



# Safeguarding Policy

2026

## Contents

Company details	2
Introduction: National Leadership Team Statement on Safeguarding	3
Our Commitment to Safeguarding	5
Safeguarding Procedures	10
Practice Guidance	13
Appendix A: Terminology	22
Appendix B: Statutory Definitions of Abuse (Children)	24
Appendix C: Signs and Symptoms of Abuse (Children)	27
Appendix D: Statutory Definitions of Abuse (Adults)	29
Appendix E: Signs of possible Abuse (Adults)	31
Appendix F: Responding to Safeguarding Concerns (Children)	35
Appendix G: Responding to Safeguarding Concerns (Adults)	36

## COMPANY DETAILS

Company Name: JPN Public Health Training

Registered Address: 12 Gascoigne Gardens

WOODFORD GREEN

Essex IG8 9NT

Tel No: 07841 698192

Email address: [julia@jpnttraining.com](mailto:julia@jpnttraining.com)

[Company Registration No: **12163791**, Private Limited by Guarantee]

Indemnity Cover: Royal College of Nursing

The Local Safeguarding Partners (Local Safeguarding Children Board or equivalent) for protecting children can be contacted.

The Safeguarding Adults Board (or equivalent) can be contacted:

## **INTRODUCTION**

### **JPN Public Health Training Statement on Safeguarding**

JPN Public Health Training are committed to creating safe spaces for all. We recognise the ways in which children and adults can be at risk of harm or abuse, so endeavour to create a culture to minimise opportunities for abuse to occur. This requires having a safeguarding policy which sets out clearly defined principles, standards and guidelines required to keep everyone safe. The policy includes procedures for reporting suspicions or allegations of abuse, as well as practical guidance for safer recruitment, safeguarding training and supervision for all individuals working with children and adults at risk.

We recognise the need to provide a safe and caring environment for all including children, young people and adults at risk of harm. Children rely on adults to keep them safe, therefore all institutions we work with that work with children, either directly or indirectly, should be committed to safeguarding the children in their care. We seek to do this by providing a safe, stable, and nurturing environment where children can reach their full potential. Similarly, we may come into contact with vulnerable adults in need of protection, care and support due to their vulnerability, be it permanent or temporary.

At JPN Public Health Training, we firmly believe that safeguarding is everyone's responsibility, and all involved in our training activities have a role to play in keeping children, young people and adults safe.

### **JPN Public Health Training Ltd Safeguarding Policy**

This safeguarding policy covers the care and protection of children and adults, through the multiplicity of the communities connect with JPN Public Health Training Ltd; including digital platforms, social networking services and social media.

## **Statement of our commitment to safeguarding**

Reflecting our mission 'Early Intervention is Our business' we have written this overarching safeguarding policy for the protection, care and well-being of everyone working for JPN Public Health Training Ltd, that work with children and young people, with adults who may be vulnerable or at risk, with victims and survivors of abuse and neglect and with those who pose a risk of harm to children and adults.

## **Contacting our Safeguarding Coordinator**

It is imperative that contact be made with our Safeguarding Coordinator, who is available in the first instance for advice and support, when a safeguarding issue arises. Our Safeguarding Coordinator must also be contacted where any safeguarding concern has implications for the reputation or good standing JPN Public Health Training Ltd. This is to ensure that any response is open, transparent and involves the statutory safeguarding authorities; it also provides for the necessary quality assurance required by JPN Public Health Training Ltd.

This is for the purpose of ensuring that the appropriate course of action has been taken. Where a safeguarding matter involves any employee or volunteer of JPN Public Health Training Ltd, then such a response may include initiating complaints or disciplinary procedures in addition to following safeguarding protocols.



Julia Palmer-Ndu

CEO & Founder

JPN Public Health Training Ltd

## **Statement: Our Commitment to Safeguarding**

At JPN Public Health Training Ltd, we recognise the need to provide a safe and caring environment for children, young people and adults. We recognise the importance of our ministry with children, young people and adults and our responsibility to protect everyone entrusted to our care. We believe every child should be valued, safe and happy. We want to make sure that children we have contact with know this and are empowered to tell us if they are suffering harm. All children and young people have

the right to be treated with respect, to be listened to and to be protected from all forms of abuse.

The care and protection of children, young people and adults involved in church is the responsibility of the whole church. As a leadership we endeavour to make any setting in which we deliver training, a safe environment for all.

We will review this statement and our policy and procedures annually.

The following statement was agreed by JPN Public Health Training directors:

- We recognise that we all have a responsibility to help prevent the abuse and neglect of children and adults and to report any such abuse or neglect that we discover or suspect.
- We are committed to the safeguarding of children and adults and ensuring their well-being. We recognise that children and adults can be the victims of physical, sexual and emotional abuse, as well as financial and discriminatory abuse and other forms of harm such as exploitation and neglect.
- We endorse and adopt the policy, procedures and guidance set out in this safeguarding policy in accordance with governments' national legislation and statutory guidance and local safeguarding procedures

### **Working with Safeguarding Authorities**

- We recognise the role that the statutory safeguarding authorities (Social Services and the Police) have in investigating all suspicions and allegations or discovery of child abuse and the abuse of adults and will cooperate fully with all agencies to protect those at risk of harm or abuse:
- Children’s Social Services (or equivalent) has lead responsibility for investigating all allegations or suspicions of abuse where there is a concern about a child.
- Adult Social Services (or equivalent) has lead responsibility for investigating all allegations or suspicions of abuse when concerned about the welfare of an adult.
- Where an allegation suggests that a criminal offence may have been committed then the police should be contacted as a matter of urgency.
- We will follow the requirements for UK legislation in relation to safeguarding children and adults and good practice recommendations.
- We will act in accordance with national and local safeguarding guidance such as laid out in Working Together to Safeguard Children 2018 and acknowledge that “safeguarding children is everyone’s responsibility” and that “everyone who come into contact with children and families has a role to play”.
- We will liaise with the local statutory safeguarding partnerships such as the Local Safeguarding Children Board (LSCB), Safeguarding Adult Board (SAB) or any other local safeguarding mechanisms.
- We are committed to building constructive links with statutory and voluntary agencies involved in safeguarding and sharing relevant information.

### **Promoting a Healthy Culture**

- We respect the rights of children as described in the UN Convention on the Rights of the Child. We value and respect children and want to hear their voices.
- We accept the UN Universal Declaration of Human Rights and the International Covenant of Human Rights, which states that everyone is entitled to “all the rights and freedoms set forth therein, without distinction of any kind, such as

race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status”.

- We understand the importance of creating a welcoming, inclusive, safe and healthy environment and are committed to ensuring that we meet the requirements of the Equality Act 2010, implementing all other relevant legislation as part of safeguarding.
- We are committed to supporting parents and families and ensuring that our training environments are a safe place for all.
- JPN Public Health Training has appointed a Safeguarding Coordinator and a Deputy Safeguarding Coordinator as points of reference, to act on all allegations or suspicions of abuse in reporting to the statutory safeguarding authorities. In our commitment to openness, should anyone have a concern that our Safeguarding Coordinator(s) have not dealt appropriately with a safeguarding concern, we would encourage that person to make contact with us directly or to make a direct referral to Social Services or the Police.

### **Commitment to those Serving Children and Adults**

- We commit to participate in safeguarding updates/training and development opportunities for any future workers (paid and voluntary) and will regularly review their training needs. If required, we will also support, resource, monitor and provide supervision to any member of our team who undertake work with children or adults, and those in positions of trust.
- We take our responsibility seriously for ensuring that everyone is safe in our care and that their dignity and rights are maintained.

### **Safeguarding under Specific Circumstances**

- We commit to supporting, listening to, and taking appropriate actions where there is a safeguarding concern witnessed during any of our training sessions and environments.

## Safeguarding Policy

- It is the expectation that all those working with JPN Public Health Training has access to our safeguarding policy and will have read it and agreed to fully adhere to the policy, procedures and practice guidelines, as condition of continuing in their role.
- The safeguarding policy should also be available to our clients.

Whilst recognising that the very nature of safeguarding means that we have to respond to allegations both sensitively and confidentially, this does not mean secretively. We strive to be open, transparent and accountable. This means seeking advice and liaising with Social Services, Police and other agencies as necessary.

Signed by or on behalf of JPN Public Health Training:

**Signed:** 

**Name:** Julia Palmer-Ndu

**Date:** January 2026

## **Safeguarding Awareness**

Child abuse or abuse against an adult can be a difficult and complex issue to understand. A person may abuse or neglect by inflicting harm or failing to prevent harm. Children and adults in need of protection may be abused within a family, an institution or a community setting. Very often the abuser is known or is in a trusted relationship with the child or adult. Research shows that abuse can be perpetrated by males and females, by adults and by children, as well as those in positions of trust and authority.

The four categories of child abuse are physical, emotional, sexual abuse and neglect. It is important to note that a child may be suffering from more than one form of abuse. Safeguarding professionals must assess if they need to intervene in order to protect a child and this is based on whether it is felt a child is suffering from, or likely to suffer from, significant harm. There are other forms of abuse (such as child sexual exploitation) which come under these four main headings when instigating a child protection plan.

Adults are in need of protection due to physical, sexual, psychological (which includes emotional abuse) and neglect (including self-neglect) as well as financial, institutional, discriminatory abuse, modern slavery, trafficking and domestic violence. Detailed definitions and signs and symptoms of abuse, are included in the appendices.

As a Leadership we will endeavour to ensure that children and adults are provided with information on where to get help and advice in relation to abuse, discrimination, bullying or any other matter of concern.

## **Safeguarding Coordinators**

The Safeguarding Coordinator and a Deputy Safeguarding Coordinator will respond to any safeguarding concern or suspicion of abuse. They are fully supported in their role of acting in the best interest of a child or adult and reporting to the statutory authorities all allegations or suspicions of abuse.

## Responding to allegations or suspicions of abuse

All safeguarding concerns should be immediately reported to the **Safeguarding Coordinator** or **Deputy Safeguarding Coordinator** in JPN Public Health Training. No one in receipt of a disclosure of abuse, or suspicion of abuse should investigate the matter.

As an organisation we have nominated:

Name: Julia Palmer-Ndu

Contact Details: 07841 698 192

Our **Safeguarding Coordinator** will deal with any allegation or suspicion of abuse or neglect, including referring the matter on to the statutory authorities.

In the absence of the **Safeguarding Coordinator**, then the report should be made to the **Deputy Safeguarding Coordinator**:

Name: Anthony Ndu

Contact Details: 07515 872702

In the absence of the **Safeguarding Coordinator** or **Deputy Safeguarding Coordinator**, advice should be sought of the Police or Social Services.

Where someone has passed information to the **Safeguarding Coordinator** or **Deputy Safeguarding Coordinator** and believe this has not been responded to appropriately, then they should make a direct referral to Social Services or the Police.

If unsure whether to report a matter to Social Services or the Police, advice should be sought from the National Safeguarding Coordinator.

## Role of the Safeguarding Coordinator

The **Safeguarding Coordinator** or **Deputy Safeguarding Coordinator** will collate and clarify the precise details of the allegation or suspicion of abuse and where abuse is suspected will pass this information onto the statutory authorities who have a legal duty to investigate.

Where the concern is about a child, the **Safeguarding Coordinator** will contact Children's Social Services for the Borough in which the incident occurred.

Where the concern is about an adult in need of protection the **Safeguarding Coordinator** will contact Adult Social Services for the Borough in which the incident occurred

Where there are concerns that a crime may have been committed or a child/adult is in immediate danger, then contact should be made to the Police dialling 999, or through making contact with the Police Child Protection Team.

### **Safer recruitment (preventing harm through screening to ensure only suitable people work with children and adults)**

We will ensure all workers are appointed, trained, supported and supervised in accordance with government guidance on safe recruitment.

This includes ensuring that:

- There is a written job description / person specification for the post
- Those applying have completed an application form and a self-declaration form
- Those short listed have been interviewed
- Safeguarding has been discussed at interview
- Written references have been obtained, and followed up where appropriate
- A criminal record check (Disclosure and Barring Service (DBS) check or equivalent) has been obtained in accordance with the position that the person has applied for, where necessary
- Qualifications where relevant have been verified
- A suitable safeguarding training programme is provided for the successful applicant
- The applicant will have access to our safeguarding policy and knows how to report concerns to the **Safeguarding Coordinator**.

## **Self-determination and independence**

Adults have a right to self-determination and independence. No one should be making decisions for anyone except in particular circumstances. Where, for example, the mental capacity of the individual is impaired, where a crime is being committed, or where children may be harmed as a result of adults in action then the matter will need to be reported to the **Safeguarding Coordinator**. Sometimes an adult can put themselves in situations which others would judge to be inappropriate or abusive in the exercising of their own choice and autonomy. In such circumstances, the **Safeguarding Coordinator** should seek advice from the National Safeguarding Coordinator, where unsure what actions to take.

### **Appendix A: Terminology:**

This safeguarding policy covers children and adults. A child is defined as someone under the age of 18, this includes children and young people.

An adult is generally defined as someone over the age of 18. The different constituent parts of the UK can have country specific legislation e.g. the age of criminal responsibility. In Scotland, for example, an 'adult at risk' is defined as someone over the age of 16. In England, for concerns about domestic abuse, the legislation is for those 16 and over.

As adult safeguarding systems have developed there has been a move away from using the term 'vulnerable adults', whilst recognising that certain pieces of legislation (e.g. the Police Act 1997) and different agencies use this term. The term 'adult at risk' is generally now replacing the previously used term 'vulnerable adult' (focusing on the situation rather than the characteristics of the adult themselves). The label 'vulnerable adult' may wrongly imply that some of the fault for any abuse lies with the abused adult. The Care Act 2014 does not use the word vulnerable, but rather an 'adult with care and support needs', who is, or is at risk of abuse or neglect. Other descriptions include 'adults at risk' (the Adult Support and Protection (Scotland) Act 2007, Adult Safeguarding Prevention and Protection in Partnership, July (DHSSPS)) and 'adults in need of protection'. 'Adults' is used in this policy to mean adults in need of protection.

This safeguarding policy will use the various terms interchangeably except where referring to specific legislation or government guidance.

Safeguarding is a wider term and encompasses: when referring to children; child protection and the welfare of a child; and when referring to adults; adult protection and welfare. Defining who is an 'adult at risk', or an 'adult in need of care and protection' can be complex as there are many different definitions within legislation; reaching a certain age or having a disability does not necessarily mean that an individual is vulnerable. For example, determining who qualifies for a criminal record disclosure check through the Disclosure and Barring Service (DBS) is based on a specific definition of who is a vulnerable adult.

## **Appendix B: Statutory Definitions of Abuse (Children)**

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

Child protection legislation throughout the UK is based on the United Nations Convention on the Rights of the Child. Each nation within the UK has incorporated the convention within its legislation and guidance.

The definitions of abuse below operate in England based on the government guidance 'Working Together to Safeguard Children: a guide to inter-agency working to safeguard and promote the welfare of children' (H M Government July 2018).

**Abuse:** A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child or children.

**Physical Abuse:** A form of abuse which 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.

**Emotional abuse:** The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child 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 a 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 also involve seeing or hearing the ill-treatment of another individual. It could involve serious bullying (including cyber bullying), frequently causing children to feel frightened or in danger, as well as the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

**Sexual abuse:** whether or not the child is aware of what is happening or not involves forcing or enticing a child or young person to take part in sexual activities. It does not necessarily involve a high level of violence. 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. Sexual abuse can take place online and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males, women can also commit acts of sexual abuse, as can other children.

**Neglect:** 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 caregivers)
- ensure access to appropriate medical care or treatment

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

**Child Sexual Exploitation:** Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

**Extremism:** Extremism goes beyond terrorism and includes people who target the vulnerable, including the young, by seeking to sow division between communities on the basis of race, faith or denomination. Justify discrimination towards women and girls; persuade others that minorities are inferior; or argue against the primacy of democracy and the rule of law in our society.

Extremism is defined in the Counter Extremism Strategy 2015 as the vocal or active opposition to our fundamental values, including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. We also regard calls for the death of members of our armed forces as extremist.

## **Appendix C: Signs and Symptoms of Abuse (Children)**

The following signs could be indicators that abuse has taken place but should be considered in 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, or usual children's activities
- 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 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 or seductive with adults
- Inappropriate bed-sharing arrangements at home
- Severe sleep disturbances with fears, phobias, vivid dreams or nightmares, sometimes with overt or veiled sexual connotations
- Eating disorders, such as anorexia and bulimia

### **Emotional**

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

### **Neglect**

- Under nourishment, failure to grow, constant hunger, stealing or gorging food, untreated illnesses
- Inadequate care

## **Appendix D: Statutory Definitions of Abuse (Adults)**

Safeguarding Adults is defined in the Care Act 2014 - Chapter 14 Safeguarding and the Care and Support Statutory Guidance Issued under the Care Act 2014 (June 2014).

*The legislation is relevant across England and Wales but on occasions applies only to local authorities in England.*

The Safeguarding duties apply to an adult who:

- has need for care and support (whether or not the local authority is meeting any of those needs) and;
- is experiencing, or at risk of, abuse or neglect; and
- 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.

**Physical abuse:** including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.

**Domestic violence:** including psychological, physical, sexual, financial, emotional abuse; so-called 'honour' based violence.

**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.

**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.

**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.

**Modern slavery:** encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers 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.

**Discriminatory abuse:** including forms of harassment, slurs or similar treatment because of race, gender and gender identity, age, disability, sexual orientation or religion.

**Organisational abuse:** including neglect and poor care practice within an institution or specific care setting such as a hospital or care home or in relation to care provided in one's 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.

**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.

**Self-neglect:** this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. Incidents of abuse may be one-off or multiple and affect one person or more.

## **Appendix E: Signs of Possible Abuse (Adults)**

### **Physical abuse**

- History of unexplained falls, fractures, bruises, burns or minor injuries
- Signs of under or over use of medication and/or medical problems left unattended
- Any injuries not consistent with the explanation given for them
- Bruising and discolouration - particularly if there is a lot of bruising of different ages and in places not normally exposed to falls, rough games etc.

- Recurring injuries without plausible explanation
- Loss of hair, loss of weight and change of appetite
- Person flinches at physical contact and/or keeps fully covered, even in hot weather
- Person appears frightened or subdued in the presence of a particular person or people

### **Domestic violence**

- Unexplained injuries or 'excuses' for marks or scars
- Controlling and/or threatening relationship including psychological, physical, sexual, financial, emotional abuse, so called 'honour' based violence and Female Genital Mutilation.

### **Sexual abuse**

- Pregnancy in a woman who lacks mental capacity or is unable to consent to sexual intercourse
- Unexplained change in behaviour or sexually explicit behaviour
- Torn, stained or bloody underwear and/or unusual difficulty in walking or sitting
- Infections or sexually transmitted diseases
- Full or partial disclosures or hints of sexual abuse
- Self-harming
- Emotional distress
- Mood changes
- Disturbed sleep patterns

### **Psychological abuse**

- Alteration in psychological state e.g. withdrawn, agitated, anxious or tearful
- Intimidated or subdued in the presence of a carer
- Fearful, flinching or frightened of making choices or expressing wishes
- Unexplained paranoia
- Changes in mood, attitude and behaviour, excessive fear or anxiety
- Changes in sleep pattern or persistent tiredness
- Loss of appetite
- Helplessness or passivity

- Confusion or disorientation
- Implausible stories and attention seeking behaviour
- Low self-esteem

### **Financial or material abuse**

- Disparity between assets and living conditions
- Unexplained withdrawals from accounts or disappearance of financial documents or loss of money
- Sudden inability to pay bills or getting into debt
- Carers or professionals fail to account for expenses incurred on a person's behalf
- Recent changes of deeds or title to property
- Missing personal belongings
- Inappropriate granting and/or use of Power of Attorney

### **Modern slavery**

- Physical appearance; unkempt, inappropriate clothing, malnourished
- Movement monitored, rarely alone, travel early or late at night to facilitate working hours
- Few personal possessions or identity documents
- Fear of seeking help or trusting people

### **Discriminatory abuse**

- Inappropriate remarks, comments or lack of respect
- Poor quality or avoidance of care
- Low self-esteem
- Withdrawn
- Anger
- Person puts themselves down in terms of their gender or sexuality
- Abuse may be observed in conversations or reports by the person of how they perceive themselves

### **Institutional Abuse**

- Low self-esteem

- Withdrawn
- Anger
- Person puts themselves down in terms of their gender or sexuality
- Abuse may be observed in conversations or reports by the person of how they perceive themselves
- No confidence in complaints procedures for staff or service users
- Neglectful or poor professional practice

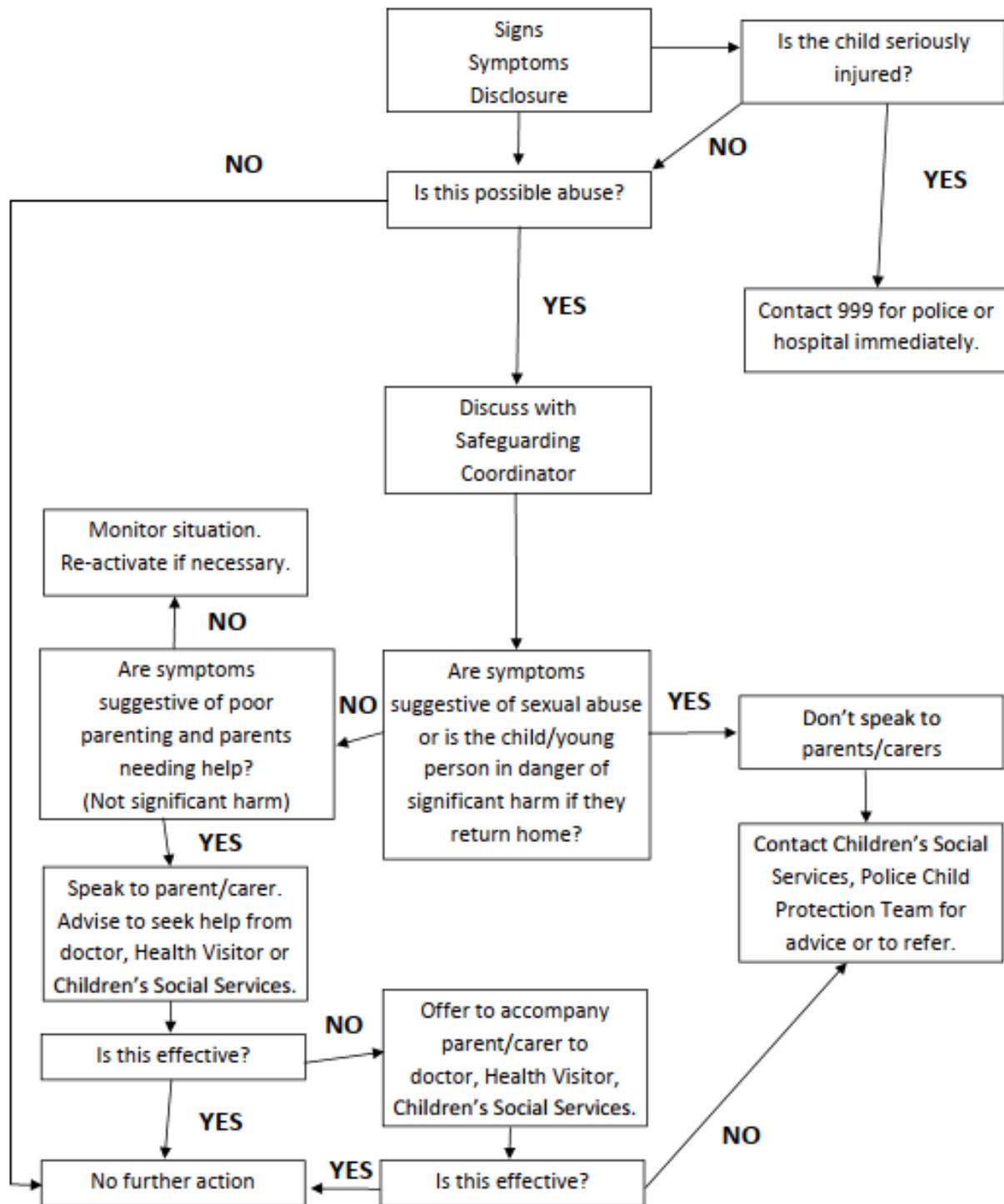
### **Neglect and acts of omission**

- Deteriorating despite apparent care
- Poor home conditions, clothing or care and support
- Lack of medication or medical intervention

### **Self-neglect**

- Hoarding inside or outside a property
- Neglecting personal hygiene or medical needs
- Person looking unkempt or dirty and has poor personal hygiene
- Person is malnourished, has sudden or continuous weight loss, is dehydrated, is constantly hungry, stealing or gorging on food
- Person is dressed inappropriately for the weather conditions
- Dirt, urine or faecal smells in a person's environment
- Home environment does not meet basic needs (for example, no heating or lighting)
- Depression

## Appendix F: Responding to Safeguarding Concerns (Children)



## Appendix G: Responding to Safeguarding Concerns (Adults)

