



# **TOURETTE SCOTLAND**

## **SAFEGUARDING POLICY**



## Table of Contents

1. Introduction .....	2
1.1 Aim and purpose of this policy.....	2
1.2 Who does this apply to? .....	2
2. Child and Adult Protection in Scotland .....	3
2.1 Child .....	3
2.2 What is abuse and neglect of children? .....	3
2.3 What is an adult at risk?.....	4
2.4 What is abuse of adults at risk? .....	4
3. Human Trafficking and Modern Slavery .....	5
3.1 Types of Modern Slavery .....	5
3.2 Children as Victims.....	5
3.3 Indicators of Modern Slavery .....	5
3.4 Signs specific to child victims .....	6
4. Radicalisation .....	6
4.1 Process and consequences of radicalisation .....	6
4.2 Vulnerability factors.....	7
4.3 Identification.....	8
5. Recognising and Reporting possible abuse or harm.....	8
5.1 How to recognise abuse or harm .....	8
5.2 What to do if you have concerns or a disclosure is made .....	9
5.3 Allegations Involving a Member of Staff/Volunteer.....	9
5.4 Reporting your concerns.....	10
5.5 Key Contacts .....	10
5.6 Change History.....	10
Appendix 1 – Policy Statement.....	11
Appendix 2 – Signs of possible abuse in children .....	12
Appendix 3 – Signs of possible abuse in adults .....	14
Appendix 4 – Safeguarding Incident Report Form .....	15



## 1. Introduction

Tourette Scotland provides a wide range of services for children, vulnerable adults, and their families. We acknowledge that we have a duty of care to safeguard and promote the welfare of all those with whom we come into contact through our activities and services.

We recognise that the welfare and interest of children and adults are paramount in all circumstances and acknowledge their right to protection from abuse, regardless of age, ability or disability, race, religion or belief, sex or sexual orientation, gender reassignment or socio-economic background. We aim to ensure that all children and adults:

- Have a positive and enjoyable experience while engaging with Tourette Scotland, in a safe and secure environment
- Are protected from abuse while participating in activities or using services provided by Tourette Scotland

No-one likes to think that children or adults might be harmed in some way but, although rare, it does happen. We also acknowledge that some children and adults, including those with a disability or those from LGBTQ+ and ethnic minority communities, can be particularly vulnerable to abuse. It is the responsibility of us all to prevent harm or abuse, whether physical, sexual or emotional. Tourette Scotland seeks to safeguard these vulnerable groups through its trustees, volunteers and advisors and, where appropriate, in cooperation with the statutory agencies, police and social services.

As part of our safeguarding policy, we will:

- Promote and prioritise the safety and wellbeing of children and adults at risk
- Ensure everyone understands their roles and responsibilities in respect of safeguarding and is provided with appropriate learning opportunities to recognize, identify and respond to signs of abuse, neglect and other safeguarding concerns
- Ensure appropriate action is taken in the event of incidents/concerns of abuse and provide support to the individual/s who raise or disclose the concern
- Ensure that confidential, detailed and accurate records of all safeguarding concerns are maintained and securely stored
- Prevent the employment/deployment of unsuitable individuals
- Ensure robust safeguarding arrangements and procedures are in operation

Our policy and procedures will be widely promoted and are mandatory for everyone involved with Tourette Scotland. Failure to comply with the procedures outlined will be addressed without delay and may ultimately result in dismissal/exclusion from the organization.

*Please see Appendix 1 for our Safeguarding Policy Statement.*

### 1.1 Aim and purpose of this policy

The aim of the policy and procedures within this document is to provide a clear process for promoting safeguarding, preventing abuse and protecting children, adults at risk and staff. This includes clear instruction for taking appropriate action when safeguarding concerns are raised involving children and adults within the Tourette Scotland membership, or those who attend our activities and events.

### 1.2 Who does this apply to?

This policy and procedures are approved by the Board of Trustees and applies to:

- All those who use our services or attend any of our events/meetings
- All trustees, volunteers and staff



## 2. Child and Adult Protection in Scotland

The Scottish Government is responsible for child protection in Scotland. Child Protection Committees (CPCs) are responsible for multi-agency child protection policy, procedure, guidance and practice. Within each local authority, CPCs work with local agencies, such as children's social work, health services and the police, to protect children.

Local Authorities in Scotland have a duty to inquire and investigate any cases where harm is known or suspected in relation to an adult at risk.

The following information in this section has been taken from the 'The National Guidance for Child Protection in Scotland 2021 (Updated 2023)' the 'The Adult Support and Protection (Scotland) Act 2007' and will periodically review to reflect any subsequent changes in guidance.

### 2.1 Child

A child can be defined differently depending on the legal context:

- The Children (Scotland) Act 1995 defines a child in relation to the powers and duties of the local authority. Young people between the ages of 16 and 18 who are subject to a supervision requirement by a Children's Hearing can be viewed as a child. Young people over the age of 16 may still require intervention to protect them, however agencies may need to refer to the Adult Support and Protection (Scotland) Act 2021, depending on the situation.
- The United Nations Convention on the Rights of the Child applies to anyone under the age of 18

Although the differing legal definitions of the age of a child can be confusing, the priority is to ensure that a vulnerable young person who is, or may be, at risk of significant harm is offered support and protection.

This policy and procedures are designed to include children and young people up to the age of 18. However, as noted above, the protective interventions that can be taken will depend on the circumstances and legislation relevant to that child or young person.

### 2.2 What is abuse and neglect of children?

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

**Physical abuse** is the cause of physical harm to a child or young person. Physical abuse may include hitting, shaking, throwing, poisoning, burning or scalding, drowning or suffocating. Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes, ill health to a child they are looking after.

**Emotional abuse** is persistent emotional neglect or ill treatment that has severe and persistent adverse effects on a child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate or valued insofar as they meet the needs of another person. It may involve causing children to feel frightened or in danger or exploiting or corrupting children.

**Sexual abuse** is any act that involves the child in any activity for the sexual gratification of another person, whether or not it is claimed that the child either consented or assented. The activities may involve physical contact, non-contact activities such as involving children in looking at, or in the production of, pornographic material or in watching sexual activities, using sexual language towards a child or encouraging children to behave in sexually inappropriate ways.



**Neglect** is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. It may involve a parent or carer failing to provide

adequate food, shelter and clothing, to protect a child from physical harm or danger, or to ensure access to appropriate medical care or treatment is available. It may also include neglect of, or failure to respond to, a child's basic emotional needs.

*Please see Appendix 2 for a list of signs of possible abuse in children.*

## 2.3 What is an adult at risk?

An 'adult at risk' is defined as an individual, aged 16 years or over, who:

- Is unable to safeguard themselves, their property, rights or other interests
- Is at risk of harm; and
- Because they are affected by disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than others who are not so affected

The presence of a particular condition does not automatically mean an adult is an 'adult at risk'. Someone could have a disability but be able to safeguard their well-being, etc. It is important to stress that **all three** elements of this definition must be met. It is the whole of an adult's particular circumstances which can combine to make them more susceptible to harm than others.

## 2.4 What is abuse of adults at risk?

Abuse is a violation of an individual's human and civil rights by any other person or persons. Abuse may consist of a single or repeated act. 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.

**Physical abuse** is the infliction of pain or physical injury, which is either caused deliberately, or through lack of care.

**Psychological or emotional abuse** are acts of behaviour which cause mental distress or negates the wishes of the adult at risk. It is also behaviour that has a harmful effect on the person's emotional health and development or any other form of mental cruelty.

**Sexual abuse** is the involvement in sexual activities to which the person has not consented or does not truly comprehend and so cannot give informed consent, or where the other party is in a position of trust, power or authority and uses this to override or overcome lack of consent.

**Neglect, or Act of Omission** is the repeated deprivation of assistance that the adult at risk needs for important activities of daily living, including the failure to intervene in behaviour which is dangerous to the adult at risk or to others. A vulnerable person may be suffering from neglect when their general wellbeing, or development is impaired.

**Financial or material abuse** is the inappropriate use, misappropriation, embezzlement or theft of money, property or possessions.

**Discriminatory abuse** is the inappropriate treatment of an adult at risk because of their age, gender, race, religion, cultural background, sexuality, disability, etc. Discriminatory abuse exists when values, beliefs or culture result in a misuse of power that denies opportunity to some groups or individuals. Discriminatory abuse links to all other forms of abuse.

*Please see Appendix 3 for a list of signs of possible abuse in adults.*



### 3. Human Trafficking and Modern Slavery

Human Trafficking or modern slavery is the movement of a person from one place to another into a situation of exploitation, using deception, coercion, abuse of power or the abuse of the person's vulnerability. Even if the victim consents to being moved, trafficking could still be taken place. It usually involves either the threat of harm or actual harm to the person themselves or their family.

#### 3.1 Types of Modern Slavery

The term Modern Slavery captures a whole range of types of exploitation, many of which occur together. These include, but are not limited to:

**Sexual exploitation** – This includes but is not limited to sexual exploitation and sexual abuse, forced prostitution and the abuse of children for the production of child abuse images/videos.

**Domestic servitude** – This involves a victim being forced to work in predominately private households, usually performing domestic chores and childcare duties. Their freedom may be restricted, and they may work long hours often for little or no pay, often sleeping where they work.

**Forced labour** – Victims may be forced to work long hours for little or no pay in poor conditions under verbal or physical threats of violence to them or their families. It can happen in various industries, including construction, manufacturing, laying driveways, hospitality, food packaging, agriculture, maritime and beauty (nail bars). Often victims are housed together in one dwelling

**Criminal exploitation** – This can be understood as the exploitation of a person to commit a crime, such as pick-pocketing, shop-lifting, cannabis cultivation, drug trafficking and other similar activities that are subject to penalties and imply financial gain for the trafficker.

#### 3.2 Children as Victims

The majority of children reported as victims of Modern Slavery are in the 16–17-year-old age category, yet they can be of any age, including very young. Many children travel without documents or are given false or forged identity documents, making it difficult to know their exact age. However, where the age of a person is uncertain and there are reasons to believe that they are a child they must be presumed a child until their age has been assessed formally.

#### 3.3 Indicators of Modern Slavery

Signs of various types of slavery and exploitation are often hidden, making it hard to recognise potential victims. Victims can be any age, gender or ethnicity or nationality. Whilst by no means exhaustive, this is a list of some common signs:

**Legal Documents** - Is the person in possession of their legal documents (passport, identification and bank account details) or are these being held by someone else? Victims will often be forced to use false or forged identity documents. Is the person afraid of the authorities? Are they scared of removal or what might happen to their families?

**Health and Appearance** - Does the person have old or serious untreated injuries? Have they delayed seeing a healthcare professional, and are they vague, reluctant or inconsistent in explaining how the injury occurred? Does the person look malnourished, unkempt, or appear withdrawn? Are they suffering physical injuries? Do they have few personal possessions and often wear the same clothes? What clothes they do wear may not be suitable for their work.

**Behaviour** - Is the person withdrawn or appear frightened, unable to answer questions directed at them or speak for themselves and/or an accompanying third party speaks for them? If they do speak, are they inconsistent in the information they provide, including basic facts such as the address where they live? Do they appear under the



control/influence of others, rarely interact or appear unfamiliar with their neighbourhood or where they work?  
Many victims will not be able to speak English

### 3.4 Signs specific to child victims

**Absent parent or legal guardian** - Is the child being cared for by an adult that is not their parent or legal guardian and is the quality of the relationship between the child and their adult carer poor and a reason for concern? Some children may not be attending school or registered with a GP.

**Multiple children** - Are there a number of unrelated children found at one address? Does the child move location frequently?

**Identity documents** - Missing, altered or false documentation is common.

**Missing children** - Children who come into contact with authorities often disappear and are re-trafficked.

**Grooming** - Children may not always demonstrate outward signs of distress and may have a 'bond' with those exploiting them and have been groomed to not disclose their abuse – however, they are likely to be very scared and traumatised.

## 4. Radicalisation

In the same way that we might raise concerns about children and vulnerable adults being at risk of harm or neglect, we need to know how to identify concerns that people are vulnerable to being drawn into terrorism. Preventing a child, young person or a vulnerable adult from being engaged in violent extremism is no different in terms of our response to any other safeguarding concern we may identify. The same reporting and referral processes apply as for all other safeguarding concerns and must be used if anyone becomes aware of extremist, radicalised behaviour in children or adults.

### 4.1 Process and consequences of radicalisation

Anyone can be radicalised regardless of their race, culture, faith, nationality, gender, age, and sexuality. It can happen in several ways including:

- Being groomed either online or in person by people seeking to draw them into extremist activity. Older children or young people might be radicalised over the internet or through the influence of their peer network – in this instance their parents might not know about this or feel powerless to stop their child's radicalisation;
- Being groomed by family members who hold harmful, extreme beliefs, including parents/carers and siblings who live with the child and/or person(s) who live outside the family home but have an influence over the child's life;
- Being exposed to violent, anti-social, extremist imagery, rhetoric and writings which can lead to the development of a distorted world view in which extremist ideology seems reasonable. In this way, they are not being individually targeted but are the victims of propaganda which seeks to radicalise.
- A common feature of radicalisation is that often the child or adult does not recognise the exploitative nature of what is happening and does not see themselves as a victim of grooming or exploitation.

The process of radicalisation poses a clear threat to the safety and well-being of children and adults. The purpose of radicalisation is to engage children and young people to serve the extreme goals and agendas of those recruiting, therefore exploiting the vulnerability of young people and placing expectations which may be well beyond their developmental capacity. The following approaches may be used online to build an emotional connection with a child to gain their trust:



- Pretending to be someone they are not
- Offering advice or understanding
- Buying gifts
- Taking them on trips, outings or holidays
- Giving the child attention
- Using their professional position, reputation or standing to influence.
- Exposing them people to inappropriate and disturbing images and material, including violence, torture and murder
- Isolating them from friends and family
- Psychological manipulation
- Sexual exploitation including forced or under age marriage.

The consequences of radicalisation can range from a child adopting or complying with extreme views which limits their social interaction and full engagement with their education, to young children being taken to war zones and older children or adults being groomed for involvement in criminal behaviour including violent acts or combat. Committing murder or suicide may be the ultimate result.

## 4.2 Vulnerability factors

Children and young people may become susceptible to radicalisation through a range of social, personal and environmental factors - it is known that violent extremists may exploit vulnerabilities in individuals to drive a wedge between them and their families and communities. In some instances, children may be at risk from their own families. Children within the care system or secure estate may also be exposed to radicalisation. Research shows that indicators that may make an individual vulnerable to or young person more susceptible to radicalisation can include:

- Identity crisis – the young person is distanced from their cultural/religious heritage and experiences discomfort about their place in society
- Personal crisis – the young person may be experiencing family tensions, a sense of isolation, and low self-esteem, they may have dissociated from their existing friendship group and become involved with a new and different group of friends. They may be searching for answers to questions about identity, faith and belonging
- Personal circumstances – migration; local community tensions; and events affecting the young person's country of origin may contribute to a sense of grievance that is triggered by personal experience of racism or discrimination in the UK and/or grievances about UK foreign policy decisions
- Unmet aspirations – the young person may have perceptions of injustice; a feeling of failure; rejection of civic life
- Criminality – experiences of imprisonment, previous involvement with criminal groups, and poor resettlement/reintegration
- Special educational needs – young people who experience difficulties with social interaction, empathy with others, understanding the consequences of their actions and awareness of the motivations of others.

However, this list is not exhaustive, nor does it mean that all young people experiencing the above are at risk of radicalisation for the purposes of violent extremism. More critical risk factors<sup>16</sup> could include:

- Being in contact with known extremists or extremist recruiters
- Articulating support for violent extremist causes or leaders <sup>16</sup> Greater Manchester LSCB Child Protection Procedures, chp 4 [accessed online on 8/6/16] 8
- Accessing violent extremist websites, especially those with a social networking element
- Possessing or accessing violent extremist literature
- Using extremist narratives and a global ideology to explain personal disadvantage
- Justifying the use of violence to solve societal issues
- Joining or seeking to join extremist organisations, and





- Significant changes to appearance and/or behaviour
- Changes in friends and mode of dress.

### 4.3 Identification

There is no such thing as a “typical extremist” – those who become involved in extremist actions come from a range of backgrounds and experiences, and most individuals, even those who hold radical views, do not become involved in violent extremist activity.

Indicators or warning signs of radicalisation or extremism can include the following:

- Showing sympathy for extremist causes
- Advocating and/or glorifying violence, especially to other faiths or cultures
- Making remarks or comments about being at extremist events or rallies
- Evidence of possessing illegal or extremist literature
- Advocating messages similar to illegal organisations or other extremist groups
- Out of character changes in dress, behaviour and peer relationships
- Secretive behaviour • Online searches or sharing extremist messages or social profiles
- Intolerance of difference, including faith, culture, gender, race or sexuality
- Graffiti, art work or writing that displays extremist themes
- Attempts to impose extremist views or practices on others
- Verbalising anti-Western or anti-British views and/or voicing opinions drawn from terrorist related ideologies and narratives.

## 5. Recognising and Reporting possible abuse or harm

For reasons of consistency and practicality, the charity’s procedures for safeguarding vulnerable adults will be the same as those for safeguarding children and young people except where the law, or the specific circumstances of an individual’s need require otherwise.

### 5.1 How to recognise abuse or harm

Abuse, harm or neglect of children and adults is an issue that Tourette Scotland is not often faced with. Because of this, it’s important that we all have sufficient safeguarding awareness to be able to recognise it if it does occur. The aim of safeguarding is to, where possible, prevent harm and abuse and to minimise the effects by acting appropriately whenever it is suspected, witnessed or reported.

There are numerous ways in which concerns, or suspicions of abuse, harm or neglect may arise. It could be something that is noticed gradually over a period of time or as a result of a particular incident; it could be something that is observed or witnessed; it may arise due to information provided or a disclosure made by the child or adult at risk themselves; or it may be information obtained from a third party.

A child or adult who has been abused, harmed or neglected might show obvious signs of physical injury or maltreatment. In the case of children, you may notice indicators in their behaviour or development, or you may notice inappropriate comments, conversation, play or drawing by a child.

It is important to note that these are only indicators of possible abuse. There may be other, innocent reasons for these signs and/or behaviour. They will, however, be a guide to assist in assessing whether abuse or harm may be taking place.

*Please see appendices 2 and 3 for a list of signs of possible abuse/harm in children and adults at risk.*



## 5.2 What to do if you have concerns or a disclosure is made

You may have concerns about a child because of something you have seen or heard, or a child may choose to disclose something to you or make an allegation of abuse against someone. It is essential that you:

- ✓ Do not promise confidentiality, you have a duty to share this information and refer to the relevant authorities if necessary
- ✓ Listen to what is being said, without displaying shock or disbelief
- ✓ Accept what is said
- ✓ Reassure the child, but only as far as is honest, don't make promises you may not be able to keep, e.g. 'Everything will be alright now', 'You'll never have to see that person again'
- ✓ Do reassure and alleviate guilt, if the child refers to it. For example, you could say 'You're not to blame'
- ✓ Do not interrogate the child; it is not your responsibility to investigate
- ✓ Do not ask leading questions, e.g. 'Did he touch your private parts?'. Ask open questions such as 'Anything else to tell me?'
- ✓ Do not ask the child to repeat the information for another member of staff
- ✓ Explain what you have to do next and who you have to talk to
- ✓ Take notes if possible or write up your conversation as soon as possible afterwards. Record the date, time, place and any non-verbal behaviours and the words used by the child (do not paraphrase). *Please see Appendix 4 for our Safeguarding Incident Recording Form.*
- ✓ Record statements and observable things rather interpretations or assumptions

Whatever the nature of your concerns, discuss them with the charity's designated Safeguarding Officer (if they happen to be implicated in the allegation, inform the Deputy Safeguarding Officer). Please see the *Reporting your concerns* and *Key Contacts* sections for details of who to contact.

## 5.3 Allegations Involving a Member of Staff/Volunteer

Tourette Scotland is committed to having effective recruitment and human resources procedures, including checking all staff and volunteers to make sure they are safe to work with children and young people.

However, there may still be occasions when there is an allegation against a member of staff or volunteer. Allegations against those who work with children, whether in a paid or unpaid capacity, cover a wide range of circumstances. All allegations must be taken seriously.

The following procedure should be followed in all situations where it is alleged that a person who works with children has:

- Behaved in a way which has harmed a child, or may have harmed a child;
- Possibly committed a criminal offence against or related to a child;
- Behaved towards a child or children in a way which indicates that he/she is unsuitable to work with children.

The Safeguarding Officer (or Deputy Safeguarding Officer) will discuss the matter to determine what steps should be taken and where necessary obtain further details of the allegation and circumstances in which it was made. The discussion should also consider whether there is evidence/information that establishes that the allegation is false or unfounded, whether a referral to local authorities is required and/or whether disciplinary action is appropriate.

Some allegations may be so serious as to warrant immediate referral to Social Services and the Police, but common sense and judgement must be applied in reaching a decision about what action to take.



## 5.4 Reporting your concerns

If there is an immediate threat of abuse or harm, the Police should be called straight away on 999. If you're worried about a child/adult at risk, or they make a disclosure to you, but they are not in immediate danger, you should share your concerns.

1. The concern should be discussed with the Tourette Scotland **Safeguarding Officer** and a decision made as to whether the concern should be referred to the statutory authorities. See the *Key Contacts* section.
2. For children - contact the **NSPCC Helpline** on **0808 800 5000** or by emailing **help@nspcc.org.uk**. Their trained professionals will talk through your concerns and give you expert advice.
3. Contact your local children's or adult's **social work team**. Their contact details can be found on the website for the local authority the person lives in or by visiting **www.mygov.scot/report-child-abuse**
4. Contact the local Children's Reporter. Local, independent officials can decide if any legal interventions need to be made to protect a child. Children's Reporters' offices can be found on the Scottish Children's Reporter Administration website – **www.scra.gov.uk**
5. Contact **Police Scotland** if you are concerned that a child/adult at risk is in danger (**999** or non-emergency number is **101**).

## 5.5 Key Contacts

- Tourette Scotland's **Safeguarding Officer** is the person to whom all concerns, or allegations should be addressed:

Name: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Email: \_\_\_\_\_

- In the absence of the Safeguarding Officer, the **Deputy Safeguarding Officer** should be contacted:

Name: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Email: \_\_\_\_\_

## 5.6 Change History

Date of Change	Version	Changed By	Comments
16/12/2019	1.01	Lauren Reid	New documents
20/04/2021	1.02	Lauren Reid	Radicalisation section added
<b>06/01/2025</b>	1.03	Ryan Bailey	Periodic Update



## Appendix 1 – Policy Statement

### TOURETTE SCOTLAND SAFEGUARDING POLICY STATEMENT

The following statement has been agreed by the board of trustees of Tourette Scotland.

**This charity is committed to the safeguarding of children and adults at risk, and to ensuring their wellbeing.**

- We believe that all children and adults should know that they are valued within the organisation and safely enjoy and have access to all of our services.
- We respect the personal dignity and rights of children and adults (for example, as set out in the Human Rights Act 1989 and the United Nations Convention on the Rights of the Child) and will ensure that our policies and procedures reflect this.
- We recognise that we all have a responsibility to help prevent the physical, sexual, emotional abuse and neglect of children under 18 years of age.
- We recognise that we all have a responsibility to help prevent the physical, sexual, psychological, emotional, financial, discriminatory abuse and neglect of adults at risk.
- We will report any abuse of children and adults that we discover or suspect.
- Where an allegation that a criminal offence has been committed, the police will be contacted as a matter of urgency.
- We recognise that Children's Social Services has responsibility for investigating all allegations or suspicions of abuse where there are concerns about a child, and that Adult Social Services do so for adults at risk.
- We recognise that safeguarding is the responsibility of the entire organisation.

**We are committed to:**

- Following the relevant legislation, statutory and specialist guidelines in relation to safeguarding
- Ensuring that we keep up to date with national and local developments relating to safeguarding
- Taking all reasonable steps to ensure that as a charity, we work within the agreed procedures of our safeguarding policies
- Supporting the Safeguarding Officer and Deputy in their work and in any action, they may need to take in order to protect children and adults at risk
- Following safer recruitment principles when appointing or selecting either paid staff or volunteers
- Ensuring that the children and adults we have contact with know that they are valued and feel empowered to tell us if they are suffering harm
- Reporting any abuse of children or adults at risk that we discover or suspect



## Appendix 2 – Signs of possible abuse in children

### 1. Physical abuse

#### Signs may include:

- Unexplained injuries
- Injuries that are inconsistent with the explanation
- Injuries that reflect an article being used e.g., an iron
- Bruising, especially the trunk, upper arm, shoulders, neck or fingertip bruising
- Burns/scalds, especially from a cigarette
- Human bite marks
- Fractures, especially spiral
- Swelling and lack of normal use of limbs
- Serious injury with lack of/inconsistent explanation
- Untreated injuries

#### Psychological/emotional signs include:

- Unusually fearful with adults
- Unnaturally compliant to parents
- Refusal to discuss injuries/fear of medical help
- Withdrawal from physical contact
- Aggression towards others
- Wears cover-up clothing

#### Fictitious illness by proxy:

- This is a psychiatric illness, whereby a parent or carer deliberately inflicts harm on a child, usually the child's mother. The child has commonly had genuine, serious illness in the first year of life and a dependency on medical attention has developed in the mother. It is very difficult to diagnose/evidence.

### 2. Emotional abuse

The classic description of emotional abuse is a “Low Warmth, High Criticism” style of parenting.

#### Signs may include:

- Physical, mental and emotional lags
- Acceptance of punishments, which appear excessive
- Over reaction to mistakes
- Continual self-depreciation
- Sudden speech disorders
- Fear of new situations
- Neurotic behaviour (such as rocking, hair twisting, thumb sucking)
- Self-harm
- Extremes of passivity or aggression
- Drug/solvent abuse
- Running away
- Bullying/aggression
- Overly compliant behaviour
- Overeating or loss of appetite



- Clingy
- Fearful/withdrawn
- Sleep disorders

### 3. Neglect

#### Physical signs may include:

- Tired/listless
- Poor personal hygiene
- Poor state of clothing
- Emaciation, potbelly, short stature
- Poor skin tone and hair tone
- Untreated medical problems
- Failure to thrive with no medical reason

#### Psychological/emotional signs may include:

- Constant hunger
- Constant tiredness
- Frequent lateness/non-attendance at school
- Destructive tendencies
- Low self-esteem
- Neurotic behaviour
- No social relationships
- Running away
- Compulsive stealing/scavenging
- Multiple accidents/accidental injuries

### 4. Sexual abuse

#### Physical signs may include:

- Damage or soreness to genitalia, anus or mouth
- Sexually transmitted disease
- Unexpected pregnancy, especially in very young girls
- Repeated stomach aches
- Loss of/gaining weight
- Unexplained recurrent urinary tract infections, discharges or abdominal pain
- Unexplained gifts/money

#### Psychological/emotional signs may include:

- Sexual knowledge inappropriate for the child's age
- Sexualised behaviour in young children
- Sexually provocative behaviour/promiscuity
- Hinting at sexual activity
- Sudden changes in personality
- Lack of concentration, restlessness, socially withdrawn
- Overly compliant behaviour
- Poor trust in significant adults
- Regressive behaviour, onset of wetting – day or night
- Suicide attempts, self-mutilation, self-disgust
- Eating disorders



## Appendix 3 – Signs of possible abuse in adults

### 1. Physical

- A history of unexplained falls, fractures, bruises, burns, minor injuries
- Signs of under or over use of medication and/or medical problems unattended

### 2. Psychological

- Alteration in psychological state e.g. withdrawn, agitated, anxious, tearful
- Intimidated or subdued in the presence of a family member/carer
- Fearful, flinching or frightened of making choices or expressing wishes
- Unexplained paranoia

### 3. Sexual

- Pregnancy in a woman who is unable to consent to sexual intercourse
- Unexplained change in behaviour or sexually implicit/explicit behaviour
- Torn, stained or bloody underwear and/or unusual difficulty in walking or sitting
- Infections or sexually transmitted diseases
- Full or partial disclosure or hints of sexual abuse
- Self-harming

### 4. Neglect or Omission

- Malnutrition, weight loss and/or persistent hunger
- Poor physical condition, poor hygiene, varicose ulcers, pressure sores
- Being left in wet clothing or bedding and/or clothing in a poor condition
- Failure to access appropriate health, educational services or social care
- No callers or visitors

### 5. Financial or Material

- Disparity between assets and living conditions
- Unexplained withdrawals from accounts or disappearance of financial documents
- Sudden inability to pay bills
- Carers or professionals fail to account for expenses incurred on a person's behalf
- Recent changes of deeds or title to property

### 6. Discriminatory

- Inappropriate remarks, comments or lack of respect
- Poor quality or avoidance of care



## Appendix 4 – Safeguarding Incident Report Form

Basic Information	
Full name of child, young person or adult concerned	
Address (including postcode)	
Email address	
Telephone number	
Date of birth	
Date and time of incident	
Location of incident	
Other people present (witnesses)	
Record of Incident (continue on a separate sheet if necessary)	
<p>Please ensure you are as accurate and detailed as possible. Use quotes wherever possible – do not interpret what was said using your own words.</p> <p>Include details such as tone of voice, facial expressions and body language.</p> <p>Record what you said as well as what the child, young person or adult said.</p> <p>If you have formed an opinion please state it, making it clear that it is your opinion and give reasons for forming that opinion.</p>	





Who has been spoken to about this incident?			
Position/Organisation	Name	Email	Telephone No.
Safeguarding Officer, Tourette Scotland			
NSPCC			
Children's Social Work Department			
Adult's Social Work Department			
Police			
Parent/Carer			
Feedback and follow up actions (continue on a separate sheet if necessary)			

Name (who completed this report): .....

Position held in Tourette Scotland: .....

Signed: .....

Dated: .....

