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Version	1.0
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Supersedes	JHT 001 Awareness of Safeguarding for Adults v3.0 & JHTN 001 Safeguarding Children and Young People Policy V4.1
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Version Control Change History

Version	Section/Paragraph /Appendix	Review /Amend /Minor Amend	Description of amendment	Date	Author/ Amended by	Approved by
1.0	Whole Policy	Review	Replaces JHTN001 & JHT001 – policies merged	16th Sept 2025	AP	BOT

Contents

1. Definitions

Term	Description
Board of Trustees (BOT)	The governing body of individuals who have overall responsibility for James Hopkins Trust
Trust Senior Management Team (TSMT)	The team of senior managers who have responsibility for day-to-day leadership and management of James Hopkins Trust.
Child / Children / Young People	As defined in the Children Acts 1989 and 2004, a child is anyone who has not yet reached their 18th birthday. The term 'child' or 'children' or 'young people' is used as an interchangeable term. For Safeguarding Children purposes, an unborn child may be the subject of child protection concerns and/or in need of safeguarding or protection from harm.
Adults	Defined as someone who has reached their 18th birthday. Safeguarding adults is the responsibility of all organisations and they have a duty to ensure that the welfare of all adults is ensured.
Parents/Carers	A 'person with parental responsibility' means someone with the rights and responsibilities that parents have in law for their child, until that child reaches the age of 18. The term parent/carer, when used in this document should be equally applied to mothers/fathers and carers. It should be noted that not all carers have parental responsibility for the child they are caring for.
Staff	Our collective term for employees and bank staff.
Child Protection	Child Protection is part of safeguarding and promoting welfare and refers to the activity that is undertaken to protect a specific child or children, who are suffering or are likely to suffer, significant harm.
Children in Care (Looked After Children – LAC)	The term 'Looked After' was introduced by the Children Act 1989 and refers to children who are subject to Care Orders within Children Act Legislation definitions. Wherever possible, the Local Authority will work in partnership with parents. Many children and young people who become 'looked after' retain strong links with their families and many eventually return home. Gloucestershire Local Authority use the term 'Children in Care' (CiC) in place of Looked After Child.
Safeguarding Team	The Safeguarding Team is made up of the following members: Safeguarding Trustee Designated Safeguarding Lead (DSL) Deputy Safeguarding Leads Assistant Safeguarding Leads
Gloucestershire Safeguarding Children's Partnership (GSCP)	The GSCP is made up in a shared and equal duty of Gloucestershire NHS Integrated Care Board, Constabulary and Local Authority operating under Working Together to Safeguard Children 2023 Statutory Guidance (WT2023). Its aim is to ensure that collectively their own organisations as a whole and any agency with a function relating to children, referred to as

	Relevant Agencies, operating in the county work together effectively to keep children safe.
Gloucestershire Safeguarding Adults Board (GSAB)	The aim of the Board is to safeguard and promote the welfare of adults at risk to enable them to retain independence, wellbeing and choice and to access their human right to live a life that is free from abuse and neglect
Local Authority Designated Officer (LADO)	Local Authority Designated Officer (LADO) is the person who should be notified when there are concerns a professional or volunteer who works with children has: 1. Behaved in a way that has harmed a child or may have harmed a child. 2. Possibly committed a criminal offence against or related to a child. 3. Behaved towards a child or children in a way that indicates they may pose a risk of harm to children. 4. Behaved or may have behaved in a way that indicates they may not be suitable to work with children. The LADO will support the Safeguarding Lead through the Allegations Management process.

2. Introduction

2.1. James Hopkins Trust is a Charitable Incorporated Organisation that provides nursing respite care to children with complex additional health needs. The Trust does not care for adults but may encounter adults who are vulnerable, these could be staff, supporters, volunteers, parents or other family members.

2.2. James Hopkins Trust is committed to safeguarding all vulnerable people we engage with during the course of our work through a safeguarding policy that provides clear direction to staff and others on how to appropriately manage a safeguarding issue. It is important that all staff and volunteers are aware of safeguarding and understand that it is not just aimed at the children we care for. The Board of Trustees encourage an open and transparent culture where issues are quickly identified, investigated and lessons are learned.

2.3. The Board of Trustees and Trust Senior Management Team will ensure compliance with the recommendations and requirements of the Department for Children, Schools and Families 'Working Together to Safeguard Children' July 2018 and aims to improve the lives of children, young people and their families.

2.4. This policy describes how James Hopkins Trust will:

a) Meet and monitor its statutory duty to safeguard children and adults.
b) Assure effective safeguarding arrangements in the services it commissions.
c) Work with Gloucestershire Safeguarding Children Partnership and Gloucestershire Safeguarding Adults Board to develop and improve practice across all multidisciplinary partnerships.
d) Follow GSCP and GSAB guidance and promote best practice.

3. Scope

3.1. This policy applies to all staff, including the Trust Senior Management Team

(TSMT), the Board of Trustees, volunteers who spend time on site during respite hours, student nurses and anyone working on behalf of James Hopkins Trust.

3.2. This extends beyond the families James Hopkins Trust supports and includes a responsibility to keep staff, trustees, volunteers and supporters safe from harm.

3.3. The Trust Director will ensure this policy is reviewed on an annual basis.

4. Policy Statement

4.1. It is the policy of James Hopkins Trust to ensure that all staff and volunteers have access to appropriate training, guidance and support relevant to role and provides assurances that everyone acts appropriately in managing any safeguarding concerns. We treat everyone with dignity and respect while consistently demonstrating professionalism, integrity and quality in every aspect of our work at all times.

4.2. We recognise that:

4.2.1. The welfare of the child/young person or vulnerable adult is paramount.

4.2.2. All people, regardless of age, ability, gender, racial heritage, religious belief, sexual orientation, or identity, have the right to equal protection from all types of harm or abuse.

4.2.3. Working in partnership with children, young people, parents, carers and other agencies is essential in promoting welfare.

4.3. We will seek to safeguard by:

4.3.1. Valuing, listening to and respecting children and adults ensuring effective procedures in place for safeguarding everyone.

4.3.2. Ensuring that all James Hopkins Trust staff will be able to (within their working role) recognise any child where there may be a safeguarding concern confirmed or suspected and respond appropriately.

4.3.3. Defining and setting out the local arrangements, roles and responsibilities within James Hopkins Trust who have specific responsibility with regards to safeguarding children.

4.3.4. Describing how James Hopkins Trust will ensure effective joint working with multi-agency partners and other agencies, sharing information about concerns with agencies who need to know, and involving parents, adults and children appropriately.

4.3.5. Ensure appropriate action is taken in the event of incidents/concerns of abuse and support provided to the individual/s who witness, raise or disclose the concern.

4.3.6. Ensure that confidential, detailed and accurate records of all safeguarding concerns are maintained and securely stored.

4.3.7. Prevent the employment/deployment of unsuitable individuals through a robust recruitment process of all staff, volunteers and trustees following the principles for Safe Recruiting, which includes DBS checks, references, employment history and interviews.

4.3.8. Safeguarding responsibilities are included within all job descriptions, clinical and non-clinical at all levels, including our trustees and volunteers.

4.3.9. Safeguarding leads who are visible and available for 1:1 and group discussions and supervision sessions.

4.4. Every member of staff and volunteer working for James Hopkins Trust has a responsibility to safeguard. Key members of staff take a lead in this area. We all

have a duty to report concerns wherever they arise for instance through our work in support of families, at fundraising events, with regard to the behaviour or practice of staff, volunteers, other organisations or individuals.

4.5. To support the organisation in meeting the following Quality Statements

Key Question	Quality Statements
SAFE	QSS3: Safeguarding "We work with people to understand what being safe means to them as well as with our partners on the best way to achieve this. We concentrate om improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately."
SAFE	QSS1: Learning culture "We have a proactive and positive culture of safety based on openness and honesty, in which concerns about safety are listened to, safety events are investigated and reported thoroughly and lessons are learned to continually identify and embed good practices."
WELL-LEAD	QSW5: Governance, management, and sustainability "We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes and we share this securely with others then appropriate."
WELL-LEAD	QSW6: Partnerships and communities "We understand our duty to collaborate and work in partnerships, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement."

5. Roles and Responsibilities

Role	**Description of Duties**
Board of Trustees	The governing body of individuals who have overall responsibility for James Hopkins Trust and for ensuring robust governance structures are in place internally.
Trust Director	The Trust Director is responsible for ensuring the implementation of this policy and for the regular review of the policy, acting as the Designated Safeguarding Lead.
Registered Manager	The Registered Manager is responsible for reporting and notifying the CQC, alongside the Trust Director, about certain information such as the death of anyone using the service at James Hopkins Trust or when there are safeguarding concerns.

Safeguarding Team	The Safeguarding Team are responsible for ensuring the safety and protection of children and vulnerable adults. Their main duties include: • Coordinating safeguarding procedures and ensuring that the charity's Safeguarding Policy is followed. • Acting as the first point of contact for anyone with concerns about an individual's welfare. • Being well-equipped and prepared to handle safeguarding issues, providing support and expertise within the charity. • Ensuring compliance with legal requirements, such as those outlined in the Children Act 2004.
Safeguarding Trustee	The designated Safeguarding Trustee has responsibility for ensuring James Hopkins Trust activities comply with safeguarding laws and standards.
Designated Safeguarding Lead (DSL)	The Trust Director will act as the Designated Safeguarding Lead, supported by the Deputy and Assistant Safeguarding Leads. It is their responsibility to maintain safe, effective administration, ensuring all practices such as recruitment, training and supervision are compliant with safeguarding standards.
Deputy Safeguarding Leads	The Deputy Safeguarding Leads will assist the Safeguarding Lead (Trust Director) in all matters related to safeguarding and child protection. This includes participating in strategy discussions and inter-agency meetings, as well as contributing to the assessment of children.
Assistant Safeguarding Leads	The Assistant Safeguarding Leads will provide support in creating a safe environment for children and vulnerable adults, ensuring this welfare is prioritised at all times and that staff are equipped to handle safeguarding concerns effectively. They are required to respond to concerns, attend conference and core group meetings, and liaising with other agencies.
Staff	All staff have a responsibility to read and understand this policy and to support the principles set out within it so that individuals are always supported to raise concerns and to feel free to speak up. All staff also have a responsibility to professional curiosity.

6. What is Safeguarding?

6.1. Safeguarding children is defined in Working Together to Safeguard Children (2023) as:

6.1.1. Providing help and support to meet the needs of children as soon as problems emerge.

6.1.2. Protecting children from maltreatment, whether that is within or outside the home, including online.

6.1.3. Preventing the impairment of children's mental and physical health or development.

6.1.4. Ensuring that children grow up in circumstances consistent with the provision of safe and effective care.

6.1.5. Taking action to enable all children to have the best outcomes.

6.2. Safeguarding adults is defined in the Care Act 2014 as protecting the health, wellbeing, and human rights of an adult at risk, enabling them to live safely, free from abuse and neglect. An adult at risk means anyone aged 18 or over who:

a) Has needs for care and support
b) Is experiencing, or is at risk of, abuse or neglect
c) As a result of those care and support needs, is unable to protect themselves from either the risk of, or the experience of abuse or neglect

6.3. An adult may be vulnerable if he/she:
a) Has a learning or physical disability
b) Has a physical or mental illness, chronic or otherwise, including an addiction to alcohol or drugs
c) Has a reduction in physical or mental capacity
d) Is in the receipt of any form of healthcare
e) Is detained in custody
f) Is receiving community services because of age, health or disability
g) Is living in sheltered or residential care home
h) Is unable, for any other reason, to protect himself/herself against significant harm or exploitation

7. Types and Indicators of Abuse

7.1. Signs of abuse can often be difficult to detect, and many types of abuse are also criminal offences and should be treated as such.

7.2. Details outlining the types of abuse in children can be found in Appendix 1.

7.3. Details outlining the types of abuse in adults and the indicators that may be observed can be found in Appendix 2.

7.4. Adults may choose not to act at all to protect themselves and it is only in extreme circumstances that the law intervenes. This will often only happen when an adult is assessed to lack capacity in that area, or where the concerns may extend to children, such as when they are living in the same household. This can make the matter of safeguarding adults even more complex. It is not solely focused on creating an appropriate process and system to safeguard. It also needs to consider the importance of creating a culture that embraces the adults themselves, informing and consulting them on all decisions affecting them.

8. The Six Safeguarding Principles

8.1. The following six key principles underpin all safeguarding work. Guidance on what this means for James Hopkins Trust and its staff and volunteers can be found in Appendix 3.

Principle 1: Empowerment
Principle 2: Prevention
Principle 3: Proportionality
Principle 4: Protection
Principle 5: Partnership
Principle 6: Accountability

9. Gloucestershire Safeguarding Children Partnership (GSCP)

James Hopkins Trust follows the Gloucestershire Safeguarding Children Partnership guidance including the Early Years Foundation Stage which sets the standards that all early

years' providers must meet to ensure that children learn and develop well and are kept healthy and safe.

10. Gloucestershire Safeguarding Adults Board (GSAB)

James Hopkins Trust follows the Gloucestershire Safeguarding Adults Board which sets out why it is important to protect adults with care and support needs from abuse or neglect. The Board helps make sure that the adult at risk is involved in the safeguarding process.

11. Safeguarding Team

11.1. The Safeguarding Team will be given the time, training, resources and support to:

11.1.1. Provide advice and support to other staff on child welfare and child protection matters.
11.1.2. Take part in strategy discussions and inter-agency meetings.
11.1.3. Contribute to the assessment of children.
11.1.4. Refer suspected cases, as appropriate, to the relevant body (local authority children's social care, Channel programme, Disclosure and Barring Service, and/or police), and support staff who make such referrals directly.

11.2. The Safeguarding Team will ensure they:
11.2.1. Regularly talk about the importance of safeguarding for children and adults who may encounter staff and volunteers at James Hopkins Trust.
11.2.2. Create a culture that means that everyone feels able to discuss concerns and scenarios which may be causing concern.
11.2.3. Provide oversight for safeguarding at James Hopkins Trust. This will include promoting good safeguarding practice within James Hopkins Trust, supporting staff, ensuring safeguarding training is undertaken and providing relevant safeguarding updates during the team meeting.
11.2.4. Complete an annual audit with report for the Trustees annually. The report should include:
- **a)** Updates on legislation and guidance and recommendations of changes required to policy or working practice.
- **b)** Summary of the safeguarding audits undertaken and the key outcomes and learning. Outstanding actions should be in an action plan and be an appendix to the report.
- **c)** Assurance on safeguarding supervision and compliance with mandatory training requirements by staff.
- **d)** Overview of the referrals and activity related to safeguarding undertaken over the year.

11.2.5. Facilitate and embed the process below for safeguarding at James Hopkins Trust.
11.2.6. Sign up for alerts on safeguarding from Gloucestershire Children's Safeguarding Partnership.
11.2.7. Ensure that all HCA's, nurses and staff have access to a Safeguarding Lead on-call who are Level 3 trained.

12. Everyone's Responsibility in Raising a Concern

12.1. Concerns may arise as a result of:

- **a)** A direct disclosure.
- **b)** An allegation, concern or complaint reported by another person.

c) An observation.
d) An incident.

12.2. In the event of a concern relating to either a child or vulnerable adult, the following process should be used:

a) Depending on the nature of the concern, it is important that you do not tell people that do not need to know but immediately speak with one of the Safeguarding Team to inform them of basic details of the concern and that a Record of Concern Form will be written.
b) Seek consent from the person concerned, if appropriate. If you feel that they do not have capacity to consent, you can act without consent but you must log your decision.
c) Collect all available relevant facts and appropriate information.
d) Complete all aspects of the Record of Concern Form and pass directly to a member of the Safeguarding Team or, if directed, file in the "Safeguarding folder" in the large Nurses Office.
e) Tell the person involved what you are going to do about the concern and note any views that they may have regarding how they wish the matter to be dealt with.
f) Consider the balance between listening to someone's wishes and needing to refer information where others may be at risk.
g) Inform the person involved about the outcome of any process.

12.3. If you believe a child is suffering or likely to suffer from harm or is in immediate danger you are required to make a referral to social care and/or the police immediately. It is a requirement that, should a direct referral be made to social care and/or the police, a member of TSMT is informed as a matter of urgency (for overnight/weekend contact on-call).

12.4. Guidance on making a written record of a concern can be found in Appendix 4.

13. Confidentiality and data protection

13.1. It is the aim of James Hopkins Trust to deal with any safeguarding matter sensitively and with due respect for the privacy of any individual involved. Timely information sharing is essential to effective safeguarding.

13.2. The Data Protection Act (DPA) 2018 and UK GDPR do not prevent, or limit, the sharing of information for the purpose of keeping children safe. However, a breach of confidentiality will be taken seriously and may warrant its own investigation.

13.3. If staff are in any doubt about sharing information, they should speak to a member of the Safeguarding Team.

14. Inter-Agency working

14.1. Safeguarding children, young people and adults at risk is a shared responsibility, with the need for effective joint working between agencies and professionals that have different roles and expertise. In sharing information, we will ensure that we do so in compliance with our Data Protection Policy and any relevant legislation.

14.2. If it is appropriate to refer the case to the Local Authority's social care or the police, and subject to clause 12.3 above, it is our usual procedure for a member of the Safeguarding Team to make the referral. Some children and adults may need a social worker due to safeguarding or welfare needs. The Safeguarding Team will work with and support social workers to help protect others.

15. Record-keeping

15.1. Our systems support safeguarding, which includes this policy, the Code of Conduct, the role and identity of all members of the Safeguarding Team. All records are held in line with our records document retention schedule.

15.2. All concerns, discussions, decisions made and the reasons for those decisions must be recorded in writing irrespective of whether you have had an initial conversation with a member of the Safeguarding Team to inform them of a concern.

15.3. If anyone is doubt about whether to record something, this should be discussed with a member of the Safeguarding Team.

15.4. Records will include:

15.4.1. A clear and comprehensive summary of the concern.
15.4.2. Details of how the concern was followed up.
15.4.3. A note of any action taken, any decisions reached and the outcome.
15.4.4. Concerns and referrals will be kept in a separate safeguarding file for each child.
15.4.5. Any non-confidential records will be readily accessible and available.
15.4.6. Confidential information and records will be held securely and only available to those who have a right or professional need to see them.
15.4.7. Safeguarding records relating to individual children will be retained for a reasonable period of time in line with our records document retention schedule.
15.4.8. When any child that has attended respite sessions for whom James Hopkins Trust has, or has had, safeguarding concerns moves to another setting, the DSL will ensure that the relevant information in their Safeguarding file is forwarded as soon as possible to allow support to continue.
15.4.9. In addition, if the concerns are significant or complex, and/or health and social services are involved, the DSL will speak to the receiving setting and provide information to enable them to have time to make any necessary preparations to ensure the safety of the child.
15.4.10. All safeguarding records are kept in hard copy format in a separate, secure location to the care folders and confidential files.
15.4.11. Records are only available to staff who "need to know" and have been assigned responsibility for working with an individual.
15.4.12. All records are available to the Safeguarding Team.
15.4.13. We retain records according to our document retention schedule.
15.4.14. Information is shared with other agencies, health and social services, the police in line with our local safeguarding procedures.

16. Safeguarding Training

16.1. It is important that we all understand safeguarding and know what to do should safeguarding concerns arise. Safeguarding induction and training for all staff appropriate to their role, including information on types of abuse and neglect; how

to spot abuse; how to respond to concerns; whistle-blowing procedures and who to report concerns to.

Role	Level of training	How much?
Volunteers (If working directly with the children)	2	a. Over a three-year period, professionals at level 2 should receive refresher training equivalent to a **minimum** of 3-4 hours b. Training at level 2 will include the training required at level 1 and will negate the need to undertake refresher training at level 1 in addition to level 2 c. Training, education and learning opportunities should include multi-disciplinary and scenario-based discussion drawing on case studies and lessons from research and audit
Charity Department	2	
Board of Trustees	2	
HCA's & Registered Nurses	2	
Senior Registered Nurses	3	a. Over a three-year period, professionals should receive refresher training equivalent to a **minimum** of 6 hours (for those at Level 3 core this equates to a **minimum** of 2 hours per annum) and a **minimum** of 12-16 hours (for those at Level 3 requiring specialist knowledge and skills) b. Training at level 3 will include the training required at level 1 and 2 and will negate the need to undertake refresher training at levels 1 and 2 in addition to level 3 c. Training, education and learning opportunities should be multi-disciplinary and inter-agency and delivered internally and externally. It should include personal reflection and scenario-based discussion, drawing on case studies, serious case reviews, lessons from research and audit, as well as communicating with children about what is happening
Safeguarding Team	3	a. The Safeguarding Team will undertake Inter Agency safeguarding training at least every 2 years. b. In addition, they will update their knowledge and skills at regular intervals and at least annually (for example, through e-bulletins or taking time to read and digest safeguarding developments)

17. Safer Recruitment

17.1. Safer recruitment processes will contribute towards the aim of being a safer organisation and James Hopkins Trust Recruitment Policy maintains the following principles:

- **a)** Clear safeguarding statements in advertisements and job descriptions
- **b)** DBS checks for all staff and volunteers who work directly with the children will go through the necessary checks
- **c)** Seeking appropriate references (minimum of 2 including recent employer)
- **d)** Checking identification and professional qualifications
- **e)** Checking employment history including accounting for gaps in employment

17.2. At least one member of every recruitment panel will have completed an accredited safer recruitment training, in compliance with "keeping children safe in education" (DofE).

17.3. Further information on safer recruitment is available in the Recruitment Policy.

17.4. Our policy will be reviewed both routinely and in response to changes in legislation and/or government guidance or significant internal changes.

18. Allegations Management

18.1. A member of staff has a responsibility to report a concern about the behaviour of a colleague working or volunteering with children where and that concern could amount to:

- **a)** Behaving in a way that has harmed or may have harmed a child.
- **b)** Possibly committed a criminal offence against or related to a child.
- **c)** Behaving towards a child or children in a way that indicates they may pose a risk of harm to children.
- **d)** Behaving or may have behaved in a way that indicates they may not be suitable to work with children.

18.2. This concern should be reported immediately to the Trust Director or Trustees if the concern relates to the Trust Director.

18.3. The Local Authority Designated Officer (LADO) will be contacted prior to any investigation into the concern or allegation to ensure there is no interference with a Police of Social Care investigation. The LADO will offer advice on immediate action required and will assist with employment and safeguarding issues.

Appendix 1 - Types of child abuse

1.1. **Physical abuse** - Physical abuse is when someone deliberately hurts or injures a child. Hitting, kicking, hair pulling, beating with objects, burning, throwing and shaking are all forms of physical abuse and can cause pain, cuts, bruising, broken bones and sometimes even death. No one has the right to hurt a child in this way. Physical abuse can happen as a single event or over a longer period of time.

1.2. **Emotional abuse** - If someone is always telling a child that they're ugly, fat, stupid, worthless, or that they wish they'd never been born, or a child is being made to feel they have to be the best at everything is emotional abuse. It's wrong, even if they are not doing it on purpose. It is also important to understand that this is not the child's fault.

1.3. **Sexual abuse** - Sexual abuse is when a child or young person is pressurised, forced, tricked or intimidated into taking part in any kind of sexual activity with an adult or another young person. This can include kissing, touching the young person's genitals (private parts) or breasts, intercourse or oral sex, looking at or taking part in pornography. Increasingly, it can be done virtually (online). It can happen to anyone. If a child is being sexually abused it's not their fault and they need to know they are not alone.

1.4. **Neglect** - Neglect is when a child is not being looked after or supported properly by their parents or carers (including foster parents or care staff if they are in care). If the people who are supposed to look after a child don't usually give a child the important things they need or make it hard for a child to take care of themselves, then this is neglect.

1.5. **Child sexual exploitation** - When a child or young person under the age of 18 is in a relationship with an adult (over 18), even if they claim to be a friend/boyfriend/ girlfriend/partner, and if this person is offering something (e.g. food, accommodation, drugs, alcohol, cigarettes, gifts, money) in exchange for sexual activities, this is considered to be child exploitation.

1.6. **Domestic Violence and Abuse/Sexual Violence** - Domestic violence and abuse are complex and challenging. The impact on children where there is violence and abuse within relationships is of significant concern and presents high risks of physical, psychological and emotional harm.

1.7. Anyone can experience this type of violence, and it is prevalent in both heterosexual and same-sex relationships. NICE guidance (PH50 2014) states that physical assaults from a partner or adult family member is higher among heterosexual women than among men. In addition, that heterosexual women experience more repeated physical violence, more severe violence, much more sexual violence, more injuries, coercive control and fear of their partner. The definition of domestic violence and abuse extends to those aged over 16 years of age, experiencing an incident or patterns of controlling, coercive, threatening behaviour, who are or have been intimate partners or family members, regardless of gender or sexuality. Sexual harm, sexual abuse, exploitation and ritualistic or cultural practice may be identified in children, young people and adults, males and females:

a) Child Sexual Exploitation (CSE)
b) Female Genital Mutilation (FGM)
c) Forced Marriage
d) Honour Based Violence (HBV)
e) Sexual Assault Referrals (SARC)

1.8. **Prevent and Radicalisation** - Prevent is part of the Government's counter-terrorism strategy CONTEST and aims to stop people supporting terrorism or becoming terrorists. Prevent operates in a 'pre-criminal space' providing support and re-direction to vulnerable individuals. The health sector is well placed to identify individuals who may be being groomed into terrorist activity, raise and discuss concerns appropriately and potentially lead to early intervention and support within the pre-criminal space.

1.9. **Modern Day Slavery and Human Trafficking** - NHS England states: 'Modern slavery is the recruitment, movement, harbouring or receiving of children, women or men through the use of force, coercion, abuse of vulnerability, deception or other means for the purpose of exploitation. Individuals may be trafficked into, out of or within the UK, and they may be trafficked for a number of reasons including sexual exploitation, forced labour, domestic servitude and organ harvesting'. There are estimates by the Home Office of 13,000 victims and survivors of modern slavery in the UK; 55% of these are female and 35% of all victims are trafficked for sexual exploitation.

Appendix 2 - Types of adult abuse

1.1. Physical abuse - Physical harm to an individual's body from, for example, hitting, restrictive practices and medication.

1.2. Domestic violence or abuse - Threats, violence and abuse between individuals that are family members or in an intimate relationship.

1.3. Sexual abuse - Sexual relationships or activities that an individual does not or cannot consent to.

1.4. Psychological or emotional abuse - Emotional abuse is when an abuser subjects an individual to behaviours that can result in psychological trauma. Threats, humiliation, controlling behaviour, blaming, verbal abuse, harassment, intimidation are examples of emotional abuse.

1.5. Financial or material abuse - Use of an individual's money or possessions without permission. Includes theft, fraud, scamming, coercion, self-serving involvement in an individual's financial affairs.

1.6. Modern slavery - Individuals being forced into a life of slavery, human trafficking, domestic servitude or forced labour.

1.7. Discriminatory abuse - Individuals being treated differently due to personal traits such as age, gender, race, sexual orientation etc.

1.8. Organisational or institutional abuse - When an organisation's needs are put above an individual's needs e.g. telling an individual that they have to go to bed at a certain time.

1.9. Neglect or acts of omission - People responsible for an individual not seeing to their basic needs such as nutrition or hygiene either deliberately or inadvertently.

1.10. Self-neglect - An individual being unable to see to their own basic needs, such as nutrition or hygiene.

2. Indicators may include but are not limited to:

a) Poor physical condition and/or personal hygiene
b) Malnutrition or unexplained weight loss
c) Untreated injuries and medical problems
d) Uncharacteristic failure to engage in social interaction
e) Inappropriate or inadequate clothing
f) Unkempt appearance
g) Lack of essential food, clothing or shelter
h) Living in squalid or unsanitary conditions
i) Collecting a large number of animals in inappropriate conditions
j) Inability or unwillingness to take medication or treat illness or injury
k) The person appears withdrawn and isolated
l) Expressions of anger, frustration, fear or anxiety
m) Individuals not taking account of the person's individual needs in terms of a protected characteristic
n) Avoidance of eye contact, appearing frightened or hesitant to talk to strangers
o) An air of silence when a particular person is present

p) Withdrawal or change in the psychological state of the person
q) Low self-esteem
r) Uncooperative and aggressive behaviour
s) Signs of distress: tearfulness, anger
t) Feeling that the abuse is their fault when it is not
u) Physical evidence of violence such as bruising, cuts, broken bones
v) Verbal abuse and humiliation in front of others
w) Limited access to money

Appendix 3 - The Six Safeguarding Principles

1. **The following six key principles underpin all safeguarding work:**

1.1. <u>Principle 1: Empowerment</u>

1.1.1. What does this mean? People should be supported and encouraged to make their own decisions. This should be done by:

a) making services more personal
b) giving people choice and control over decisions
c) asking people what they want the outcome to be

1.2. <u>Principle 2: Prevention</u>

1.2.1. What does this mean? Organisations should work together to stop abuse before it happens by:

a) raising awareness about abuse and neglect
b) training staff
c) making sure clear, simple and accessible information is available about abuse and where people can get help

1.3. <u>Principle 3: Proportionality</u>

1.3.1. What does this mean? When dealing with abuse situations services must ensure that they always think about the risk. Any response should be appropriate to the risk presented. Services must respect the person, think about what is best for them and only get involved as much as needed.

1.4. <u>Principle 4: Protection</u>

1.4.1. What does this mean? Organisations must ensure that they know what to do when abuse has happened by:

a) what to do if there are concerns
b) how to stop the abuse
c) how to offer help and support for people who are at risk

1.5. <u>Principle 5: Partnership</u>

1.5.1. What does this mean? Organisations should work in partnership with each other and local communities. Local people also have a part to play in preventing, detecting and reporting abuse.

1.6. <u>Principle 6: Accountability</u>

1.6.1. What does this mean? Safeguarding is everybody's business. Everyone must accept that we are all accountable as individuals, as services and as organisations. Roles and responsibilities must be clear so that people can see and check how safeguarding is done.

Appendix 4 - Guidance for making a written record of a concern

1.1. As soon as possible on the same day, make a written record of what you have seen, been told or have concerns about.

1.2. Try to make sure anyone else who saw or heard anything relating to the concern also makes a written report. The written report will need to include the date and time when the disclosure was made, or when you were told about / witnessed the incident/s or observed the concern

a) Who was involved, any other witnesses or staff present
b) Exactly what happened or what you were told in the person's own words, keeping it factual and not interpreting what you saw or were told
c) Ensure the views and wishes are included where the individual concerned is an adult
d) The appearance and behaviour where the individual concerned is an adult and/or the person making the disclosure
e) Any injuries observed
f) Any actions and decisions taken at this point
g) Any other relevant information, e.g. previous incidents that have caused you concern

1.3. Remember to:

a) Include as much detail as possible
b) Make sure the written report is legible, written or printed in black ink, and is of a quality that can be photocopied
c) Make sure you have printed your name on the report and that it is signed and dated
d) Keep the report factual as far as possible. However, if it contains your opinion or an assessment, it should be clearly stated as such and be backed up by factual evidence. Information from another person should be clearly attributed to them
e) Keep the report/s confidential

Equality Impact Assessment

Policy Name: Safeguarding Policy **Policy Number: JHT-T-008**
1. Lead Name: Ann Price Job Title: Trust Director
2. Is this a new or existing policy, service strategy, procedure or function? New Existing ✓
3. Who is the policy/service strategy, procedure or function aimed at? Patients Carers Staff ✓ Visitors ✓ Any other Please specify:
4. Are any of the following groups adversely affected by this policy: Disability: No ✓ Yes Race, ethnicity & Nationality: No ✓ Yes Gender/Gender Identity: No ✓ Yes Age: No ✓ Yes Sexual orientation: No ✓ Yes Religion, belief & faith: No ✓ Yes If the answer is YES to any of these complete a Risk Assessment and refer to the Trust Director. If the answer is NO to all categories, the assessment is now complete.
Date of assessment: 16/09/2025 Completed by: Ann Price JAPrice Job title: Trust Director

A completed EIA must accompany a new policy or a reviewed policy when it is confirmed by TSMT. TSMT are responsible for ensuring that EIA's are completed in accordance with this procedure.