overly compliant or passive behaviour
- Overly shy or withdrawn
- Low self esteem
- Fire setting
- Truancy or school avoidance
- Deliberate harming of animals
- Poor peer relationships
- Disclosure directly to an adult or indirectly to a friend or adult
- Adult-like behaviour e.g. parents other children
- Aggressive or delinquent behaviour
- Excessive neatness or cleanliness
- Fearfulness when approached by a person known to them
- Discloses having witnessed domestic violence
- Expresses feelings of worthlessness
- Low tolerance to frustration

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 or non-penetrative acts. They may include involving children in looking at, or in the production of, pornographic material, or encouraging children to behave in sexually inappropriate ways.

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Physical indicators

- bruises or bleeding from external genitalia, vagina or anal regions
- blood stained underwear
- pregnancy or fear of pregnancy
- signs of pain, itching or discomfort in the anal or genital area
- urinary tract infections
- self-mutilation

Behavioural indicators

- Inappropriate interest in sexual matters
- Knowledge of sexual behaviour inappropriate to age
- Regression to infantile behaviour
- Sudden unexplained fears
- Enuresis and/or encopresis (wetting and soiling)
- Excessive attention getting, aggression or clingy behaviour
- Recurrent physical complaints
- Depression, withdrawal into fantasy, suicidal preoccupation
- Disclosure directly or indirectly through drawings, play or writing
- Sexualised behaviours inappropriate to age (including sexually touching other children or themselves), public masturbation or disrobing
- Disclosure of involvement in sexual activity directly to an adult, indirectly to a friend or in a disguised way (e.g. "I know a person who...")
- Inappropriate expressions of affection
- Promiscuity
- Criminal sexual behaviour
- Decline in academic performance
- Running away from home

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Neglect:

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, such as failing to provide adequate food, shelter & clothing, or neglect of, or unresponsiveness to, a child's basic emotional needs.

Physical indicators

- Poor personal hygiene
- Dirty and unwashed
- Lack of adequate or suitable clothing
- Constantly hungry
- Inadequate nutrition
- Lack of medical or dental care
- Development delays
- Untreated physical or medical problems e.g. sores, boils and lice
- Drug and/or alcohol abuse in the home
- Lack of adequate supervision

Behavioural indicators

- Poor school attendance
- Falling asleep in school, constant fatigue
- Always attends school, even when sick
- Frequent lateness, early arrival or reluctance to leave school
- Poor academic performance
- Steals, hoards or begs for food
- Engages in vandalism
- Disclosure directly to an adult or indirectly to a friend that no one is home to provide care
- Inappropriate sexual behaviour

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Family violence

Family Violence is violence or abuse used by the perpetrator to exert control over members of the immediate or extended family. It includes behaviour which results in physical harm, sexual assault and/or psychological trauma, forced isolation, economic deprivation or behaviour that causes the victim to live in fear.

Physical indicators

- injuries which are excused as 'accidents'

Behavioural indicators

- constant and abrupt absences from school
- receiving recurrent, troublesome phone calls from the parent(s)
- a fear of the parent
- changes in personal behaviours (e.g. an outgoing student becomes withdrawn)
- an extreme fear of conflict
- the need for assertiveness
- tendencies towards isolation and avoidance of friends and family
- insufficient means to live (money, food, clothing)
- depression, crying, low self-esteem

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Appendix 2: Types of abuse in adults

The commonly recognised forms of abuse are Physical, Sexual, Financial, Psychological, Discriminatory, Neglect or acts of omission, Organisational, Self Neglect, Domestic Abuse and Modern Slavery.

Financial or material abuse - including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits. Financial abuse - includes theft, fraud, exploitation, pressure in connection with financial matters, or the misuse of someone else's finances.

The following list is possible indicators of financial abuse:

- Sudden inability to pay bills
- Sudden withdrawal of money from an account
- Person lacks belongings that they can clearly afford
- Lack of receptivity by the persons relatives to necessary expenditure
- Power of attorney obtained when the person is unable to understand what they are signing
- Extraordinary interest by family members in the vulnerable adults assets
- Recent change of deeds to the house
- Carers main interest is financial with little regard for the health and welfare of the vulnerable adult
- The person managing the finances is evasive and uncooperative
- Reluctance to accept care services
- Purchase of items that the individual does not require or use
- Personal items going missing
- Unreasonable or inappropriate gifts

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Physical abuse - including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions. Physical abuse - includes hitting, kicking, misuse of medication, inappropriate sanctions or unlawful / inappropriate restraint.

The following list may be indicators of physical abuse:

- Unexplained bruising - in well protected areas or soft parts of the body
- Bruising in different stages of healing
- Unexplained burns - unusual location / type
- Unexplained fractures to any part of the body
- Unexplained lacerations or abrasions
- Slap, kick, punch or finger marks
- Injury shape similar to an object
- Untreated medical problems
- Weight loss due to malnutrition or dehydration

Neglect and acts of omission - including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

The following may be indicators of neglect:

- Poor environmental conditions
- Inadequate heating and lighting
- Poor physical condition of the vulnerable adult
- Persons clothing is ill fitting, unclean and in poor condition
- Malnutrition
- Failure to give prescribed medication properly
- Failure to provide appropriate privacy and dignity
- Inconsistent or reluctant contact with health and social care agencies
- Isolation - denying access to callers or visitors

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Sexual abuse - including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault, or sexual acts to which the adult has not consented or was pressured into consenting.

The following list may be indicators of sexual abuse:

- Sudden change in behaviour
- Sudden onset of confusion
- Incontinence
- Withdrawal
- Overt sexual behaviour / language by the adult
- Self-inflicted injury
- Disturbed sleep pattern / poor concentration
- Difficulty in walking
- Torn, stained underwear
- Love bites
- Pain or itching, bruising or bleeding in the genital area
- Frequent infection
- Sexually transmitted disease / urinary tract / vaginal infection
- Bruising to upper thighs and arms
- Severe upset or agitation when being bathed etc.
- Pregnancy in a person unable to consent

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Psychological abuse - including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks

The following may be indicators of psychological abuse:

- Ambivalence about carer
- Fearfulness, avoiding eye contact, flinching on approach
- Deference
- Insomnia or need for excessive sleep
- Change in appetite
- Unusual weight loss / gain
- Tearfulness
- Unexplained paranoia
- Low self esteem
- Confusion, agitation
- Coercion
- Possible violation of human and civil rights
- Distress caused by being locked in a home or car etc.
- Isolation - no visitors or phone calls allowed
- Inappropriate clothing
- Sensory deprivation
- Restricted access to hygiene facilities
- Lack of personal respect
- Lack of recognition of individuals rights
- Carer does not offer personal hygiene, medical care, regular food/drinks
- Use of furniture to restrict movement

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Organisational abuse - including neglect or poor care practice within an organisation or specific care setting, such as a hospital or care home. It can also be in relation to care provided in your own home. This may range from one-off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

The following list may be indicators of organisational abuse:

- No flexibility in bed time routine and/or deliberate waking
- People left on the commode or toilet for long periods of time
- Inappropriate care of possessions, clothing and living area
- Lack of personal clothes and belongings
- Un-homely or stark living environments
- Deprived environmental conditions and lack of stimulation
- Inappropriate use of medical procedures e.g. enemas, catheterisation
- 'Batch care' - lack of individual care programmes
- Illegal confinement or restrictions
- Inappropriate use of power or control
- People referred to, or spoken to with disrespect
- Inflexible services based, on convenience of the provider rather than the person receiving services
- Inappropriate physical intervention
- Service user removed from the home or establishment, without discussion with other appropriate people or agencies, because staff are unable to manage the behaviours

Discriminatory abuse - including forms of harassment, slurs or similar treatment because of race, gender and gender identity, age, disability, sexual orientation or religion. Discriminatory abuse can be referred to as hate crime.

Discriminatory abuse can be:

- derogatory comments
- harassment
- being made to move to a different resource/ service based on age

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- being denied medical treatment on grounds of age or mental health
- not providing access
- The following list may be indicators of discriminatory abuse:
- The person appears withdrawn and isolated
- Expressions of anger, frustration, fear or anxiety
- The support on offer does not take account of the person's individual needs in terms of a protected characteristic

Self-neglect - this covers a wide range of behaviour such as neglecting to care for your personal hygiene, health or surroundings and includes behaviour such as hoarding.

Signs of self-neglect can be:

- 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

Domestic abuse

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 and can include:

- acts of assault, threats, humiliation and intimidation

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- 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.

The following list is possible indicators of domestic abuse:

- Low self-esteem
- Feeling that the abuse is their fault when it is not
- Physical evidence of violence such as bruising, cuts, broken bones
- Verbal abuse and humiliation in front of others
- Fear of outside intervention
- Damage to home or property
- Isolation – not seeing friends and family
- Limited access to money

Modern slavery - encompasses slavery, human trafficking, forced labour and domestic servitude. Trafficking and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

HLP acknowledges that there is some crossover in between types of abuse in children and types of abuse in adults and that all abuse of adults, where children are involved or living in the same house, can also affect children and when children are witness to abuse, they are also experiencing that abuse.

See link to [NSPCC guidance](#)

Other specific types of Abuse to know about and recognise the signs

Breast Ironing - the practice of flattening a young girl's chest, often before or just as soon as she hits puberty, in order to stop them growing. The practice is usually done by parents or close family and involves a hot stone or spatula to 'iron' the breast tissue. Breasts can also be strapped down so that breasts are

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forcibly flattened. It is done by parents to prevent rape and sexual advances from men or enable a girl to stay in school longer and avoid marriage but the practice is considered misguided. Although there is no specific law around breast ironing in the UK, it is considered physical abuse and must be reported.

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Please describe any physical or behavioural indicators, which have been observed. (If any injuries have been seen, include the date when these were first noticed, and by whom)
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Have you or anyone else spoken with the child/adult and if so what was discussed?
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Have you or anyone else spoken with the parents/carers/or other adult and if so what was said?

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Who else is aware of these concerns?
To whom reported
Your name and position
Signature
Date & Time
Follow up: to be completed by Designated Safeguarding Lead
Any known disability:

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Parents'/Carers' Name(s)
Home Address:
Age & D.O.B (if known)
Any additional medical information
Concern followed up:

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Appendix 4: Further Information and Referral Services

- **Lambeth Adult Social Care**

<https://beta.lambeth.gov.uk/adult-social-care-health>

- **Lambeth Children's Social Care**

<https://beta.lambeth.gov.uk/children-young-people-and-families/childrens-social-care>

- **Lambeth Safeguarding Children Partnership**

<https://www.lambethsaferchildren.org.uk>

- **Lambeth Safeguarding Adults Board**

<https://www.lambethsab.org.uk/safeguarding-adults>

- **Lambeth Better Start services: for families with children under 4**

<https://beta.lambeth.gov.uk/children-young-people-and-families/childrens-centres/register-your-family-use-better-start-services>

- **Action on Elder Abuse**

Helpline: 080 8808 8141

enquiries@elderabuse.org.uk

www.elderabuse.org.uk

- **Ann Craft Trust** (a charity that provides support and advice on safeguarding disabled children).

0115 951 5400

www.anncrafttrust.org

- **Respond** (charity that works with children and adults with learning disabilities who have experienced abuse and trauma)

0808 808 0700

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- **Prevent Duty Guidance**

<https://www.gov.uk/government/publications/prevent-duty-guidance>

- **Female Genital Mutilation (FGM)**

<https://www.lambethscb.org.uk/professionals/genital-mutilation>

- **FGM Awareness Poster**

<https://www.lambethscb.org.uk/sites/default/files/2018-06/FGM%20poster-national.pdf>

The Gaia Centre with Refuge- supporting women and children experiencing domestic abuse

<https://www.refuge.org.uk/our-work/our-services/one-stop-shop-services/the-gaia-centre/>

Freephone 24 hour National Domestic Abuse Helpline

0808 200 247

Age Uk Lambeth: supporting elderly people in Lambeth

<https://www.ageuk.org.uk/lambeth/our-services/>

NSPCC - national organisation for prevention of child abuse- provides a range of services and advice.

<https://www.nspcc.org.uk/keeping-children-safe/>

My Community Helpline: free helpline for people in Lambeth to access services - for anyone in Lambeth

<https://www.ageuk.org.uk/lambeth/our-services/mycommunity-directory/>

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Helpline Number: 02079262999

Lambeth Larder: directory of services and support across Lambeth including mental health, food and financial support.

<https://www.lambethlarder.org/emergency-food.html>

LEAP: services, activities and support for families with children 0-3 and pregnant women living in Stockwell, Vassal, Tulse Hill and Coldharbour.

<https://www.leaplambeth.org.uk>