SAFEGUARDING ADULTS POLICY

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Title:	Safeguarding Adults Policy (Education and Day Services)		
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Referring Local Authority Local Safeguarding Adult Teams	
Durham Safeguarding AdultTeam	03000 267 979 Website Link
Sunderland SafeguardingAdult Team	0191 561 8934 Website Link
North Tyneside SafeguardingAdult Team	0191 643 2777 Website Link
South Tyneside SafeguardingAdult Team	0191 424 4066 Website Link
Newcastle SafeguardingAdult Team	0191 278 8156 Website Link
Gateshead SafeguardingAdult Team	0191 433 7033 Website Link
Northumberland Safeguarding Adult Team	01670 536 400 Website Link
Darlington Safeguarding Adult Team	01325 406111 Website Link
Teeswide Safeguarding AdultTeam	Hartlepool: 01429 523 390 Middlesbrough: 01642 726 004 Redcar & Cleveland: 01642 771 500 Stockton-on-Tees: 01642 527764 Website Link

1.0 Purpose and Aim of Policy

The North East Autism Society Safeguarding Policy aims to provide clear direction about expected understanding of, dealing with and responding to safeguarding issues.

The policy also aims to make explicit the Society's commitment to the maintenance and development of good practice and sound procedures. The purpose of the policy is, therefore, toensure that safeguarding concerns and referrals are handled sensitively, professionally and in ways that appropriately support the particular needs of an individual's wellbeing.

The safeguarding of the people in our care is the single most important aspect of our work.

North East Autism Society fully recognises the contribution it can and should make to safeguard and support people in its care.

There are three key elements to our safeguarding policy:

1. Prevention (positive atmosphere, careful and vigilant working, support to people, providinggood role models)
2. Protection (following agreed procedures, ensuring staff are trained and supported to respondappropriately and sensitively to safeguarding concerns)
3. Support (people and staff who may have been abused)

This policy will be reviewed on an annual basis or if there are any significant changes to legislation or good practice guidelines.

2.0 Key Principles of Adult Safeguarding

The Care Act 2014 sets out six key principles of adult safeguarding: empowerment, prevention, proportionality, protection, partnership and accountability. North East Autism Society recognises each and all of these principles in all of the work that we do. The Society 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.

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 withinformed consent.	"I am asked what I want the outcomes to befrom the safeguarding process and these directly inform what happens."
Prevention – It is better to take action beforeharm occurs.	"I receive clear and simple information aboutwhat abuse is, how to recognise the signs andwhat I can do to seek help."

Proportionality – The least intrusive responseshould be identified and must be appropriate to the risk presented.	"I am sure the professionals will work in myinterest and they will only get involved as much as needed."
Protection – Support and representation forthose 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 extentto which I want."
Partnership – Communities have a part to play in preventing, detecting and reporting neglectand abuse.	"I know that staff treat any personal and sensitive information in confidence, only sharing what I 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 practicesthat are used to support people.	"I understand the role of everyone involved inmy life and so do they."

3.0 Framework

The North East Autism Society provides residential, supported living, education, adult day and family services across the North East of England, with services covering the North East's 12 Local Authority areas. Each Local Authority has its own Safeguarding Adults Multi-Agency Procedural Framework/Interagency Policy in place to ensure that all agencies that support adults who may be vulnerable, work together to ensure a consistent approach in responding to allegations of abuse. When allegations of abuse are made or where the risk of abuse is identified, the Framework offers guidance to staff about the process which should be followed.

These guidelines are designed to identify the roles and responsibilities of staff employed by the Society within this process. The Safeguarding Adults Procedural Framework/Interagency Policy should be read in conjunction with these guidelines. It outlines relevant pieces of legislation, good practice guidance, definitions and categories of abuse and documentation in relation to Safeguarding Adults.

The legislation below has informed the content of the policy and procedures:

Care Act 2014 and Statutory Guidance issued under the Act

This sets out rules and guidance on all aspects of safeguarding and repeals the No Secretsguidance (2000). The content of the Act informs the major parts of this policy.

Mental Capacity Act 2005 (MCA)

The MCA 2005 was enacted to protect individuals and their freedoms. It empowers individuals toretain 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 asis possible. Best interest rules must be followed when making decisions for an adult who lacks capacity.

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 vulnerable must have a working knowledge of the Act. The Act also complements North East Autism Society's other policies and its ethos. Therefore, it is included here both for information purposes and to note that North East Autism Society'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 assume 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 make the 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 person's age or appearance, or
    - A condition of theirs, or an aspect of their behaviour, which might lead others to make unjustified assumptions about their capacity.

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 (DoLS) Code of Practice 2008, as applied alongside the 2026 Supreme Court judgment and current government guidance.

This sets out key provisions for the protection of those in some residential settings and hospitalswho 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 libertyis required, such as to fulfil 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 Vulnerable Groups Act 2006

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.

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

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

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 anadult, 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 notincorporate entirely private arrangements concerning care and support.

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.

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)

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. Allorganisations must have a Whistleblowing Policy in place.

Protection of Freedoms Act 2012

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

The Equality Act 2010

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

4.0 The Role of the Trustees of North East Autism Society in Safeguarding

The Trustees are accountable for ensuring that the Society has clear and effective policies and procedures in place and that they comply with legislation and good practice guidelines. They also have a duty to monitor the Society's compliance with these guidelines, (however neither the Trustees as a Board nor individual Trustees have a role in dealing with individual cases or have a right to know details of cases except when exercising their disciplinary functions in respect of allegations against the member of staff).

The Trustees should in particular ensure that the Society:

1. Has a Safeguarding Protection Policy and procedures in place that is in accordance with local authority guidance and locally agreed inter-agency procedures and that the Policy isaccessible to parents, carers or appropriate professionals.

2. Uses safeguarding and safer recruitment practices throughout the organisation.

3. Operates procedures for dealing with allegations of abuse against staff and volunteers, and those other personnel who work with service users with the permission of the Societyincluding clear management of allegation procedures and practices within the organisation.

4. Has a senior member of staff in each Service area designated to take lead responsibility for dealing with safeguarding issues providing advice and support to other staff, liaising with the responsible local authority and working with other agencies?

5. The senior managers and all other staff who work within the society undertake appropriate training to equip them to carry out their responsibilities in safeguarding people effectively. They must remain up to date by training at a minimum of two yearly intervals. Agency staff and volunteers who work with service users must also be made fully aware of the expectations and arrangements for safeguarding adults and their individual responsibilities.

6. The Trustees must remedy any deficiencies or weaknesses in safeguarding arrangements that are brought to their attention. They must address any such issue without delay.

5.0 Definition of Abuse

"Abuse is a violation of an individual's human and civil rights by any other person or persons"
and may result in significant harm to, or exploitation of, the person subjected to the abuse.It is important to

note that:

- Abuse can consist of a single act or repeated acts
- Abuse can be intentional or unintentional or result from a lack of knowledge
- Abuse can be an act of neglect, an omission or a failure to act
- Abuse can cause harm temporarily or over a period of time
- Abuse can occur in any relationship
- Abuse can be perpetrated by anyone, individually or as part of a group or organisation
- Some forms of abuse are crimes.

Information about forms of abuse can be found in appendix 1. All staff need to be alert to any indication; both observed and heard that they come across, please see appendix 1 for further information.

6.0 Duty of Care

It is considered part of the 'Duty of Care' that workers are responsible for bringing to the attention of their line manager, suspicions or allegations of abuse of any vulnerable adult intheir care. Failure to act could imply a member of staff's agreement to the abuse and could result in disciplinary action. NEAS has a whistle-blowing policy in place to encourage good practice and deter poor practice and serious malpractice.

7.0 Whistle-blowing

Whistle-blowing is a process that enables employed staff to raise serious concerns in the workplace and to have these concerns properly addressed. There may be allegations or concernsof abuse which implicate a member or members of staff. A member of staff may have concerns about the conduct or behaviour of a colleague. Despite working closely together or even socialising outside of work, the Duty of Care necessitates the matter being raised, in accordancewith the Safeguarding Adults Procedures.

Front-line staff are often the first to see or suspect misconduct, but are often worried about raising concerns. They may worry that they are being disloyal to their colleagues or are worried about the consequences of coming forward. It is recognised that whistle-blowing is often seen ina negative light and that this negativity has been perpetuated for many years. Consequently it isdifficult for staff to see the positives but this needs to be encouraged. A good starting point isto ensure open, honest and effective communication amongst staff teams and within the service. Where this is the case, staff should begin to feel more confident and positive about coming forward with ideas, thoughts, suggestions and concerns. All managers must ensure that they listen to their staff and support them in this.

The Whistle-Blowing Policy which is available to all staff is designed to support staff to come forward with their concerns, and relay confidence that they will be supported throughout the process. All workers need to, therefore, be aware of NEAS Whistle-Blowing Policy.

8.0 Principles in Information Sharing

When sharing information, North East Autism Society 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 ProtectionRegulations. Staff, Trustees and volunteers must be mindful of, and act within, the rules set outin 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 an appropriate guardian.

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 bestinterests 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.

North East Autism Society recognises that safeguarding vulnerable 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 peoplesafe. North East Autism Society 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.

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 the Societywill seek legal advice.

The Society recognises that where:

- There is a real risk of 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 eitherin an emergency via 999/101 or to the relevant LA Adult Help Desk. Agencies can be asked to deal with the matter in confidence and North East Autism Society recognises that the police andlocal authority adult safeguarding team (MASH) are trained to deal with such disclosures in line with all relevant statutory and common law rules.

As set out above, the Society recognises that there are circumstances where adults may disclosethat they are being abused or neglected, but they may not want it to be reported. If avolunteer, 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.

9.0 Record Keeping and GDPR

All personal information regarding a vulnerable adult, including that which identifies them, will be retained in line with North East Autism Society's Record Keeping and GDPR and Data Protection 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.

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.

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 thatprofessionals consider to be unwise.

North East Autism Society will ensure that the following key questions are answered, and abidedby, 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 theadult 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?

10.0 Roles and Responsibilities

Where an allegation arises from suspicions of abuse, the member of staff who first becomes aware of the allegation, the 'Alerter,' must bring this immediately or as soon as practically possible to the attention of a 'Designated Safeguarding Lead'. Within the Society's care services this person will be the Registered Home Manager or the Domiciliary Care Manager. Within day/education services the Designated Safeguarding Lead will be the Programme Manager or the Principal. The Alerter may approach one of the Society's Senior Management Team directly (see page 2) if the concerns are about an identified Designated Safeguarding Lead.

The Society's Designated Safeguarding Lead will ensure that any reported incidents of abuse follow the Local Authorities Safeguarding Adults Procedural Framework/Interagency Policy.

10.1 The Alerter

The first person becoming aware of potential abuse does not have the responsibility to make a judgment about the validity of allegations or the seriousness of such, but must make known those allegations to the Designated Safeguarding Lead. When presented with an allegation or suspicion of abuse, the alerting member of staff should assess whether anyone is at risk or is in immediate danger. Then take any reasonable steps within their role to protect any person who may be at immediate risk or harm, for example:

- Call the Police if a crime has taken place or is believed to have taken place
- Call an ambulance or GP if someone needs urgent medical attention

- Separate the alleged victim and alleged perpetrator, only if it is safe to do so. An Alertershould never put themselves at risk
- Take responsible steps to preserve any evidence, if at a potential crime scene
- Report concerns, verbally to a Designated Safeguarding Lead as soon as practicallypossible
- Make a written account of what has happened, or of what has been noticed or said, as soon as possible; remembering to record facts and not to make assumptions
- Do not approach, confront or interview the alleged perpetrator unless this is within their role and is necessary to do so to ensure the safety or well-being of others. If necessary the Alerter should try and obtain advice (preferably from Police) before doing so.

How to Report Concerns

Any concerns should be reported immediately to a Designated Safeguarding Lead verbally in the first instance, this may be the Duty On-call Manager if the services Designated SafeguardingLead is not available. This must then be followed up with a written account of the concern, outlining any evidence to support the concern. Further information on what is required within the written account can be found below.

Written/CPOMS Account

When producing and submitting a written account, an Alerter should remember the following:

- Write it as soon as possible to ensure that detailed information, events or facts are not forgotten.
- Only include factual information including dates/times. Do not include personal views or feelings or make any personal judgments or assumptions. If it is felt necessary to include personal views, ensure that this is clearly indicated in the account and state the reason(s)why.
- Write down the setting and whether anyone else was present.
- If recounting a disclosure, try to write down exactly what the person said, using their words.
- If writing by hand, ensure that the handwriting is legible.
- If support is needed in writing the account, the Alerter should ask the Designated Safeguarding Lead.
- Sign the account, date and time it.
- Give the written account to the person to whom the concerns need to be reported (donot ask anyone else to do this)
- Be aware that any written account may be required later as part of a legal action or disciplinary procedure.

Written accounts about concerns and disclosures of abuse are strictly confidential. Such information should only be entered into a record book or file which is inaccessible to the perpetrator or to those who do not need or have right to the information. It is the responsibility of the person receiving the written account to file it appropriately and in line with Data Protection, taking into account NEAS confidentiality and filing procedures.

Feedback

Once concerns have been reported, the Alerter will be given feedback as to how the concerns are being dealt with. The Alerter should not expect to receive detailed feedback but theyshould be informed if Safeguarding Adults Procedures have been implemented, and if not, what other action, if any, has been taken. If the Safeguarding Adults Procedures have been implemented, the Alerter should receive general feedback throughout the process and be informed of any outcome(s), if possible. If the Alerter does not hear anything once they have reported their concerns, they have the right to ask for feedback. It is important that the Alerter is reassured that their concerns have been taken seriously and acted upon accordingly.

An Alerter is not reporting that abuse has necessarily occurred (unless personally witnessed). They are simply passing over information that someone has told them or providing informationon what they suspect to be abuse (signs and symptoms they may have observed). As such, an Alerter does not have to have evidence or provide any 'proof', they are simply passing over their concerns. It is the role of other professionals in the process to investigate if appropriate. An Alerter acting in good faith will not be criticised or disciplined in any way should theoutcome be that there is no cause for concern. They will be deemed to have acted in their Duty of Care.

False or Malicious Allegations

It is recognised that some people may make false or malicious allegations, sometimes on a regular basis. Such allegations may be made by anyone, including members of staff or service users. When such allegations are identified, this will be addressed by the manager of the servicewho will put in place safeguards to reduce such incidents in the future. It is also important to record the allegations, where appropriate, to provide some protection for individuals subject to the allegations.

Responding to Disclosures

If an Alerter becomes aware that someone is about to make a disclosure, they should inform theperson beforehand that depending on what is disclosed, the information may need to be passed on. This may stop the person from disclosing. Should this be the case, the Alerter needs to inform their line manager and record that this has occurred. The Alerter will need to continue to demonstrate to that person that they (or anyone else) are available for them to speak to, when and if they want to.

If someone discloses that they have experienced or are experiencing abuse the **Alerter should:**

- Remain calm and try not to show shock or disbelief.
- Listen carefully to what is being said and demonstrate that they are actively listening by maintaining eye contact (if possible) and making affirmative gestures such as nodding thehead.
- Reassure the person that they are doing the right thing in disclosing.
- Confirm that the information disclosed will be treated seriously.

- Give the person information about the next steps that will be taken, which is that they,as an Alerter, must inform an appropriate person that someone (may not be the Alerter) will be in contact to explain further about what will happen next.

If someone discloses that they have experienced or are experiencing abuse the Alerter should not:

- Press the person for details. The Alerter is not an investigator; they are simply listeningto what the person has to tell them. If there is a need to clarify something that has been said, open-ended questions should be asked, such as "what did you mean by that?" Care should be taken that words are not put into the person's mouth by asking leading questions such as "when you said that did you mean….?"
- Stop someone who is freely recalling significant events, as they may not speak about it again.
- Promise to keep secrets. Even if the person asks the Alerter not to tell anyone, it must beexplained, in a way that the person can understand, that they have a Duty of Care to passon the information. It may help to explain that the information is only being passed to those who 'need to know' and that this is being done because of the concerns about them
- Give unrealistic expectations or guarantees regarding confidentiality or safety by saying, for example, "Don't worry this will never happen to you again."
- Be judgmental.
- Tell anybody that doesn't need to know.
- Contact the alleged perpetrator or anyone who might be in touch with him or her.

Further Responsibilities for the Alerter

An Alerter may be asked to continue to support the person during the Safeguarding Adults process that follows the Alert. If this is the case, the alerter's role will be to continue to offer support without directly asking questions or seeking opinions from the person. If the Alerter is unsure as to how far their role extends during this process, advice should be sought from their line manager.

Alerter's may also be asked to attend the Safeguarding Adults Strategy Discussion Meeting to report on the details of the Alert. The abused person might need ongoing support and the Alerter may play an important role in providing this.

10.2 Designated Safeguarding Lead

The person who receives the information from the Alerter is called the Designated Safeguarding Lead. The Residential Home Managers, Domiciliary Care Manager, Day Service Programme Managers, College Principal have been identified and trained as Designated Safeguarding Lead within NEAS, see appendix page 2 for contact details.

It is the role of the Designated Safeguarding Lead to receive and review the information provided, and any action taken, by the Alerter. Based on that information, the Designated Safeguarding Lead makes a decision on whether or not to progress to the next stage of notification.

If the information received from an Alerter relates to concerns about abuse or the risk of abuse occurring within the Society, then it is the responsibility of the Society to respond to and address the concerns and the **Designated Safeguarding Lead should:**

- Ensure that all relevant immediate actions have been taken (has medical treatment been sought, have the Police been contacted).
- Consider actions within their role that can safeguard anyone who may continue to be at risk, for example the suspension of a member of staff, or the change of service provision for a service user who is an alleged perpetrator.
- Contact the Single Point of Contact within the Police for advice or ensure the person who may have been abused or is at risk of abuse is immediately given the appropriate help to ensure his or her safety or support.

Please note: Do not contact the alleged abuser until any agreements are made at the Safeguarding Adults Strategy Discussion Meeting, unless this is part of an emergency action needed to safeguard the adult or others at risk, for example, suspending a member of staff. If having to suspend a member of staff at this stage, ensure that any explanation given raises only general concerns about conduct, rather than specific details, the disclosure of which might jeopardise any subsequent investigation.

Other Considerations for the Responsible Person

- If a crime has been suspected or known to have taken place, the Police must beinformed.
- Ensure that appropriate support is provided to the Alerter, including support to completea written account, if necessary.
- Ensure the written account is stored/filed appropriately
- Ensure that all staff who support the service user, and others affected by the incident,have guidance and access to support.
- Remind staff of the importance of confidentiality (not to discuss details with other staffor service users, or to discuss outside of the workplace).
- Any relevant organisational procedures have been actioned, for example the ComplaintsProcedure, Serious Incident Report and Disciplinary Procedures.
- Reports or notices are made to the relevant regulatory or commissioning body, forexample the Care Quality Commission.
- Secure all written material which may be used as evidence, for example, written reports,diary records, service user files or staff files

Please note: It is the role of the Designated Safeguarding Lead to gather all information appropriate to the concern so that a decision can be made in relation to that concern, it is not the role of the Designated Safeguarding Lead to investigate, interview or interrogate.

Decision

Once the above has been considered and all relevant information gathered the Designated Safeguarding Lead must make a decision on whether or not to progress to the next stage of notification. In order to make this decision, the Designated Safeguarding Lead must determine whether abuse or the possibility of abuse can or cannot be ruled out. The Designated

Safeguarding Lead should seek, if necessary, support and advice in making this decision from their Head of Service or by contacting the Local Authorities Safeguarding Adults Team to discussthe situation.

Timescales suggest that this decision should be made within the same working day as the Alert. However, it is recognised that, in some cases, information vital to the decision may not be immediately available. In these instances, the decision should be made as soon as possible to the Local Authorities Safeguarding Adults Team.

The adult is eligible for support under these procedures and abuse cannot be ruled out

When it has been determined that the adult is covered under the Safeguarding Adults Procedures and abuse cannot be ruled out, then a decision must be taken to proceed to notification and forwarded to the Safeguarding Adults Team. The Alerter should be informed of this decision.

The adult is eligible for support under these procedures but abuse can be ruled out

When it has been determined that the adult is covered under the Safeguarding Adults Procedures, but abuse can be ruled out at this stage, there will be no need to proceed to notification. However, it is important that the concern and the reason(s) for ruling out abuse are documented using NEAS recording mechanisms. It is important to document this internally toenable any patterns or trends to be identified in the future. The Alerter should be informed and given the reason for this decision.

Concerns originating from another agency

If the information received from an Alerter relates to concerns about abuse or the risk of abuse occurring within another agency or service the Designated Safeguarding Lead should contact the Safeguarding Adults Team for advice and guidance.

10.3. The Role of the Safeguarding Manager/Lead officer

Each Local Authority has independent guidelines on who will act as the Safeguarding Manger/Lead Officer; staff should use the Local Authorities Safeguarding Adults Multi-Agency Procedural Framework/Interagency Policy for guidance.

For further details for each local authorities contacts and procedure, please refer to page 3.

11.0 Process

Safeguarding Adults Strategy Discussion Meeting

When a decision is made that abuse cannot be ruled out, a Strategy Discussion Meeting must be convened. The Strategy Discussion Meeting must be convened within 5 working days of the Alert being raised. It is the responsibility of the Safeguarding Manager/Lead Officer to convene a Multi-Agency Strategy Discussion Meeting as developing the strategy is a multi-agency process involving all agencies appropriate to the particular matter.

The aims of the Strategy Discussion Meeting are:

- To assess risk and consider any immediate safeguarding needs in relation to the alleged victim and for any other adult who may be at risk.
- To discuss and share all relevant information in relation to the situation or allegation, in accordance with the principles guiding the sharing of information and with respect to boundaries of confidentiality
- To agree an Action Plan based on information obtained through the Strategy Discussion.

Each agency must be proactive in offering resources within their remit to meet the above aims.

Outcome(s) of the Safeguarding Adults Strategy Discussion Meeting

Based on the information provided at the Strategy Discussion Meeting and the actions identified within the Action Plan, the Safeguarding Manager/Lead Officer must make a decision, with the agreement of all those in attendance at the meeting, regarding what happens next. There are three options to consider:

1. No further action or;
2. Decision to undertake a Safeguarding Assessment/Investigation or;
3. Other action to be taken.

No Further Action

If all information from the Strategy Discussion Meeting is considered and it is concluded that:

- The adult is not at risk of abuse
- There is no longer at risk of abuse (for example, an alleged perpetrator has beendismissed from their job and referred to the DBS List)
- That abuse did not occur

Then the Safeguarding Manager may decide to take no further action at this point.

If, given all the information from the Strategy Discussion Meeting, abuse cannot be ruled out or concerns remain about the safety and well-being of the adult, then the Safeguarding Manager/Lead Officer must take the case to the next stage in the Safeguarding Adults process. The next stage in the process requires the Safeguarding Manager/Lead Officer to co-ordinate the ongoing collation of information for further investigation or assessment in order to take action(s) to stop or reduce the risk of abuse, take any appropriate action(s) to prevent abuse from occurring or to reduce the risk of abuse occurring.

Investigation

An investigation will commence if the initial Alert involved a specific allegation or concern that abuse had or is taking place. Following the Strategy Discussing Meeting, where abuse cannot be ruled out an investigation should be carried out to determine whether or not abuse has occurred. Evidence will need to be gathered in order to take any appropriate action(s) to stop the abuse or reduce the risk of abuse.

Assessment

If the initial concern did not involve a specific incident of abuse, but the concerns were around the safety and well being of an adult, a further assessment of the situation in relation to therisk of abuse will commence. The adult may be at risk of abuse from, for example, his/her behaviour or condition or living arrangements. This needs to be properly assessed in order to take any appropriate action(s) to prevent abuse from occurring or to prevent the risk of abuse occurring.

Adults Assessment/Investigation Meeting

It is the responsibility of the Safeguarding Manager/Lead Officer to co-ordinate and manage the investigative or assessment process. The maximum timescale for completion of the assessment/investigative process is 8 weeks from the notification, although it is recognised that some cases, due to their complexity or involvement with other processes or procedures (particularly where Police investigation is involved) may take longer. Any delays to the process and the reason(s) for the delay must be recorded and shared with everyone involved in the process, including the Safeguarding Adults Team.

The Safeguarding Manager/Lead Officer will be responsible for convening Assessment / Investigation Meetings in order to co-ordinate the ongoing collation of information about the abuse that has occurred or might occur. Following the conclusion of the Assessment or Investigation there should be an agreement at the final meeting regarding the feedback to be given, and by whom, to the Alerter and to others concerned.

Safeguarding Plan

A Safeguarding Plan must be produced when a decision is taken to conclude the assessment / investigative process and it is identified that the person (or others) remain at risk, or there is the possibility of on-going risk. The Safeguarding Plan is produced at the final Assessment / Investigation Meeting and identifies safeguarding measures to be put in place because the adult remains at risk or there is the possibility of on-going risk.

Conclusion of the Assessment or Investigation

The Safeguarding Manager / Lead Officer, in agreement with the agencies and individuals involved in the assessment or investigative process, makes a decision as to when there is no longer a need to convene further Assessment/Investigation Meetings, thus signalling the end of the assessment or investigative process. In most instances, the assessment or investigation will conclude when all identified actions have been taken and there are no further issues to consider. The Safeguarding Manager/Lead Officer will indicate for those cases where it is applicable, the outcome of the investigative process. This should be a multi-agency decision based on all the information and evidence obtained during the investigative process. Was the alleged abuse:

- Substantiated
- Not substantiated
- Not determined/Inconclusive

These above outcomes should be based on the balance of probability and not beyond reasonabledoubt. If abuse has been substantiated, there should be a plan for positive action to:

- Promote recovery of those affected from the abuse.
- Prevent the perpetrator from abusing in the future, including consideration in consultation with the Police and legal services, of the potential use of relevant legislation.

The Safeguarding Manager/Lead Officer will also indicate any outcomes, known at that time, forthe adult at risk and, if applicable, for the alleged perpetrator, organisation or service.Outcomes must be indicated even if the abuse was not substantiated or not determined/inconclusive.

If it is agreed that the adult remains at risk or there is the possibility of on-going risk, then a Safeguarding Plan should have been produced at the last meeting, and this also must be forwarded to the Safeguarding Adults Team. Once the Safeguarding Manager/Lead Officer is satisfied with all decisions made and all relevant documentation has been received, the casewill be closed.

12.0 Related Policies

12.1. Unexplained Injuries Policy

Staff members must report any unexplained injuries to their line manager and complete an Unexplained Injuries Form. All unexplained injuries must be fully investigated by the Registered Manager and reported to the service users parents/carers and the individuals Care Coordinator.

12.2. E-Safety Policy

Preparing the individuals who use our services to be able if possible to use and understand socialnetworking sites and other electronic media is a part of the role of the Society right across all our services. The Society has an E-Safety Policy which is available on SharePoint.

12.3. Policy Positive Proactive Support

The Society has a policy which sets out clearly for education, community and care staff the ways in which we expect behaviour to be positively and appropriately managed. It acknowledgesthat individuals with autism need a specialised environment in which anxiety and confusion are reduced.

The Society and its staff strive to create an environment in which people can feel safe and respected. The emphasis throughout our work is on encouraging individuals to learn and developgood self-esteem and confidence.

There are occasions when individuals may present behaviour that is considered dangerous, disruptive, or socially inappropriate. Such behaviours may necessitate physical intervention. ThePolicy on Positive Proactive Support sets out the steps that should be taken if there is a need to intervene physically so that interventions are carried out legally and consistently, reflecting the aims and values of the Society. Physical intervention or restraint will only be used in

situations where absolutely necessary for the protection of the individual or others and in no circumstances will it be used, to hurt, punish or humiliate individuals.

12.4. Continual and Professional Development Policy

All NEAS staff will receive Alerter training as part of their induction. All staff identified as Responsible Persons and the Safeguarding Manager will have access to the Safeguarding Adults Multi-Agency Training Programme.

The standards required by the Society in relation to the Continuous Professional Development ofStaff are set out in the Continuous Professional Development Policy which is available at any of the Society's sites. The Policy describes the process for the induction of staff, the personal development and training of staff, performance management and supervision. This Policy strivesto ensure the positive management of staff and encourages their development so that they can contribute to the promotion of a safe and encouraging environment for all of the people who use our services. In the event that conduct or practice is not to the standards that the Society have agreed and particularly in the event where staff have failed to safeguard young people, then the Disciplinary Policy and Procedure will be implemented.

12.5. Photographs and Digital Imaging Policy

The taking of photographs of the individuals who use our services is strictly controlled as is the storage of any photographs. The Society has an E-Safety & Data Security Guidance which is available on SharePoint. All staff are regularly made aware of the requirements of the Policy.

12.6. The Complaints Procedure

The Society has a complaints procedure which enables any person to raise concerns or complaints about any aspect of our services. Complaints are respected by the Society as theycan serve to draw practice or standards to our attention so that they can be rectified, modified and improved. A copy of the Complaints Procedure is available in each of our services as well as posters and leaflets giving further advice.

Complaints will be monitored so that we can as a Society identify patterns of concern, training needs etc.

12.7. Holidays, Trips and Activities Policy

The Society has a separate Learner and Service User Holidays policy. This describes the safety standards that must be achieved in a range of situations. Before any trip out with service users the staff involved must read the relevant sections of the Policy and must undertake a Risk Assessment in relation to the specific activity and the specific individual and staff involved.

12.8. Transport Policy

In the interests of the safety of the people who use our services the arrangements made for their transport must be taken very seriously. The Society has a separate Transport Policy which

all staff members should consult before embarking on an outing or otherwise making use of transport.

12.9. Recruitment Policy

The Society recognises that people with disabilities are statistically more often vulnerable to abuse. It is also sadly the case that those who would seek to abuse individuals often seek contact with them through employment. The Society has a separate Policy on the Recruitment and Selection Procedure in relation to staff. This sets out the safeguards that must be used in staff recruitment including the requirement that all potential employees will undergo an enhanced Disclosure and Barring Service (DBS) criminal records check. Two work references are always taken up and validation of referee is sought through use of headed paper/company stamp and verbal confirmation. Wherever possible phone calls are made to validate referees. Managers must adhere to this procedure during any recruitment process and should consult the Policy.

12.10. Health and Safety Policy

The Society has a Health and Safety Policy which sets out in a separate document the actions taken to ensure that all of our service users and staff occupy safe and well managed premises. The Policy addresses all aspects of health and safety including the storage of toxic substances, Fire Precautions etc. The Health and Safety Policy is reviewed on an annual basis by the Senior Management Team and the Society's Trustees.

12.11. Medication Policy

The Medication Policy sets out expectations around the safe storage and administration of drugs. The Policy must be read and understood by all staff involved in the administration of prescribed or non-prescribed drugs.

12.12. Safeguarding Children Policy

As well as a general responsibility to safeguarding adults, there is also a specific responsibility set out in The Children's Act 2004 to safeguard children. This is covered in what is known as Section II of the Act. This informs a range of organisations about what they must do to safeguard and promote the welfare of children. For Local Authorities this applies to not only their own employees but also to any organisations carrying out any work or providing any services for the Local Authority. That organisation also has a responsibility to safeguard and promote the welfare of children.

The Society provides services to children as well as adults and has a separate Safeguarding Children's Policy. It is possible that staff who are employed to work with adults will during the course of their work see or hear of situations that concern children – they may for example be involved with families, or people you work with may be part of families with children. Staff should know how to access the Safeguarding Children Policy/Procedures and need to be awareof their role in the safeguarding of children.

13.0 Annual Safeguarding Report

As part of the quality assurance process for safeguarding adults, an Annual Safeguarding Report is produced for presentation to the Board of Trustees and provide an overview of the safeguarding process for local authorities. The annual report comprises of the completed safeguarding training by all staff within adult services and an overview of any alerts or allegations made, and action taken.

14.0 Lessons Learned

Staff should be trained to understand their responsibilities to raise concerns, to record safety incidents, concerns and near misses, internally and externally to the appropriate people.Lessons learned should be shared amongst the staff team to ensure action is taken to ensure safety. Staff should learn from reviews and investigations from other provisions and this best practice should be shared amongst the staffing team.

To ensure each alert is managed and identified as possible trends, managers should use a Safeguarding Alert management log to try and reduce to likelihood of future similar alerts for each service user. It is recommended these are then discussed within each staff team meeting and analysed for any patterns. The aim of this is to reduce the amount of alerts in the home andproactively ensure the safety and wellbeing of each service user.

Appendix 1 Definitions of 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 describeas 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 burnsfrom an electrical appliance.

- Unexplained or inappropriately explained fractures at various stages of healing to anypart 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 shy's 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 hityou').
- 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.20 Policy created by
- Changes in the adult's behaviour.
- An adult with capacity not being allowed to go out of a care home when they ask to orwhen they are invited out by another person.
- An adult without capacity not being allowed to be discharged at the request of an unpaidcarer/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 theSerious 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 theycan 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 touchesthe 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 diseasesthat 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 quitesociable.
- A woman who lacks the mental capacity to consent to sexual intercourse becomespregnant.

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 andtheir 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 makingfalse 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 rightsviolations. 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 exploitingthem. 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 ReferralMechanism.

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

- An adult is not in possession of their legal documents (passport, identification and bankaccount details) and they are being held by someone else.
- The adult has old or serious untreated injuries and they are vague, reluctant orinconsistent 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 factssuch 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

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 neighbouringproperties 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 othertypes 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 oralcohol, 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 withholdingof 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 homeor 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 socialservices.
- 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;
- failure 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 otherissues, 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:

(a) In exchange for something the victim needs or wants, and/or
(b) For the financial or other advantage of the perpetrator or facilitator, such as to supportserious organised crime and/or terrorism, and/or

(c) 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.

Individuals who are being criminally exploited can be involved, linked to or considered to be, bythemselves 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."

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.

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. Thetypes 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.

Vulnerable Groups at Risk

As with other types of exploitation, individuals, both adults and children, who fall into the following vulnerable 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 domesticviolence, 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 vulnerable;
- 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).

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 vulnerable to exploitation. Note thatthis 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 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 withservices or professional sources of support.
- Secretive behaviour.

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 consideredby 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 vulnerable 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 theunknown 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