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## 1. Scope

This policy applies to all employees and workers of Torus, including secondees into and out of the organisation, volunteers, trainees, contractors, and temporary workers, including those working on a bank or agency contract.

For ease of reference, all employees and workers who fall under these groups will be uniformly referred to as 'staff' in this document.

Appendix 4 gives detailed definitions of 'at risk', 'harm' and 'abuse' and categories of abuse.

# 2. Policy Statement

In developing this policy, Torus recognises that safeguarding adults at risk is a shared responsibility, with the need for effective joint working between statutory and non-statutory agencies, and professionals with different roles and expertise. In order to achieve effective joint working, there must be constructive systems and processes in place at all levels:

- Strong executive lead at Board level in respect of statutory duties, and all Board members being accountable for safeguarding adults at risk of harm or abuse
- Clear lines of accountability for safeguarding within Torus
- Robust communication and escalation processes that complement Local Safeguarding Adults Boards multi-agency Safeguarding Adults Policy.
- Staff training and continuing professional development so that staff are competent to undertake their roles and responsibilities, and understand those of other professionals and organisations in relation to safeguarding adults at risk
- Safe working practices, including recruitment, vetting and barring procedures
- Effective interagency working, including effective information sharing

Safeguarding means protecting an adult's right to live safely, free from abuse and neglect. It is about people and organisation's working together to prevent and stop both the risks and experience of abuse or neglect, whilst at the same time making sure the adult's wellbeing is promoted including where appropriate having regard to their views, wishes and feelings and beliefs.

This policy sets out Torus responsibilities to safeguarding adults and how the organisation will ensure that Safeguarding becomes everyone's responsibility and that the principles of Making Safeguarding Personal (MSP) are adopted across the Group structure. If adults at risk are to be effectively protected from abuse/harm, then Torus needs to ensure this commitment is explicitly understood, embedded into the strategic framework and implemented into operational practices throughout the Group.

Everyone who works with adults at risk has a responsibility for promoting their welfare and keeping them safe, and all of our staff, volunteers, Board Members and Trustees will help to deliver this through identifying concerns, sharing information and taking prompt appropriate action.

Responsibilities for safeguarding are enshrined in legislation. This policy has been informed by all relevant guidance (statutory and non-statutory) that seeks to protect adults at risk including:

- Care Act 2014
- Care and Support Statutory Guidance (updated 2016)
- The Human Rights Act 1998
- Handling Cases of Forced Marriage Ministry of Justice 2009
- Protection of Freedoms Act 2012
- The Equality Act 2010
- Mental Capacity Act 2005
- General Data Protection Regulations (GDPR) 2018
- Crime and Disorder Act 1998
- Serious Crime Act 2015
- Housing Act 1996
- The Government's policy statement on adult safeguarding 2013

The Government's policy statement on adult safeguarding 2013 sets out six principles for safeguarding adults. This policy is rooted in those principles, the underpinning aim is to achieve good outcomes for adults at risk, based upon a culture of acceptable risk (including a person's right to make the "wrong" decision). Whilst they are not legal duties, these principles do represent best practice. They also provide a foundation for achieving good outcomes.

The six principles are detailed within Appendix 1.

# 3.Implementation

Torus will seek to keep adults at risk safe by:

- Ensuring a structured and systematic approach to safeguarding adults at risk
- Valuing, listening to and respecting the views of adults making safeguarding personal (MSP) 'nothing about me without me' (Appendix 2)
- Ensuring everyone in the organisation understands their role and responsibilities in relation to safeguarding and is provided with appropriate support to recognise, identify and respond to signs of abuse, neglect or other safeguarding concerns relating to adults at risk
- Adopting safeguarding adults at risk practices through procedures and a code of conduct for all staff and volunteers
- Ensuring appropriate action is taken in the event of an incident or concern being raised and support provided to those who raise or disclose the concern
- Providing clarity regarding roles, accountability and responsibility from 'Board to Floor' in safeguarding adults at risk (Appendix 5)
- Providing effective management for staff and volunteers through providing supervision, support, training and quality assurance measures
- Recruiting staff and volunteers safely, ensuring all necessary checks are always made
- Recording and storing information safely and securely and sharing information about safeguarding and good practice with adults, their families, carers and staff and volunteers via leaflets, discussion and / or training as appropriate

- Sharing concerns, along with relevant information, with agencies who need to know, and involving adults at risk and their families and carers appropriately making safeguarding personal 'nothing about me without me'
- Having robust systems in place to manage any allegations against staff and volunteers appropriately
- Having effective complaints and whistleblowing measures in place
- Agreeing outcome measures and systems such as audit and case review to identify when safeguarding interventions are effective and to underpin quality improvement

## 4. Consultation/Resident Involvement

Consultation with residents, service users and operational staff has been established throughout the development of this policy at several stages and the policy content has been influenced by their feedback.

## 5. Responsibility

## **Roles and Responsibilities**

#### 5.1 Torus Board

The Board has ultimate responsibility for ensuring that this policy and associated procedures are in place and complied with to protect adults at risk.

The Board will assure itself of compliance with this policy through the accountability arrangements delegated to the Chief Operating Officer and via consideration of the metrics described within the Torus Safeguarding Dashboard and associated reports to the Audit and Risk Committee.

The Board has ultimate responsibility for ensuring that an effective system for managing any risks associated with safeguarding adults exists within Torus and that all staff working in Torus are aware of, and operate within this policy.

The Board will assure itself of compliance with this policy through the accountability arrangements delegated to the Strategic Safeguarding Group and via consideration of an annual report prepared by the Safeguarding Lead supported by the Safeguarding Operational Group.

### 5.2 Chief Executive (CEO)

The CEO of Torus provides strategic leadership, promoting a culture of supporting good practice and excellence with regard to Safeguarding within the organisation and promotes collaborative working with other agencies.

## 5.3 The Chief Operating Officer

The nominated Director at board level responsible for reporting to the Board on safeguarding issues, providing assurance that the organisation is meeting its safeguarding requirements on an annual basis, promoting initiatives to ensure that Torus has robust arrangements for safeguarding and providing leadership in the long term.

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The Chief Operating Officer has individual responsibility for ensuring that a Safeguarding Adults Policy and associated procedures exist; that both are implemented effectively; that all staff are aware of and operate within the requirements of the policy and procedures and that systems are in place for the effective monitoring of the standards contained within the policy.

### 5.4 The Safeguarding Strategic Group

The Safeguarding Strategic Group will promote safe and sustainable safeguarding practice within the organisation, provide assurance to the Audit and Risk Committee and in turn the Board on how its statutory obligations are met.

## 5.5 The Operational Lead for Safeguarding Adults

The Operational Lead for Safeguarding Adults will provide operational leadership and expert practice and support to manage any serious safeguarding issues, will strategically lead operational improvements, innovations and best practice, monitoring the quality and effectiveness of services against performance indicators and standards.

The Operational Lead will ensure participation in the work of the multi-agency subgroups of the Local Safeguarding Adults Boards.

The Operational Lead will maintain management oversight of significant incidents where there are issues of safeguarding adults at risk and ensure dissemination of lessons learnt from safeguarding adults reviews and domestic homicide reviews and advise on the implementation of recommendations.

The Operational Lead will encourage and nurture a culture of case discussion, reflective practice and the monitoring of significant events at a local level

## 5.6 The Safeguarding Operational Group (SOG)

Torus Safeguarding Operational Group (SOG) will be responsible to drive the implementation and monitoring of this policy to ensure adults at risk are safeguarded whilst accessing services provided by Torus.

### 5.7 Line Managers

Line managers will be responsible for:

- Contribute to the dissemination and implementation of this policy
- Develop and promote training needs and priorities and contribute to the delivery of training for staff
- Provide/ensure provision of effective safeguarding appraisal, support, peer review and supervision for staff
- Ensure all staff within their department are aware of this policy and the process to be followed in the event of suspected abuse of an adult at risk
- Ensure all staff have access to the appropriate level of training as defined in the Torus safeguarding training strategy and training needs analysis
- Provide routine management supervision assuring core competencies in safeguarding practice
- Manage any immediate safeguarding and protection issues

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- Co-ordinate referral and safe transfer of responsibilities
- Co-ordinate any alternative action plans
- Make decisions about referrals to local authority Safeguarding Services and apply conflict resolution processes in cases of disagreement regarding thresholds for intervention
- Ensure staff in their areas meet mandatory training requirements in safeguarding and provide support to those making safeguarding referrals

#### 5.8 All Staff

All members of staff (including contractors and volunteers) have responsibility for adherence to this policy and associated procedures. All staff are responsible for recognising and responding to allegations of abuse by ensuring that they discuss their concerns with their line manager, refer their concerns or assist in the referral and complete an incident report in accordance with Policy.

All staff should contribute to whatever actions are needed to safeguard and promote the welfare of adults at risk and take part in regularly reviewing the outcomes for the adult against specific plans and outcomes.

## 6. Diversity & Inclusion

Equality, diversity and inclusion are important to Torus. Throughout the development of this document, due regard has been given to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited in the Equality Act 2010).

The following have also been referenced in the development of this document: European Convention on Human Rights, and the UN Convention on Rights of Persons with Disabilities.

This policy will not discriminate, either directly or indirectly, on the grounds of the nine protected characteristics (age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion and belief; sex; and sexual orientation).

## 7. Monitoring & Review

The Safeguarding Operational Group via the Policy / Procedure / Audit Task and Finish Group will monitor this policy through a system of audit and case review.

This policy document is due for review in two years unless new legislation, a Local Safeguarding Adults Board(s) directive or learning from a serious incident requires earlier review.

### **Principles for Safeguarding Adults**

The Government's policy statement on adult safeguarding 2013 set out six principles for safeguarding adults. Whilst they are not legal duties, these principles do represent best practice. They also provide a foundation for achieving good outcomes.

### 1. Empowerment

Adults should be in control of their own lives and their consent is needed for decisions and actions designed to protect them. It is therefore vital that, if someone has mental capacity and is able to make their own decisions, they maintain control, and the professional's role is to support their decision making at each stage of the process. This includes taking action only with consent unless there is clear justification to act contrary to the person's wishes e.g. if they lack mental capacity, or they and/or others are in danger.

#### 2. Protection

Policy and Procedures should provide a framework by which people can be supported to safeguard themselves from abuse/harm, or be protected where they are unable to make their own decisions about their safety (due to reasons of mental capacity)

### 3. Prevention

This is the primary goal and everyone has a role in preventing abuse from occurring. This includes promoting awareness and understanding and supporting people to safeguard themselves. It also refers to organisations having systems in place to minimise the risk of abuse.

### 4. Proportionality

The responsibility to ensure that responses to concerns/alerts are proportional to the assessed risk and the nature of the allegation/concern. Proportional decisions need to take into account the principles of empowerment and protection. Where a person lacks the mental capacity, any decisions made on their behalf must be made in the person's "best interests" and be least restrictive to their rights and freedoms.

## 5. Partnerships

Working together to prevent and respond effectively to incidents or concerns of abuse. This includes working with the person to support their decision making, with relatives, friends, informal carers and other representatives (e.g. advocates) to achieve positive outcomes for the person at risk. Also working collaboratively with other agencies and for statutory agencies to value the role of non-statutory partners.

#### 6. Accountability

Involves transparency in decision making, by individuals and organisations, ensuring that defensible decisions are made and there are clear lines of accountability. This means that organisations, their staff and partners understand what is expected of them, that they act on those responsibilities and accept collective accountability for safeguarding arrangements.

### **Making Safeguarding Personal**

The Making Safeguarding Personal (MSP) programme has been running since 2010. It emphasises that safeguarding adults should be person centred and outcomes focused, and advocates a move away from the 'process' that characterised practice under No Secrets Guidance, to being centred on conversations with people about what they think needs to happen.

The Care Act (2014) guidance incorporated MSP as the recommended approach to safeguarding, alongside the six principles to work to in safeguarding:

- Adult safeguarding needs to be as empowering as possible. It is vital that people have as much control and choice as possible, that their preferred outcomes are addressed and that the pace, meetings and protection plans are guided by their needs and circumstances. Accessible information, advice, support and good advocacy are essential components to this.
- Having access to information and advice assists those involved in making informed choices about care and support and helps them to weigh up the benefits and risks of different options. Information and advice can enable people to keep themselves safe in the first place. However should abuse occur people need to know what options are open to them. It is also important in terms of understanding the safeguarding process and longer term support.
- People cannot make decisions about their lives unless they know what the options are, what the implications of those options may be and have had the chance to really consider them. They can feel disempowered (and possibly damaged) by the safeguarding process unless they know what is happening and the choices they have. Professionals leading safeguarding enquiries should take time to consider what information needs to be made available to assist people at the right times, in what format, and allow time for information to be digested.



### **The Mental Capacity Act**

The Mental Capacity Act 2005 (MCA) is designed to protect and empower people who may lack the mental capacity to make their own decisions about their care and treatment. It applies to people aged 16 and over.

People who may lack capacity include those with:

- dementia
- a severe learning disability
- a brain injury
- a mental health illness
- a stroke
- substance or alcohol misuse
- confusion, drowsiness or unconsciousness because of an illness or treatment for an illness.

Just because a person has one of these conditions doesn't necessarily mean they lack the capacity to make a specific decision.

Five important principles underpin the Mental Capacity Act:

- It is important to assume that a person has the capacity to make a decision themselves, unless proven otherwise.
- Wherever possible, people should be supported to make their own decisions.
- A person should not be treated as lacking the capacity to make a decision just because they make what seems like an unwise decision.
- If a decision is made on behalf of someone who doesn't have capacity, it must be made in their best interests.
- Any treatment or care provided to someone who lacks capacity should be the least restrictive possible of their basic rights and freedoms.

The MCA also allows people to express their preferences for care, and to appoint a trusted person to make a decision on their behalf, should they lack capacity in the future.

#### **Definitions**

Safeguarding means protecting a person's right to live in safety, free from abuse and neglect.

An adult at risk is someone who may be in need of care because of a physical, learning or other disability, or because of their age or an illness. This definition also applies to an adult who is unable to take care of him or herself properly, or who is unable to protect him or herself from significant harm or exploitation.

Some groups of people are particularly vulnerable to harm and exploitation, and it is important that their needs are carefully considered:

- those with disabilities
- those living away from home
- asylum seekers
- victims of domestic abuse
- those who may be singled out due to their religion or ethnicity
- those who may be exposed to violent extremism.

Safeguarding means protecting the adult's right to live in safety and free from abuse and neglect and promoting the adult's wellbeing. Safeguarding duties apply to an adult at risk as defined in Section 42 of The Care Act 2014 which is:

- has needs for care and support (whether or not the authority is meeting any of those needs)
- is experiencing, or at risk of abuse and neglect
- as a result of their needs for care and support unable to protect themselves from the abuse or neglect or risk of it

### **Definitions of harm: Adults**

Physical harm	Any physical contact that results in discomfort, pain or injury.
	Examples of physical harm include:
	<ul> <li>assault, rough handling, hitting, slapping, punching, pushing,</li> </ul>
	pinching, shaking, bruising or scalding
,	<ul> <li>exposure to excessive heat or cold</li> </ul>
	<ul> <li>a failure to treat sores or wounds</li> </ul>
	<ul> <li>inappropriate use of medication (e.g. under- or overuse of</li> </ul>
	medication, or the use of un-prescribed medication)
	<ul> <li>the use of inappropriate sanctions the unlawful or</li> </ul>
	inappropriate use of restraint or physical interventions
	the deprivation of liberty
Sexual harm and exploitation	Examples of sexual harm and exploitation can include the direct
	or indirect involvement of the vulnerable adult in sexual activity
	or relationships that:
	<ul> <li>they do not want or have not consented to</li> </ul>
	<ul> <li>they cannot understand, and cannot consent to, since they</li> </ul>
	lack the mental capacity
	• they have been coerced into because the other person is in a
	position of trust, power or authority, e.g. a care worker.

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	Sexual harm can involve bruising or injury to the anal, genital or abdominal area, and the transmission of STD. It also includes inappropriate touching.
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	Being forced to watch sexual activity is also a form of sexual exploitation.
Psychological and emotional harm	This is behaviour that causes mental distress or has a harmful effect on an individual's emotional health and development. It can include:
	<ul> <li>mocking, coercing, bullying, verbal attacks, intimidation or harassment</li> <li>demeaning, disrespectful, humiliating, racist, sexist or sarcastic comments, shouting, swearing or name-calling</li> <li>excessive or unwanted familiarity</li> <li>the denial of basic human and civil rights such as self-expression, privacy and dignity</li> <li>negating the right of the vulnerable adult to make choices</li> <li>undermining the individual's self-esteem</li> <li>isolation and over-dependence that has a harmful effect on</li> </ul>
	the person's emotional health, development or well-being
Neglect	<ul> <li>the use of inflexible regimes and lack of choice.</li> <li>Neglect occurs when a person's well-being is impaired because</li> </ul>
	his or her care or social needs are not met.  Examples of neglect include:  • the failure to allow access to appropriate health, social care and educational services  • the failure to provide adequate nutrition, hydration or heating, or access to appropriate medication  • ignoring medical or physical needs, e.g. untreated weight loss, or a lack of care that results in pressure sores or uncharacteristic problems with continence  • poor hygiene, e.g. lack of general cleanliness or soiled clothes not being changed  • the failure to address the vulnerable individual's requests.  Neglect can be intentional or unintentional.  Intentional neglect can include:  • wilfully failing to provide care  • wilfully preventing the vulnerable adult from getting the care they need  • being reckless about the consequences of the person not getting the care they need  Unintentional neglect can include:
	<ul> <li>Unintentional neglect can include:</li> <li>a carer failing to meet the needs of the adult at risk because they do not understand their needs</li> </ul>
	<ul> <li>a carer lacking knowledge about the services that are available</li> </ul>

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	a carer's own needs preventing them from being able to give
	the care the person needs
	an individual being unaware of, or lacking an understanding
	of, the possible effect on the adult at risk of a lack of action
Self-neglect	This covers a wide range of behaviour concerning a person's
	personal hygiene, health or surroundings and includes behaviour
	such as hoarding. It should be noted that self-neglect may not
	prompt a section 42 enquiry. An assessment should be made on
	a case-by-case basis. A decision on whether a safeguarding
	response is needed will depend on the person's ability to protect
	themselves by controlling their own behaviour. There may come
	a point when they are no longer able to do this without external
	support.
Discrimination	Discrimination on the grounds of race, faith or religion, age,
	disability, gender, sexual orientation and political views, along
	with racist, sexist, homophobic or ageist comments or jokes, or
	comments and jokes based on a person's disability or any other
	form of harassment, slur or similar treatment. Excluding a person
	from activities on the basis they are 'not liked' is also
	discriminatory abuse, for example, hate crime
Institutional harm	Examples of institutional harm can include:
	an observed lack of dignity and respect in the care setting
	the enforcement of rigid routines
	<ul> <li>processes and tasks being organised to meet the needs of</li> </ul>
	staff rather than those in their care
	disrespectful language and attitudes
Financial or material abuse	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.
	Internet scams, postal scams and doorstep crime are more often
	than not targeted at adults at risk and all forms of financial
	abuse. These scams are becoming more sophisticated and
	elaborate. For example: internet scammers can build very
	convincing websites. People can be referred to a website to
	check the caller's legitimacy but this may be a copy of a
	legitimate website. Postal scams are mass-produced letters
	which are made to look like personal letters or important
	documents. Doorstep criminals call unannounced at the adult's
	home under the guise of legitimate business and offering to fix
	an often non-existent problem with their property. Sometimes
	they pose as police officers or someone in a position of authority
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	In all cases this is financial abuse and the adult at risk can be
	persuaded to part with large sums of money and in some cases
	their life savings. These instances should always be reported to
	the local police service and local authority Trading Standards
	Services for investigation.
	These scams and crimes can seriously affect the health, including
	mental health, of an adult at risk. Agencies working together can
	mental health, of an addit at risk. Agencies working together can

	better protect adults at risk. Failure to do so can result in an increased cost to the state, especially if the adult
Domestic abuse	Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between people aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass but it is not limited to:
	<ul> <li>psychological</li> <li>sexual (including female genital mutilation)</li> <li>financial</li> <li>emotional</li> <li>forced marriage</li> <li>honour-based violence.</li> </ul>
	A new offence of coercive and controlling behaviour in intimate and familial relationships was introduced in the Serious Crime Act 2015.
	The offence imposes a maximum of five years imprisonment. The offence closes the gap in the law around patterns of coercive and controlling behaviour during a relationship between intimate partners, former partners who still live together, or family members, sending a clear message that it is wrong to violate the trust of those closest to you, providing better protection to victims experiencing continuous abuse allowing for earlier identification, intervention and prevention.
Modern slavery	<ul> <li>Slavery, servitude and forced or compulsory labour. A person commits an offence if:         <ul> <li>The person holds another person in slavery or servitude and the circumstances are such that the person knows or ought to know that the other person is held in slavery or servitude, or</li> <li>The person requires another person to perform forced or compulsory labour and the circumstances are such that the person knows or ought to know that the other person is being required to perform forced or compulsory labour.</li> </ul> </li> </ul>
	<ul> <li>There are many different characteristics that distinguish slavery from other human rights violations, however only one needs to be present for slavery to exist. Someone is in slavery if they are:         <ul> <li>Forced to work – through mental or physical threat</li> <li>Owned or controlled by an "employer", usually through mental or physical abuse or the threat of abuse</li> <li>Dehumanised, treated as a commodity or bought and sold as property</li> <li>Physically constrained or has restrictions placed on his/her freedom of movement</li> <li>Subject to human trafficking</li> </ul> </li> </ul>

	Contemporary slavery takes various forms and affects people of all ages, gender and race. Adults who are enslaved are not always subject to human trafficking. Recent court cases have found homeless adults promised paid work opportunities, enslaved and
	forced to work and live in dehumanising conditions, and adults with a learning difficulty restricted in their movements and threatened to hand over their finances and work for no gains.
	From 1 November 2015, specified public authorities have a duty to notify the Secretary of State of any person identified in England and Wales as a suspected victim of slavery or human trafficking, under Section 52 Modern Slavery Act 2015.
Radicalisation	Radicalisation is comparable to other forms of exploitation, such as grooming and child sexual exploitation. Radicalisation's aim is to attract people to another way of reasoning, inspire new recruits and embed extreme views and persuade vulnerable people of another cause's legitimacy. This may be through face-to-face encounters or through social media.  There are a number of factors that may make a person susceptible to exploitation by violent extremists. None of these factors should be considered in isolation but in conjunction with the individual circumstances.
Hate Crime	A hate crime is described as 'any hate incident which constitutes a criminal offence perceived by the victim or any other person, as being motivated by prejudice or hate'. Some offences are clear such as robbery and assault. However, less obvious incidents such as verbal abuse, harassment and threats of intimidation may also be criminal offences.

## Appendix 5

# Torus Safeguarding Structure Leadership and Performance Management

