

SAFEGUARDING Policy – Malvern Cube Projects

Reviewed May 2024

Supporting Young People at Risk

MCP recognise that young people who are abused or witness violence may find it difficult to develop a sense of self-worth and to view the world as benevolent and meaningful. They may feel helplessness, humiliation and some sense of self-blame.

In such circumstances MCP environments may provide a stable, secure and predictable element in the lives of young people at risk. MCP staff will be encouraged to adopt an approach which does not condone anti-social or offensive behaviour committed by the young person, but does not damage the young person's sense of self-worth.

MCP will endeavour to support all young people and in particular those that may be considered vulnerable and at risk by ensuring and developing a curriculum to encourage self-esteem and self-motivation alongside promoting a youth support ethos which:

- promotes a positive, supportive and secure environment;
- gives young people a sense of being valued;
- encourages and enables young people's engagement with issues that affect them;
- ensures that MCP policies reflect the importance of supporting vulnerable young people;
- develop links and work practises with other agencies and partners in order to achieve positive outcomes for young people as appropriate.

Supporting vulnerable adults: please see Appendix Q

Bullying of Young People

MCP acknowledge the impact that being a victim of bullying can have on young people, and the need to contribute towards the prevention of bullying and taking action once incidents of bullying have been reported.

The definition of bullying used in this context is:

“The systematic use of power which deliberately or repeatedly harms others and can take various forms including but not exclusively emotional, physical, on-line, cyber, racist, sexual, homophobic, verbal etc.”

In order to meet this challenge MCP will create a culture in all activities where it is clearly understood by all that bullying is to be challenged and is unacceptable.

Training is available for new staff if necessary.

Guidelines on Safe Practice

MCP staff at all levels should be aware of and recognise that at times their work with young people may make them vulnerable to allegations of abuse.

Being aware of this risk is the first step towards ensuring that work practises are developed to ensure that the risks of such allegations are minimised for themselves and the staff they work with.

There are many situations that could leave staff at risk, including but not exclusively:

- Being alone with young people
- Transporting young people
- Offsite and residential visits
- Physical contact
- Conflict situations
- Working with vulnerable young people

All staff should be aware of any potential circumstances that could give rise to situations that place members of staff in vulnerable positions and take steps to avoid them.

Training

All MCP staff shall receive training around safeguarding issues as part of their induction into the service. Staff designated as safeguarding officers shall receive the appropriate training to ensure they can adequately meet their responsibilities.

Records of MCPs' staff development shall be kept and maintained by their line manager. Staff will be expected to have updated their understanding around safeguarding issues annually through training.

Safeguarding Policy

MCP fully recognises the need to contribute to the safeguarding of *all* young people involved in our care. MCP will ensure that all staff are aware of the contribution they can make to keep the people we work with safe. We will work with other agencies to share information when appropriate.

When young people start an activity, join the Youth Forum or attend the Youth Café, they will receive an information leaflet which will inform them and their parents/carers of MCP's Safeguarding policies and procedures. See Information for Young People and Parents (Appendix B). Young people will have access to the Cube's notice board which is located by the front door of the Cube, with the Code of Conduct for young people, youth workers and volunteers on it. The notice board and website have information on what to do if they have any safeguarding concerns.

Definition: Safeguarding in this policy is the term used to describe all work to protect the right of young people, to live in safety, free from abuse or neglect.

There are three main elements to our policy:

- Prevention
- Procedure
- Support

Our policy applies to all staff and volunteers working in the MCP setting, including working with partners, service providers and commissioned services.

Prevention

We recognise that encouraging self-esteem and confidence within young people, creating places where young people can feel safe and build supportive networks with peers, and ensuring the support of trusted adults is essential to help with prevention.

We will:

- treat all young people with respect;
- be watchful for young people who are experiencing harm or neglect;
- respond to disclosures, concerns and allegations appropriately and share with the Designated Safeguarding Lead (DSL: see below);
- adopt good practice with regard to safeguarding young people and ensure adherence to our policies and procedures;
- ensure that safe recruitment and selection practices are followed;
- work in partnership with young people, parents/carers and other agencies.

Information about recognising abuse and neglect can be found in Appendices C and D.

MCP will therefore:

- Establish and maintain an ethos where young people feel secure and are encouraged to talk, and are listened to;
- Ensure the young people know that there are adults in MCP settings whom they can approach if they are worried or in difficulty;
- Include in the programme, appropriate activities and opportunities for personal & social development, which equip the young people with the skills they need to stay safe from abuse and to know to whom to turn for help;
- Include in the programme, material which will help young people develop realistic attitudes to the responsibilities of adult life.

Procedures

MCP will:

- Ensure that the duty of care towards young people and staff is understood and promoted through training at all levels, by raising awareness of illegal, unsafe and unwise behaviour *and* undertaking quality assurance measures as appropriate.
- Ensure the criminal background of employees, volunteers and any adult working with young people are checked in accordance with enhanced Disclosure and Barring Service (DBS) policies and procedures before they start work.
- Provide child protection training within the induction programme for all new staff at all levels.
- Designate safeguarding officers who will ensure that procedures are adhered to and provide appropriate support to staff and service users should a safeguarding incident occur.
- Ensure that members of staff are aware of the need to be alert to categories of abuse and neglect (Appendix C), how to recognise abuse and neglect (Appendix D) and know how to respond should someone choose to disclose issues around abuse or neglect.
- Ensure that safeguarding procedures are in place during offsite and residential visits, and that parents and carers are fully informed as appropriate.
- Liaise with the designated officer around the need to maintain written records of concerns about the people we work with (noting the date, event and action taken), even where there is no referral made on to the Worcestershire Safeguarding Children Partnership.

- Work to develop effective links with relevant agencies and co-operate as required with their enquiries regarding child protection matters, including attendance at initial case conferences, core groups and child protection review conferences.
- Ensure all records are kept confidential, secure and in locked locations.
- Follow the procedures set out by MCP and Worcestershire Safeguarding Children Board when an allegation is made against a member of staff.

Support

MCP will support young people, volunteers and staff by ensuring they understand and have access to all MCP policies and procedures. Safeguarding is everyone's responsibility. Therefore, we will:

- Publish our Safeguarding Policies and make them available in MCP settings to anyone on request.
- Provide training where necessary.
- Ensure all staff and young people know:
 - the name of the DSL, their roles and responsibilities.
 - that all staff have a responsibility for referring child protection concerns to DSL and for following the appropriate procedures identified through MCP and Worcestershire Safeguarding Children Board.

MCP's DSL is: Jo Hine (07483 126534)

She is responsible for:

- receiving, monitoring and recording safeguarding concerns
- handling allegations against volunteers
- making referrals to the local authority Family Front Door or Out of Hours Emergency Duty Team
- liaising with other agencies
- keeping written records of concerns and allegations securely.
- Reporting annually to the committee on any safeguarding or child protection issues and/or any allegation which have arisen over the previous 12 months (Appendix E).

We review our policies and procedures on an annual basis.

Useful numbers/websites:

- If there is immediate danger, call 999
- Family Front Door: 01905 822666
- Out of hours emergency duty team: 01905 768020
- <https://www.safeguardingworcestershire.org.uk/>
- www.youngsolutions.org.uk

Specific Concerns:

Any member of staff who has a concern about a young person should make a written note (see Concern/Incident form in Appendix F). This must be passed on to the designated person (although a personal copy may be kept in a secure place). The note should be timed, dated and signed, with your name printed alongside the signature.

Notes must be made as soon as possible, and certainly within 24 hours of the incident giving rise to the concern. (This is important, in case the note is needed for submission to court).

The form included with this guidance may be used by MCP staff although it is not obligatory. Whatever format is used people should always ensure that the notes are:

- A factual account of what has taken place
- Written using a young person's own words where possible
- A record of what you saw and heard, not what you think may have happened

Professional opinions are acceptable but only if you state the facts or observations upon which this professional opinion is based.

Nagging Doubts about a Young Person's Safety and Welfare:

Sometimes, things which seem to be insignificant or trivial at the time turn out to be vital pieces of information later. If there has been no specific incident or information, make a written note. Try to identify what is really making you feel worried. Discuss your concerns with your line manager, and decide whether you need to record your concerns with the designated operational officer. You may wish to record your concerns in writing (Appendix F). If you do so make sure that you record your name and date the note. If you pass on the written concern to the designated operational officer you may keep a copy as long as it is stored in a locked and secure place.

You may wish to continue to monitor the young person about whom you have concerns. If you do so then ensure that you record your observations as factually as possible. If several notes have been made about the young person, the designated person should seek advice from the Worcestershire Safeguarding Children Partnership. Copies of child protection information should be kept on record until the young person's 24th birthday unless advised differently.

Child protection records should be kept securely locked and are exempt from the disclosure provisions of the Data Protection Act 1984.

(Refer to Data Protection Policy)

Procedure following a Concern, Disclosure or Incident of Abuse

Youth workers are in a unique position to observe young peoples' behaviour over time and develop good relationships with them. Young people may 'tell' in different ways, through behaviour and creative work as well as direct disclosure. They may seek help with minor anxieties in the initial stages as a way of assessing whether the youth worker is a safe person to confide in.

It is important to remember:

- Young people suffering from abuse can feel guilty, confused and isolated. They may feel that they are the only person experiencing it so open communication is important.
- Most young people make some attempt to 'tell' in the early stages of abuse and may never tell again if they are not heard initially.
- Abuse is rarely a one-off event.
- If one young person causes concern, it is important to look at the wellbeing of others in the same family.

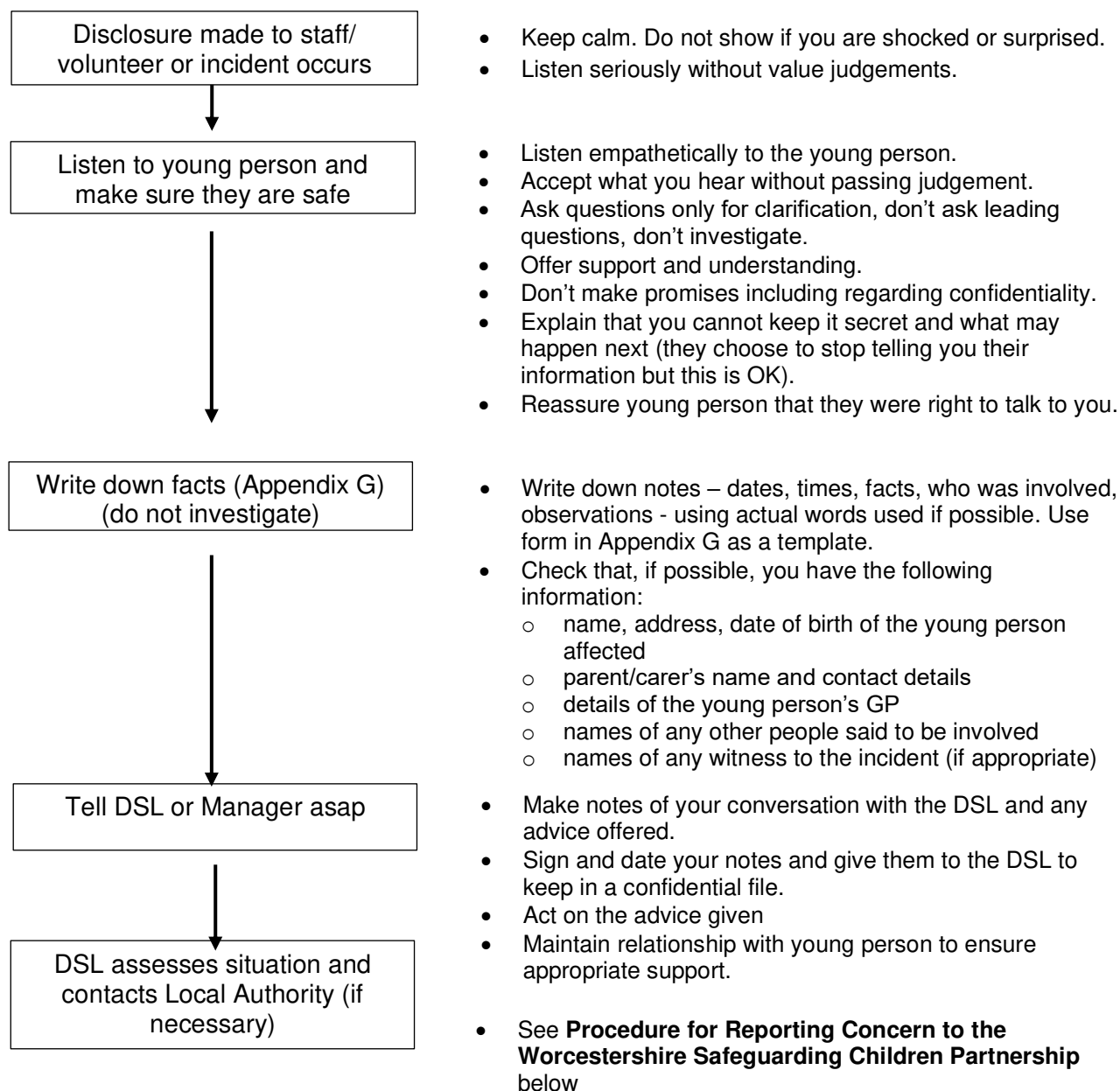
Anyone working with young people should be ready to:

- share concerns with other staff
- monitor incidents even if they appear to be small

- be ready to listen to young peoples' problems.

This procedure should be followed if you have a concern about abuse, or a disclosure or incident of abuse occurs.

Remember that it has taken a lot of courage for a young person to get to this point – your response, as someone they have chosen to trust, is crucial.



ALWAYS REMEMBER:

- **IF IN DOUBT – CONSULT**
- Respect the confidentiality of everyone involved in the incident and keep the matter restricted only to those who need to know.
- Make sure support is provided for the child/young person/vulnerable adult making the disclosure and for yourself if necessary.

DON'T:

- press for explanations

- put it off
- leave it to someone else to help
- be afraid to express your concerns

Reporting a Concern to the Worcestershire Safeguarding Children Partnership

Working Together (2018) introduced a requirement for new multi-agency safeguarding arrangements to replace Local Safeguarding Children Boards. The responsibility for ensuring implementation of the new arrangements rests with the three named Safeguarding Partners; the Local Authority, the Police and Clinical Commissioning Groups. These partners have a shared and equal duty to make arrangements to work together to safeguard and promote the welfare of all children in the local area.

In Worcestershire the three Safeguarding Partners are:

- Chief Executive of Worcestershire County Council
- Chief Constable of West Mercia Police
- Accountable Officer for NHS South Worcestershire, NHS Wyre Forest and NHS Redditch and Bromsgrove Clinical Commissioning Groups (CCGs)

In Worcestershire the Safeguarding Partners work together as an Executive Group coming together with a wider group of relevant partners, known as the Worcestershire Safeguarding Children Partnership (WSCP). WSCP replaces the Worcestershire Safeguarding Children Board (WSCB), however guidance produced by WSCB remains valid and should be followed by professionals.

Further detailed information can be found in the [Worcestershire Safeguarding Children Partnership Plan](https://www.safeguardingworcestershire.org.uk/wscb/) <https://www.safeguardingworcestershire.org.uk/wscb/>

Once a decision has been made that a child/young person/vulnerable adult is likely to be at risk of significant harm you, or the DSL, must phone the Family Front Door immediately.

- If there is immediate danger, call 999
- Family Front Door: 01905 822666
- Out of hours emergency duty team: 01905 768020

Say that you have serious concerns about a child/young person/vulnerable adult.

When making a referral the following information will be requested:

- name, address, date of birth, ethnic origin and gender of the person affected
- name and contact details of the parent/carers or other close family members, if known
- name and contact details of the person's GP
- reason(s) for your referral

APPENDIX C

Categories of abuse and neglect

Neglect is defined as the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or

development. Neglect may occur during pregnancy as a result of maternal substance misuse. Once a child is born neglect may involve a parent or carer failing to provide adequate food and clothing, shelter including exclusion from home or abandonment, failing to protect a child from physical and emotional harm or danger, failure to ensure adequate supervision including the use of inadequate care takers, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Physical Abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child.

Emotional Abuse is persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to young people that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on young people. These may include interactions that are beyond the child's developmental capacity, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill treatment of another. It may involve serious bullying causing young people frequently to feel frightened or in danger, or the exploitation or corruption of young people. Some level of emotional abuse is involved in all types of ill treatment of a young person, though it may occur alone.

Sexual Abuse and Sexual Exploitation involves forcing or enticing a young person to take part in sexual activities, including prostitution, whether or not the young person is aware of what is happening. The activities may involve physical contact including penetrative, (e.g. rape, buggery or oral sex) or non-penetrative acts. They may include non-contact activities, such as involving young people in looking at, or in the production of pornographic material or watching sexual activities or encouraging young people to behave in sexually inappropriate ways.

APPENDIX D

Recognising Abuse and Neglect

Recognising child abuse is not easy, and it is not your responsibility to decide whether or not child abuse has taken place. You do, however, have a responsibility to act if you have a concern or if you believe a child or young person is at risk of neglect or any form of abuse. The following information will help you to be alert to the signs of possible abuse.

Recognising Physical Abuse

Young people get cuts and bruises in their normal daily life and these are likely to be in places where there are bony parts of their body, like elbows, knees and shins. Some young people, however, will have bruising which can almost only have been caused non-accidentally. An important indicator of physical abuse is where bruises or injuries are unexplained or the explanation does not fit the injury, or when it appears on parts of the body where accidental injuries are unlikely e.g. on the cheeks or thighs. A delay in seeking medical treatment when it is obviously necessary is also a cause for concern.

Bruising may be more or less noticeable on young people with different skin tones or from different racial groups and specialist advice may need to be taken.

Physical signs of abuse may include:

- unexplained bruising, marks or injuries on any part of the body
- bruises which reflect hand marks or fingertips (from slapping or pinching)
- cigarette burns
- bite marks
- broken bones
- scalds

Changes in behaviour which can indicate physical abuse:

- fear of parents being approached for an explanation
- aggressive behaviour or severe temper outbursts
- flinching when approached or touched
- reluctance to get changed or covering up, e.g. wearing long sleeves in hot weather
- depression
- withdrawn behaviour
- running away from home

Recognising Emotional Abuse

Emotional abuse can be difficult to identify, and often young people who appear well cared for may be emotionally abused by being taunted, put down or belittled. They may receive little or no love, affection or attention from their parents or carers. It can also take the form of young people not being allowed to mix/play with others.

The physical signs of emotional abuse may include:

- a failure to thrive or grow
- sudden speech disorders
- developmental delay, either in terms of physical or emotional progress

Changes in behaviour which can also indicate emotional abuse include:

- neurotic behaviour e.g. hair twisting, rocking

- being unable to play
- fear of making mistakes
- self-harm
- fear of parents being approached regarding their behaviour

Recognising Sexual Abuse

Adults who use young people to meet their own sexual needs abuse both girls and boys of all ages, including infants and toddlers. Usually, in cases of sexual abuse, it is the child or young person's behaviour which may cause you to become concerned, although physical signs can also be present. In all cases, young people who talk about sexual abuse do so because they want it to stop. It is important, therefore, that they are listened to and taken seriously.

The physical signs of sexual abuse may include:

- pain or itching in the genital/anal areas
- bruising or bleeding near genital/anal areas
- sexually transmitted disease
- vaginal discharge or infection
- stomach pains
- discomfort when walking or sitting down
- pregnancy

Changes in behaviour which can indicate sexual abuse include:

- sudden or unexplained changes in behaviour e.g. becoming aggressive or withdrawn
- fear of being left with a specific person or group of people
- running away from home
- sexual knowledge which is beyond their age or developmental level
- sexual drawings or language
- having nightmares
- bedwetting
- eating problems such as overeating or anorexia
- self-harm or mutilation, sometimes leading to suicide attempts
- saying they have secrets they cannot tell anyone about
- substance or drug abuse
- suddenly having unexplained sources of money
- not allowed to have friends (particularly in adolescence)
- acting in a sexually explicit way towards adults

Recognising Neglect

Neglect can be a difficult form of abuse to recognise, yet has some of the most lasting and damaging effects on young people.

The physical signs of neglect may include:

- constant hunger, sometimes stealing food from other young people
- constantly dirty or "smelly"
- loss of weight, or being consistently underweight
- inappropriate dress for the conditions

Changes in behaviour which can also indicate neglect may include:

- complaining of being tired all the time

- not requesting medical assistance and/or failing to attend appointments
- having few friends
- mentioning their being left alone or unsupervised

The above list is not meant to be definitive but a guide to assist you. It is important to remember that many young people will exhibit some of these indicators at some time, and the presence of one or more should not be taken as proof that abuse is occurring. There may well be other reasons for changes in behaviour, such as a death or the birth of a new baby in their family, relationship problems between parents/carers etc.

What May Give Cause for Concern?

There is no clear dividing line between one type of abuse and another. The following list should alert you to possible causes for concern.

- Bruising on parts of the body which do not usually get bruised accidentally, e.g. around the eyes, behind the ears, back of the legs, stomach, chest, cheek and mouth (especially in a young baby), etc.
- Burns or scald marks
- Bite marks
- Any injuries or swellings, which do not have a plausible explanation
- Bruising or soreness to the genital area
- Faltering growth, weight loss and slow development
- Unusual lethargy
- Any sudden uncharacteristic change in behaviour, e.g. child becomes either very aggressive or withdrawn
- A child or young person whose play and language indicates a sexual knowledge beyond his/her years
- A child or young person who flinches away from sudden movement
- A child or young person who gives over rehearsed answers to explain how his/her injuries were caused
- An accumulation of a number of minor injuries and/or concerns
- A child or young person who discloses something which may indicate he/she is being abused
- Concern about a parent or carer's behaviour or presentation, e.g. evidence of possible alcohol or drug misuse, mental health difficulties, or domestic violence
- Concern about arrangements for the collection of the child or young person

This list is not comprehensive and particular attention should be paid to non-verbal communication in young people with disabilities and/or communication difficulties. Further information is available from:

<https://www.safeguardingworcestershire.org.uk/wscb/professionals/>

A **Cluster** of these signs should increase concern.

Staff and volunteers should take special care to help safeguard and promote the welfare of young people who may be living in particularly stressful circumstances. These include families:

- living in poverty
- where there is domestic violence
- where a parent has a mental illness
- where a parent is misusing drugs or alcohol
- where a parent has a learning difficulty
- that face racism and other forms of social isolation

- living in areas with a lot of crime, poor housing and high unemployment

When working with young people who are suffering or likely to suffer significant harm staff and volunteers should:

- be alert to potential indicators of abuse or neglect
- be alert to the risks of harm
- prioritise direct communication and positive and respectful relationships with young people ensuring their wishes and feelings underpin any safeguarding activities or assessments
- share and help to analyse information so that an effective assessment can be made
- contribute to whatever actions are needed to safeguard and promote the welfare of the child or young person
- work cooperatively with parents unless this is inconsistent with ensuring the safety of the child or young person

APPENDIX E

Safeguarding Annual Report Form

- To be completed annually by the Safeguarding Champion

The Designated Person for Child Protection is

The WSCB training that s/he has undertaken this year is

Policy	Agreed by Trustees on:	To be Reviewed on:
Safeguarding		
Child Protection		
Vulnerable Adults		

Recruitment

I confirm that staff members and volunteers selected this year were recruited following safeguarding guidance.

- Their qualifications were verified and their identity checked.
- Reference requests included the person's suitability to work with young people as appropriate.
- Missing information or vague information was followed up with the referee.
- Enhanced DBS Disclosures were undertaken for all new staff/volunteers
- All new staff/volunteers undertook child protection training.

Information

Young people are aware of the Child Protection Policy and who they can speak to about a concern.

Parents/carers are aware of the Safeguarding, Child Protection and Vulnerable Adult Policies and Procedures and who they can speak to about a concern.

	Number of this year	Outcomes
Disclosures		
Concerns		
Allegations		
Safeguarding Complaints		
Referrals to WSCP and/or the Police		

APPENDIX Q - Safeguarding Adults

The Care Act 2014 sets out duties to promote wellbeing when carrying out care and support for adults (aged 18 or over) who:

- Have needs for care and support
- Are at risk of, or experiencing abuse or neglect
- Are unable to protect themselves from being at risk of or experiencing abuse or neglect.

Definitions of abuse and neglect:

The following information is taken from the Worcestershire Safeguarding Adults Board Guidance

Adults may be at risk of:

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

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:

- Unexplained or inappropriately explained injuries;
- 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/liquid), rope burns, 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;
- Sudden and unexplained urinary and/or faecal incontinence.
- Evidence of over/under-medication;
- Flinching at physical contact;
- Appearing frightened or subdued in the presence of particular people;
- Adult asks not to be hurt;
- 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;
- Person wears clothes that cover all parts of their body or specific parts of their body;

- An adult without capacity not being allowed to go out of a care home when they ask to;
- An adult without capacity not being allowed to be discharged at the request of an unpaid carer/family member.

Domestic abuse:

The cross-government definition of domestic violence and abuse is: any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can include, but is not limited to psychological, physical, sexual, financial and emotional.

- Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.
- Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.
- Forced marriage is a term used to describe a marriage in which one or both of the parties are married without their consent or against their will. A forced marriage differs from an arranged marriage, in which both parties consent to the assistance of their parents or a third party in identifying a spouse. In a situation where there is concern that an adult with care and support needs is being forced into a marriage they do not or cannot consent to, there will be an overlap. Forced marriage is one aspect of so-called 'honour' based violence which also includes female genital mutilation (FGM).

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.
- Penetration of any sort, incest and situations where the person causing harm touches the abused person's body (e.g. breasts, buttocks, 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.
- 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. day centre worker/social worker/residential worker/health worker etc.)

Possible indicators

- Adult has urinary tract infections, vaginal infections or sexually transmitted diseases that are not otherwise explained;
- Adult appears unusually subdued, withdrawn or has poor concentration;
- Adult exhibits significant changes in sexual behaviour or outlook;
- Adult experiences pain, itching or bleeding in the genital/anal area;
- Adult's underclothing is torn, stained or bloody;
- A woman who lacks the mental capacity to consent to sexual intercourse becomes pregnant;

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) as a result of performing sexual activities, and/or 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 a mobile phone with no immediate payment or gain, or being sent such an image by the person alleged to be causing harm.

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.
- 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.
- Preventing the adult from using services that would otherwise support them and enhance their lives.
- The intentional and/or unintentional withholding of information (e.g. information not being available in different formats/languages etc.).

Possible indicators

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

- Lack of heating, clothing or food;
- Inability to pay bills/unexplained shortage of money;
- Lack of money, especially after benefit day;
- 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.

Modern slavery:

Modern Slavery encompasses slavery, human trafficking, forced and compulsory labour and domestic servitude. There are many forms of slavery but, 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';
- Physically constrained or has restrictions placed on his/her freedom of movement.

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.

Possible Indicators

- Are often hidden but may include:
- 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
- What 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/influence of others, rarely interact or appear unfamiliar with their neighbourhood or where they work. Many victims will not be able to speak English
- Fear of authorities
- The adult perceives themselves to be in debt to someone else or in a situation of dependence.

Discriminatory abuse

This includes:

- Discrimination on the grounds of race, faith or religion, age, disability, gender, sexual orientation and political views
- 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

- Not responding to dietary needs and not providing appropriate spiritual support.
- Excluding a person from activities on the basis they are 'not liked'.

Possible Indicators

- May also be linked to acts of physical abuse and assault, sexual abuse and assault, financial abuse, neglect, psychological abuse and harassment
- An adult may reject their own cultural background and/or racial origin or other personal beliefs, sexual practices or lifestyle choices
- An adult making complaints about the service not meeting their needs.

Organisational abuse

This 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 their own home. This may range from one off incidents to on-going ill-treatment. 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.
- Violates the person's dignity and represents a lack of respect for their human rights.
- 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.
- Can occur in any setting providing health or social.

Neglect and acts of omission

These include:

- Ignoring medical, emotional or physical care needs
- Failure to provide access to appropriate health, social care or educational services
- Withholding of the necessities of life such as medication, adequate nutrition and heating.
- 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. Intentional or unintentional neglect.

Possible indicators

- Adult has inadequate heating and/or lighting;
- Adult's physical condition/appearance is poor (e.g. ulcers, pressure sores, soiled or wet clothing);
- Adult is malnourished, has sudden or continuous weight loss and/or is dehydrated;
- Adult cannot access appropriate medication or medical care;
- Adult is not afforded appropriate privacy or dignity;
- Adult and/or a carer has inconsistent or reluctant contact with health and social services;
- Callers/visitors are refused access to the person;
- Person is exposed to unacceptable risk. 3.4.10. Self-neglect. Self-neglect covers a wide range of behaviour, neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

Self-neglect

- Is the inability (intentional or non-intentional) to maintain a socially and culturally accepted standard of self-care with the potential for serious consequences to the health and well-being of the individual and sometimes to their community.

- Indicators of self-neglect may be confused with personal choices or the results of insufficient income but include: living in very unclean, sometimes verminous, circumstances; poor self-care leading to a decline in personal hygiene; poor nutrition; poor healing/sores; poorly maintained clothing; long toenails; isolation; failure to take medication; hoarding large numbers of pets; neglecting household maintenance; portraying eccentric behaviour/lifestyles;

Procedures

The procedures for recording and reporting safeguarding issues are the same as for young people with additional provision for the Mental Capacity Act 2005 as follows.

Mental Capacity Act 2005

The Mental Capacity Act (MCA) 2005, covering England and Wales, provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they may lack capacity in the future. The Act sets out who can take decisions, in which situations, and how they should go about this.

In order to protect those who lack capacity and to enable them to take part, as much as possible in decisions that affect them, the following statutory principles apply:

- You must always assume a person has capacity unless it is proved otherwise
- You must take all practicable steps to enable people to make their own decisions
- You must not assume incapacity simply because someone makes an unwise decision
- Always act, or decide, for a person without capacity in their best interests
- Carefully consider actions to ensure the least restrictive option is taken
- All decisions taken in the adult safeguarding process must comply with the Act.

All interventions need to take into account the ability of adults to make informed choices about the way they want to live and the risks they want to take. Issues of mental capacity and the ability to give informed consent are central to decisions and actions in adult safeguarding. This includes their ability:

- To understand the implications of their situation and to take action themselves to prevent abuse.
- To participate to the fullest extent possible in decision-making about interventions.

If a person lacks mental capacity to make a particular decision then whoever is making that decision or taking any action on that person's behalf must do this in the person's best interests. The person who has to make the decision is known as the 'decision-maker' and may be a carer responsible for the day to day care (including both care staff, relatives or friends), or a professional such as a doctor, nurse or social worker where decisions about treatment, care arrangements or accommodation have to be made.

Under the MCA, people who lack capacity and are currently experiencing or are at risk of abuse or are alleged to be responsible for abuse, are entitled to the help of an Independent Mental Capacity Advocate, to support and represent them in the enquiries that are taking place. This is separate from the decision whether or not to provide the victim of abuse with an independent advocate under the Care Act. The impact of controlling and coercive behaviours, and application of undue influence, is a factor that needs active consideration for those with or without capacity. Early consultation with legal advisors is recommended in high risk situations where this is indicated.

At the concern stage, the most common capacity & consent issues to consider will usually be:

- Whether the adult has the mental capacity to understand & make decisions about the abuse or neglect related risks, and any immediate safety actions necessary
- Whether the adult consents to immediate safety actions being taken, and whether the adult consents to information being referred / shared with other agencies.

If it is felt that the adult may not have the mental capacity to understand the relevant issues and to make a decision, it should be explained to them as far as possible, given the person's communication needs. They should also be given the opportunity to express their wishes and feelings. It is important to establish whether the adult has the mental capacity to make decisions. This may require the assistance of other professionals. In the event of the adult not having capacity, relevant decisions and/or actions must be taken in the person's best interests. The appropriate decision-maker will depend on the decision to be made.

Reporting without consent:

If there is an overriding public interest or vital interest, or if gaining consent would put the adult at further risk, the concern must be reported. This includes situations where:

- there is a risk or 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,
- the person lacks capacity to consent.

The adult would normally be informed of the decision to report and the reasons for this, unless telling them would jeopardise their safety or the safety of others. The key issues in deciding whether to report a concern without consent will be the harm or risk of harm to the adult, and risks to any other adults who may have contact with the person causing harm or with the same organisation, service or care setting. If any person is unsure whether to report, they should contact the relevant local Lead Agency for advice. Disclosure without consent needs to be justifiable and the reasons recorded by professionals in each case.