KYRIA SAFEGUARDING PROCEDURES (2026)

1. INTRODUCTION

These procedures should be read in conjunction with the Safeguarding Policy and any other applicable guidance in force at the time.

2. DEALING WITH SAFEGUARDING CONCERNS

A safeguarding concern is any information, observation, or disclosure that suggests a person is or may be at risk of harm, abuse, neglect, exploitation, or inappropriate conduct; whether the risk is current or non-recent/historic.

Concerns may arise from something seen, heard, or disclosed directly, or from patterns of behaviour or environmental factors that indicate possible harm. A safeguarding concern does not require proof or investigation by the individual raising it; it simply requires reporting and appropriate follow-up in line with organisational procedures. Concerns may relate to:

- current participants/beneficiaries
- alumni returning with historic disclosures
- staff, volunteers, mentors, council of reference members or external partners
- behaviour occurring within or outside organisational activities

Kyria Network supports a simple process for dealing with safeguarding concerns to ensure clarity and consistency of responsibilities. These are known as the '6 Rs of Safeguarding' as follows:

1. Recognise – Identify signs, indicators, or disclosures of harm, abuse, or neglect.
2. Respond – Take immediate, proportionate action to ensure safety and wellbeing.
3. Record – Document what was seen, heard, or disclosed accurately, factually, and securely.
4. Report – Share the concern promptly with the designated safeguarding lead and/or relevant authority.
5. Refer – Escalate the concern to statutory agencies or external professionals when required.

6. Review/Reflect – Active engagement in reflective learning and continuous improvement after incidents or disclosures.

Together, these R's form a cycle of safeguarding accountability; ensuring that concerns are recognised early, handled appropriately, and used to strengthen organisational culture and practice.

2. RECOGNISING SIGNS AND INDICATORS OF ABUSE

Safeguarding laws across the UK define different categories of abuse and harm. Abuse and harm refer to actions, or lack of action which cause harm or distress to a person or violate their human or civil rights.

Abuse always involves the misuse of power. It can be perpetrated by anyone, including those who are close to a person or those who have no previous connection to them. Harm includes any behaviour that is harmful to someone's body, mind or rights, including things the person does themselves.

Each of the four UK nations has its own statutory definitions of abuse and harm. The categories also vary slightly between the nations, but across the UK there are laws to safeguard people from all forms of harm and abuse. If you are worried about somebody, pass on your concern.

The following four categories of harm and abuse are defined in safeguarding law for children and adults across the UK:

2.1 PHYSICAL ABUSE

The deliberate use of physical force by one person against another with the intent to cause harm.

It includes actions such as:

- hitting, slapping, kicking, shaking, throwing
- burning or scalding
- poisoning
- misuse of medication
- inappropriate or unlawful use of restraint
- involuntary isolation or confinement
- forcible feeding or withholding food
- fabricated or induced illness.

This definition applies across all UK nations – known in Scotland as Physical Harm – and reflects the core elements of physical abuse as recognised in statutory guidance and safeguarding frameworks.

2.1.1 POSSIBLE SIGNS AND INDICATORS:

- visible injuries and bruising.
- unexplained cuts, marks or scars.
- injuries that don't match the explanation given.
- getting injured often
- unexplained falls
- subdued or changed behaviour
- changes in weight, being excessively under or overweight or malnourished.
- failing to get medical treatment or changing Doctors often.

Injuries caused by accidents such as trips and falls are not uncommon, especially in children, but these usually occur on bony or prominent areas such as knees, shins and elbows.

Abusive injuries tend to involve softer areas that are harder to damage accidentally e.g. upper arms, forearms, chest, back, abdomen and thighs.

2.2 EMOTIONAL/PSYCHOLOGICAL ABUSE

Emotional or psychological harm and abuse refers to ongoing emotional mistreatment that can lead to serious and lasting harm to a person's emotional development.

It typically involves actions or behaviours such as:

- making someone feel worthless, unloved, or inadequate
- repeatedly causing fear or humiliation
- threatening harm or abandonment
- using coercion or intimidation
- isolating someone from others
- harassing or bullying, including online (cyberbullying)

There are some differences across the UK:

- England, Wales, and Northern Ireland use the term 'Emotional/ Psychological abuse' and share the same definition.
- Scotland uses the term 'Emotional/Psychological harm' and adds two specific behaviours to its definition – enforced social isolation and failing to respect someone's privacy.

Some level of emotional abuse is always an aspect of all other types of abuse and harm, but it can also happen on its own.

2.2.1 POSSIBLE SIGNS AND INDICATORS:

- low self-esteem
- attachment issues
- depression
- self-harm
- eating disorders
- signs of distress, tearfulness or anger
- reluctance to be alone with a particular person
- seeming detached from others
- fear of making mistakes
- difficulty controlling strong emotions

2.3 SEXUAL ABUSE

Any behaviour perceived to be of a sexual nature that is unwanted or happens without consent or understanding. The abuse may involve physical contact and touching or non-contact activities.

This includes, but is not limited to:

- forcing or enticing a child to take part in sexual activities
- rape
- sexual harassment
- indecent exposure
- sexual assault
- sexual photography
- inappropriate looking, touching, or sexual teasing

Consent is a critical factor and must be freely given, with full understanding and capacity. Abuse may occur physically, emotionally, or digitally, and can be perpetrated by adults or other children.

2.3.1 POSSIBLE SIGNS AND INDICATORS:

- Physical injuries and bruising, particularly to the thighs, buttocks, upper arms and neck.
- Bleeding, pain or itching in the genital area or when walking or sitting.
- Sexually transmitted diseases or infections.
- Pregnancy in a woman who is unable to consent to sex.

- Uncharacteristic or age-inappropriate use of sexual language or significant changes in sexual behaviour or attitude.
- Self-harming.
- Poor concentration, withdrawal, sleep disturbance.
- Excessive fear/apprehension of, or withdrawal from, relationships or being alone with a particular person.

2.4 NEGLECT

When a person's basic needs are not met, either deliberately or through failure to act, and this causes harm or puts them at serious risk.

It can affect both children and adults and may involve:

- not providing enough food, clothing, or shelter
- not keeping someone safe or properly supervised
- not giving access to medical care or treatment
- ignoring emotional needs or failing to offer support
- not helping with education, learning, or development
- failing to respect someone's identity, culture, or beliefs
- leaving someone in unsafe or unhygienic conditions

2.4.1 POSSIBLE SIGNS AND INDICATORS:

- Poor appearance or hygiene e.g. being smelly or dirty
- Living in an unsuitable home environment e.g. having no heating
- Inappropriate or inadequate clothing
- Signs of malnutrition or not being given enough food
- Having frequent and untreated medical issues or an accumulation of untaken medication.
- Body issues such as sores, skin complaints, poor muscle tone or prominent joints.
- Poor language or social skills
- Being left alone for a long time
- Being withdrawn, depressed or anxious
- Tiredness or finding it hard to concentrate or take part in activities
- Self-soothing behaviours such as drug or alcohol misuse and self-harm.
- Poor school attendance or performance

2.5 FINANCIAL ABUSE

The unauthorised, improper, or exploitative use of an individual's money, property, possessions, or benefits.

It includes, but may not be limited to:

- theft, burglary, or fraud (including internet scamming).
- exploitation and embezzlement.
- coercion or being put under pressure concerning a person's finances (including wills, property, inheritance or financial transactions).
- misuse or misappropriation of property, possessions or benefits.
- withholding pension or other benefits.

2.5.1 POSSIBLE SIGNS AND INDICATORS:

- unusual financial activity such as making an unexpected change to a will, a sudden sale or transfer of a property, or unusual activity in a bank account.
- sudden inclusion of additional names on a bank account or where a signature does not resemble the person’s normal signature.
- reluctance or anxiety by a person when discussing their finances.
- a substantial gift to a carer or other third party.
- a sudden interest by a relative or other third party in the welfare of the person.
- bills remaining unpaid.
- complaints that personal property is missing.
- signs of coercive control or neglect.

2.6 SPIRITUAL ABUSE

Spiritual abuse is coercion and control of a person by another in a spiritual context.

It’s a type of emotional and psychological abuse that happens in religious settings. It often includes using power — sometimes in the name of God or religion — to control, coerce, confuse, or pressure someone. This can involve making a person think, say, or do things without letting them make their own choices.

Like other forms of psychological abuse, it can harm someone emotionally, change their sense of self, and change how they think or act in everyday life. It can also affect their sense of identity and wellbeing, especially when their faith or beliefs are involved.

2.6.1 Possible signs and indicators:

- Authoritarian control – misuse of spiritual authority to dominate or silence others.
- Manipulation of scripture – selective use of doctrine to demand obedience or suppress dissent.
- Fear and coercion – threats of divine punishment or exclusion to enforce compliance.
- Isolation – discouraging outside relationships or independent thought.
- Exploitation – taking advantage of trust or vulnerability for emotional, financial, or sexual gain.
- Silencing and blame – framing concerns as disloyalty or lack of faith.
- Distorted community culture – excessive loyalty, secrecy, and lack of accountability.

2.7 OTHER FORMS OF HARM AND ABUSE

Whilst the above represent the main forms of abuse, there are others that have distinct characteristics and may occur in particular environments, contexts and situations. These forms of abuse are constantly emerging and evolving. For a comprehensive list of all forms of harm and abuse, refer to Thirtyone:eight whose open access Knowledge Hub can be found on their website at www.thirtyoneeight.org

3. RESPONDING TO CONCERNS

3.1 RESPONDING WELL

A person's first experience of disclosing abuse is significant, and the way we respond can shape their wellbeing long after the conversation has ended. When someone finds the courage to speak about what has happened to them, or circumstances lead them to share their experience, they should be met with reassurance and taken seriously. Often, the person they choose to tell is the only individual they feel safe approaching, and it may be the only time they ever disclose what has happened.

Disclosures may unfold gradually rather than all at once. If further information is shared later, the same careful and supportive approach should be followed each time. Responding well requires skill, and one of the most important is active listening. This means being fully present, attentive, and free from distraction; using body language and eye contact to convey safety; and reflecting back what has been said so the person knows they have been heard and can confirm your understanding.

When someone discloses harm or abuse (of any kind), we will attempt to respond well by:

- listening without judgement

- avoiding probing questions and NOT investigating
- reassuring them they have done the right thing
- asking what they would like and explaining what will happen next
- reporting the disclosure to the DSL immediately

We will not promise confidentiality where safety is at risk.

3.2 RESPONDING TO HISTORIC OR NON-RECENT DISCLOSURES

We recognise that people may disclose harm long after an incident occurred. All historic disclosures will be:

- taken seriously
- recorded accurately
- assessed for ongoing risk
- handled with sensitivity and respect
- referred to statutory agencies where appropriate

Where disclosures involve individuals connected to the organisation (past or present), the DSL will ensure appropriate safeguarding and reputational risk management.

3.3 RESPONDING TO ALLEGATIONS OF ABUSE

An allegation is a statement or concern that someone may have caused harm, abuse, or misconduct. Unlike a first-hand disclosure where an individual speaks about their own experience, an allegation often involves a third party and may come from observation, suspicion, or information shared by someone other than the person affected.

When responding to an allegation or suspicion, we must act with objectivity, neutrality, and procedural clarity. The focus is on ensuring safety, preserving evidence, and enabling appropriate investigation, rather than providing immediate emotional support to a victim (as is required in a disclosure).

Kyria workers should ensure that they follow the procedures detailed in this document to report any and all concerns of harm or abuse.

3.3.1 ALLEGATIONS OF SEXUAL ABUSE

In the event of allegations or suspicions of sexual abuse, the Designated Safeguarding Lead/Deputy will:

- In the case of a child - contact the Children's Services Duty Social Worker for children and families or Police Child Protection Team direct. They will NOT speak to the parent/carer or anyone else.

- In the case of an adult - contact the Adult Services Duty Social Worker or Police Adult Protection Team direct. They will NOT speak to the parent/carer or anyone else.
- Seek and follow the advice given.

3.4 ALLEGATIONS OF ABUSE AGAINST A PERSON WHO WORKS WITH CHILDREN/YOUNG PEOPLE

If an allegation is made against a Kyria worker (whether a volunteer or paid member of staff) concerning a child or young person, the Designated Safeguarding Lead, in accordance with section 5 below and local safeguarding procedures will:

- Make a referral to a designated officer formerly called a Local Authority Designated Officer (LADO) or other children's services officer whose function is to handle all allegations against adults who work with children and young people (whether in a paid or voluntary capacity).
- Inform the Chief Executive Officer and Designated Safeguarding Trustee without delay.
- Liaise with Children's Services regarding the potential suspension/ withdrawal of the worker.
- If suspension or withdrawal has taken place, in liaisons with the local authority consider making a referral to the Disclosure & Barring Service, Disclosure Scotland or AccessNI for potential inclusion on the barred list for working with children or adults with additional care and support needs.

3.5 ALLEGATIONS OF ABUSE AGAINST A PERSON WHO WORKS WITH ADULTS WITH CARE AND SUPPORT NEEDS

If an allegation is made against a Kyria worker (whether a volunteer or paid member of staff) concerning an adult with care and support needs, the Designated Safeguarding Lead, in accordance with section 5 below and local safeguarding procedures will:

- Make a referral to the Adult Services Safeguarding Officer whose function is to handle all allegations against adults who work with adults with care and support needs (whether in a paid or voluntary capacity).
- Inform the Chief Executive Officer and Designated Safeguarding Trustee without delay.
- Liaise with Adult Social Services regarding the potential suspension/ withdrawal of the worker.
- If suspension or withdrawal has taken place, in liaisons with the local authority consider making a referral to the Disclosure & Barring Service, Disclosure Scotland or AccessNI for potential inclusion on the barred list for working with children or adults with additional care and support needs.

3.6 SUPPORTING STAFF AND TEAMS (INCLUDING SECONDARY TRAUMA)

Teams working with sensitive or distressing issues may experience secondary trauma. In such circumstances, Kyria Network will seek to:

- provide access to wellbeing support
- offer reflective practice or supervision where appropriate
- encourage healthy boundaries and workload management
- create psychologically safe spaces for staff to share questions and concerns

4. RECORDING CONCERNS

It is the responsibility of the person receiving an allegation or disclosure to make an accurate and timely record of the information shared.

The person who receives the information should not try to decide if it is true or try to investigate it, but SHOULD accurately record what has been seen, heard or experienced so that this can be passed on to the Designated Safeguarding Lead to take further action. In most circumstances, the person receiving the concern should:

- Make notes as soon as possible (ideally within one hour).
- Record the date, time and place that the concern was identified and when the record was made.
- Record what has been said or shared and by whom and the circumstances (e.g. where you were or the activity that was happening when the concern was identified).
- Include as much detail as possible about the abuse or behaviour that has been described.
- Make a record of any physical signs of abuse such as any injuries (note their size, shape, and location) if known and/or visible.
- Record what was said in response and any action taken.

If the concern needs urgent action - such as immediate medical treatment or securing the person's physical safety - this should take priority, with records being written up as soon as possible after the situation has been dealt with.

5. REPORTING AND REFERRING CONCERNS

All concerns should be reported to the Designated Safeguarding Lead (DSL) as soon as practically possible. Reports may be made verbally, but will usually need to be supported without delay in writing. Once the DSL has received the report, they will:

1. Record the concern accurately and sensitively

2. Assess immediate risk and take protective action if required
3. Determine whether external agencies should be involved and make any necessary referrals
4. Ensure the individual making the disclosure and recipient of the concern are supported appropriately
5. Maintain secure, confidential records for future reference

If the DSL is absent, unavailable or implicated, the Deputy DSL should be contacted. If both the DSL and the Deputy DSL are absent, unavailable or implicated, a report should be made to Thirtyone:eight (0303 003 1111) for further advice or report directly to the relevant statutory agency (i.e. Children's or Adult's Services or Police) informing the Designated Safeguarding Trustee without delay thereafter.

6. REVIEWING/REFLECTING ON CONCERNS

Reflection means taking time to consider what went well, what could have been handled better, and what lessons can be learned to improve future responses. It is not just a best practice. It is essential for ensuring that safeguarding policies and procedures remain fit for purpose.

After an incident, we will:

- Review the response: Was the situation handled as well as possible?
- Check compliance: Were safeguarding policies and procedures followed correctly?
- Evaluate effectiveness: Do any policies or processes need to be amended?
- Centre the victim-survivor: Were they kept at the heart of the response throughout?
- Identify support needs: Have all those affected been properly supported in processing and, where needed, recovering from the incident?
- Capture learning: What other lessons can be drawn for the organisation?

This reflection should be documented, even briefly, to show that we have acted in compliance with this policy and engaged with the learning process for continuous improvement.

7. SAFEGUARDING CONTACTS

Under no circumstances should a trustee, worker or volunteer carry out their own investigation into an allegation, disclosure or suspicion of abuse. All in cases of harm or abuse, contact must be made with the Designated Safeguarding Lead

(DSL) or Deputy Safeguarding Lead (DDSL), who will take ultimate responsibility for ensuring the matter is responded to and reported where required. If the DSL/ DDSL are absent, unavailable or implicated in any harm or abuse, contact must be made with statutory agencies and the Designated Safeguarding Trustee in accordance with s5 of this procedure without delay.

Designated Safeguarding Lead:	
Name:	Amy Summerfield
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