



SAFEGUARDING ASSOCIATED GUIDANCE

Version	Date	Author	Notes
1	09 Sep 25	DF	Estab/ Policy Committee Approval
1	17 Sep 25	DF	Board Approval - Published

Definitions.

A “**child**” is defined as anyone who has not yet reached their 18th birthday

An “**adult at risk**” is any person aged 18 or over who is, or may be, eligible for social care services by reason of mental or other disability, age or illness, or who is unable to take care of themselves or protect themselves against harm.

Child abuse.

The Isle of Man Safeguarding Board defines child abuse as “abuse or neglect can be inflicted on a child with intent (deliberately), or by failing to act to prevent harm. Children may be abused in a family or an institutional or community setting, by those known to them or, by a stranger for example, via the internet. They may be abused by an adult or adults. Abuse is even possible between children where peer on peer abuse can occur”.

Adult abuse.

The Isle of Man Government Adult Protection Team defines adult abuse as “abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction, to which he or she has not consented or cannot consent. Abuse can occur in any

relationship and may result in significant harm to, or exploitation of, the person subjected to it”.

Domestic Abuse.

Domestic Abuse is defined in the Domestic Abuse Act 2020, as the behaviour(s) of a person towards another person if they are personally connected to each other, and the behaviour is abusive.

Types of abuse.

Child abuse as defined by the National Society for the Protection of Children (NSPCC).

Physical,
Sexual,
Grooming,
Child Sexual Exploitation (CSE),
Harmful Sexual Behaviours (HSB),
Neglect,
Emotional,
Domestic abuse,
Bullying and cyber bullying,
Child sex trafficking,
Female Genital Mutilation (FGM)
Criminal exploitation,

See Appendix 1 for examples, signs and indicators of child abuse.

Adult abuse as defined by Social Care Institute for Excellence (SCIE).

Physical,
Domestic abuse,
Sexual,

Psychological or emotional,
Financial or material,
Modern slavery,
Discriminatory,
Organisational or institutional,
Neglect or acts of omission,
Self-neglect.

See Appendix 2 for examples, signs and indicators of adult abuse.

Data Protection and Information sharing.

In short, the sharing of information should not be a barrier to safeguarding.

The Legislative Frameworks for Information Sharing.

When sharing information, RTC must have due regard to the relevant data protection principles which allow sharing of personal information, as provided for in the Data Protection Act 2018 and the General Data Protection Regulation (GDPR).

To share information effectively:

practitioners should be confident of the processing conditions, which allow RTC to store, and share, the information that RTC need to carry out RTC's safeguarding requirements. Information that is relevant to safeguarding will often be data that is considered 'special category personal data' meaning it is sensitive and personal.

Where there is a need to share special category personal data, staff should be aware that the Data Protection Act, 2018 includes

‘safeguarding of children and individuals at risk’ as a condition that allows sharing information without consent.

Information can be shared legally without consent, if practitioners, are unable to, or cannot be reasonably expected to gain consent from an individual, or if to gain consent could place a child at risk.

Relevant personal information can be shared lawfully if it is to keep a child or individual at risk safe from neglect or physical, emotional or mental harm, or if it is protecting their physical, mental, or emotional well-being.

The Isle of Man Safeguarding Board document “Information sharing guidance for professionals working with children and adults at risk of abuse or neglect” provides the following guidance:-

Sharing information is an intrinsic part of practice in working with children, young people or adults at risk of abuse or neglect. Sharing information can make the difference in ensuring that an individual gets the right help at the right time and prevent the escalation of needs into abuse or neglect. The risk of sharing information is often misunderstood. All those working with children and adults must understand the risks of not sharing information. However, the most important consideration is whether sharing information is likely to support the safeguarding and protection of a child or adult at risk of abuse or neglect. Poor information sharing or a refusal to share information due to a misunderstanding about safeguarding duties has been a feature in cases where risks have been missed, dating back to the 1970s when the review into the death of Maria Colwell occurred. Poor information sharing also featured in high profile reviews such as Victoria Climbié in 2000 and Baby P in 2007. Lessons about information sharing have also featured in Serious Case Management Reviews locally and in Domestic Homicide Reviews, Serious Case Reviews and Safeguarding Adult Reviews in

the UK.

Examples, signs and indicators of child abuse.

Physical abuse is when someone hurts or harms a child on purpose. It is important to remember that physical abuse is anyway of intentionally causing physical harm to a child or young person. It includes,

- hitting with hands and objects,
- slapping and punching,
- kicking,
- shaking,
- throwing,
- poisoning,
- burning and scalding,
- biting and scratching,
- breaking bones,
- drowning,
- making up symptoms of an illness or causing a child to become unwell.

Bumps and bruises do not always mean a child is being physically abused. All children have accidents, trips and falls and there is not just one symptom to look out for. It is important to look out for the signs. If a child regularly has injuries, there seems to be a pattern to the injuries or the explanation does not match the injuries, this should be reported.

Physical abuse symptoms include:-

- bruises,
- broken or fractured bones,
- burns or scalds,
- bite marks,
- scarring,
- the effects of poisoning such as vomiting, drowning or seizures,
- breathing problems from drowning, suffocation or poisoning.

Sexual abuse is when a child or young person is forced, tricked or manipulated into sexual activities. They may not understand that what is happening to them is abuse or that it is wrong for the abuser to do this to them. They may be afraid to tell someone or behave as though this is normal for them to experience. They may not understand that what is happening to them is abuse and it is wrong. Sexual abuse can happen anywhere – it can happen in person or online.

There are two types of sexual abuse – contact and non-contact.

Contact abuse is when an abuser makes physical contact with a child or forces the child to physically contact another. This includes:-

- sexual touching of any part of a child's body, whether clothes or not,
- using a body part or object to rape or penetrate a child,
- forcing a child to take part in sexual activities,
- making a child touch someone else.
- kissing, touching and oral sex.

Non-contact abuse is when a child is abused without being touched. This can be in person or online and includes:-

- exposing or flashing,
- showing pornography,
- exposing a child to sexual acts,

- making a child masturbate themselves,
- forcing a child to make, view or share child abuse images or videos,
- making, viewing or distributing child abuse images or videos,
- force a child to take part in sexual activities or conversations online.

Signs of sexual abuse can may be emotional or physical and include:-

- avoiding being alone with or frightened of a person/people they know,
- language or sexualised behaviour an observer would not expect them to know,
- having nightmares or bedwetting,
- alcohol or drug misuse,
- self-harm,
- changes in eating habits or developing an eating disorder,
- changes in mood, feeling irritable, angry or anything out of the ordinary,
- change in normal behaviour eg suddenly not attending school, running away, not wanting to go home,
- bleeding, discharge, pains or soreness in the genital or anal areas,
- sexually transmitted infections,
- pain, soreness of sexually transmitted infection in the throat, pregnancy,
- difficulty in walking or sitting that is not usual for the child.

A child who is being sexually abused online may:-

- spend a lot more or less a lot less time that usual online,
- seem distant, upset or angry after being online,
- be secretive about who they're talking to and what they're doing online,
- having to be online at a certain time,
- have lots of new phone numbers or email addresses on their phone, laptop or tablet,

-expressing a need for money if they are being blackmailed.

Grooming is when someone builds a relationship, trust or emotional connection with a child or young person so they can manipulate, exploit or abuse them. Children and young people who are groomed can be sexually abused, exploited or trafficked. Groomers may build a relationship with a child or young person's family or friends to make them appear trustworthy or authoritative.

Grooming can take place in person or online, by a stranger or by someone the child or young person already knows. They may be a family member, friend, family friend or someone who specifically targeted them such as teacher, sports coach, faith leader.

When a child is groomed online, groomers may hide their identity by sending photos or videos of other people. This may be of someone younger than the groomer to gain the trust of a child or young person.

The relationship a groomer builds can take different forms and can be through different mediums including:-

- a romantic relationship,
- as a mentor,
- as an authority figure,
- as a dominant and persistent figure,
- through social media networks,
- messaging apps such as WhatsApp,
- through games sites that a child or young person uses,
- video chat in forums, games and apps.

Whether in person or online, groomers use tactics like:-

- pretending to be younger,
- showing understanding, sympathy and advice,
- buying gifts,
- giving attention,
- taking them out, on trips or holidays,
- isolating from friends and family,
- creating a dependence to gain power and control over the child or young person,
- using blackmail to make a child or young person feel guilt or shame, making them feel special.

It can be difficult to tell if a child or young person is being groomed, much of the behaviour could be construed as “normal” teenage behaviour.

Signs may include:-

- being secretive about how they are spending their time, including when online,
- having an older boyfriend or girlfriend,
- having money, clothes, mobile phones or other items that they cannot or will not explain,
- drinking or drug taking,
- spending more or less time on their devices,
- being upset, withdrawn or distressed,
- exhibiting sexualised behaviour, language or an understanding of sex that is not appropriate for their age,
- spending more time away from home or going missing.

A child is unlikely to realise they have been groomed.

Child sexual exploitation (CSE) is a type of sexual abuse. Young people may be coerced or groomed into exploitative situations and relationships. They may be given things such as gifts, money, drugs, alcohol, status or affection in exchange for taking part in sexual activities. Young people may be tricked into believing they're in a loving, consensual relationship. They often trust their abuser and don't understand that they're being abused. They may depend on their abuser or be too scared to tell anyone what's happening. They might be invited to parties and given drugs and alcohol before being sexually exploited. They can also be groomed and exploited online.

Some children and young people are trafficked into or within the UK for the purpose of sexual exploitation. Sexual exploitation can also happen to young people in gangs. Child sexual exploitation can involve violent, humiliating and degrading sexual assaults and involve multiple perpetrators.

Sexual exploitation can be very difficult to identify. Young people who are being sexually exploited may:-

- go missing from home, care or education,
- be involved in abusive relationships,
- hang out with groups of older people,
- be involved in gangs or anti-social groups,
- have older boyfriends or girlfriends,
- spend time at places of concern, such as hotels or known brothels,
- be involved in petty crime such as shoplifting,
- have access to drugs and alcohol,
- have new things such as clothes and mobile phones, which they aren't able to easily explain.

Harmful sexual behaviour (HSB) is developmentally inappropriate sexual behaviour which is displayed by children and young people and which may be harmful or abusive. It may also be referred to as sexually harmful behaviour or sexualised behaviour.

HSB encompasses a range of behaviour, which can be displayed towards younger children, peers, older children or adults. It is harmful to the children and young people who display it, as well as the people it is directed towards.

HSB can include:-

- using sexually explicit words and phrases,
- inappropriate touching,
- using sexual violence or threats,
- sexual activity with other children or adults.

Sexual behaviour between children is considered harmful if one of the children is much older – particularly if there is more than two years' difference in age or if one of the children is pre-pubescent and the other isn't. However, a younger child can abuse an older child, particularly if they have power over them – for example, if the older child is disabled.

Spotting the signs of harmful sexual behaviour can be difficult as it's normal for children to show signs of sexual behaviour at each stage in their development. Children also develop at different rates and some may be slightly more or less advanced than other children in their age group. Behaviours which might be concerning depend on the child's age and the situation.

Neglect of a child is not meeting a child's basic physical and/or psychological needs. This can result in serious damage to their health and development.

Neglect may involve a parent or carer not:-

- providing adequate food, clothing or shelter,
- supervising a child or keeping them safe from harm or danger (including leaving them with unsuitable carers),
- making sure the child receives appropriate health and/or dental care,
- making sure the child receives a suitable education,
- meeting the child's basic emotional needs – this is known as emotional neglect.

Neglect is the most common type of child abuse. It often happens at the same time as other types of abuse.

Neglect can be difficult to identify. Isolated signs may not mean that a child is suffering neglect, but multiple and persistent signs over time could indicate a serious problem.

Some of these signs include:-

- children who appear hungry - they may not have lunch money or even try to steal food,
- children who appear dirty or smelly,
- children whose clothes are inadequate for the weather conditions,
- children who are left alone or unsupervised for long periods or at a young age,
- children who have untreated injuries, health or dental problems,
- children with poor language, communication or social skills for their stage of development,

-children who live in an unsuitable home environment.

Emotional abuse involves:-

- humiliating, putting down or regularly criticising a child,
- shouting at or threatening a child or calling them names,
- mocking a child or making them perform degrading acts,
- constantly blaming or scapegoating a child for things which are not their fault,
- trying to control a child's life and not recognising their individuality,
- not allowing a child to have friends or develop socially,
- pushing a child too hard or not recognising their limitations,
- manipulating a child,
- exposing a child to distressing events or interactions,
- persistently ignoring a child,
- being cold and emotionally unavailable during interactions with a child, not being positive or encouraging to a child or praising their achievements and successes.

There aren't usually any obvious physical signs of emotional abuse but observers may spot changes in a child's actions or emotions. Some children are naturally quiet and self-contained whilst others are more open and affectionate. Mood swings and challenging behaviour are also a normal part of growing up for teenagers and children going through puberty. Be alert to behaviours which appear to be out of character for the individual child or are particularly unusual for their stage of development.

Babies and pre-school children who are being emotionally abused may:-

- be overly-affectionate towards strangers or people they haven't known for very long,
- not appear to have a close relationship with their parent, for example when being taken to or collected from nursery,
- lack confidence or become wary or anxious,
- be unable to play,
- be aggressive or nasty towards other children and animals.

Older children may-

- use language, act in a way or know about things that wouldn't be expected for their age,
- struggle to control strong emotions or have extreme outbursts,
- seem isolated from their parents,
- lack social skills or have few, if any, friends,
- fear making mistakes,
- fear their parent being approached regarding their behaviour, self-harm.

Domestic abuse is any type of controlling, coercive, threatening behaviour, violence or abuse between people who are, or who have been in a relationship, regardless of gender or sexuality. It can include physical, sexual, psychological, emotional or financial abuse.

Exposure to domestic abuse is child abuse. Children can be directly involved in incidents of domestic abuse or they may be harmed by seeing or hearing abuse happening. Children in homes where there is domestic abuse are also at risk of other types of abuse or neglect.

It can be difficult to tell if domestic abuse is happening, because abusers can act very differently when other people are around.

Children who witness domestic abuse may:-

- become aggressive,
- display anti-social behaviour,
- suffer from depression or anxiety,
- not do as well at school - due to difficulties at home or disruption of moving to and from refuges.

Bullying is when individuals or groups seek to harm, intimidate or coerce someone who is perceived to be vulnerable.

Bullying includes:-

- verbal abuse, such as name calling,
- non-verbal abuse, such as hand signs or glaring,
- emotional abuse, such as threatening, intimidating or humiliating someone,
- exclusion, such as ignoring or isolating someone,
- undermining, by constant criticism or spreading rumours,
- controlling or manipulating someone,
- racial, sexual or homophobic bullying,
- physical assaults, such as hitting and pushing,
- making silent, hoax or abusive calls.

Bullying can happen anywhere – at school, at home or online. When bullying happens online it can involve social networks, games and mobile devices. Online bullying can also be known as cyberbullying.

Cyberbullying includes:-

- sending threatening or abusive text messages,
- creating and sharing embarrassing images or videos,
- 'trolling' - sending menacing or upsetting messages on social networks, chat rooms or online games,

- excluding children from online games, activities or friendship groups,
- setting up hate sites or groups about a particular child,
- encouraging young people to self-harm,
- voting for or against someone in an abusive poll,
- creating fake accounts, hijacking or stealing online identities to embarrass a young person or cause trouble using their name.

It can be hard to know whether or not a child is being bullied. They might not tell anyone because they're scared the bullying will get worse. They might also think that the bullying is their fault.

No one sign indicates for certain that a child's being bullied, but signs may include:-

- belongings getting 'lost' or damaged,
- physical injuries such as unexplained bruises,
- being afraid to go to school, being mysteriously 'ill' each morning, or skipping school,
- not doing as well at school,
- asking for, or stealing, money (to give to a bully),
- being nervous, losing confidence or becoming distressed and withdrawn,
- problems with eating or sleeping,
- bullying others.

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

Children may be trafficked for:-

- child sexual exploitation,
- benefit fraud,

- forced marriage,
- domestic servitude such as cleaning, childcare, cooking, forced labour in factories or agriculture,
- criminal exploitation such as cannabis cultivation, pickpocketing, - begging, transporting, drugs, selling
- pirated DVDs and bag theft.

Children who are trafficked experience many forms of abuse and neglect. Physical, sexual and emotional abuse is often used to control them and they're also likely to suffer physical and emotional neglect. Child trafficking can require a network of organised criminals who recruit, transport and exploit children and young people. Some people in the network might not be directly involved in trafficking a child but play a part in other ways, such as falsifying documents, bribery, owning or renting premises or money laundering. Child trafficking can also be organised by individuals and the children's own families.

Traffickers trick, force or persuade children to leave their homes. They use grooming techniques to gain the trust of a child, family or community. Although these are methods used by traffickers, coercion, violence or threats don't need to be proven in cases of child trafficking - a child cannot legally consent to their exploitation so child trafficking only requires evidence of movement and exploitation.

Modern slavery is another term which may be used in relation to child trafficking. Modern slavery encompasses slavery, servitude, forced and compulsory labour and human trafficking.

Children who have been trafficked may:-

- have to do excessive housework chores,
- rarely leave the house and have limited freedom of movement,
- not have any documents (or have falsified documents),
- give a prepared story which is very similar to stories given by other children,
- be unable or reluctant to give details of accommodation or personal details,
- not be registered with a school or a GP practice,
- have a history with missing links and unexplained moves,
- be cared for by adults who are not their parents or carers,
- not have a good quality relationship with their adult carers,
- be one among a number of unrelated children found at one address,
- receive unexplained or unidentified phone calls whilst in a care placement or temporary accommodation.

Female genital mutilation (FGM) is the partial or total removal of external female genitalia for non-medical reasons. It's also known as female circumcision or cutting. The age at which FGM is carried out varies. It may be carried out when a child is new-born, during childhood or adolescence, just before marriage or during pregnancy. FGM is child abuse. There are no medical reasons to carry out FGM. It's dangerous and a criminal offence.

A child at risk of FGM may not know what's going to happen, but they might talk about or observers may become aware of:-

- a long holiday abroad or going 'home' to visit family, relative or cutter visiting from abroad,
- a special occasion or ceremony to 'become a woman' or get ready for marriage,
- a female relative being cut – a sister, cousin or an older female relative such as a mother or aunt,
- missing school repeatedly or running away from home.

A child who has had FGM may:-

- have difficulty walking, standing or sitting,
- spend longer in the bathroom or toilet,
- appear withdrawn, anxious or depressed,
- have unusual behaviour after an absence from school or college,
- be particularly reluctant to undergo normal medical examinations,
- ask for help, but may not be explicit about the problem due to embarrassment or fear.

Criminal exploitation is when children or young people are manipulated or coerced into committing crimes. Children and young people can be recruited into criminal gangs who use different tactics to recruit and exploit them, including bribing them with rewards, befriending them, threatening and coercing them.

There are a number of risks and dangers of criminal exploitation including:-

- being subjected to the threats, blackmail and violence,
- being forced to commit crimes,
- arrest and imprisonment,
- not being able to leave or cut ties with the gang,
- have their safety, or that of friends and family threatened,
- risk of physical harm, abuse and sexual abuse,
- risk of emotional abuse,
- risk of severe injury and in extreme cases, death,
- abuse drugs, alcohol and other substances.

Signs that a child or young person is being criminally exploited may include:-

- frequently absent from and doing badly in school,
- missing from home, staying out late and travelling for unexplained

reasons,

- in a relationship or friends with those older than them,
- being angry, aggressive or violent,
- being isolated or withdrawn,
- having unexplained money and buying new things,
- wearing clothes or accessories in "gang colours" or getting tattoos,
- using new slang words,
- a new phone or phones and making more calls and/or sending more messages,
- self-harming or feeling emotionally unwell,
- taking drugs and abusing alcohol,
- committing petty crime such as theft and vandalism,
- unexplained injuries and refusing to seek medical help,
- carrying weapons and/or having a dangerous breed of dog.

Appendix 2

Examples, signs and indicators of adult abuse.

Physical abuse includes:-

- assault, hitting, slapping, punching kicking, hair-pulling, biting, pushing,
- rough handling,
- scalding and burning,
- physical punishments,
- inappropriate or unlawful use of restraints,
- deliberately making someone uncomfortable eg opening windows, removing blankets,
- involuntary isolation or confinement,
- misuse of medication eg over-sedation,
- forcible feeding or withholding food,
- unauthorised restraint or restricting movement eg tying to a chair.

Signs and indicators may include:-

- no explanation for injuries or inconsistency with the account of what happened,
- injuries are inconsistent with the person's lifestyle,
- bruising, cuts, welts, burns and/or marks on the body,
- loss of hair in clumps,
- frequent injuries,
- unexplained falls,
- subdued or changed behaviour in the presence of a particular person,
- signs of malnutrition,
- failure to seek medical treatment or frequent changes of GP.

Domestic abuse includes:-

- coercive and controlling behaviours,
- psychological,
- physical,
- sexual,
- financial,
- emotional.

Signs and indicators may include:-

- low self-esteem,
- feeling the abuse is their fault,
- physical evidence such as bruising, cuts, broken bones,
- verbal abuse and humiliation in front of others,
- fear of outside intervention,
- damage to home or property,
- isolation including from sources of support,
- limited access to money,
- regulating everyday behaviour.

Sexual abuse includes:-

- rape, attempted rape or sexual assault,
- inappropriate touching,
- non-consensual masturbation of either or both persons,
- non-consensual sexual penetration or attempted penetration of the vagina, anus or mouth,
- any sexual activity that the person lacks capacity to consent to,
- inappropriate looking, sexual teasing, innuendo or sexual harassment,
- sexual photography, forced use of pornography or witnessing sexual acts,
- indecent exposure.

Signs and indicators may include:-

- bruising, particularly to the thighs, buttocks, upper arms and on the neck,
- torn, stained or bloody underclothing,
- bleeding, pain or itching in the genital area,
- unusual difficulty in walking or sitting,
- foreign bodies in genital or rectal openings,
- infections, unexplained genital discharge or sexually transmitted diseases,
- pregnancy in a woman who is unable to consent to sexual intercourse,
- uncharacteristic use of explicit sexual language,
- significant changes in sexual behaviour or attitude,
- incontinence without any medical reason or diagnosis,
- self-harming,
- poor concentration, withdrawal or sleep disturbance,
- excessive fear/apprehension of, or withdrawal from relationships,
- fear of receiving help with personal care,
- reluctance to be alone with a particular person.

Psychological or emotional abuse includes:-

- enforced social isolation including preventing access to services, educational and social opportunities and seeing friends,
- removing mobility or communication aids or intentionally leaving someone unattended when needing assistance,
- preventing someone from meeting their religious or cultural needs,
- preventing the expression of choice or opinion,
- failure to respect privacy,
- preventing stimulation, meaningful occupation or activities,
- intimidation, coercion, harassment, use of threats, humiliation,
- bullying, swearing or verbal abuse,
- addressing a person in a patronising or infantilising way,
- threats of harm or abandonment,

Cyber bullying.

Signs and indicators may include:-

- an air of silence when a particular person is present,
- withdrawal or change in the psychological state of the person,

- insomnia,
- low self-esteem,
- uncooperative and aggressive behaviour,
- change of appetite, weight loss or gain,
- signs of distress, tearfulness or anger.

Financial or material abuse includes:-

- theft of money or possessions,
- fraud, scamming,
- preventing a person from accessing their own money, benefits or assets,
- taking a loan from a service user,
- undue pressure, duress, threat or undue influence put on a person in connection with loans, wills,
- property, inheritance or financial transactions,
- arranging less care than is needed to save money to maximise inheritance,
- denying assistance to manage/monitor financial affairs,
- denying assistance to access benefits,
- misuse of personal allowances in care home,
- misuse of benefits or direct payments in a family home,
- moving into a person's home and living rent free without agreement or under duress, known as "Cuckooing",
- false representation, using another person's bank account, cards or documents,
- exploitation of a person's money or assets, eg unauthorised use of a car,
- misuse of a power of attorney, deputy, appointeeship or other legal authority,
- rogue trading.

Signs and indicators may include:-

- missing personal possessions,
- unexplained lack of money or inability to maintain lifestyle,
- unexplained withdrawal of funds from accounts,
- power of attorney or lasting power of attorney (LPA) being obtained -
- after the person has ceased to have mental capacity,
- failure to register an LPA after the person has ceased to have mental

capacity to manage their own

- finances so it appears they are continuing to do so,
- the person allocated to manage financial affairs is evasive or uncooperative,
- family, friends or carers show unusual interest in the assets of the person,
- signs of financial hardship in cases where the person's financial affairs are being managed by a court
- appointed deputy, advocate or LPA,
- recent changes in deeds or title to property,
- rent arrears or eviction notices,
- lack of clear financial accounts held by a care home or service,
- failure to provide receipts for shopping or other financial transactions carried out on behalf of the person,
- disparity between the person's living conditions and their financial - resources eg insufficient food,
- unnecessary property repairs.

Modern slavery includes:-

- human trafficking,
- forced labour,
- domestic servitude,
- sexual exploitation such as escort work, prostitution, pornography,
- debt bondage – being forced to work to pay off debts that will never realistically be paid off.

Signs and indicators may include:-

- signs of physical or emotional abuse,
- appearing to be malnourished, unkempt or withdrawn,
- isolation from the community and seeming to be under the influence or control of others,
- living in dirty, cramped or overcrowded accommodation,
- living and working at the same address,
- lack of personal effect or identification documents,
- always wearing the same clothes,
- avoidance of eye contact, appearing frightened or hesitant to talk to strangers,
- fear of law enforcers.

Discriminatory abuse includes:-

- unequal treatment based on age, disability, gender reassignment, marriage and civil partnership,
- pregnancy and maternity, race, religion and belief, sex or sexual orientation, known as protected characteristics under the Equality Act, 2017,
- verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic,
- denying access to communication aids, not allowing access to an interpreter, signer or lip-reader,
- harassment or deliberate exclusion on the grounds of a protected characteristic,
- denying basic rights to healthcare, education, employment and criminal justice relating to a protected characteristic,
- substandard service provision relating to a protected characteristic.

Signs and indicators may include:-

- 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.

Organisational or institutional abuse includes:-

- discouraging visits or the involvement of relatives or friends,
- run-down or overcrowded establishment,
- authoritarian management or rigid regimes,
- lack of leadership and supervision,
- insufficient staff or high turnover resulting in poor quality care,
- abusive and disrespectful attitudes towards people using the service,
- inappropriate use of restraints,
- lack of respect for dignity and privacy,
- failure to manage residents with abusive behaviour,
- not providing adequate food and drink, or assistance with eating,

- not offering choice or promoting independence,
- misuse of medication,
- failure to provide care with dentures, spectacles or hearing aids,
- not taking account of individuals' cultural, religious or ethnic needs,
- failure to respond to abuse appropriately,
- interference with personal correspondence or communication,
- failure to respond to complaints.

Signs and indicators can include:-

- lack of flexibility and choice for people using the service,
- inadequate staffing levels,
- people being hungry or dehydrated,
- poor standards of care,
- lack of personal clothing and possessions and communal use of personal items,
- lack of adequate procedures,
- poor record-keeping and missing documents,
- absence of visitors,
- few social, recreational and educational activities,
- public discussion of personal matters,
- unnecessary exposure during bathing or using the toilet,
- absence of individual care plans,
- lack of management overview and support.

Neglect or acts of omission includes:-

- failure to provide or allow access to food, shelter, clothing, heating, - stimulation and activity, personal or medical care,
- providing care in a way that the person dislikes,
- failure to administer medication as prescribed,
- refusal of access to visitors,
- not taking account of individuals' cultural, religious or ethnic needs,
- not taking account of educational, social and recreational needs,
- ignoring or isolating the person,
- preventing the person from making their own decisions,
- preventing access to glasses, hearing aids, dentures, etc.
- failure to ensure privacy and dignity,

Signs and indicators can include:-

- poor environment – dirty or unhygienic,
- poor physical condition and/or personal hygiene,
- pressure sores or ulcers,
- malnutrition or unexplained weight loss,
- untreated injuries and medical problems,
- inconsistent or reluctant contact with medical and social care organisations,
- accumulation of untaken medication,
- uncharacteristic failure to engage in social interaction,
- inappropriate or inadequate clothing,

Self-neglect includes:-

- lack of self-care to an extent that it threatens personal health and safety,
- neglecting to care for one's personal hygiene, health or surroundings,
- inability to avoid self-harm,
- failure to seek help or access services to meet health and social care needs,
- inability or unwillingness to manage one's personal affairs.

Signs and indicators can include:-

- 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.

Appendix 3

What to do if there are concerns about abuse or the general welfare of a child or adult at risk.

If staff or members have a concern regarding an incident or allegation of abuse or neglect, they should discuss their concerns in the first instance with the Designated Safeguarding Lead (DSL).

This information will be recorded on a RTC "Safeguarding Concern Form" as at Appendix 4.

In the absence of the DSL or DDSL and if the matter is not urgent, complete a RTC Safeguarding Concern form" and email a copy to the DSL and DDSL. This form must be password protected when being emailed.

What to do if a child or adult at risk discloses abuse.

If a child or adult at risk discloses abuse to RTC staff or members.

- React calmly so as not to frighten the child/adult at risk.
- Listen to the child/adult at risk and take what they say seriously.
- Reassure the child/adult at risk they were right to tell someone.
- Be aware of interpreting what a child/adult at risk says, especially if they have communication difficulties or English is not their first language.
- Record what has been said and any injuries noted.
- Notify the Designated Safeguarding Lead or Deputy Designated Safeguarding Lead and/or complete a Safeguarding Concern Form.

Avoid

- Showing shock or distaste.
- Speculating or making assumptions.
- Making negative comments about the person against whom the allegation has been made.
- Approaching the individual against whom the allegation has been made.

- Making promises or agreeing to keep secrets.
- Projecting own reactions onto the child/adult at risk.
- Asking leading questions. If necessary, only ask enough questions to gain basic information to establish the possibility that abuse may have occurred. Only use open-ended, non-leading questions, e.g. Who? Where? When?
- Using personal information from either own experiences or those of others.

If staff or members believe a child or adult at risk is at immediate risk or in serious distress.

- Keep calm and assess the situation.
- Make sure staff/ members and the individual are safe.
- Provide any emergency help that may be needed and felt competent to give.
- Reassure the individual and take care of them.
- If an immediate response is required, contact the Multi-Agency Safeguarding Hub (MASH) for children on 686179 or 631212 (Police Headquarters) out of hours. In the case of an adult at risk call the Adult Safeguarding Team on 685969 during office hours or 65000 out of hours (Nobles switchboard).

If necessary, call 999 and report the situation.

What not to do.

- Do not dismiss any allegation that is made.
- Do not investigate allegations of abuse or decide whether a child/adult has been abused.
- Do not make promises eg not to report what has been said.
- Do not discuss any disclosure with any person, including staff or volunteers unless they “need to know”.
- Do not ignore any behaviour or action that is observed that may constitute any type of abuse or harm

Concerns raised or allegations made against staff/volunteers.

All allegations of concern or abuse against children or adults at risk by those who work with them must be taken seriously by agencies

who work together, taking a coordinated approach to investigate, share information and make decisions in the child's or adult at risk best interests, ensuring that effective safeguarding arrangements are in place whilst doing so.

The Isle of Man Safeguarding Board use the following criteria to aid decision making on whether it is necessary or appropriate to initiate this procedure:

A useful test for deciding upon the applicability of this procedure is to consider whether the person occupies a position of authority and/or trust. Potentially there are many scenarios whereby a small number of adults may seek through their work activity to actively exploit their position of power and trust to abuse children or vulnerable adults. Allegations against any person who works with children or vulnerable adults, whether in a paid or unpaid capacity, can cover a wide range of circumstances.

The procedure to manage an allegation should be applied when there is an allegation or concern that a person has:

- Behaved in a way that has harmed a child or vulnerable adult, or may have done so;
- Possibly committed a criminal offence against or related to a child or vulnerable adult;
- Behaved in a way that indicates he or she may pose a risk of harm to children or vulnerable adults;
- Behaved or may have behaved in a way that indicates they may not be suitable to work with children or vulnerable adults.

Initial response to an allegation or concern.

An allegation against a member of staff may arise from a number of sources, for example, a report from a child, a vulnerable adult, a concern raised by another adult in the organisation, or a complaint by a parent or carer. It may also arise in the context of the member of staff and their life outside work or at home. Information may also come to light from a child protection/adult safeguarding inquiry by the Police and or the Manx Care Children and Families Team or Adult

Protection Team who may identify an adult within a workplace with access to children or adults at risk about whom there are concerns, or either agency may be contacted anonymously or by a member of the public.

Professionals may also use whistle-blowing within their service to highlight their concerns about an adult within their own or another organisation. It is important that at the point of notifying an allegation or concern all information relevant to the matter is available to assist an evaluation.

Initial action by person receiving or identifying an allegation or concern

The person to whom an allegation or concern is first reported should treat the matter seriously and keep an open mind.

They should not:

- Investigate or ask leading questions if seeking clarification;
- Make assumptions or offer alternative explanations;
- Promise confidentiality, but give assurance that the information will only be shared on a 'need to know' basis.

They should:

- Make a written record of the information where possible in the child/adult at risk own words, also taking into account what the person who is subject to the allegation is saying including the time, date and place of incident/s, persons present and what was said;
- Sign and date the written record;
- Immediately report the matter to the Chief Executive Officer or in their absence, their Designate. If the allegation is made against the CEO, the Chair of the Board must be notified.

Initial action by the Chief Executive Officer or their Designate.

When informed of a concern or allegation, the CEO or their Designate should not investigate the matter or interview the member of staff, child or vulnerable adult concerned or potential witnesses.

They should:

- Obtain written details of the concern / allegation, signed and dated by the person reporting the allegation (not the child/adult making the allegation);
- Approve and date the written details;
- Record any information about times, dates and location of incident/s and names of any potential witnesses.
- Record discussions about the child/adult at risk and/or member of staff, any decisions made, and the reasons for those decisions.

The CEO or their Designate or in cases where the allegation is against the CEO, the Chair should initially report the allegation to the Multi-Agency Safeguarding Hub (MASH) or in the case of a child and to the Adult Protection Team in the case of an adult at risk within 1 working day as per the Safeguarding Board's referral procedure.

ADULT REFERRAL

<https://www.gov.im/media/1350652/manx-care-adult-safeguarding-referral-form-220621pdf.pdf>

CHILD REFERRAL

https://www.safeguardingboard.im/media/tatpvlvj/marf_v3.pdf

APPENDIX 4

Safeguarding Risk Assessment Guidance

The Safeguarding Act, 2018 places a statutory obligation on services to co-ordinate the work done by relevant safeguarding bodies for the purposes of safeguarding and promoting the welfare of children and safeguarding and protecting adults at risk.

A “child” is defined as anyone who has not yet reached their 18th birthday.

An “adult at risk” is any person aged 18 or over who is, or may be, eligible for social care services by reason of mental or other disability, age or illness, or who is unable to take care of themselves or protect themselves against harm.

We all have a duty to:

- Keep children and young people safe from harm when accessing our services.
- Keep adults at risk safe from harm when accessing our services.
- Undertake risk assessments of any potential for harm to a child or adult at risk accessing our services.
- Have appropriate policies and procedures in place to assist with managing safeguarding risks.

The UK Charity Commission states “protecting people should be a priority for all charities, with people resourced and enabled to safeguard”

Aim

This document is intended to identify the areas that form the basis of our approach to risk assessments in relation to safeguarding and to provide guidance on how we will undertake our Safeguarding Risk Assessments to support operational decision making.

A safeguarding risk assessment allows us to mitigate risks when managing the services we offer. In the process of completing a safeguarding risk assessment we may identify areas for improvement that may not constitute a risk per se but may allow for improved service delivery. Should this occur, the person identifying the potential for improved practice must take this to the Designated Safeguarding Lead.

Responsibilities

Safeguarding is everyone's business; within RTC, the Designated Safeguarding Lead is an appointed position, working with the Town Clerk who holds executive responsibility

Completing our safeguarding risk assessments.

The services we provide.

We offer a wide range of services at multiple locations. These services are varied and include home visits, the library, rental of our spaces and work in our parks. Some activities may be run by ourselves or an external provider.

The points to consider include the various types of activities offered, where they take place and the profiles of members involved. Each of these areas must be considered from a safeguarding perspective and factored into any safeguarding risk assessment.

There are four areas to consider when completing our safeguarding risk assessments:-

1. Points of contact,
2. Risk identification,
3. Risk assessment and management,
4. Recording and reviewing.

Points to consider include what policies and procedures are in place and what other measures or safeguards that may need to be implemented to manage potential safeguarding risks.

1. Points of Contact with children and adults at risk - directly & indirectly.

List all points of contact with children and adults at risk.

Consider:

Methods of service delivery e.g. home visits, centre visits, group activities at the centre and other locations, one-to-one sessions, telephone/on line contact including via social media platforms, shop working.

Shared spaces; hallways, reception and waiting areas.

Think about all the ways in which possible harm to a child or adult at risk might come to our attention.

Consider:

- Children or adults at risk who are members.
- Children or adults at risk who may accompany members.
- Children or adult at risk who may undertake a volunteering role.
- The possibility of witnessing an incident that may amount to a safeguarding concern.
- The possibility of a child or adult at risk making a disclosure in person, on the phone or electronically.
- The possibility of potential harm from online activity.
- A disclosure from an adult that could give rise to child or adult protection or welfare concerns.

Considerations may include:

- Disabilities or chronic health conditions.
- Addiction or substance misuse.
- Mental health issues.
- Domestic abuse.
- Communication difficulties.

- Age/developmental stage of child.
- Risk of exploitation, including financial.
- Social isolation.

2. Risk identification.

Points to consider include who may pose a risk, including staff/volunteers, other members, contractors and visitors as well as being in the company of a lone child or adult at risk.

Points of Contact with children and adults at risk - directly & indirectly

List all points of contact with children and adults at risk.

Consider:

Methods of service delivery e.g. home visits, centre visits, group activities at the centre and other locations, one-to-one sessions, telephone/on line contact including via social media platforms, shop working.

Shared spaces; hallways, reception and waiting areas.

Think about all the ways in which possible harm to a child or adult at risk might come to our attention.

Consider:

- Children or adults at risk who are members.
- Children or adults at risk who may accompany members.
- Children or adult at risk who may undertake a volunteering role.
- The possibility of witnessing an incident that may amount to a safeguarding concern.
- The possibility of a child or adult at risk making a disclosure in person, on the phone or electronically.
- The possibility of potential harm from online activity.

- A disclosure from an adult that could give rise to child or adult protection or welfare concerns.

Consider other potential vulnerabilities, for any potential safeguarding issues that might arise, either directly or indirectly.

Considerations may include:

- Disabilities or chronic health conditions.
- Addiction or substance misuse.
- Mental health issues.
- Domestic abuse.
- Communication difficulties.
- Age/developmental stage of child.
- Risk of exploitation, including financial.
- Social isolation.

2. Risk identification.

Points to consider include who may pose a risk, including staff/volunteers, other members, contractors and visitors as well as being in the company of a lone child or adult at risk.

Risk identification.

Points to consider include who may pose a risk, including staff/volunteers, other members, contractors and visitors as well as being in the company of a lone child or adult at risk.

Risk of harm to a child or adult at risk by a staff member.

Consider the ways in which children and adults at risk interact with staff members, including volunteers. Consider context, duration, frequency, location and setting.

Ask:

- How might a child or adult at risk be at risk of harm from a staff member/volunteer?

Areas for consideration:

- One to one working with children or adult at risk
- Home visits.
- Staff ratios.
- Management of concerns raised about the conduct of a staff member.
- Organisational culture.
- Staff supervision.
- Consent.
- Physical contact.
- Development of personal relationships/friendships outside the work environment.

Risk of harm to a child or adult at risk by another member, visitor or member of the public.

Consider how children or adults at risk may come into contact with other members, visitors or the public while using our services.

Ask:

- How might a child or adult at risk be at risk of harm from another member, visitor or the public?

Areas for consideration:

- Parents/carers attending activities with their child or adult at risk.
- Supervision
- People who are not subject to DBS checks.
- Access and exit points being open to all, including for staff and visitors.
- Online Safety.

Risk of harm to a child or adult at risk not recognised or reported by staff.

Consider how concerns might come to the attention of staff members and their capacity to recognise and respond to concerns.

Ask:

- What could cause a staff member to fail to recognise and/or respond to a child protection or welfare concern?

Areas for consideration:

- Child and adult safeguarding training/awareness.
- Staff awareness of roles and responsibilities
- Collaborative working e.g. sharing information and an understanding of Data Protection.
- Recognising patterns of abuse
- Record keeping and record management e.g. access to records, retention, concerns reported and not reported
- Potential barriers to reporting eg DSL unavailable.
- Ongoing relationship concerns and fear of “getting it wrong”.

Risk of harm to a child or adult at risk due to the concern not being recognised or reported by the child or adult at risk.

Sometimes children or adults at risk do not realise that they are being abused or exploited. Consider what we can do to inform children or adults at risk about how they should expect to be treated and cared for.

Children or adults at risk may not be aware they can speak to someone here if they have experienced harm.

Ask:

- What could prevent a child or adult at risk from reporting harm to us?

Areas for consideration:

- First contact information e.g. what children and adults at risk can expect from RTC, how they can expect to be treated, limits of confidentiality.
- User friendly safeguarding information.
- How staff members involve and will communicate.

Other:

- Having considered all of the above risk categories, are there any other risks to children or adults at risk?

Ask:

- Have I missed anything?
- Is there anything else I should consider?

3. Risk assessments and management.

When assessing risk and the management of any identified risk, points to consider include what policies and procedures we have, what user agreements we have and any other measures or safeguards we may need to implement to manage any potential safeguarding risks.

Having considered the services provided and any risk identification, the next stage is to consider how to manage and mitigate any identified risks by:

- Assessing and managing potential safeguarding risks that exist within our service, including the various activities.
- Considering what policies, procedures or agreements i.e. 'controls', are, or should be, in place to mitigate any identified risks.

- For each category of risk outlined, identify existing or necessary controls
- If additional controls are required to manage a risk:
 - o Specify what action is to be taken.
 - o Assign responsibility for that action to a named person(s) and the timeframe for that action to be completed.

There are two ways in which risks can be managed.

a. Informally

Risks can be managed 'informally' using out risk assessment templates/action plans when controls can be identified and implemented immediately. Informal risk management plans may include controls such as increased staff in attendance etc. and captured in the action plan.

Most of the services we offer will only ever require informal management plans

b. Formally

If a risk is identified as high or very high, appropriate controls cannot be identified or identified controls cannot be implemented immediately, then this must be further assessed and if necessary, the risk placed on our risk register.

4. Record, monitor and review.

Risk assessments will be completed by the staff member who is directly involved with the delivery of a service e.g. the Accessibility and Activities Officer will complete the safeguarding risk assessments for activities but should consult with other team members who may be involved with the delivery of activities. The Designated Safeguarding Lead must sign off any such risk assessments.

The Safeguarding risk assessment should be completed on the same risk assessment template as standard risk assessment for consistency.

A safeguarding risk assessment is an addition to any risk assessment. When completed, all safeguarding risk assessments must be stored in the shared area and accessible to all staff. Safeguarding risk assessments must be reviewed annually unless there is an incident, in which case there must be a review following the incident. Should a new activity be introduced, a safeguarding risk assessment must be completed for that new activity.