BNJC Safeguarding Adults at Risk Policy

Contents

Key Contacts for Adult Safeguarding in our Organisation 3
Useful Contacts in Adult Safeguarding 4
1. Statement of Principles 4
2. Our approach to safeguarding 5
3. Scope of the Policy 7
4. Roles and Responsibilities of Staff Volunteers and Trustees 8
5. Legislative framework 12
6. What is safeguarding? 17
7. Who we consider as at risk / an adult in need / an adult at risk 18
8. What is abuse and neglect? 19
9. Information sharing 22
10. Record Keeping and Information Storage 28
11. Role of Key Agencies 30
12. Safe recruitment and allegations against staff, trustees or volunteers 34
13. Training 37
Appendices - Resources and further information 38
Appendix A: Procedures to follow 38
Appendix B: What we understand about abuse and neglect 44
Physical abuse 45
Domestic abuse 47
Sexual abuse 49
Psychological abuse 50
Financial or material abuse 51
Modern slavery 53
Possible indicators of modern slavery 54
Environmental indicators of modern slavery 55
Discriminatory abuse 56
Organisational abuse 56
Self-neglect 59
Exploitation 60
Cuckooing 62
At Risk Groups 64
Signs of Criminal Exploitation 65
Signs of Cuckooing 66

Key Contacts for Adult Safeguarding in our Organisation

Designated Safeguarding Lead (DSL) and first point of contact:

Name:	Jeremy Fletcher, CEO
Telephone number:	
Email:	Jeremy.fletcher@bnjc.co.uk

Deputy Designated Safeguarding Lead (DDSL):

Name:	Joel Azulay, Community Development Officer
Telephone number:	07845773456
Email:	Joel.azulay@bnjc.co.uk

Others within the organisation with responsibilities for adult safeguarding:

Name and contact details:	Designated Safeguarding Lead for Shoresh Nursery Bridget Kyffin-Walton, Head Teacher of Shoresh Nursery 07909834586 bridget.kyffin-walton@bnjc.co.uk Lead Trustee Natasha Isaac Natasha.isaac@bnjc.co.uk

If you have a safeguarding concern on Shabbat or during religious festivals and believe an adult may be at serious risk of harm, please contact 999 immediately

During Office Hours	
Name:	Local Authority Designated Officer (LADO)
Telephone number:	01273 290 400
Out of Office Hours	
Telephone number:	01273 335905

Useful Contacts in Adult Safeguarding

Some general contacts that are available for adult safeguarding, and relevant to the work in our organisation, are listed below:

Community Welfare

Organisations	About	Telephone contact	Website / Email
Helping Hands	Volunteer support network offering practical and emotional support.	Main Office: 01273 747722	Website: www.helping-hands.org Email: helpinghands4sussex@gmail.com
Jewish Care	Provides a wide range of social care services in Sussex	Mobile: 07767 380 851 09:00 – 17:30 Mon – Thurs 09:00 – 14:00 Friday	Website: www.jewishcare.org Email: helpline@jcare.org Email: jodie.sacks@jcare.org
JLiving	Provides affordable housing and related services	Main Office: 020 8381 4901 09:00 – 17:30 Mon – Thurs 09:00 – 14:00 Friday	Website: jliving.org.uk Email: info@jliving.org.uk
Brighton & Hove Jewish Welfare Board	Supports individuals and families through welfare services	No phone details	Website: www.bhjwb.org Email: info@bhjwb.org

1. Statement of Principles

1. Living a life that is free from harm and abuse is a fundamental right of everyone. We all need to abide by this principle and to follow it, acting as good neighbours and citizens.

BNJC is committed to preventing abuse and harm. We always put any adult at risk, or in need, at the centre of our work. The Care Act 2014, which came into force on 1st April 2015, is the most significant legislation on care and
support in England. The Care Act promotes the wellbeing of individuals, and is underpinned by the principle that professionals must always recognise that each person's needs are different and respond accordingly.

2. If abuse does take place, it will be dealt with swiftly, effectively and in ways which are proportionate to the issues that have been identified. Although professionals have a longstanding commitment to making sure that adults at risk or in need are kept at the centre of safeguarding processes, the Care Act ensures that it is the person, not the process, that determines how safeguarding work is taken forward by professionals.

2. Our approach to safeguarding

3. BNJC 's core principle is to welcome and treat everyone equally and with respect. We believe that everyone deserves to live a life free from abuse, harm and neglect and that wellbeing is not only at the heart of safeguarding but is also key to a better society for everyone.

Key principles

4. The Care Act 2014 sets out six key principles of adult safeguarding: empowerment, prevention, proportionality, protection, partnership and accountability.

BNJC recognises each and all of these principles in all of the work that we do.

BNJC believes that safeguarding should always be about the individual: it must be person led, focused on real outcomes and should always endeavour to empower people to make their own choices.

5. The Guidance broadly describes the real life meaning of these six principles as follows:

Principle	How the principle may sound in practice
Empowerment People being supported and encouraged to make their own decisions and with informed consent.	"I am asked what I want the outcomes to be from the safeguarding process and these directly inform what happens."
Prevention It is better to take action before harm occurs.	"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."
Proportionality The least intrusive response should be identified and must be appropriate to the risk presented.	"I am sure that the professionals will work in my interest and they will only get involved as much as needed."
Protection Support and representation for those in greatest need.	"I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want."
Partnership Communities have a part to play in preventing, detecting and reporting neglect and abuse.	"I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me."
Accountability Being accountable and transparent about the safeguarding practices that are used to support people.	"I understand the role of everyone involved in my life and so do they."

3. Scope of the Policy

6. Whilst this policy talks about our volunteers, staff, Trustees and visitors we believe that, to make a real difference, safeguarding has to be everyone's business. We are therefore committed to passing the concepts contained in this document, where appropriate, to the wider community. We have also ensured that everyone who works with adults or is in a position of trust is checked through our safer recruitment procedure and this is reflected in our everyday practices.

7. This document sets out BNJC 's policy on safeguarding. It gives details of safeguarding definitions and types of abuse. The practices and procedures that must be followed are in the appendix.

8. Whilst this document is specifically designed to set out our policy in relation to safeguarding we will, where individuals do not fall within this policy but are in difficulty, point them in the direction of other services which we hope will be able to provide the help they require. Further, we recognise at all times that adults, with capacity, have the right to make their own choices.
Volunteers, staff and Trustees will always proceed with that in mind.

9. This document applies to all BNJC 's staff, trustees, volunteers and visitors.

4. Roles and Responsibilities of Staff Volunteers and Trustees

10. This policy is adopted by BNJC . They are responsible for relaying this information to all staff and ensuring that everyone adheres to it.

11. Our Designated Safeguarding Lead and Senior Leaders are responsible for:

· Making sure that staff are fully aware of the safeguarding policy.

· Ensuring everyone understands the importance of the policy.

· Keeping the policy up to date and relevant to our organisation.

· Giving staff permission to attend training and access guidance to help them identify abuse and the risk of abuse, and to respond to it in the ways set out in this policy.

· Making sure staff know about, and follow, reporting systems.

· Planning performance objectives which support the safeguarding policy for staff working in safeguarding roles.

The Charity Board are responsible for:

- Providing a safe and trusted environment.
- Setting and organisational culture that prioritises safeguarding.
- Knowing how incidents and allegations will be handled should they arise.
- Ensuring that safeguarding has an appropriate place on board agendas.
- Ensuring safer recruitment/staff training/appraisal/exit interviews are conducted where appropriate.
- Overseeing the recording of incidents, alerts, grievances and complaints.
- Undertaking internal and external reviews or audits of safeguarding policies and procedures.

This board or, where there is no board, the Chief Officer must ensure policies and procedures are in place which cover:

- Adult safeguarding
- Child protection and safeguarding
- IT usage/acceptable use of IT
- Behaviour Policy or Code of Conduct for volunteers
- Safer Recruitment Policy
- Whistleblowing Policy

12. The following roles within our organisation also have specific responsibilities:

Sarah Rose (Head of People and Governance)

- To ensure that all volunteers, staff and Trustees within our organisation will be appropriately DBS checked in accordance with their role and in line with the current law and that our Safer Recruitment Policy is being followed.
- To ensure the BNHC has clear Data Protection Policies and IT Usage Polices.
- To ensure that new staff inductions include training in the relevant policies we are legally required to maintain.

Jason Reed (Head of Facilities)

- To ensure that Health and Safety policies are complied with to ensure that vulnerable people are not at risk.

Ben Hickey (Head of Operational Excellence)

To ensure that vulnerable adults using our accommodation are flagged to the DSL and that guests that have booked short-term accommodation have agreed to comply with the legal requirements for doing so (such as maintaining legal ratios of adults to children).

Jeremy Fletcher (CEO)

- To ensure that the DSL and other named individuals are empowered to perform their duties and that those who do not comply with expectations are held accountable.
- To ensure that whistleblowing policies are in place and upheld.
- To ensure the BNJC has clear Data Protection Policies and IT Usage Polices.

13. Everyone in the organisation:

· Must know where to find a copy of this policy.

· Is expected to follow this policy at all times.

· Is responsible for reading and understanding this policy. If someone doesn't understand any part of the policy, they can ask their line manager for clarification.

· Must use this policy to help them identify and respond to abuse or risk of abuse.

· Must ensure they follow our Data Protection Policy and IT Usage or Communications Policy when recording information about adults at risk.

14. Managers are responsible for making sure staff in their teams understand this policy and have the knowledge, skills and confidence to follow it.

15. Visitors:

· Will be given a copy of this policy or an information booklet which replicates the key parts of this policy.

· Are responsible for reading and understanding this policy. If visitors don't understand something in this policy then they should ask a member of staff. The members of staff that they are visiting is responsible for ensuring visitors are aware of this expectation.

· Will use this policy, their professional training and any other information given to them, to help identify and deal appropriately with risk or abuse.

16. If visitors identify or notice any safeguarding concerns during a visit, they will take action to prevent or stop the abuse or neglect to the adult at risk, working with our lead for safeguarding. Subsequent actions may include making a referral to the local safeguarding adults team or Multi-Agency Safeguarding Hub, referring the matter to the police or raising concerns with the Care Quality Commission.

5. Legislative framework

17. The legislation below has informed the content of the policy and procedures and has been considered when writing and agreeing this policy.

Care Act 2014 and Statutory Guidance issued under the Act

18. This sets out rules and guidance on all aspects of safeguarding and repeals the No Secrets guidance (2000). It is not set out in detail here as its contents inform the major parts of this policy.

Mental Capacity Act 2005 (MCA)

19. The MCA 2005 was enacted to protect individuals and their freedoms. It empowers individuals to retain freedom of choice and, when choices cannot freely be made, it seeks to make sure that decisions are taken in the individual's best interests. Any decision taken on behalf of an individual who lacks capacity to make a specific decision must be based on their wishes so far as is possible. Best interest rules must be followed when making decisions for an adult who lacks capacity.

20. The Act is also a useful guide to interactions with people who may lack capacity. Everyone working with someone who might be considered to be at risk must have a working knowledge of the Act. The Act also complements BNJC's other policies and its ethos. Therefore, it is included here both for information purposes and to note that B N J C ' s volunteers, staff and Trustees will act within its principles at all times.

Part 1 of the Mental Capacity Act 2005

The Principles outlined in the Mental Capacity Act are:

· A person must be assumed to have capacity unless it is established that he/she lacks capacity.

· A person is not to be treated as unable to make a decision unless all practicable steps to help him/her to make a decision have been taken without success.

· A person is not to be treated as unable to make a decision merely because he/she makes an unwise decision.

· An action taken, or decision made, under this Act for, or on behalf of a person who lacks capacity, must be done, or made, in his/her best interests.

· Before the action is undertaken, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

People who lack capacity

· For the purposes of this Act, a person lacks capacity in relation to a matter if, at the material time, they are unable to make a decision for themselves in relation to the matter because of an impairment of, or a disturbance in the functioning of, the mind or brain.

· It does not matter whether the impairment or disturbance is permanent or temporary.

· A lack of capacity cannot be established merely by reference to -

· (a) a person's age or appearance, or

· (b) a condition of theirs, or an aspect of their behaviour, which might lead others to make unjustified assumptions about their capacity

21. The Act also introduced Independent Mental Capacity Advocates who can be appointed if circumstances warrant an independent voice for someone considered to lack capacity.

Deprivation of Liberty Safeguards, Code of Practice 2008

22. This sets out key provisions for the protection of those in some residential settings and hospitals who are deemed not to have capacity. It is a set of safeguards which ensure individuals are not unnecessarily deprived of their freedoms. Should a situation arise where a deprivation of liberty is required, such as to fulfill medical treatment, it must usually be authorised by the Local Deprivation of Liberty Team or, ultimately, the Court of Protection. It is the responsibility of our organisation to obtain the correct authorisation prior to any deprivation of liberty.

Safeguarding At Risk Groups Act 2006

23. The purpose of this Act is to prevent harm from occurring to adults at risk by preventing those who may cause harm from being employed or volunteering in roles where they are in contact with them.

24. The Act introduced the Criminal Records Bureau check (CRB), which was replaced by the Disclosure and Barring Service (DBS) in 2012. The DBS undertakes basic, standard and enhanced checks in order to ensure that people who work with adults at risk are safe to do so. Basic DBS Checks can be obtained from the gov. uk website and Enhanced Checks can be obtained directly from DBS Check Online. A DBS check will be sought
for everyone who we employ to work with adults in our care, or adults at risk with whom we come into contact through our organisation.

The Human Rights Act 1998

25. This gives legal effect in the UK to the fundamental rights and freedoms contained in the European Convention on Human Rights (ECHR).

26. The Act applies to all public authorities, such as central government departments, local authorities and NHS Trusts, and other bodies performing public functions, such as private companies operating prisons. These organisations must comply with the Act, and an individual's human rights, when providing a service or making decisions that have a decisive impact upon an individual's rights. The Care Act extends the scope of the Human Rights Act. This incorporates registered care providers, both residential and non-residential, providing care and support to an adult, or support to a carer, where the care and support is arranged or funded by the Local Authority, including Direct Payment situations (Local Government Association, 2014). It does not incorporate entirely private arrangements concerning care and support.

27. Although the Act does not apply to private individuals or companies, except where they are performing public functions, public authorities have a duty to promote the human rights of individuals and this entails a duty to stop people or companies abusing an individual's human rights. For example, a public authority that knows an adult is being abused by their privately funded carer has a duty to protect the adult from inhuman or degrading treatment.

28. The Human Rights Act covers everyone in the United Kingdom, regardless of citizenship or immigration status. Anyone who is in the UK for any reason is protected by the provisions of the Human Rights Act.

The Public Interest Disclosure Act 1998 (PIDA)

29. This created a framework for whistleblowing across the private, public and voluntary sectors. The Act provides almost every individual in the workplace with protection from victimisation when they raise genuine concerns about malpractice in accordance with the Act's provisions. All organisations must have a Whistleblowing Policy in place.

Protection of Freedoms Act 2012

30. This Act brought together the agencies which now undertake DBS checks and issue certificates.

The Equality Act 2010

31. The principles of the Equality Act 2010 underpin this policy: it covers everyone in Britain and protects people from discrimination, harassment and victimisation.

6. What is safeguarding?

32. Safeguarding, for the purposes of this policy is simply about helping to protect adults, including those who are at risk, from abuse and neglect. It involves being alert, confident and knowledgeable: with these tools we can all make a difference. With support from individuals and communities people can be safer. Ultimately, safeguarding is everyone's responsibility.

33. Safeguarding is underpinned by the principle that everyone deserves to live free from abuse and neglect. It's about protecting those who are at risk or in certain groups, for example those with a learning disability or those who become at risk because of circumstances, such as experiencing domestic violence. Safeguarding is also about supporting these principles through policies, procedures and greater actions in the community. The following extract from the Care Act summarises what we mean by safeguarding:

" Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must
recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

Organisations should always promote the adult's wellbeing in their safeguarding arrangements. People have complex lives and being safe is only one of the things they want for themselves. Professionals should work with the adult to establish what being safe means to them and how that can be best achieved. Professionals and other staff should not be advocating "safety" measures that do not take account of individual well-being, as defined in Section 1 of the Care Act. "

Taken directly from the Care and Support Statutory Guidelines Issued under The Care Act 2014 from the Department of Health and Social Care

7. Who we consider as at risk / an adult in need / an adult at risk

34. We often consider those who are the subject of safeguarding concerns as being "at risk". Vulnerability is a term which inevitably means something different to everyone. The Care Act 2014 re-defines individuals who are potential subjects of safeguarding procedures as someone who:

· has needs for care and support, whether or not the local authority is meeting any of those needs, and;

· is experiencing, or at risk of, abuse or neglect; and

· as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse or neglect.

35. However, whilst anyone could be an adult in need for the purposes of the Care Act, there are certain groups that might generally be considered as at risk or in need. These are:

· Older people.

· People with learning disabilities/difficulties.

· People with mental health issues.

· People who are homeless.

· People who have issues with substance misuse.

· People who experience domestic violence.

36. BNJC's volunteers, staff and Trustees must always be alert to safeguarding these groups, but will always try to help everyone in need, whether they fall within these definitions or not.

8. What is abuse and neglect?

37. There are many different types of behaviour which constitute abuse and/or neglect. Whilst every individual and each circumstance will be different, BNJC recognises the following as a general list of the types of behaviour which are generally considered as abuse and neglect. The list below is not exhaustive and should volunteers, staff or trustees see another issue which is of potential concern, but is not on this list, they will raise it through the procedures in place and those set out in the appendix.

38. The Care Act Guidance sets out the following as behaviours recognised as abuse and neglect:

- Physical abuse.
- Domestic abuse.
- Sexual abuse.
- Psychological abuse.
- Financial or material abuse.
- Modern slavery.
- Discriminatory abuse.
- Organisational abuse.
- Neglect and acts of omission.
- Self-neglect.

See Appendix B for further details on each type of abuse, as well as further recognised types of abuse including sexual and criminal exploitation, organised crime and cuckooing.

Location of abuse

39. Abuse can take place anywhere, including in:

· the person's own home, whether living alone, with relatives or others;

· day or residential centres;

· supported housing;

· work settings;

· educational establishments;

· care homes;

· clinics;

· hospitals;

· prisons; or

· other places in the community

Who might commit abuse?

40. Abuse can occur in any relationship and may result in harm to, or exploitation of, the adult with care and support needs. A wide range of people may harm adults. These include:

· a spouse/partner;

· an adult with care and support needs;

· other family members;

· neighbours;

· friends;

- local residents;
- people who deliberately exploit adults they perceive as at risk to abuse;
- paid staff or professionals; or
- volunteers and strangers.

It is important to remember that abuse and neglect may not always be malicious or intended as abuse of neglect. It can occur where, for example, a carer simply cannot properly care for an adult in need for whatever reason. However, although it may not be malicious, it still requires a safeguarding referral.

9. Information sharing

41. When sharing information, BNJC acts at all times within all legislative, common law and other related provisions concerning information processing and sharing including, but not limited to, the Data Protection Act 2018 and General Data Protection Regulations. Staff, Trustees and volunteers must be mindful of, and act within, the rules set out in our Data Protection Policy. We also use the Caldicott Principles as a guide to good practice when determining the sharing of information in connection with safeguarding concerns. These principles are as follows:

Principle 1 - Justify the purpose(s) for using confidential information

Every proposed use or transfer of personal confidential data within or from an organisation should be clearly defined, scrutinised and documented. Continuing uses should be regularly reviewed by the data protection officer.

Principle 2 - Don't use personal confidential data unless it is absolutely necessary

Personal confidential data items should not be included unless it is essential for the specified purpose(s). The need for patients to be identified should be considered at each stage of satisfying the purpose(s).

Principle 3 - Use the minimum necessary personal confidential data

Where use of personal confidential data is considered to be essential, the inclusion of each individual item of data should be considered and justified. This is so that the minimum amount of personal confidential data is transferred or accessible as is necessary for a given function to be carried out.

Principle 4 - Access to personal confidential data should be on a strict need-to-know basis

Only those individuals who need access to personal confidential data should have access to it, and they should only have access to the data items that they need to see. This may mean introducing access controls or splitting data flows where one data flow is used for several purposes.

Principle 5 - Everyone with access to personal confidential data should be aware of their responsibilities Action should be taken to ensure that those handling personal confidential data - both clinical and non-clinical staff - are made fully aware of their responsibilities and obligations to respect patient confidentiality.

Principle 6 - Comply with the law

Every use of personal confidential data must be lawful. Every organisation should have someone who handles personal confidential data and is responsible for ensuring that the organisation complies with legal requirements.

Principle 7 - The duty to share information can be as important as the duty to protect patient confidentiality

Health and social care professionals should have the confidence to share information in the best interests of their patients within the framework set out by these principles. They should be supported by the policies of their

employers, regulators and professional bodies.

42. BNJC recognises that safeguarding at risk adults raises significant issues in relation to information sharing, especially when trying to balance an adult's right to free choice, including the choice about sharing of information, with the responsibility to keep people safe. recognises that adults who have capacity are free to make certain choices which objectively could be considered as abuse or neglect, and they may object to further sharing of information. However, it is also recognised that there might be circumstances where, despite the choices made by the adult, information can be shared in the context of safeguarding.

43. If an issue arises where there is a serious conflict between safeguarding an adult and that adult's rights to consent, either to the behaviour or the sharing of information, then BNJC will seek legal advice. BNJC recognises that, where:

- there is a real risk of serious harm;
- there is a risk of harm to the wellbeing and safety of the adult or others;
- other adults or children could be at risk from the person causing harm;
- it is necessary to prevent crime or if a crime may have been committed; or
- the person lacks capacity to consent,

the safety of the adult must be considered to be paramount and a report should be made either in an emergency via 999/101 or to the Adult Help Desk, by telephoning or emailing. Agencies can be asked to deal with the matter in confidence and BNJC recognises that the police and local authority adult safeguarding team (MASH) are trained to deal with such disclosures in line with all relevant statutory and common law rules.

44. As set out above, BNJC recognises that there are circumstances where adults may disclose that they are being abused or neglected, but they may not want it to be reported. If a volunteer, staff member or Trustee finds themselves in this situation, they should tell the person that they must raise the concern in confidence with the designated safeguarding person soon as possible.

Reporting a concern

45. Where a volunteer, staff member, Trustee or visitor reports a concern, BNJC's reporting procedure must be followed. In the first instance, you must record your concern or the allegation that has been made, and then ensure that this is passed to the Designated Safeguarding Lead, your line manager or the member of staff responsible for your visit. Further information on how to respond to an allegation can be found below in Appendix A. Any records should be made and retained in accordance with our record keeping policies.

46. Volunteers, staff and Trustees must assure the adult concerned that they will keep them informed of any action which is taken and the reasons why it was taken.

Request for information to be produced in order to assist an investigation

47. Statutory agencies, such as the Police or Local Authority, recognise that adults have a general right to independence, choice and self-determination, including control over information about themselves. However, they are clear that, in the context of adult safeguarding and when investigating crime, these rights can be overridden. In certain circumstances, such as in emergency or life-threatening situations, it may be warranted to share relevant information without consent.

48. The Care Act 2014, particularly section 45 - the 'supply of information' - covers the responsibilities of others to comply with any requests for information from the Safeguarding Adults Board for the purposes of progressing an enquiry.

49. BNJC recognises our responsibilities for information sharing and will always seek to comply with such requests, where properly requested, in order to:

· prevent death or serious harm;

· coordinate effective and efficient responses;

· enable early interventions to prevent the escalation of risk;

· prevent abuse and harm that may increase the need for care and support;

· maintain and improve good practice in adult safeguarding;

· reveal patterns of abuse that were previously undetected and that could identify others at risk of abuse;

· identify low-level concerns that may reveal people at risk of abuse;

· help people to access the right kind of support to reduce risk and promote wellbeing;

· help identify people who may pose a risk to others and, where possible, work to reduce offending behaviour; and

· reduce organisational risk and protect reputation.

If there is any concern about sharing information we will seek legal advice,

50. The management interests of the organisation should not override the need to share information to safeguard adults at risk of abuse. All staff, Trustees and volunteers should understand the importance of sharing safeguarding information and the potential risks of not sharing it. All staff, volunteers and trustees must inform the safeguarding lead who will ensure compliance with this policy when dealing with requests to produce information.

10. Record Keeping and Information Storage

51. All personal information regarding a at risk adult, including that which identifies them, will be retained in line with BNJC 's Data Protection Policy and Record Management Policy. All written records will be kept in a secure area and system which is access controlled. All records will also be destroyed in line with our records management policy. We will ensure that access is available for those who need to know, but for all others it will remain absolutely confidential. For full information about data protection, please see our data policies and procedures.

52. Good record keeping is an essential part of the accountability of our organisation to those who use our services. Maintaining proper records is vital to an individual's safety. If records are inaccurate, future decisions may be wrong and harm may be caused to the individual. Where an allegation of abuse is made, all organisations have a responsibility to keep clear and accurate records. It is fundamental to ensure that evidence is protected and records show what action has been taken, what decisions have been made, and why.

53. All personal information regarding an adult at risk must be recorded in the BNJC safeguarding recording system. Records must be: completed as soon as possible after the incident/event, written using the adult's own words where possible, factual and accurate, signed, dated and timed, stored securely with access limited to designated staff. For significant concerns, the Designated Safeguarding Lead will ensure records are maintained centrally and securely. The Lead Safeguarding Trustee will be kept informed of any significant issues.

54. Records should document: Nature of the concern, date, time and location, who was present, adult's views and wishes, any actions taken and decisions made, reasoning behind decisions, especially when actions are taken without consent

55. It is equally important to record when actions have not been taken and why. For example, if an adult with care and support needs with mental capacity chooses to make decisions that professionals consider to be unwise.

56. BNJC will ensure that the following key questions are answered, and abided by, when determining what information to record, store and share:

· What information do staff need to know in order to provide a high quality response to the adult concerned?

· What information do staff need to know in order to keep adults safe under the service's duty to protect people from harm?

- What information is not necessary?

- What is the basis for any decision to share, or not share, information with a third party?

11. Role of Key Agencies

57. Adult Social Care is the lead agency for safeguarding adults, and the Adult Safeguarding Team, or Multi Agency Safeguarding Hub, is the lead within the council for all safeguarding issues concerning an adult. A concern will, in the first instance, be made to this team by calling them on 01273 29 55 55 or emailing them at hascsafeguardinghub@brighton-

If the issue or concern is an emergency contact the police on 999 or 101. The police are a key partner in safeguarding and have a duty to protect the public and prevent crimes. Health services are also central to safeguarding, including mental health services.

58. **Emergency Procedures**

If you witness abuse or abuse has just taken place, the priorities will be:

- To call an ambulance if required
- To call the police if you suspect that a crime has been committed
- To preserve evidence
- To keep yourself, staff, volunteers and service users safe
- To inform your line manager or the Designated Safeguarding Lead
- To record what happened as soon as possible

In circumstances where there are serious immediate risks, a response from Adult Safeguarding services or the police will be provided the same day.

59. The Care Act 2014 puts partnership working, wellbeing and empowerment at the heart of the Local Authority and other statutory bodies' duty to adults. As a result, there are Multi-Agency Hubs, multi-agency working, an Adult Safeguarding Board and a Local Authority website where resources can be found.

When you should raise a concern with the Adult Safeguarding Team

60. A concern should be raised when there is reason to believe an adult at risk may have been, is, or might be, the subject of harm, abuse or neglect by any other person or persons. This also includes anyone self-neglecting where there is a significant risk to their health or wellbeing.

61. In circumstances where there are serious immediate risks, a response from Adult Safeguarding

services or the police will be provided the same day.

62. Whilst reporting a concern to the local safeguarding team, it is important that anyone who is aware of the concern also considers if the risk or experience of immediate serious harm is so severe that urgent action is required to prevent it.

What happens when you make a referral?

63. Urgent actions will be taken to safeguard anyone at risk of immediate harm if any of the following concerns are apparent:

· active abuse is witnessed;

· an active disclosure is made by an adult or third party; or

· there is suspicion or fear that something is not right or there is evidence of possible abuse or neglect.

Local Authorities make enquiries, or require others to do so on their behalf, if they reasonably suspect an adult meets the following criteria:

· they have needs for care and support (whether or not the Local Authority is meeting any of these needs);

· they are experiencing, or at risk of, abuse or neglect; and

· as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse or neglect.

64. The Local Authority will assess whether or not they consider the individual unable to protect themselves from either the risk of, or the experience of, abuse or neglect.

65. Where the referral is considered to fall into this category, the Local Authority will take steps to actively safeguard the individual. The concern will be logged on the Local Authority's database as a safeguarding concern and actions will be taken. This is often together with other agencies and partners.

66. BNJC may be invited to assist with the assessment or support the individual as part of the safeguarding response.

67. It may be that the Local Authority assesses the situation as not meeting the threshold for intervention, and so it would not fall into this category. If this is the case and you disagree with the decision, you can escalate the matter to senior managers. Should the ultimate decision of the Local Authority be that the matter is not one that requires a statutory agency response, you should ensure that you take appropriate action to help the individual.

68. Where this is the case, staff, volunteers or Trustees must ensure that any actions are agreed by our company's Designated Safeguarding Lead and recorded in accordance with the Data Protection Policy and record management systems. In this context, it is worth remembering that should an adult die, there is a likelihood that the matter will be considered by the coroner. Therefore, records must be clear, accurate and in a format that you can share.

12. Safe recruitment and allegations against staff, trustees or volunteers

69. All volunteers, staff and Trustees within our organisation will be appropriately DBS checked in accordance with their role and in line with the current law. Information about DBS checks is explained in our Safer Recruitment Policy, which can be found on Sharepoint under 'Policies'

70. Staff, trustees or volunteers should:

· Avoid lone working, where possible.

· Always let another member of staff know where they will be working and a timeframe for their activity.

· Never make inappropriate friendships or arrange to meet at risk people in circumstances unconnected to their work.

· Set an example in everything they do.

· Keep a note of any situations that make them feel uncomfortable.

· Be alert to any potential harm or inappropriate behaviour by people who are at risk.

· Respect individuals' rights to privacy.

71. Staff, trustees or volunteers should not:

· Permit abusive behaviour by others or engage in it themselves.

· Allow or engage in suggestive remarks, gestures or touching of a kind which could be misunderstood.

· Do anything which might undermine a good reputation for providing a safe environment.

72. We recognise that sometimes situations may arise where we have to deal with an allegation against an individual who is an employee, Trustee or volunteer.

73. Where the concern is about someone in a position of trust in our organisation, and the concern

is an allegation of abuse or neglect, we will assess any potential risk to adults in need and, if necessary, take action to safeguard those adults. We will also report the concern to the Local Authority Adults Safeguarding Team/MASH.

74. Examples of such concerns could include allegations that relate to a person who works with adults with care and support needs who has:

· behaved in a way that has harmed, or may have harmed an adult or a child;

· possibly committed a criminal offence against, or related to, an adult or a child; or

· behaved towards an adult or a child in a way that indicates they may pose a risk of harm to adults with care and support needs.

75. Any allegation against people who work with adults should be reported immediately to a senior manager who will deal with the situation in line with our safeguarding procedures and all relevant employment law rules. Senior managers should seek advice, including legal and HR advice, for dealing with such concerns.

76. Where we remove an individual from work with adults with care and support needs because the person poses a risk of harm to the adults, we will make a referral to the Disclosure and Barring Service (DBS). It is an offence to fail to make a referral without good reason.

77. BNJC has clear routes for escalation where a member of staff, trustee, volunteer or visitor feels that their safeguarding concern has not been responded to appropriately. Where applicable, the member of staff should use our organisation's whistleblowing policy.

13. Training

78. BNJC implements a structured safeguarding training program:

- All staff and volunteers must complete appropriate Safeguarding training at induction. Refresher training is repeated every 3 years
- The Designated Safeguarding Lead and Deputies must complete specialised safeguarding training, to be updated every 2 years

Training will ensure all staff and volunteers can:

- Recognize potential safeguarding concerns
- Respond appropriately to safeguarding issues
- Record concerns accurately following BNJC procedures
- Refer concerns to the appropriate authorities
- Analyse their own practice against established good practice

79. The Designated Safeguarding Lead will maintain a training register and provide regular reports to the Board of Trustees on completed training.

80. As part of any induction programme or process, all Trustees will be appropriately trained in all aspects of safeguarding.

Appendices - Resources and further information

Appendix A: Procedures to follow

Good Practice in Responding to Concerns

If somebody discloses to you that they are, or have been, suffering from abuse or neglect, you must respond in the following way:

· Try to find somewhere quiet to talk, but remember that a safe place will be different for each individual.

· Remain calm at all times.

· Listen carefully and don't show signs that you might be upset or shocked by what you are hearing.

· Explain to the adult that you can't keep things secret and you have responsibilities to tell your Designated Safeguarding Lead or manager.

· Explain that you will keep them informed, as much as possible, in what happens next.

· Record the information.

· Keep the information in a safe and secure place.

· Report the matter to your Designated Safeguarding Lead or manager and to the Local Authority or Police if appropriate.

As soon as possible on the same day you must make a written record of what you have seen, been told or have concerns about. Try to make sure anyone else who saw or heard anything relating to the concern also makes a written report. The written report will need to include:

· the date and time when the disclosure was made, or when you were told about / witnessed the incident(s);

· who was involved, any other witnesses, including service-users, and other staff;

· the relationship between the alleged perpetrator and alleged victim;

· exactly what happened or what you were told, in the person's own words, keeping it factual and not interpreting.

· what you saw or were told. Always record the exact words by the person disclosing and do not be tempted to put the disclosure into your own words;

· the views and wishes of the adult;

· any issues with capacity;

· the appearance and behaviour of the adult and/or the person making the disclosure;

· any injuries observed;

· any actions or decisions taken at this point; and

· any other relevant information, such as previous incidents that have caused you concern.

Remember to:

· Include as much detail as possible.

· Make sure the written report is legible, written or printed, and is of a quality that can be photocopied.

· Ensure you have printed your name on the report and that it is signed and dated.

· Keep the report factual as far as possible. However, if it contains your opinion or an assessment,

it should be clearly stated as such and be backed up by factual evidence. Information from another person should be clearly attributed to them.

· Keep the report(s) confidential, storing them in a safe and secure place.

If you need to amend your report, do not delete anything but make sure that the changes are clear. Explain in a separate document why you needed to make amendments or additions.

Preserving Evidence

In cases where there may be physical evidence of crimes, for example physical or sexual assault, you must contact the police immediately. Ask their advice about what to do to preserve evidence.
As a guide:

· Where possible, leave things as and where they are. If anything has to be handled, keep this to an absolute minimum.
· Do not clean up. Do not touch anything you do not have to. Do not throw anything away until police have confirmed the appropriate action.
· Do not wash anything or in any way remove fibres, blood etc.

· Preserve the clothing and footwear of the victim.

· Preserve anything used to comfort or warm the victim, like a blanket.

· Note in writing the state of the clothing of both the victim and person alleged to have caused the harm. Note injuries in writing. As soon as possible, make full written notes on the conditions and attitudes of the people involved in the incident.
· Take steps to secure the room or area where the incident took place. Do not allow anyone to enter until the police arrive.
In addition, in cases of sexual assault:

· Preserve bedding and clothing where appropriate, do not wash them.

· Try not to have any physical contact with either the victim or the person alleged to have caused the harm. Offer reassurance and comfort as needed, but be aware that anyone touching the victim or source of risk can contaminate evidence.

What happens after you report concerns?

If you are worried that an adult with care and support needs is experiencing, or is at risk of, abuse or neglect, it is important to raise a safeguarding concern as soon as possible. When a concern is raised in Brighton & Hove, the following steps will usually take place:

1. Receiving the Concern
Anyone can raise a safeguarding concern: this might be a member of staff, a volunteer, a family member, or the adult themselves.

Concerns should be reported to the local authority Adult Social Care team or via the organisation's Designated Safeguarding Lead (DSL), who will then escalate the concern to the local authority where appropriate.

If someone is in immediate danger, emergency services should be contacted via 999.

2. Initial Screening / Triage
Brighton & Hove City Council's Adult Social Care Safeguarding Hub will receive the concern and carry out an initial screening.

This includes checking whether the adult:

Is aged 18 or over

Has care and support needs

May be experiencing or at risk of abuse or neglect

Is unable to protect themselves because of those needs

If these criteria are met, the local authority has a statutory duty under the Care Act 2014 to make enquiries (commonly referred to as a "Section 42 enquiry").

3. Decision to Progress
Based on the screening, the Safeguarding Hub will decide whether:

The concern meets the threshold for a safeguarding enquiry

The matter should be dealt with through a different process (e.g., care management, complaints, or quality monitoring)

Immediate protective action is required

If the threshold is not met, the adult may still be offered advice, signposting, or a support plan.

4. Making Enquiries (Section 42 Enquiry)
A lead professional will be appointed to coordinate the enquiry, which may include gathering information from the adult themselves, carers, support staff, healthcare professionals, or police.

The adult's views, wishes, and desired outcomes will be at the centre of the enquiry.

The enquiry may be brief (e.g. a single phone call) or more complex, depending on the situation.

5. Outcomes and Safeguarding Plan
Once the enquiry is complete, a decision will be made about what action is needed to protect the adult and reduce future risk.

A safeguarding plan may be created, involving relevant professionals and, where appropriate, the adult and/or their representative.

Where criminal activity is suspected, the police may lead or be closely involved.

6. Review and Closure
The safeguarding plan will be reviewed at agreed intervals.

When the risks have been addressed and the adult is safe, the case will be closed, though ongoing support may continue under other care arrangements.

7. Feedback and Learning
All agencies involved are encouraged to reflect on outcomes and share learning to prevent future harm.

Where appropriate, concerns about organisational or systemic failures may be escalated via quality monitoring teams or commissioning reviews.

Appendix B: What we understand about abuse and neglect

Defining abuse or neglect is complex and depends on many factors. The term “abuse” can be subject to wide interpretation. It may be physical, verbal or psychological, or it may occur where a person is persuaded to enter into a financial or sexual transaction to which they have not consented, or cannot consent to.

Incidents of abuse may be one-off or multiple, and affect one person or more. Professionals and others should look beyond single incidents or individuals to identify patterns of harm. Repeated instances of poor care may be an indication of more serious problems and of what we describe as organisational abuse. In order to see these patterns, it is important that information is recorded and appropriately shared.

Abuse or neglect may be the result of deliberate intent, negligence or ignorance. Exploitation can be a common theme in the experience of abuse or neglect. Whilst it is acknowledged that abuse or neglect can take different forms, the Care Act guidance identifies the following types of abuse or neglect:

- Physical abuse.
- Domestic violence.
- Sexual abuse.
- Psychological abuse.
- Financial or material abuse.
- Modern slavery.
- Discriminatory abuse.
- Organisational abuse.
- Neglect and acts of omission.
- Self-neglect.

Since the Act came into force in 2015, however, other types of abuse have since been recognised, including criminal and sexual exploitation and cuckooing.

Physical abuse

Physical abuse includes assault, hitting, slapping, pushing, kicking, misuse of medication, being locked in a room, inappropriate sanctions or force-feeding, inappropriate methods of restraint, and unlawfully depriving a person of their liberty.

Possible indicators of physical abuse are:

- Unexplained or inappropriately explained injuries.
- An adult exhibiting untypical self-harm.
- Unexplained cuts or scratches to mouth, lips, gums, eyes or external genitalia.
- Unexplained bruising to the face, torso, arms, back, buttocks, thighs, in various stages of healing.
- Collections of bruises that form regular patterns which correspond to the shape of an object or which appear on several areas of the body.
- Unexplained burns on unlikely areas of the body (e.g. soles of the feet, palms of the hands, back), immersion burns (from scalding in hot water or liquid), rope burns, or burns from an electrical appliance.
- Unexplained or inappropriately explained fractures at various stages of healing to any part of the body.
- Medical problems that go unattended.
- Injuries that remain untreated.
- Sudden and unexplained urinary and/or faecal incontinence.
- Evidence of overusing or underusing medication.
- The adult flinches or shys away from physical contact.
- The adult appears frightened or subdued in the presence of particular people.
- The adult asks not to be hurt.

· The adult may repeat what the person causing harm has said (e.g. ‘Shut up or I’ll hit you’).

· Reluctance to undress or uncover parts of the body.

· The adult wears clothes that cover all parts of their body or specific parts of their body.

· Changes in the adult’s behaviour.

· An adult with capacity not being allowed to go out of a care home when they ask to or when they are invited out by another person.

· An adult without capacity not being allowed to be discharged at the request of an unpaid carer/family member.

Domestic abuse

The Home Office offers the following definition of domestic abuse:

> "An incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse [...] by someone who is or has been an intimate partner or family member regardless of gender or sexuality. It includes psychological, physical, sexual, financial, emotional abuse, so-called 'honour-based' violence, Female Genital Mutilation and forced marriage. Age range is 16 years old and above."

Coercive and controlling behaviour in intimate and familial relationships was introduced into the Serious Crime Act 2015. The offence will impose a maximum 5 years imprisonment, a fine or both.

Many people think that domestic abuse is restricted to abuse between intimate partners, but it also extends to other family members. Family members are defined as: mother, father, son, daughter, brother, sister and grandparents, whether directly related, in-laws or step-family.

Domestic violence and abuse includes any incident or pattern of incidents of controlling, coercive or threatening behaviour or violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members, regardless of gender or sexuality. It also includes honour-based violence, female genital mutilation and forced marriage.

Indicators of domestic violence include:

- Evidence of physical or sexual assaults.
- Verbal and psychological abuse and humiliation in front of other people.
- Low self-esteem.
- Belief that the abuse is somehow their fault.
- Fear of others and unwillingness to engage with outside intervention.
- Damage to home or property.
- Isolation, from friends, family and the wider community.
- Not having enough money for daily life because there is limited access to money.
- Missing appointments without notice or explanation.

Coercive or controlling behaviour is a core part of domestic violence. Coercive behaviour can include:

- Physical and sexual assault; including threats, humiliation and intimidation.
- A person being punished.
- Making a person fearful.
- Keeping the adult away from their friends, family and sources of support.
- Limiting access to resources or money.
- Preventing the person from leaving or escaping abuse.
- Regulating everyday behaviour and activities including what they can wear, where they can go, how to behave and who they see.

Sexual abuse

Sexual abuse includes rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

It includes penetration of any sort, incest and situations where the person causing harm touches the abused person's body (e.g. breasts, buttocks or genital area), exposes his or her genitals (possibly encouraging the abused person to touch them) or coerces the abused person into participating in or looking at pornographic videos or photographs. Denial of a sexual life to consenting adults is also considered abusive practice.

Any sexual relationship that develops between adults where one is in a position of trust, power or authority in relation to the other (e.g. a day centre worker, social worker, residential worker, health worker etc.) may also constitute sexual abuse.

Possible indicators of sexual abuse are:

· The adult has urinary tract infections, vaginal infections or sexually transmitted diseases that are not otherwise explained.

· The adult appears unusually subdued, withdrawn or has poor concentration.

· The adult exhibits significant changes in sexual behaviour or outlook.

· The adult experiences pain, itching or bleeding in the genital/anal area.

· The adult's underclothing is torn, stained or bloody.

· The adult is fearful of contact.

· The adult's behaviour changes.

· The adult becomes introverted and does not want to talk when otherwise they are quite sociable.

· A woman who lacks the mental capacity to consent to sexual intercourse becomes pregnant.

Psychological abuse

Psychological abuse includes emotional abuse and takes the form of threats of harm or abandonment, deprivation of contact, humiliation, rejection, blaming, controlling, intimidation, coercion, indifference, harassment, verbal abuse, including shouting or swearing, cyber bullying, isolation or withdrawal from services or support networks.

Psychological abuse is the denial of a person's human and civil rights, including choice and opinion, privacy and dignity and being able to follow one's own spiritual and cultural beliefs or sexual orientation.

It includes preventing the adult from using services that would otherwise support them and enhance their lives. It also includes the intentional and/or unintentional withholding of information, such as information not being available in different formats, languages, etc.

Possible indicators of psychological abuse are:

- Untypical ambivalence, deference, passivity, or resignation.
- The adult appears anxious or withdrawn, especially in the presence of the alleged abuser.
- The adult exhibits low self-esteem.
- Untypical changes in behaviour (e.g. continence problems, sleep disturbance).
- The adult is not allowed visitors and/or phone calls.
- The adult is locked in a room or in their home.
- The adult is denied access to aids or equipment (e.g. glasses, dentures, hearing aid, crutches, etc.).
- The adult's access to personal hygiene and the toilet is restricted.
- The adult's movement is restricted by use of inappropriate furniture or other equipment.
- Bullying via social networking internet sites and persistent texting.

Financial or material abuse

This includes 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.

Possible indicators of financial abuse are:

- Lack of heating, clothing or food.
- Inability to pay bills and/or unexplained shortage of money
- Lack of money, especially the day after receiving money, such as benefits.
- Inadequately explained withdrawals from accounts.
- Unexplained loss/misplacement of financial documents.
- The recent addition of authorised signatories on an adult's accounts or cards.
- Disparity between assets/income and living conditions.
- Power of attorney obtained when the adult lacks the capacity to make this decision.
- Recent changes of deeds/title of house or will.
- Recent acquaintances expressing sudden or disproportionate interest in the adult and their money.
- Service-user not in control of their direct payment or individualised budget.
- Mis-selling/selling by door-to-door traders/cold calling.
- Illegal money-lending.

Scams

These can arise from contact by email, letter, or telephone, or in person, and involve making false promises to con victims out of money. There are many types of scams but some of the most common are:

- fake lotteries;
- deceptive prize draws or sweepstakes;
- clairvoyants;
- computer scams; and
- romance scams.

Individuals or gangs attempt to trick people with official-looking documents or websites or convincing telephone sales. They have the aim of persuading people to send a processing or administration fee, pay postal or insurance costs, buy an overvalued product, transfer savings from their bank accounts or make a premium
rate phone call.

Doorstep Scams are crimes carried out by bogus callers, rogue traders and unscrupulous sales people who call, often uninvited, at a person's home under the guise of legitimate business or trade.

Modern slavery

Modern slavery encompasses slavery, human trafficking, forced and compulsory labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

A large number of active organised crime groups are involved in modern slavery. However, it is also committed by individual opportunistic perpetrators.

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:

· forced to work - through mental or physical threat;

· owned or controlled by an 'employer', usually through mental or physical abuse or the threat of abuse;

· dehumanised, treated as a commodity or bought and sold as 'property'; or

· physically constrained or have restrictions placed on his/her freedom of movement.

Modern slavery takes various forms and affects people of all ages, gender and races.

Human trafficking involves an act of recruiting, transporting, transferring, harbouring or receiving a person through a use of force, coercion or other means, for the purpose of exploiting them. Trafficking can be domestic or it can involve trafficking adults into the UK.

If an identified victim of human trafficking is also an adult with care and support needs, the response will be coordinated under the adult safeguarding process. The police are the lead agency in managing responses to adults who are the victims of human trafficking.

There is a national framework to assist in the formal identification of victims and help to coordinate the referral of victims to appropriate services. This is known as the National Referral Mechanism.

Possible 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, some common signs that may indicate modern slavery are:

· An adult is not in possession of their legal documents (passport, identification and bank account details) and they are being held by someone else.

· The adult has old or serious untreated injuries and they are vague, reluctant or inconsistent in explaining how the injury occurred.

· The adult looks malnourished, unkempt, or appears withdrawn.

· They have few personal possessions and often wear the same clothes.

· The clothes they do wear may not be suitable for their work.

· The adult is withdrawn or appears 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, they are inconsistent in the information they provide, including basic facts such as the address where they live.

· They appear under the control and influence of others, rarely interact or appear unfamiliar with their neighbourhood or where they work. Many victims will not be able to speak English.

· They are fearful of people in general and the authorities in particular.

· The adult perceives themselves to be in debt to someone else or in a situation of dependence.

· The adult lives in inappropriate or unduly cramped accommodation.

· Adults, sometimes in groups, are seen in places where you wouldn't expect. For example, groups of adults waiting in the countryside and not at a bus stop for a "lift".

Environmental indicators of modern slavery

Signs outside of a property that may indicate modern slavery is taking place includes:

- Bars covering the windows of the property.
- Curtains are always drawn.
- There are coverings over the windows, such as reflective film or coatings.
- The entrance has CCTV cameras installed.
- The letterbox is sealed to prevent use.
- There are signs that the electricity may have been tacked on from neighbouring properties or directly from power lines.

Signs inside the property that may indicate modern slavery includes:

- Locked rooms or no access to the back rooms of the property.
- Overcrowding.
- The house is in poor condition, needing repair work.

Discriminatory abuse

This includes 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.

Hate crime can be viewed as a form of discriminatory abuse, although it will often involve other types of abuse too. It also includes not responding to dietary needs and not providing appropriate spiritual support. Excluding a person from activities on the basis they are 'not liked' is also discriminatory abuse.

Possible indicators of discriminatory abuse

Indicators for discriminatory abuse may not always be obvious and may also be linked to acts of physical abuse and assault, sexual abuse and assault, financial abuse, neglect, psychological abuse and harassment, so the indicators listed above may also apply to discriminatory abuse.

An adult who is suffering discriminatory abuse may also:

· Reject their own cultural background and/or racial origin or other personal beliefs, sexual practices or lifestyle choices.
· Make complaints about the service not meeting their needs.

Organisational abuse

Organisational abuse is the mistreatment, abuse or neglect of an adult by a regime or individuals in a setting or service where the adult lives or that they use. Such abuse violates the person's dignity and represents a lack of respect for their human rights.

Organisational abuse includes neglect and poor care practice within an institution or specific care setting, such as a hospital or care home, or where care is provided within an adult's own home. This may range from one-off incidents to ongoing ill-treatment. It can occur through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Organisational abuse occurs when the routines, systems and regimes of an institution result in poor or inadequate standards of care and poor practice, which affect the whole setting and deny, restrict or curtail the dignity, privacy, choice, independence or fulfilment of adults with care and support needs.

Organisational abuse can occur in any setting providing health or social care. A number of inquiries into care in residential settings have highlighted that organisational abuse is most likely to occur when staff:

- receive little support from management;
- are inadequately trained;
- are poorly supervised and poorly supported in their work; and
- receive inadequate guidance.

Or where there is:

- unnecessary or inappropriate rules and regulations;
- lack of stimulation or the development of individual interests;
- inappropriate staff behaviour, such as the development of factions, misuse of drugs or alcohol, failure to respond to leadership; or
- restriction of external contacts or opportunities to socialise.

Neglect and acts of omission

Neglect and acts of omission include ignoring medical, emotional or physical care needs, failing to provide access to appropriate health, social care or educational services, and the withholding of the necessities of life such as medication, adequate nutrition and heating. Neglect also includes a failure to intervene in situations that are dangerous to the person concerned or to others, particularly when the person lacks the mental capacity to assess risk for themselves.

Neglect and poor professional practice may take the form of isolated incidents or pervasive ill treatment and gross misconduct. Neglect of this type may happen within an adult's own home or in an institution. Repeated instances of poor care may be an indication of more serious problems. Neglect can be intentional or unintentional.

Possible indicators of neglect are:

· The adult has inadequate heating and/or lighting.

· The adult's physical condition or appearance is poor (e.g. ulcers, pressure sores, soiled or wet clothing).

· The adult is malnourished, has sudden or continuous weight loss and/or is dehydrated.

· The adult cannot access appropriate medication or medical care.

· The adult is not afforded appropriate privacy or dignity.

· The adult and/or a carer has inconsistent or reluctant contact with health and social services.

· Callers/visitors are refused access to the adult.

· The adult is exposed to unacceptable risk.

Self-neglect

Self-neglect entails neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. It is also defined as the inability, intentional or unintentional, to maintain a socially and culturally accepted standard of self-care with the potential for serious consequences to the health and wellbeing of the individual and sometimes to their community.

Self-neglect may not prompt a section 42 enquiry, and an assessment will be made on a case by case basis. A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour. However, there may come a point where they are no longer able to do this without external support.

Indicators of self-neglect may include:

- living in very unclean, sometimes verminous, circumstances;
- poor self-care, leading to a decline in personal hygiene;
- poor nutrition;
- poorly healing sores;
- poorly maintained clothing;
- isolation;
- ailure to take medication;
- hoarding;
- neglecting household maintenance; or
- portraying eccentric behaviour/lifestyles.

Poor environments and personal hygiene may be a matter of personal or lifestyle choice or other issues, such as insufficient income.

Exploitation

Abuse of adults with care and support needs often occurs within a context of exploitation.

Exploitation can be seen as an act where someone will use another person for profit, labour, sexual gratification or some other personal or financial advantage. As such, exploitation can take many forms and result in different types of harm, such as financial, emotional/psychological or sexual. These types of abuse have been covered in the sections above, but some forms of criminal exploitation are explained in the paragraphs below.

Sexual Exploitation

The sexual exploitation of adults with care and support needs involves exploitative situations, contexts and relationships where adults with care and support needs, or a third person or persons, receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money, attention, understanding, company) as a result of performing sexual activities, and/or having others performing sexual activities on them.

Sexual exploitation can occur through the use of technology without the person's immediate recognition. This can include being persuaded to post sexual images or videos on the internet or send them on a mobile phone with no immediate payment or gain, or being sent such an image by the person alleged to be causing harm. In all cases, those exploiting the adult have power over them by virtue of various factors, including their age, gender, intellect, physical strength, and/or economic or other resources.

Criminal Exploitation

Criminal exploitation occurs where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child, young person or an adult, including those with care and support needs, into any criminal activity:

- In exchange for something the victim needs or wants, and/or
- For the financial or other advantage of the perpetrator or facilitator, such as to support serious organised crime and/or terrorism, and/or
- Through violence or the threat of violence to ensure compliance.

Because they are more likely to be easily detected, individuals who are exploited are more likely to be arrested and criminalised for criminal behaviour, than those individuals or groups who are exploiting them.

The victim may have been criminally exploited even if the activity appears consensual. Criminal exploitation does not always involve physical contact; it can also occur using technology and/or social media.

Adapted from the Child Criminal Exploitation definition in Working Together:DfE:2018:107 and Home Office:2018:46

Individuals who are being criminally exploited can be involved, linked to or considered to be, by themselves or others, as part of a "gang" (taken from research and publication by Factor et al: 2015). It is important when children or adults, including those with care and support needs, identify or are identified as being affected or involved with gang-related activity that involves the use of actual or threatened violence and/or drug dealing, that professionals also consider that they may be victims of criminal exploitation.

Criminal exploitation is broader than, but often part of, organised crime and county lines.

Organised Crime and County Lines

Organised crime is "serious crime planned, coordinated and conducted by people working together on a continuing basis. Their motivation is often, but not always, financial gain." Organised crime groups are "organised criminals working together for a particular criminal activity or activities." (National Crime Agency: 2018).

County lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other forms of "deal lines".

They are likely to exploit children and adults, including those with care and support needs, to move, locally supply and store the drugs and money. They will often use coercion, intimidation, violence (including sexual violence) and weapons (Home Office:2018:2).

Cuckooing

The term ‘cuckooing’ is “named after the nest stealing practices of wild cuckoos. It describes the situation where a county lines dealer ‘takes over’ accommodation located in the provincial drugs market, using it as a local dealing base.” (Coomber and Moyle: 2017).

An individual or group can do this by taking over the homes of local adults and families, including children and adults with care and support needs, through an abuse of power or vulnerability by coercion, control and/or force so that they can provide a base for the supply of drugs into the local community. This places the adult and/or families at an increased risk of eviction if they are in social or privately rented housing, and isolation from their communities due to the anti-social activity it can create. Cuckooing often forms part of wider ‘county lines’ activity and is also a form of criminal exploitation.

The Context of Criminal Exploitation

Criminal exploitation, including cuckooing, can include several different types of abuse. The types of abuse that can often be present, or relied upon for the purposes of power, include:

- Modern slavery and trafficking.
- Domestic abuse.
- Sexual abuse, including sexual exploitation.
- Physical abuse.
- Psychological abuse.
- Financial abuse.
- Neglect, including self-neglect.
- Emotional abuse.

Criminal exploitation can involve complex and organised abuse involving one or more abusers and several children and/or adults, including those with care and support needs.

Criminal exploitation can take place outside of the family or home environment. It is often a combination of the interplay between the relationships and circumstances both inside and outside of the family/home

environment that can lead to a child or adult being criminally exploited.

It is now recognised that it is crucial to have a multi-agency contextual safeguarding approach and also look at the victim's surrounding environment. An approach should be adopted which considers and addresses the individual needs, risks and protective factors within, including the needs and capacity of parents/carers, and outside, including the impact of social conditions, of the family/home. This approach should also be taken when a child or adult, including those with care and support needs, is being considered as a potential perpetrator.

At Risk Groups

As with other types of exploitation, individuals, both adults and children, who fall into the following at risk groups are more likely to be at risk of being criminally exploited. Individuals or families who fall into more than one of the groups, and show the signs of criminal exploitation or cuckooing as outlined below, should be considered at the greatest risk if they:

· are teenage children and young adults;

· have previously or are currently experiencing abuse or other Adverse Childhood Experiences (ACEs);

· lack a safe/stable home environment, now or in the past. For example due to domestic abuse, parental substance misuse, mental health issues or criminality;

· are homeless or have insecure accommodation status;

· are exposed to violent crime, gang-related activity and deprivation;

· are socially isolated, lonely or experience social difficulties;

· are economically at risk;

· are migrants;

· have a physical or learning disability;

· experience mental health issues or substance misuse;

· are or have been in care, particularly those in children's residential care and those with interrupted care histories; or

· are children excluded from school, either permanently or temporarily, or who are not fully engaged or attending their educational provision or an alternative learning provision (Tapper: 2018).

List adapted from Home Office: 2018

Signs of Criminal Exploitation

There are several signs that indicate that an individual may be subject to criminal exploitation. The more signs that are present for an individual, the greater the level of risk.

Below are some signs that may indicate an individual is at risk to exploitation. Note that this list is in order, so signs listed at the top are most concerning in respect of risk:

- Persistently going missing from school or home and/or being found out-of-area.
- Unexplained acquisition of money, clothes or mobile phones.
- Excessive receipt of texts or phone calls and/or having multiple handsets.
- Relationships with controlling and/or older individuals or groups.
- Leaving home or care without explanation.
- Suspicion of physical assault or unexplained injuries.
- Parental concerns.
- Carrying weapons.
- Significant decline in school results or performance.
- Gang association or isolation from peers or social networks.
- Self-harm or significant changes in emotional wellbeing.
- Refusal, resistance to or significant reduction in attendance and/or engagement with services or professional sources of support.
- Secretive behaviour.

List taken from Criminal Exploitation of Children and at risk Adults:
County Lines guidance, Home Office, 2018

Any sudden changes or presence of the signs should be discussed with the individual, where possible, in the first instance to explore with them the reasons behind the behaviour and try to improve their own understanding of the potential risks.

Signs of Cuckooing

Cuckooing not only has an impact on the individual or family whose home has been taken over, but also the neighbours and neighbourhood of the property that has been cuckooed.

Therefore, signs of cuckooing may be more evident to neighbours than professionals in the first instance. This means that comments and reports from neighbours must be noted and considered by professionals working with individuals or families.

Cuckooing can take place in rented or social housing, including multiple occupancy housing provision. However, individuals who own their own homes, particularly those in the at risk groups listed above, may also be targeted. The following signs may indicate that an individual or family's property has been cuckooed:

· Unknown people frequently staying at/moving into the property; often described by the individual or families as "friends".
· The individual or family moving out or regularly staying away from the property while the unknown individuals remain.
· New vehicles regularly parking or remaining outside the property.

· An increase in the number of comings and goings throughout the day and/or night, including people/ vehicles that have not been seen before.
· An increase in anti-social behaviour, such as property damage, littering, regular loud music or 'parties', or evidence of verbal or physical aggression, in and around the property.
· The individual/family refusing entry or restricting access to certain parts of the property to neighbours, friends or professionals, particularly if they have allowed it before.

As with all areas of exploitation, referral to the relevant agencies in a timely manner is essential. Such options could include:

· The Salvation Army, who can provide specialist support including access to confidential legal advice, health care, counselling, educational opportunities, financial support and support with accessing housing and employment.
· Police involvement and intervention.

· On-going support from Mental Health services.

· Housing providers.

· Any physical health services.

- Community services and resources.
- Education services.

Safeguarding Risk Management

BNJC Safeguarding Agreement Process

In situations where individuals who have been accused or convicted of offences wish to return to the BNJC community, clear safeguarding measures must be established:

- The BNJC safeguarding team will maintain communication with the Local Authority risk management panel, the individual's probation officer, and police as appropriate
- A Monitoring Group of approximately 2 people will be established, including the DSL
- A risk assessment of BNJC premises and activities will be conducted
- A formal written agreement will be created outlining boundaries and conditions of involvement

The Safeguarding Agreement may include conditions such as:
- Restrictions on movement within BNJC premises
- Designated seating or areas during events
- Supervision requirements
- Boundaries regarding contact with children or vulnerable adults
- Exclusion from specific activities or roles

The agreement must be signed by the individual and relevant BNJC representatives. Regular reviews will be conducted, and the agreement adjusted as appropriate based on risk levels and compliance. BNJC reserves the right to terminate access to BNJC at any time.

Leadership changes will include handover of information regarding any active Safeguarding Agreements to ensure continuity of risk management.

Periodic Review

All BNJC safeguarding policies will be reviewed on an annual (minimum) basis by the Board of Trustees, which has responsibility for oversight of organization safeguarding and adult protection systems.

The Designated Safeguarding Lead will report on safeguarding activity and systems to the Board of Trustees at every Trustee meeting. The Board of Trustees will not receive details of individual adult situations or identifying features of individuals as part of their oversight responsibility.

Date Reviewed: [13/06/2025]
Reviewed By: [Matt Marks - DSL]
Approved/Ratified By: Natasha Isaac (lead safeguarding trustee) 11 07 2025
Next Review Date: 11 07 2026