

Safeguarding Policy

Growing Hope is committed to safeguarding the well-being of all the children, young people and adults with whom our employees, freelancers, trustees and volunteers come into contact. We are committed to promoting the rights of the child to be protected, be listened to and have their own views taken into consideration and to respect and protect the right of adults to live in safety, free from abuse and neglect.

This policy applies to all trustees, employees, freelancers and volunteers who have contact with children and young people and adults through their work on behalf of Growing Hope. These individuals will be trained, inducted, and asked to sign their compliance to this policy upon commencing their work with Growing Hope within their contract or volunteer agreement.

This policy draws upon law and guidance which seeks to protect children, young people and adults, namely:

- Children Act 1989
- United Convention of the Rights of the Child 1991
- Data Protection Act 1998
- Human Rights Act 1998
- Sexual Offences Act 2003
- Children Act 2004
- Care Act 2014
- Safeguarding Vulnerable Groups Act 2006
- Protection of Freedoms Act 2012
- Children and Families Act 2014
- Special Educational Needs and Disabilities (SEND) code of practice 2014 (updated 2024)
- Information Sharing Advice for practitioners providing Safeguarding services to children, young people, parents and carers; HM government 2015 (updated 2024)
- Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children; HM government 2015 (updated 2025)
- Government PREVENT duty, Counter-Terrorism and Security Act 2015 (updated 2024)

It is of high importance to ensure all trustees, employees, freelancers and volunteers have an ability to recognise abuse as it can be defined in many ways. Please see Appendix 1 for Definitions of Abuse and Appendix 3 for Types of Abuse as set out in the Care Act 2014 .

The Clinic Manager for each local Growing Hope clinic acts as the **Designated Safeguarding Officer** and a resource person to any staff member, freelancer or volunteer who has child protection or adult safeguarding concerns. They are the first point of contact for any other clinicians (employees, freelancers and volunteers) who have a safeguarding concern.

The **Lead Designated Safeguarding Officer (LDSO)** is Vicki Smith, Growing Hope National's Interim CEO (vicki.smith@growinghope.org.uk/ 07354494697) and should be



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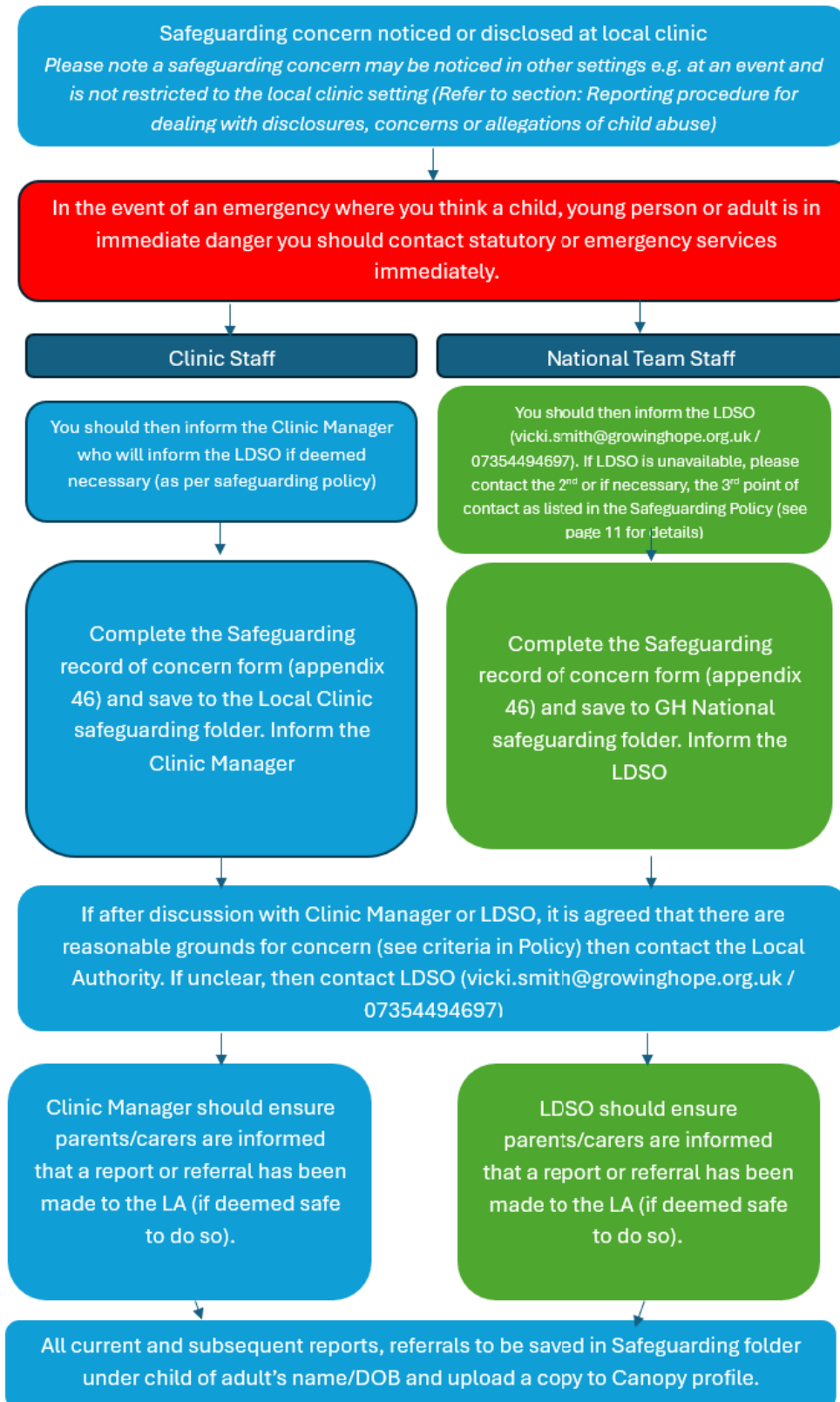
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contacted where there is a need to further discuss safeguarding concerns or raise an issue within the organisation. Vicki is the point of contact for managing any allegations made against a clinician, volunteer or trustee involved with any Growing Hope clinic.

Where a therapist works outside of usual office hours or does not overlap with the Clinic Manager's working hours, the Clinic Manager and therapist must discuss the necessary process for passing on concerns.

The safeguarding operating procedure is summarised in the following flow chart (see Page 11 for Contact Details):

Standard Safeguarding Operating Procedure



We recognise that:

- The welfare of the child is paramount, as enshrined in the Children Act 1989.
- All children and adults regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity, have a right to equal protection from all types of harm or abuse.
- Some children and adults are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues.
- Children and adults with learning disabilities may face heightened risks of harm or abuse due to barriers in communication, increased dependency on others, and societal discrimination, making it essential to provide tailored safeguarding measures.
- Working in partnership with children, young people, their parents or carers and other agencies is essential in promoting young people's welfare.
- There are six key principles set out in the Care Act 2014 which Growing Hope seeks to demonstrate and promote when it comes to safeguarding adults:
 - **Empowerment** – People being supported and encouraged to make their own decisions and informed consent.
 - **Prevention** – It is better to take action before harm occurs.
 - **Proportionality** – The least intrusive response appropriate to the risk presented.
 - **Protection** – Support and representation for those in greatest need.
 - **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
 - **Accountability** – Accountability and transparency in delivering safeguarding.

We will seek to keep children and young people and adults safe by:

- Valuing them, listening to and respecting them.
- Appointing a Clinic Manager who is the Designated Safeguarding Officer for each local clinic, and a Lead Designated Safeguarding Officer (LDSO) for the National charity.
- Adopting child and adult protection and safeguarding policies and procedures through this policy.
- Providing effective management for employees, freelancers and volunteers through supervision, support, training and quality assurance measures (all staff must complete annual safeguarding training).

- Recruiting trustees, employees, freelancers and volunteers safely and ensuring all necessary checks are made (e.g. DBS checks and two references). Growing Hope will not employ, contract or involve, any person to work with children or young adults who has a criminal conviction for violent crime, sexual crime, drugs related offences, or any other offences deemed inappropriate in relation to work with children and vulnerable adults. (Please refer to Growing Hope's Recruitment & Employment Policy for further details - <https://growinghope.org.uk/policy/>)
- Recording and storing information securely (in line with Growing Hope's data protection policy).
- Sharing our safeguarding practice with children, families, staff and volunteers via our website and through our work.
- Using our safeguarding operating procedure to share concerns and relevant information with agencies who need to know and involving children, young people, parents and carers appropriately.
- Using our operating procedures to manage allegations against employees, freelancers, volunteers and trustees appropriately.
- Creating and maintaining an anti-bullying environment and ensuring that our procedure is followed.
- Ensuring that we provide a safe physical environment for our children, young people, adults, staff and volunteers by applying health and safety measures in accordance with the law and regulatory guidance.

Reporting procedure for dealing with disclosures, concerns or allegations of abuse

1. The employee, freelancer, trustee or volunteer who has received a disclosure of abuse or who has concerns about a child or adult should bring them to the attention of the Clinic Manager immediately following the session. Growing Hope National team employees, freelancers, trustees or volunteers should inform the LDSO, as detailed in the Standard Safeguarding Operating Procedure. These should be recorded by incident in the Safeguarding concerns folder of the clinic drive.
2. Under no circumstances should a child or adult be left in a situation that exposes him or her to harm or of risk to harm. In the event of an emergency where you think a child or adult is in immediate danger you should contact statutory or emergency services immediately. You should then inform the Clinic Manager.
3. Where a discussion between the individual and Clinic Manager leads to agreement that there are reasonable grounds for concern according to the criteria below the individual should contact the local statutory services with the Clinic Manager's support.

Examples of reasonable grounds for concern are:

Children, Young People and Adults:

- Specific indication from the individual that they have been abused.
- An account by a person who witnessed the abuse taking place.
- Evidence, such as an injury or behaviour, which is consistent with abuse and unlikely to have been caused in another way.
- An injury or behaviour which is consistent with abuse but could also have an innocent explanation, where corroborative indicators support concern that it may be a case of abuse. Examples include a pattern of injuries, implausible explanations, or sexualised behaviour.
- Consistent indication over a period of time that the individual is suffering from emotional or physical neglect.
- Note, the type of abuse, behaviours and indicators may differ between children, young people and adults

Reasonable grounds for concern arise where there is evidence or suspicion that an individual may be experiencing significant harm. Significant harm refers to the threshold at which a person's health, development, or wellbeing is seriously impaired or at risk of impairment. Concerns should be considered in light of the key indicators of abuse and neglect relevant to the client group, including physical, emotional, sexual, financial abuse, and neglect.

For children and young people, significant harm is particularly linked to their developmental needs, safety, and emotional wellbeing. Indicators may include physical injuries, sexualised behaviour, persistent neglect, or emotional withdrawal. For adults, significant harm may present through patterns of unexplained injuries, financial exploitation, or neglect of care needs.

4. Where a Clinic Manager feels the situation is unclear he/she should contact the LDSO from the National charity for advice relating to the allegation, concern or disclosure.
5. The Clinic Manager will ensure that the parents/ carers are informed that a report/ referral has been made to statutory services unless to do so would likely endanger the child further. This report can either be made by the individual involved or the Clinic Manager - this should be agreed with the Clinic Manager at the time of

discussing the concern.

6. If the concern does not warrant reporting to the statutory agencies, it should still be recorded within the local Growing Hope clinic file of the Google Drive. Files should be saved under the child's name and DOB and this folder should be referred to with any subsequent concerns raised to the Clinic Manager.
7. Records of concern should include the name and DOB of the child involved, the names of who was present when the concern was raised, the name of the individual recording the concern. An account of what happened, exactly what was said where possible, a body map of any bruises or harm noted where relevant and the actions taken with regards to the concern. Injuries should not be examined, only documented. The record of concern must be signed and dated.
8. Where a safeguarding concern or disclosure occurs whilst working in a school, Growing Hope employees, freelancers, volunteers or trustees should refer directly to the school's safeguarding policy and procedure. This usually means reporting via the school's safeguarding concern system.
9. Where a safeguarding concern or disclosure occurs whilst working at the partner church on a Sunday or during an event organised by the partner church, Growing Hope employees, freelancers, volunteers or trustees should refer directly to the partner church's safeguarding policy and procedure. This usually means reporting via the partnership church's safeguarding concern system.

Adult:

Employees, freelancers, volunteers or trustees are well-placed to identify abuse. The adult may say or do things that let you know something is wrong. It may come in the form of a disclosure, complaint, or an expression of concern. Everyone within Growing Hope should understand what to do, and where to go to get help, support and advice.

Any employee, freelancer, volunteer or trustee who becomes aware that an adult is or is at risk of, being abused must raise the matter immediately with the LDSO of the National Charity. If the adult requires immediate protection from harm, the Clinic Manager should contact the police and Adult Social Care as appropriate. Early sharing of information is the key to providing an effective response where there are emerging concerns. To ensure effective safeguarding arrangements no one should assume that someone else will do it.

How to Handle a Report of Abuse by a Child / Young Person / Adult

In the event of a child / young person/ adult disclosing an incident of abuse it is essential that this is dealt with sensitively and professionally by the employee, freelancer, volunteer or trustee involved. In such circumstances, the employee, freelancer, volunteer or trustee should:

- React calmly;
- Listen carefully and attentively;
- Take the young person/adult seriously;
- Reassure the young person/adult that they have taken the right action in talking to you;
- Do NOT promise to keep anything secret;
- Ask questions for clarification only. Do not ask leading questions, this is not an interview, but rather receiving a disclosure from a child or adult;
- Check back with the child/young person/adult that what you have heard is correct and understood;
- Do not express any opinions about the alleged abuser;
- Record the conversation as soon as possible, in as much detail as possible. Sign and date the record; A written record must be kept about any concern regarding an adult with safeguarding needs. This must include details of the person involved, the nature of the concern and the actions taken, decision made and why they were made. All records must be signed and dated. All records must be securely and confidentially stored in line with General Data Protection Regulations (GDPR).
- Ensure that the child/young person/adult understands the procedures which will follow;
- Pass the information to the Clinic Manager (or LDSO if you are a part of the Growing Hope National team), do not attempt to deal with the problem alone.
- It is essential in reporting any case of alleged / suspected abuse that the principle of confidentiality applies. The information should only be shared on a 'need to know' basis which means only sharing information with persons who have a need to know in order to safeguard a child/young person/adult. This is not considered a breach of confidentiality, however the number of people that need to be informed should be kept to a minimum.
- Under the Data Protection Act, every person has a right to establish the existence of personal data, to have access to any such data relating to him and to have inaccurate data rectified or erased. The Growing Hope Data Controller will ensure that data that is collected fairly, is accurate and up to-date, is kept for lawful purposes and is not used or disclosed in any manner incompatible with those

purposes. All data in relation to child protection records collected must be stored in a safe and confidential manner in the electronic file system.

Retrospective Disclosures by Adults

Sometimes adults may disclose an abuse from their childhood. This must be recorded. Investigation of disclosures by adult victims of past abuse frequently uncover current incidents of abuse and are therefore an effective means of stopping the cycle of abuse.

In these cases, it is essential that consideration is given to the current risk to any child, young person or adult who may be in contact with an alleged abuser. If any risk is deemed to exist to any child who may be in contact with the alleged abuser, a report of the allegation should be made to statutory services in collaboration with the Clinic Manager or LDSO and without delay.

Allegations against staff or volunteers

Upon receipt of an allegation, the Clinic Manager will notify the local chairperson and the LDSO for the National charity. If the allegation relates to the chairperson, then the Clinic Manager must inform the trustee board. If the allegation relates to the Clinic Manager then the chairperson must inform the LDSO.

If an allegation is made against an employee, freelancer, volunteer or trustee, both the Clinic Manager and the LDSO should be involved. If the person is or has been in a position of trust, then a referral should be made to the LADO (Local Authority Designated Officer).

- The Clinic Manager/LDSO should prioritise the safety of the child or adult reporter and all necessary measures should be taken to ensure that the child and other children/ young people/adults are safe.
- The Clinic Manager/LDSO should inform the statutory services where there is a concern of the child's safety.
- The LDSO should work closely with the Clinic Manager and local chairperson.
 - Where a formal complaint is lodged, the employee, freelancer, volunteer or trustee should be notified of the allegation and the nature of it. The employee, freelancer, volunteer or trustee, has a right to respond to this and this response should be documented and retained. Furthermore, Growing Hope will ensure the principle of 'natural justice' will apply whereby a person is considered innocent until proven otherwise.
 - The Chairperson will suspend the employee, freelancer, volunteer or trustee with pay (where appropriate). In the case where the individual is not suspended the level of supervision of the individual will be increased.

- The Chairperson, Clinic Manager and LDSO will liaise closely with statutory services to ensure that actions taken by Growing Hope will not undermine any investigations.
- The protective measures which can be taken to ensure the safety of children and young people can include the following:
 - suspension of duties of the person accused,
 - re-assignment of duties where the accused will not have contact with children / young people,
 - working under increased supervision during the period of the investigation
 - any other measures as deemed appropriate.

Key Criteria for LADO Referral

A referral to the LADO is necessary if there are concerns that an individual working with children, either paid or voluntarily, has:

- Caused or potentially caused harm to a child.
- Committed or potentially committed a criminal offense against or involving a child.
- Acted in a manner that suggests they may pose a risk of harm to children.
- Behaved in a way that raises questions about their suitability to work with children.

Anti-bullying

Bullying in any form is unacceptable. Where this is raised between children or between an employee, freelancer, volunteer or trustee and a child or adult this should be fully investigated.

In the first instance the individual who receives an informal complaint should ascertain both sides viewpoints and this should be escalated to a member of Growing Hope's Senior Leadership team (if the complaint is against a member of the Senior Leadership team, this should be escalated to the Chair of Trustees). For local charities, this should be escalated to the Clinic Manager, however if the complaint is against the Clinic Manager, this should be escalated to the Chair of Trustees for the local charity. It should be made clear that bullying is not acceptable and core to Growing Hope's values is that every individual is of intrinsic value, and we should respect that. If the concern goes beyond the one instance the Clinic Manager should be informed.

Following discussion with the families/ volunteers/ clinicians if the issue remains unresolved, the Clinic Manager should inform the LDSO.

Where a formal complaint is made this should be passed to the Clinic Manager. The Clinic Manager should have separate conversations with the individuals involved in order to ascertain the situation from both sides. These conversations should be documented. Please follow the lines of escalation detailed above.

Where an employee, freelancer or volunteer is at fault, an official warning should be given and disciplinary action taken if necessary. Where the bullying may cause harm to a child or young person or adult, the allegations procedure above should be followed.

Online Safety

With the increase in virtual working the following are expected across all virtual platforms used by Growing Hope (e.g. zoom, facetime, WhatsApp video, audio calling):

Location – All staff, freelancers and volunteers should have a plain background behind them as much as possible.

Dress – Everyone attending meetings, assessments and sessions virtually should be dressed appropriately and able to engage in the activities requested.

Zoom – Where zoom is used, waiting rooms or individual password protected links should be used to help prevent meetings being hacked. Screen sharing should be set to ‘host only’ with the host only enabling participants to share when required. zoom links should never be posted in a public arena (e.g. on social media). Public events should always have a sign-up option where a zoom link is then sent.

Adult supervision – Parent/ adult supervision is required for the majority of virtual sessions. Where counselling sessions are carried out in a 1:1 environment a parent should be present in the same building.

Recording – In order to protect children and young people, sessions can only be recorded or photographed with the written permission of all individuals involved. Therapists cannot record and send parents recordings of sessions; however, parents can record parts of sessions to remember them if they would like to. Where written consent for photography has been given Therapists can take photos of parts of virtual sessions to use for social media. Therapists should always verbally confirm this is okay with parents at the time of taking a photograph and the young person should also give consent to photographs being taken and used where they have capacity to do so.



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Policy review

This policy will be reviewed on an annual basis and must be read alongside other Growing Hope policies.

Version: 13

Updated: April 2026

Points of Contact	
Lead Designated Safeguarding Officer, Growing Hope	Vicki Smith vicki.smith@growinghope.org.uk Executive Director of Services / Interim CEO 07354 494697
2nd point of contact Deputy Designated Safeguarding Officer	Andrea Marshall Director of Operations andrea.marshall@growinghope.org.uk 07394 463352
3rd point of contact	Lucy Stevens Executive Assistant lucy.stevens@growinghope.org.uk 07762 871379
Clinic Managers (Designated Safeguarding officers):	
Growing Hope Brockley	Kirsten Murphey kirsten.murphey@growinghope.org.uk
Growing Hope King's Cross	Abi Page abi.page@growinghope.org.uk
Growing Hope High Wycombe	Rosalyn Baskett rosalyn.baskett@growinghope.org.uk
Growing Hope Maidstone	Lorraine Ackroyd lorraine.ackroyd@growinghope.org.uk
Growing Hope Redbridge	Redbridge@growinghope.org.uk

Growing Hope Solent	Sarah Trevett sarah.trevett@growinghope.org.uk
Growing Hope York	York@growinghope.org.uk
Growing Hope Farnham	Nikki Fletcher nikki.fletcher@growinghope.org.uk
Local Authority Children's Safeguarding Contact Numbers:	
London borough of Camden	0207 974 3317
London borough of Islington	020 7527 7400
London borough of Lewisham	0208 314 6660
London borough of Southwark	020 7525 1921 (weekday 9-5) or 020 7525 5000 (out of hours)
Buckinghamshire Council	0845 460 0001
Maidstone Borough Council	01622 602019 / 01622 602157 / 01622 602262
Redbridge Borough Council	020 8708 5897
Southampton City Council Hampshire County Council	023 8083 3004 023 8023 3344 (out of hours)
City of York County Council	01904 551900 (Monday to Friday, 8.30am to 5.00pm)

	0300 131 2131 Outside office hours, at weekends and on public holidays, contact the Emergency Duty Team
Surrey County Council	0300 470 9100, option 3, (9am to 5pm, Monday to Friday)
Local Authority Safeguarding Contact Numbers (Adults)	
London borough of Camden	020 7974 4444 and select 'Option 1'
London borough of Islington	020 7527 2299
London borough of Lewisham	Office hours: 020 8314 7777 (Option 1) Out of office hours: 020 8314 7766 Email: gateway@lewisham.gov.uk
London borough of Southwark	020 7525 3324 - For adults with a physical or sensory disability and older people (65 years and above): 020 7525 0088 - For adults (aged 18 to 65) with a mental illness: 020 7525 2333 - For adults with a learning disability:
Buckinghamshire Council	During Office Hours: 9am – 5.30pm Monday to Thursday or 9am – 5pm on Friday Tel: 0800 137 915 Outside office hours: Emergency Out of Hours Tel: 0800 999 7677
Maidstone Council	03000 41 61 61 - Monday to Friday, 9am to 5pm. 03000 41 91 91 – Out of hours
Redbridge Council	020 8708 7333 - Monday to Friday 9am to 5pm 020 8553 5825 - Out of hours
Southampton City Council	023 8083 3003 0300 555 1373 – Out of hours
Hampshire County Council	0300 555 1386



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	0300 5551373 - Out of hours
City of York County Council	01904 555111 - Monday to Friday, 8.30am to 5.00pm, 0300 131 2131 - out of hours textphone: 07534437804
Surrey County Council	0300 470 9100 9am to 5pm, Monday to Friday

Definition of Child Abuse

Child abuse is complicated and can take different forms, but usually consists of one or more of the following signs and symptoms:

- **Neglect** can be defined in terms of an omission where the child suffers significant harm or impairment of development by being deprived of food, clothing, warmth, hygiene, intellectual stimulation, supervision and safety, attachment to and affection from adults, and or medical care.

The threshold of significant harm is reached when the child's needs are neglected to the extent that his or her well-being and/or development are severely affected.

Neglect generally becomes apparent in different ways over a period of time rather than at one specific point. For example, a child who suffers a series of minor injuries may not be having his or her needs met in terms of necessary supervision and safety. A child whose height or weight is significantly below average may be being deprived of adequate nutrition. A child who consistently misses school may be being deprived of intellectual stimulation.

- **Emotional abuse** is normally to be found in the relationship between a caregiver and a child rather than in a specific event or pattern of events. It occurs when a child's need for affection, approval, consistency and security are not met. Emotional abuse can be manifested in terms of the child's behavioural, cognitive, affective or physical functioning e.g. 'anxious' attachment, non-organic failure to thrive, unhappiness, low self-esteem, educational and developmental underachievement, and oppositional behaviour.

Examples may include:

- the imposition of negative attributes on a child, expressed by persistent criticism, sarcasm, hostility or blaming;
- conditional parenting in which the level of care shown to a child is made contingent on his or her behaviours or actions;
- emotional unavailability of the Child's parent/carer;
- unresponsiveness of the parent/carer and/or inconsistent or inappropriate expectations of the child;
- unrealistic or inappropriate expectations of the child's capacity to understand something or to behave and control himself or herself in a certain way;
- under or over protection of the child;
- failure to show interest in, or provide age-appropriate opportunities for, the child's cognitive and emotional development;
- use of unreasonable or over-harsh disciplinary measures;

- exposure to domestic violence;
- exposure to inappropriate or abusive material through new technology.
- Linked with emotional abuse, **spiritual abuse** could be defined as an abuse of power, often done in the name of God or religion, which involves manipulating or coercing someone into thinking, saying or doing things without respecting an individual their right to choose for themselves. Some indicators of spiritual abuse might be a leader who is intimidating and imposes his/her will/belief on other people, perhaps threatening dire consequences or the wrath of God if disobeyed. He or she may say that God has revealed certain things to them and so they know what is right. Those under their leadership are fearful to challenge or disagree, believing they will lose the leader's (or more seriously God's) acceptance and approval. The issue of the exploitation of vulnerable young people and adults by people in positions of power or authority within the church is covered in some detail in the report "Time for Action", produced by Churches Together in Britain and Ireland (CTBI).
- **Physical abuse** of a child is that which results in actual or potential physical harm from an interaction, or lack of interaction, which is reasonably within the control of the parent or person in a position of responsibility, power or trust. There may be single or repeated incidents.

Physical abuse can involve:

- severe physical punishment;
 - beating, slapping, hitting or kicking;
 - pushing, shaking or throwing;
 - pinching, biting, choking or hair pulling
 - terrorising with threats;
 - observing violence;
 - use of excessive force in handling;
 - deliberate poisoning;
 - suffocation;
 - fabricated/induced illness;
 - allowing or creating a substantial risk of significant harm to a child.
- **Sexual abuse** of a child occurs when a child is used by another person for his or her gratification or sexual arousal or for that of others. Examples of child sexual abuse include:

- Exposure of the sexual organs or any sexual act intentionally performed in the presence of the child;
- intentional touching or molesting of the body of a child whether by a person or object for the purpose of the sexual arousal or gratification;
- Masturbation in the presence of the child and/ or an act of masturbation;
- Sexual intercourse with the child, whether oral, vaginal or anal,
- Sexual exploitation of a child, which includes inciting, encouraging, propositioning, requiring or permitting a child to solicit for, or to engage in, prostitution or other sexual acts. Sexual exploitation also occurs when a child is involved in the exhibition, modelling or posing for the purpose of sexual arousal, gratification or sexual act, including its recording (on film, video tape or other media) or the manipulation, for those purposes, of the image by computer or other means. It may also include showing sexually explicit material to children, which is often a feature of the 'grooming' process by perpetrators of abuse;
- Consensual sexual activity involving an adult and an underage person. In relation to child sexual abuse. It should be noted that, for the purposes of the criminal law, the age of consent to sexual intercourse is 16 years for both boys and girls.

Appendix 2 – Adult Safeguarding - Types of Abuse

The Care Act 2014 defines the following ten areas of abuse. These are not exhaustive but are a guide to behaviour that may lead to a safeguarding enquiry.

- **Physical abuse** - Including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
- **Domestic Violence/ Domestic Abuse** - Including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence.
- **Exploitation**- Including sexual and/or criminal exploitation
- **Sexual abuse** - Including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography. 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 those who 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 you are, or are perceived to be different due to 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, for example, or in relation to care provided in one's own home. This may range from one off incidents to long-term ill treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes or 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



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educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Radicalisation to Terrorism:

The Government, through its PREVENT programme, has highlighted how some adults may be vulnerable to exploitation and radicalisation and involvement in terrorism. Signs and indicators of radicalisation may include:

- being in contact with extremist recruiters;
- articulating support for violent extremist causes or leaders;
- accessing violent extremist websites, especially those with a social networking element.
- possessing violent extremist literature;
- using extremist narratives to explain personal disadvantage;
- justifying the use of violence to solve societal issues;
- joining extremist organisations and
- significant changes to appearance and/or behaviour.

Appendix 3 - Record of concern form

Please fill out each box with as much detail as possible.

Once completed, save in your Clinic safeguarding folder (under Child's Name, DOB) and add a note to canopy that a record of concern has been completed. Share with the Clinic Manager.

SAFEGUARDING RECORD OF CONCERN		REF No.
Child or Adult at risk Name:		DOB:
Parent / Carer Name (if applicable):		
Date and time of concern:		
Location when disclosed:		
Who was present when concern was raised:		
Your factual account of the concern: (what was said, observed, reported and by whom)		
Additional information: (your opinion, context of concern/disclosure)		
Your response: (what did you do/say following the concern)		
Your name:	Signature:	
Your position:		
Date and time of this recording:		



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Reporting to:

Action and response of Clinic Manager

-
-
-

Name:

Date:.....

The logo for Growing Hope is set against a blue background that tapers to the right. The word "GROWING" is written in a white, rounded, sans-serif font. A white leaf icon is positioned to the right of the letter "G". Below "GROWING", the word "HOPE" is written in a larger, white, rounded, sans-serif font.

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