

# Statutory Care regulator

Care Quality Commission - Helpline Tel: 03000 616161

The Regulation and Quality Improvement Authority - Helpline Tel: 028 9536 1990

Care Inspectorate Wales - Helpline Tel: 0300 7900 126

# Criminal Records Check

Disclosure and Barring Service - PO Box 181, Darlington, DL1 9FA  
03000 200 190

Welsh language line: 03000 200 191

[customerservices@dbs.gov.uk](mailto:customerservices@dbs.gov.uk)

<https://www.gov.uk/find-out-dbs-check>

Name of Person Completing this form	
Name of Designated Organising Lead	
Method of communication	
Received by Designated Organising Lead	
Individual(s) identified (select all that apply)	
Person using the	
Foodbank	
Foodbank Volunteer	

# Appendix 2 - safeguarding incident reporting form

(Confidential when complete)

For Office Use	
Date and Time of Incident	DD/MM/YYYY 00:00
Name of Person Completing this form	Your name.
Passed to Designated Safeguarding Lead (SO)	Name of SO
Method of communication	Choose an item.
Received by Designated Safeguarding Lead	DD/MM/YYYY 00:00
About the Incident, Safeguarding Concern or Identified Risks	
<p>Individual(s) identified (select all that apply): at risk</p> <p><input type="checkbox"/> Person using the Foodbank</p> <p><input type="checkbox"/> Partner/spouse</p> <p><input type="checkbox"/> Foodbank Volunteer</p> <p><input type="checkbox"/> Cohabiting individual</p>	

Staff/ employee

Friend/ neighbour

Children/Young person

Other (If "other" please specify)

.....

About the person(s) at risk

Name: Forename & Surname

Address: Click or tap here to enter text.

Date of birth: Click or tap to enter a date.

Gender: Click to enter text.

Is the alleged perpetrator known to the person at risk:

Yes  No

What is their relationship to the person at risk:

Carer

Professional

Family member

Friend

Neighbour

Self

Another vulnerable person

Other If "other" please specify.

Please provide a brief description of the allegation/concerns:

Use this space to clarify basic information. Record factual details about what was said. Include:

- Date, time, location of incidents:
- People involved:
- What was observed:

- What was heard

- What was disclosed/said to you –using their own words

Please provide a brief outline of actions taken/ support offered:

Outline what action was taken at the time of the incident. If there is evidence what has been done to preserve this etc.

Have you discussed your concerns with the person at risk (or legal guardian in the case of a child), where doing so does not increase the risk of harm and informed them of any actions you proposed to take:

Yes No

Has the person at risk given their consent to sharing the information with appropriate external agencies and/or statutory services:

Yes No

Once completed, use as a prompt when reporting your concern and then place in an envelope, seal and

ensure prompt delivery to the Designated Safeguarding Officer via [insert location]

**For the Designated Safeguarding Lead to complete**

Type of risk/ abuse identified or suspected (select all that apply):

Self-neglect

Emotional/ psychological Abuse

Exploitation (including financial)

Discrimination

Domestic Violence

Neglect

Modern Slavery

Coercive controlling behaviour

Sexual Abuse

Grooming

Physical Abuse

Additional actions/ measures:

- List measures as bullets

Is a further Risk Assessment needed for the FB to managed identified risks/ concerns:

Yes No

Has the incident/ concern been reported to statutory social care services:

Yes  No

Concerns shared with external agencies:

**N.B. If you have concerns for a person's immediate safety then contact the emergency services.**

Police

Social Care

Original referral agency

31:8

Trussell Area Manager

Other If other please specify:

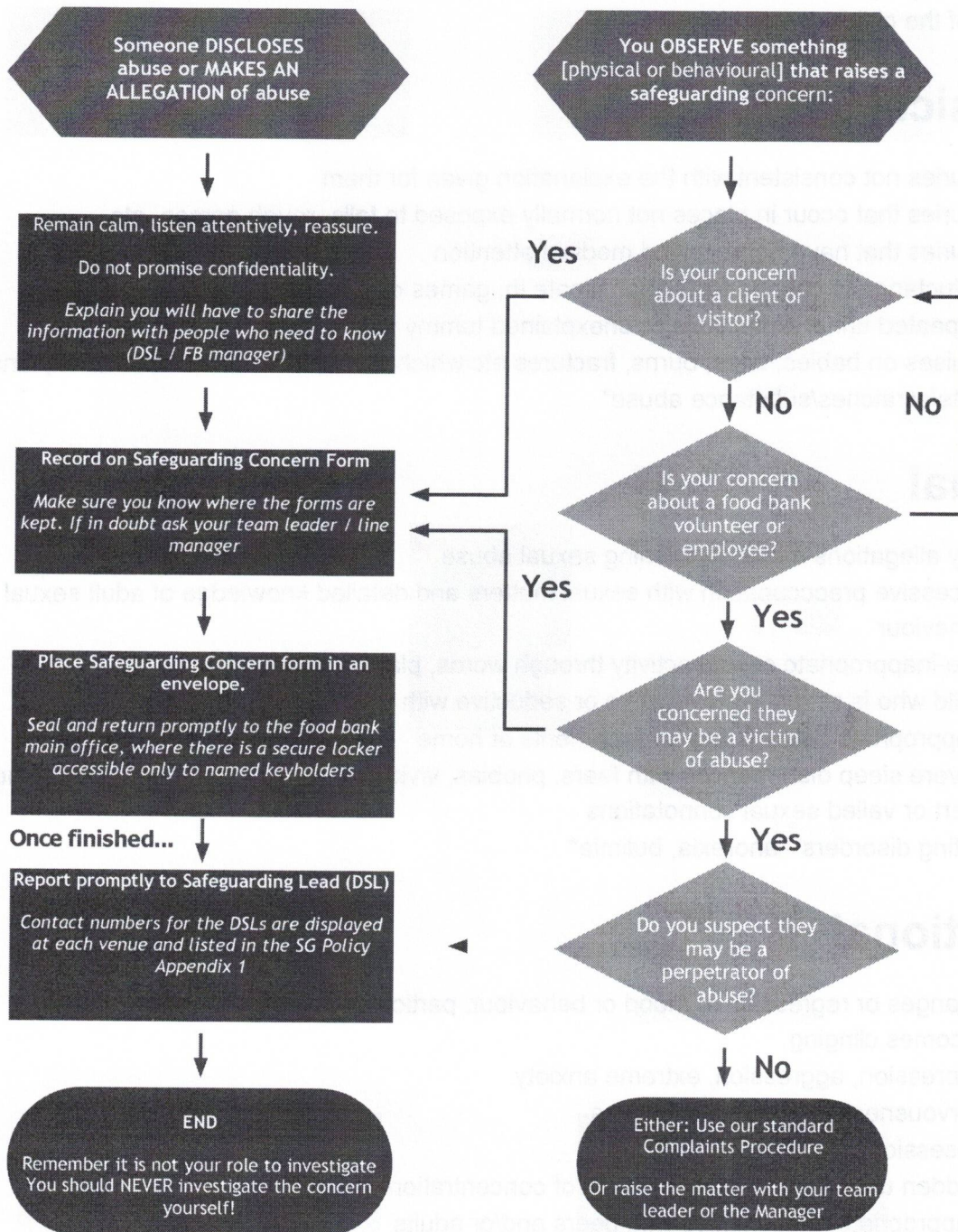
Safeguarding Incident Register updated for the charity Trustees/ Management Group:

Yes  No

# Appendix 3 – safeguarding concern flowchart



(Your food bank name)  
Safeguarding Pocket Reference Guide



# Appendix 4 - signs and symptoms of abuse (children)

The following signs could be indicators that abuse has taken place but should be considered in context of the child's whole life.

## Physical

- Injuries not consistent with the explanation given for them
- Injuries that occur in places not normally exposed to falls, rough games, etc
- Injuries that have not received medical attention
- Reluctance to change for, or participate in, games or swimming
- Repeated urinary infections or unexplained tummy pains
- Bruises on babies, bites, burns, fractures etc which do not have an accidental explanation\*
- Cuts/scratches/substance abuse\*

## Sexual

- Any allegations made concerning sexual abuse
- Excessive preoccupation with sexual matters and detailed knowledge of adult sexual behaviour
- Age-inappropriate sexual activity through words, play or drawing
- Child who is sexually provocative or seductive with adults
- Inappropriate bed-sharing arrangements at home
- Severe sleep disturbances with fears, phobias, vivid dreams or nightmares, sometimes with overt or veiled sexual connotations
- Eating disorders - anorexia, bulimia\*

## Emotional

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

- Running away/stealing/lying

## Neglect

- Under nourishment, failure to grow, constant hunger, stealing or gorging food, Untreated illnesses, inadequate care, etc

\*These indicate the possibility that a child or young person is self-harming. Approximately 20,000 are treated in accident and emergency departments in the UK each year.

# Appendix 5 - signs and symptoms of abuse (adults)

The following signs could be indicators that abuse has taken place but should be considered in context of the person's whole life.

## Physical abuse

- History of unexplained falls, fractures, bruises, burns, minor injuries
- Signs of under or overuse of medication and/or medical problems left unattended
- Any injuries not consistent with the explanation given for them
- Bruising and discolouration - particularly if there is a lot of bruising of different ages
- and in places not normally exposed to falls, rough games etc
- Recurring injuries without plausible explanation
- Loss of hair, loss of weight and change of appetite
- Person flinches at physical contact &/or keeps fully covered, even in hot weather
- Person appears frightened or subdued in the presence of a particular person or people

## Domestic violence

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

## Sexual abuse

- Pregnancy in a woman who lacks mental capacity or is unable to consent to sexual intercourse
- Unexplained change in behaviour or sexually explicit behaviour
- Torn, stained or bloody underwear and/or unusual difficulty in walking or sitting
- Infections or sexually transmitted diseases
- Full or partial disclosures or hints of sexual abuse (that may be accompanied by some of the following additional symptoms):
  - Self-harming
  - Emotional distress
  - Mood changes
  - Disturbed sleep patterns
  - Psychological abuse
  - Alteration in psychological state e.g. withdrawn, agitated, anxious, tearful
  - Intimidated or subdued in the presence of a particular person

- Fearful, flinching or frightened of making choices or expressing wishes
- Unexplained paranoia
- Changes in mood, attitude and behaviour, excessive fear or anxiety
- Changes in sleep pattern or persistent tiredness
- Loss of appetite
- Helplessness or passivity
- Confusion or disorientation
- Implausible stories and attention seeking behaviour
- Low self-esteem

## **Financial or material abuse**

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

## **Modern slavery**

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

## **Discriminatory abuse**

- Inappropriate remarks, comments or lack of respect
- Poor quality or avoidance care
- Low self-esteem
- Withdrawn
- Anger
- Person puts themselves down in terms of their gender identity or sexuality

## **Institutional Abuse**

- Low self-esteem
- Withdrawn
- Anger
- Person puts themselves down in terms of their gender identity or sexuality
- No confidence in complaints procedures for staff or service users.
- Neglectful or poor professional practice.

## Neglect and acts of omission

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

## Self-neglect

- Hoarding inside or outside a property
- Neglecting personal hygiene or medical needs
- Person looking unkempt or dirty and has poor personal hygiene
- Person is malnourished, has sudden or continuous weight loss and is dehydrated –
- constant hunger, stealing or gorging on food
- Person is dressed inappropriately for the weather conditions
- Dirt, urine or faecal smells in a person's environment
- Home environment does not meet basic needs (for example not heating or lighting)
- Depression

# Appendix 6 - whistle blowing

## Safeguarding & whistle blowing

This appendix covers concerns that staff have about the conduct of individuals in a position of trust within the organisation, which could be detrimental to the safety or wellbeing of adults and children and where staff, for whatever reason, feel unable to raise them under the organisation's standard complaints procedures. This procedure is also available to the organisation's volunteers (including foodbank volunteers) should they feel unable to raise a safeguarding concern using the channels outlined in this policy. It relates to raising concerns about:

- Unprofessional behaviour
- Bullying by staff
- Any form of abuse (physical, sexual, emotional or neglect)
- Name calling
- Personal contact with adults, children and young people which is contrary to the organisation's policies and codes of conduct
- Any form of racial abuse
- Inappropriate sexualised behaviour
- Knowledge about an individual's personal circumstances which may indicate they could be a risk to adults and/or children
- Persistent and enduring rumours including un-investigated historical rumours.

Where a person raising concerns is unable to raise the matter with either the Designated Safeguarding Lead, their deputy or the Foodbank Manager, then they can contact the Chair of Trustees who is responsible for the oversight of the Governance of the Charity. If the person raising the concern feels the Chair of Trustees has not appropriately addressed the concerns raised, then they can seek further recourse via the following means:

If it is felt there exists a significant risk of harm being caused to another person, then the person can raise their concerns directly with Solihull M.B.C or Birmingham City Council (as appropriate) social services or,

As a member of the Trussell Foodbank Network a person can also make a complaint about the foodbank's handling of the concern via Trussell's complaints procedure, details of which can be accessed from the Trussell website <https://www.trussell.org.uk/complaints-policy/>

# Appendix 7 - key legislation in England

## Legal Framework Children and Young People:

- Children Acts 1989 and 2004
- Children and Young Persons Act 2008
- Safeguarding Vulnerable Groups Act 2006
- Protection of Freedoms Act 2012
- Children and Families Act 2014
- Education Act 2002 and 2011
- Female Genital Mutilation Act 2003
- Children and Adoption Act 2008
- Apprenticeships, Skills, Children and Learning Act 2009
- The Children and Social Work Act 2017
- Working together to safeguard children 2006, 2015, 2018 and 2023

## Legal Framework Vulnerable Adults

- Care Act 2014
- Mental Capacity Act (including DoLS) 2005
- Human Rights Act of 1998
- Care and Support Statutory Guidance 2014 – identified the following 6 principles that underpin all adult safeguarding work:
  - **Empowerment** – People being supported and encouraged to make their own decisions with informed consent
  - **Prevention** – It is better to take action before harm occurs
  - **Proportion** – 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

# Appendix 8 – incident report logs and incident reporting to trustees

The role of the DSLs (the Designated Safeguarding Lead and their Deputy) is to collate and clarify the precise details of the allegation or suspicion and pass this information on to statutory agencies, who have a legal duty to investigate.

The Designated Safeguarding Leads are also responsible for ensuring the organisation keeps appropriate records of any concerns, disclosures and investigations as part of ensuring the policy and procedure is fit for purpose and kept under continual review. The trustees will support the Safeguarding Lead/ Deputies in their role, and accept that any information they may have in their possession will be shared in a strictly limited way on a need to know basis.

Information about safeguarding cases and how they were dealt will be reviewed and reported on regularly to the Trustees. Areas of focus will include:

- How quickly a disclosure was reported to the Designated Safeguarding Lead
- Whether a disclosure was referred to statutory agencies
- Where relevant, following a disclosure, how quickly the referral was made to statutory services.
- The quality of the input into the safeguarding process (feedback from police/ Adults Services)
- Outcomes of the safeguarding process
- Whether incidents highlight any concerning trend or patterns, any training needs or failure in procedures that require review
- Whether the incident should be notified to the charity regulator under Serious Incident Reporting procedures

Reports to the Trustees focus on the issues and the organisation's response to an incident, **not** the specific details of an individual case. Safeguarding incidents and investigations will be captured in a Safeguarding Incident Register maintained by the Designated Safeguarding Lead. This is to enable the organisation to reflect on and improve its practice in developing an effective safeguarding culture.

# Reporting to trustees

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
	Incident Date	Incident Venue	How quickly was incident reported to SG lead?	Who was the SG Officer for this incident?	Was the concern reported to statutory Agencies?	If it was, how quickly was the incident referred?	Score the accuracy of the info on the SG Concern Form (1=poor, 5=excellent)	Quality of input / feedback from statutory agency	Outcome of SG Process	Does incident highlight a need to amend in-house procedures?	Is it a Serious Incident that needs reporting to the Charity Commission?					
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