Collaborative, Inclusive, Compassionate

Adult Safeguarding Policy

1. Father Hudson's Caritas Safeguarding Statement

We are **inclusive, respectful and compassionate**. Father Hudson's Caritas (FHC) is committed to making safeguarding personal and putting the individual at the centre of the process, including their preferred outcomes. We respect and value **human dignity**. Every human being should be valued, supported and protected from harm. We will take all reasonable steps to provide a safe environment for all which promotes and supports their wellbeing. We **work with people's strengths**, safeguarding at FHC means protecting Individuals to live in safety and free from abuse and neglect. We **seek excellence**, our Trustees have primary responsibility to ensure good safeguarding governance at FHC. This includes ensuring that there is adequate policy, procedure and processes in place, that these are reviewed regularly, and they are fit for purpose.

2. Purpose of this policy

2.1 ***'Safeguarding'*** refers to the measures taken to protect individuals, especially children, young people, and vulnerable adults, from harm, abuse, and neglect. It involves ensuring their health, well-being, and human rights are upheld, allowing them to live free from harm. This policy focuses on ***'Adults',*** an individual aged 18 years old and over (for children and young people see FHC Safeguarding and Child Protection Policy). The policy covers FHC's overall commitment to the safeguarding of adults, it sets out:

2.1.1 the legal framework focusing on adults at risk of abuse and neglect,

2.1.2 our wider commitment to safeguarding outside of this framework,

2.1.3 our commitment to responding to non-recent safeguarding concerns and allegations.

2.1.4 the process and procedure for any adult safeguarding concerns, detailing actions to take, reporting requirements, FHC monitoring and review structure, staff/volunteer training.

2.2 This policy should be read in conjunction with our Safeguarding and Child Protection Policy. Attention should also be given to the following policies:

Whistle blowing; Complaints; Data Protection; Disciplinary; IT; Health and Safety.

2.3 FHC is a regional social care charity providing a range of support and services for adults, families and children.

FHC's work with adults includes our **Adult Care services** – care and supported accommodation and day services for adults with disabilities and residential care for older people; our **Community Projects** – community-based services and accommodation provision for refugees, migrants and asylum seekers, individuals experiencing or at risk of homelessness and older people; our adoption support services and intermediary services - part of our **Origins service** and for adults and their relatives who have been cared for through an FHC linked institution or adopted through FHC or other care provision as a child; any wider interactions and connections with adults in the course of our work including **volunteering** and **family support**.

2.4 This policy includes responding to allegations of **non-recent abuse**, which is also sometimes referred to as historical abuse. Non recent abuse is the actual or likely abuse reported by an adult that s/he or another person was abused as a child or young person (see section 6 for types of abuse). This does not include care of a standard that was accepted at the time but would not be accepted now.

FHC recognises that in the provision of services for children over many decades, that there were instances of children suffering abuse whilst in the care of the organisation. These may have been children who spent time in the care of Father Hudson's or those who were subsequently placed for adoption and who remained the responsibility of Father Hudson's until the Adoption Order was made. The Agency is also aware that in providing current services to adults, they may make an allegation about abuse suffered elsewhere. This policy covers our responses in relation to allegations of non-recent abuse and is underpinned by FHC's values.

2.5 This policy refers to a number of key roles within FHC. **Chief Executive Officer (CEO). Designated Safeguarding Lead (DSL)** – this refers to the Head of Adult Care and Head of Community Projects who are the DSL's for adult Safeguarding. **Local Safeguarding Lead (LSL)** – this refers to the local manager of a specific service, project or site within FHC who has been designated as the local lead for safeguarding adults.

3. Father Hudson's Caritas Safeguarding Commitments. FHC is committed to:

3.1 The safeguarding of adults. Trustees, employees and volunteers all have a role to play in protecting people from harm.

3.2 Providing a safe and trusted environment which safeguards anyone who comes into contact with the organisation including beneficiaries, employees and volunteers.

3.3 Setting an organisational culture that prioritises safeguarding, so that it is safe for those affected to come forward and report incidents and concerns with the assurance they will be handled sensitively and properly.

3.4 Having adequate procedures and measures to protect people from harm, alongside this policy.

3.5 Ensuring that the people we work with will be treated with respect for their individuality, diversity and human rights.

3.6 listening to, taking seriously and acting responsibly towards allegations of non-recent abuse. FHC seeks to promote the welfare of former service users who allege non-recent abuse and promotes the protection of children who may be at risk from alleged perpetrators of non-recent abuse.

3.7 As part of FHC's overall commitments the organisation will:

- Work actively and constructively within the framework set out in the Care Act 2014 and Social Services and Wellbeing Act (Wales) 2014, and with associated statutory and good practice guidance;
- Actively promote the empowerment and wellbeing of adults throughout the organisation;
- Recognise that everyone has the right to live their life free from violence, fear and abuse;
- Recognise that adults have the right to be protected from harm and exploitation;
- Recognise that adults have the right to independence that involves a degree of risk;
- Act in an open, transparent and accountable way in working in partnership with statutory agencies to safeguard adults; and
- Adopt safe recruitment practices including obtaining written references and DBS checks as required.

4. Adults at Risk of Abuse – the Legal Framework

4.1 **FHC are committed to safeguarding of all adults who they provide care, support and accommodation to and those we come into contact with across the course of our work.** Under the Care Act there are specific individuals who we have additional safeguarding responsibilities for under a legal framework.

4.2 The Care Act 2014 **defines an adult at risk as a person**:

- Who is 18 years and over
- Who has needs for care and support (whether or not the local authority is meeting any of those needs)
- Is experiencing, or at risk of abuse or neglect
- Who as a result of those care and support needs is unable to protect themselves from either the risk of or the experience of abuse or neglect
- Care and support needs could be temporary or permanent.

4.3 This **may include adults who**:

- Are frail due to age, ill health, physical disability or cognitive impairment
- Have learning disabilities

- Have physical disabilities and or have a sensory impairment
- Have a mental health condition/disorder or dementia
- Have a long-term illness/condition
- Are misusing substances or alcohol
- Are unable to demonstrate the capacity to make a decision and in need of care and support.

4.4 The Care Act 2014 details the **six key principles of safeguarding adults**. FHC are committed to these principles.

- **Empowerment**: Supporting and encouraging individuals to make their own decisions and give informed consent.
- **Prevention**: Taking action before harm occurs to prevent abuse and neglect.
- **Proportionality**: Responding to risks in the least intrusive way appropriate to the situation.
- **Protection**: Providing support and representation for those in greatest need.
- **Partnership**: Working collaboratively with local communities and services to prevent, detect, and respond to abuse and neglect.
- **Accountability**: Ensuring transparency and accountability in safeguarding practices.

5. Definition of Abuse

5.1 The term “abuse” can be subject to wide interpretation. Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or a failure to act appropriately or it may occur when an adult at risk is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent to due to lack of capacity. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.

5.2 Incidents of abuse may be multiple, either to one person in a continuing relationship or service context, or to more than one person at a time. Some instances of abuse will constitute a criminal offence. It is unlawful to abuse a person. Criminal charges can be brought against the abuser under the Human Rights Act 1998, The Mental Capacity Act 2005, The Care Act 2014, The Modern-Day Slavery Act 2015. External Safeguarding procedures have also been established and every Local Authority should have Safeguarding procedures and a Safeguarding Board. As we are commissioned to work with several Local Authorities, this Policy will broadly link into procedures established by them.

5.3 Non- recent abuse is an allegation of neglect, physical, sexual or emotional abuse made by or on behalf of someone who is now 18 years old or over, relating to an incident which took place when the alleged victim was under the age of 18.

6. Types of Abuse

The list of examples below is not exhaustive. If staff, volunteers or stakeholders using this policy are in any doubt and you think that there are signs or examples of abuse then ask your line manager or any FHC senior manager for advice on the situation. Don't hesitate, the care/support we give should enable the people we care for to feel safe, valued and respected, if you believe these aims are being compromised in any way please talk to a manager, the DSL or CEO.

- Physical abuse
- Psychological abuse
- Financial and material abuse
- Sexual abuse
- Neglect and Acts of Omission
- Discriminatory abuse
- Inappropriate Restraint/Unauthorised Deprivation of Liberty
- Organisational abuse
- Domestic abuse
- Modern Slavery
- Cyberbullying
- Radicalisation and Extremism
- Female Genital Mutilation (FGM)
- Criminal exploitation
- Cuckooing
- Hate crime
- Mate crime
- County lines
- Predatory and forced marriage

7. Reporting & responding to concerns - what to do if Abuse is suspected

7.1 For non-recent abuse refer to Appendix D

7.2 For current safeguarding concerns see steps below, alongside the Appendix A flowchart

A. MAKE SAFE

- Ensure the immediate safety of the adult, whilst taking your own safety and wellbeing into account.
- If urgent medical help is required call emergency services – 999.

B. LISTEN

- If a person is disclosing something to you listen to what they are saying. Ask for clarification if they have said something you do not understand.

C. TELL

- Taking the capacity and understanding of the person into account, tell them what is going to happen next. You are unable to promise confidentiality.

D. GAINING CONSENT FOR REFERRALS AND SHARING INFORMATION.

- **The 7 GOLDEN RULES OF SHARING** guidelines ensure that information is shared appropriately and safely. These rules help balance the need to share information for safeguarding purposes with the need to protect individuals' privacy:

  1. **GDPR is not a barrier**: Data protection laws are not meant to prevent the sharing of information where it is necessary to safeguard individuals.
  2. **Be open and honest**: Be transparent about why, what, how, and with whom information will be shared, unless it is unsafe or inappropriate to do so.
  3. **Seek advice**: If in doubt, seek advice from a safeguarding lead or other relevant professionals without disclosing personal details.
  4. **Share with consent where appropriate**: Obtain consent to share information whenever possible, but remember that safety and well-being take precedence.
  5. **Consider safety and well-being**: Always prioritize the safety and well-being of the individual when deciding whether to share information.
  6. **Necessary, proportionate, relevant, accurate, timely, and secure**: Ensure that the information shared is necessary for the purpose, proportionate to the need, relevant, accurate, shared in a timely manner, and securely.
  7. **Keep a record**: Document the decision-making process, including what information was shared, with whom, and why.

- **Mental Capacity:** in instances where the person lacks the mental capacity to give informed consent, staff should always bear in mind the requirements of the **Mental Capacity Act 2005** and consider whether sharing information will be in the person's best interest. Staff should follow the **FHC Mental Capacity Policy**. Breaching the confidentiality of an adult can raise ethical questions.

  Concerns about such issues should be discussed with line-managers so that a decision can be made about a proportionate response to concerns.

Where a safeguarding concern involves children and adults, the duty to protect children takes priority over all other considerations when sharing information.

- **SAFEGUARDING DECISION MAKING – BEST PRACTICE.** key principles can help ensure that decisions can withstand scrutiny and are based on a clear, logical rationale:

1. **Gathering Facts:** ensure you have all relevant information before making a decision. This includes understanding what is known, what is not known, and seeking additional information if necessary.
2. **Evaluating Alternatives:** consider different options and their potential impacts. Evaluate which option will produce the most benefit and the least harm.
3. **Documenting Rationale:** clearly record the reasons behind your decision, including the information and evidence that support it.
4. **Reflecting and Learning:** after making a decision, reflect on the outcome and what could be improved for future decisions.
5. **Transparency:** be open about the decision-making process and communicate with relevant stakeholders.
6. **Proportionality:** ensure that the decision is proportionate to the situation and the risks involved.
7. **Timeliness:** make decisions in a timely manner, especially when dealing with urgent situations.

E. REPORT

- **Inform** your line manager, the Registered Manager or the Project Manager (the person with overall responsibility for where you work or volunteer) straight away (see roles and responsibilities section).

- Where the concern is regarding an adult at risk of abuse you or your manager may **raise a concern with the Local Authority and CQC.**

- The FHC Adult Safeguarding Lead also needs to be informed – Head of Adult Care 01675 434000/ 07966 935 535 and/or the Head of Community Projects 01675 434000/ 07464 406 734.

- If the Local Authority do not accept the safeguarding referral as the threshold is not met or the individual is not an adult at risk then review with your line manager, LSL and DSL of the steps to take to ensure the safety, wellbeing and welfare of the individual are prioritised. This includes provision of FHC services and support, referrals to other statutory agencies and signposting to other charitable/community services for support.

F. DOCUMENT

- **Each service/department will have a locally agreed safeguarding form, action sheet and log.** The person dealing with the safeguarding issue needs to start completing the information straight away.

- All safeguarding records should be kept for a minimum of 10 years and will be kept in a separate safeguarding log to ensure they are not destroyed with case files.

Failure to follow this policy may result in disciplinary action being taken.

NB: if the incident also involves a Child then please refer to the Safeguarding and Child Protection Policy and Procedure.

8. Roles and responsibilities

Safeguarding is everyone's responsibility at FHC. Trustees, staff, volunteers and consultants/contractors will be made aware of the details of this policy and have access to it. This will be provided through posters on visiting premises and through staff/volunteer/contractor inductions. Certain roles have specific responsibilities:

8.1 **Trustees** - as detailed in our statement, safeguarding is a key governance priority for trustees. Our trustees will:

- Act within this policy at all times.
- Assess and manage risk.
- Ensure robust safeguarding policies and procedures are in place.
- Work with the Senior Management Team (SMT) to monitor and review whether safeguarding policy and procedures are being implemented and are effective.
- Respond appropriately to allegations of abuse and whistleblowing cases.
- Safeguarding will be a standing item on all Board and Sub-committee meetings.

- Have two designated trustees who has specialist knowledge of safeguarding and supports best practice within the organisation. These will meet with the CEO and DSL's a minimum of 3 times each year. The two trustees will ensure that safeguarding reports are submitted by DSL's to these meetings with minutes recorded. Each year they will lead on the creation of a FHC organisational wide 12 month safeguarding report for review by the wider Trustee board.
- Trustees will carry out safeguarding training every 3 years, with e-based information knowledge refreshers annually.

8.2 **Senior Management Team (SMT) –** The FHC SMT includes the CEO, Head of Adult Care, Head of Children and Families, Head of Community Projects, Head of HR, Financial Controller and Head of Fundraising, Marketing and Communications. SMT will ensure that:

- Regular oversight of safeguarding practice within FHC is maintained.
- Clear and effective safeguarding policy and procedures are in place, are reviewed regularly and are made available to all staff, volunteers, consultants/contractors and service users.
- FHC has effective procedures to manage the reporting, recording and monitoring of safeguarding concerns and actions.
- Sufficient resources are directed to this area of work.

- FHC follows robust safer recruitment procedures.
- All staff and volunteers have access to appropriate safeguarding training, at a level and frequency appropriate to their role and responsibilities.
- Safeguarding allegations against staff, volunteers and consultants/ contractors are dealt with appropriately.

8.3 **Designated Safeguarding Leads (DSLs)** Within SMT there will be named DSLs for Adults and Children detailed below. Working with the CEO they are responsible for:

- To be the key point of contact for staff to discuss safeguarding concerns and provide advice/support as needed.
- To ensure Local Safeguarding Leads are in place for each site/service within their responsible area, with the appropriate management and supervision required.
- Advocate for the needs of, and resources for, safeguarding within FHC.
- Check that safeguarding referrals, incident reports and actions taken are securely recorded, reviewed and followed up as necessary.
- Develop guidance and ensure training is available to increase expertise and knowledge around safeguarding within FHC. Book and source safeguarding training as required for across FHC.
- Ensure regular liaison takes place with LSLs to maintain clear oversight and understanding of the concerns being managed. Review logs and reporting of the local safeguarding concerns, ensuring reflections and learning are taking place within the team. Report to the SMT (and trustees as required) regarding safeguarding activities, trends and emerging issues.
- Report any significant safeguarding concerns or activity to the CEO immediately and support with managing risk.
- Being active members of the core FHC safeguarding group, with the two designated trustees. Attending meetings, preparing reports and carrying out associated actions.
- Keep up to date with relevant law, guidance and case examples. Proactively engaging with other agencies and external experts to ensure that FHC's approach is informed by, and contributes to, best practice within the sector.

FHC Adult Designated Safeguarding Lead's – Head of Adult Care 01675 434000/ 07966 935 535 and/or the Head of Community Projects 01675 434000/ 07464 406 734.

FHC Children's Designated Safeguarding Lead's – Head of Children and Family Services 01675 434000 / 07393 237 443 and/or the Head of Community Projects 01675 434000/ 07464 406 734.

8.4 **Local Safeguarding Leads (LSLs)** Each service will have one or more LSL's. These will be the Registered Manager, a Project or Senior Manager. They will:

- Be the main point of contact for the staff in the service and provide safeguarding advice and support.
- Ensure all concerns are recorded, monitored and followed up appropriately.
- Immediately highlight any serious concerns or risks to the DSL.

- Contact the CEO if there are any concerns about the practice of the DSL.
- Ensure safeguarding referrals are of a high quality and are followed up as required.
- Help disseminate information on any changes to safeguarding policy and procedures to ensure all staff, volunteers and consultants/contractors are up to date with current policy and practice.
- Signpost teams to relevant resources to promote best practice and support the continuous improvement of safeguarding with their service area and the wider organisation.
- Ensure safeguarding is a standing item in all team meetings and supervisions.
- Prepare logs and reporting of the local safeguarding concerns, ensuring reflections and learning are taking place within the team and issues are shared with the DSL.

8.5 **Staff and Volunteers.** All staff and volunteers are responsible for:

- Ensuring they know and adhere to FHC's safeguarding policy and procedures.
- Maintaining up to date knowledge of the safeguarding policies and procedures of the settings in which they operate.
- Completing the safeguarding training required for their role. They will be informed of the minimum training required and frequency.
- Immediately raising any safeguarding concern they identify with the LSL and/or DSL (see taking action section). Immediately contacting appropriate services in an emergency situation (police, ambulance, social services etc.).

8.6 **Contractors and Consultants** FHC may consult or contract with organisations or independent professionals, such as trainers or clinical supervisors. All consultants or contractors must:

- Ensure they are familiar with and adhere to FHC's safeguarding policy and procedures.
- Contact the relevant LSL if they have any concerns about FHC staff/volunteers or escalate their concerns to a DSL or CEO as appropriate.

9. Safer recruitment. FHC are committed to safe recruitment practices by:

9.1 Ensuring that all staff and volunteers have appropriate DBS (Disclosure and Barring Service) if required for their role and at the required level, renewed as required according to DBS guidance.

9.2 Ensuring that satisfactory references are received for all appointments.

9.3 Training staff with responsibility for recruitment in safer recruitment practice.

9.4 Providing an appropriate induction for all new staff/volunteers, including providing safeguarding information/training and information on key policies and procedures.

9.5 **Allegations against staff, volunteers and consultants/ contractors:**

9.5.1 Anyone working, volunteering or consulting/contracting with FHC has a duty to raise any concerns they have about any adult who is working/volunteering with adults who need care and support. These concerns may include instances where the adult has:

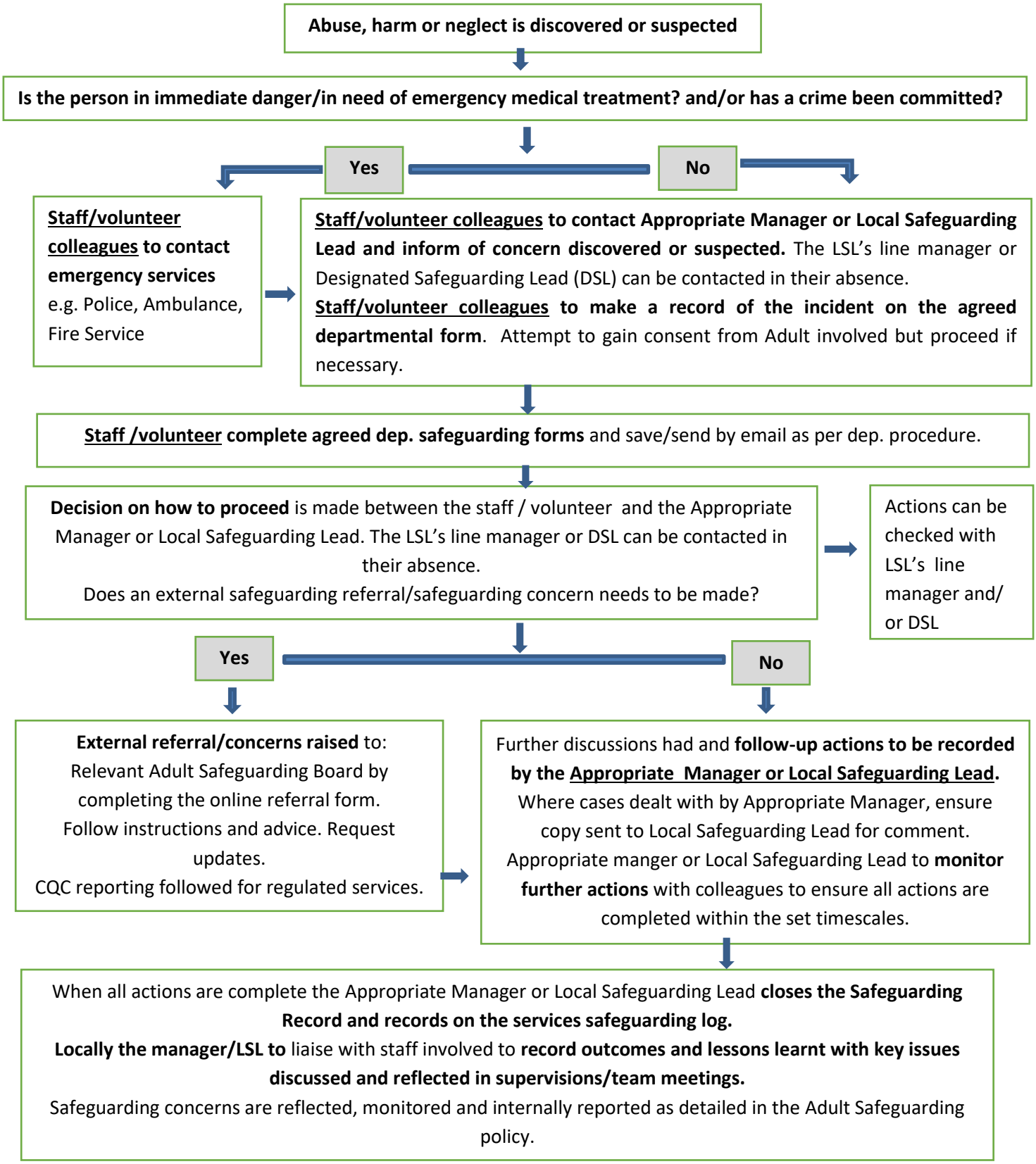
- Behaved in a way that has, or may have, harmed an adult who needs care and support.
- Potentially committed a criminal offence against, or related to, an adult who needs care and support.
- Behaved in a way that indicates they may pose a risk of harm to adults who need care and support.

9.5.2 Where a safeguarding concern/allegation (whether current or non-recent) is about a member of FHC staff, or a volunteer, this should be reported to the LSL or DSL who may in turn refer this to the Local Authority or any other relevant authority. If the concern or allegation is about the DSL, staff should contact the CEO. Recommendations regarding any suspension of a member of staff will be made to FHC at the point of referral to the appropriate authority. Any recommendation to suspend a member of staff will be kept under review. Where a safeguarding concern/allegation (whether current or non-recent) is raised about any adult working or volunteering with people who need care and support, the DSL will refer to the adult safeguarding team in the relevant local authority for advice. Where appropriate, the adult's employer (if not FHC) will be informed of any concerns and the actions recommended by the local authority.

9.5.3 Legal action may be taken against any person or persons found to have committed an act of abuse against a person in the care of FHC. In addition, statutory offences have been created which specifically protect those who may lack capacity in some way. Examples of actions which may constitute criminal offences are assault, whether physical or psychological, sexual assault, theft, fraud or other forms of financial exploitation, and certain forms of discrimination, whether based on race, gender or disability.

9.5.4 In all cases of proven abuse against an individual, FHC has a legal obligation to refer any individual guilty of abuse to the Disclosure and Barring Service (DBS), which is the legal body overseeing the suitability of individuals in England to work in a care setting. Anyone found to have deliberately or through neglect or carelessness, caused harm to an adult at risk in FHC may be barred from working in care by the DBS.

Appendix A: Flowchart, actions to be taken for a suspected Safeguarding concern.



Appendix B: Useful contacts for Safeguarding Leads

The Care Quality Commission - Tel. 03000 61 61 61
http://www.cqc.org.uk/what-we-do/how-we-do-our-job/safeguarding-people

Local Authority Adults Safeguarding Boards:

Warwickshire – Tel. 01926 412 080
https://www.warwickshire.gov.uk/safeguardingadults

Birmingham – Tel. 0121 303 1234
http://www.bsab.org/

Sandwell – Tel. 0121 569 2355
http://www.sandwell.gov.uk/info/200216/adults_and_older_people/2213/safeguarding_adults

Worcester – Tel. 01905 768053
http://www.worcestershire.gov.uk/wsab

Stoke and Staffordshire – Tel 0800 561 0015 (Stoke)
Tel 0345 604 2886 (Staffordshire)
https://www.ssaspb.org.uk/Home.aspx

Oxford – Tel. 01865 328232
http://www.osab.co.uk

Coventry - Tel. 024 7683 2568
http://www.coventry.gov.uk/csab

Dudley - Tel. 0300 555 0555
https://customer.dudley.gov.uk/adult-safeguarding/adult-safeguarding-create/

Solihull - Tel. 0121 788 4392
http://www.ssab.org.uk

Walsall – Tel. 0300 555 2922
https://go.walsall.gov.uk/wsab/

Wolverhampton - Tel. 01902 552 999
https://www.wolverhamptonsafeguarding.org.uk/safeguarding-adults

Appendix C: Definitions and possible Indicators of abuse

1. **Physical abuse** – ranges from deliberately hitting and hurting a service user, pushing or pulling a service user, misuse of medication, restraint or inappropriate sanctions.

   - No explanation for injuries or inconsistency with the account of what happened
   - Injuries are inconsistent with the person's lifestyle
   - Bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps
   - Frequent injuries
   - Unexplained falls
   - Subdued or changed behaviour in the presence of a particular person
   - Signs of malnutrition
   - Failure to seek medical treatment or frequent changes of GP

2. **Psychological abuse** – includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

   - An air of silence when a particular person is present
   - Withdrawal or change in the psychological state of the person
   - Insomnia
   - Low self-esteem
   - Uncooperative and aggressive behaviour
   - A change of appetite, weight loss/gain
   - Signs of distress: tearfulness, anger
   - Apparent false claims, by someone involved with the person, to attract unnecessary treatment

3. **Financial and material abuse** – includes theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

   - Missing personal possessions
   - Unexplained lack of money or inability to maintain lifestyle
   - Unexplained withdrawal of funds from accounts
   - Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity
   - Failure to register an LPA after the person has ceased to have mental capacity to manage their finances, so that it appears that they are continuing to do so
   - The person allocated to manage financial affairs is evasive or uncooperative
   - The family or others show unusual interest in the assets of the person
   - Signs of financial hardship in cases where the person's financial affairs are being managed by a court appointed deputy, attorney or LPA
   - Recent changes in deeds or title to property
   - Rent arrears and eviction notices
   - A lack of clear financial accounts held by a care home or service
   - Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person

- Disparity between the person's living conditions and their financial resources, e.g. insufficient food in the house
- Unnecessary property repairs

4. **Sexual abuse** – includes rape and sexual assault or sexual acts to which an adult at risk has not consented, or could not consent or was pressured into consenting.

- Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck
- Torn, stained or bloody underclothing
- Bleeding, pain or itching in the genital area
- Unusual difficulty in walking or sitting
- Foreign bodies in genital or rectal openings
- Infections, unexplained genital discharge, or sexually transmitted diseases
- Pregnancy in a woman who is unable to consent to sexual intercourse
- The uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude
- Incontinence not related to any medical diagnosis
- Self-harming
- Poor concentration, withdrawal, sleep disturbance
- Excessive fear/apprehension of, or withdrawal from, relationships
- Fear of receiving help with personal care
- Reluctance to be alone with a particular person

5. **Neglect and Acts of Omission** – includes ignoring medical or physical care needs, failure to provide access to appropriate health, social care or other services, unlawfully withholding of the necessities of life, such as medication, adequate nutrition and heating, careless or thoughtless actions that lead to harm.

- Poor environment – dirty or unhygienic
- Poor physical condition and/or personal hygiene
- Pressure sores or ulcers
- Malnutrition or unexplained weight loss
- Untreated injuries and medical problems
- Inconsistent or reluctant contact with medical and social care organisations
- Accumulation of untaken medication
- Uncharacteristic failure to engage in social interaction
- Inappropriate or inadequate clothing

6. **Self-neglect -** a condition where an individual fails to attend to their basic needs, which can threaten their health and safety. This includes neglecting personal hygiene, health, or their living environment. It can also involve an inability or unwillingness to seek help or manage personal affairs.

- Very poor personal hygiene
- Unkempt appearance
- Lack of essential food, clothing or shelter
- Malnutrition and/or dehydration
- Living in squalid or unsanitary conditions
- Neglecting household maintenance

- Hoarding
- Collecting a large number of animals in inappropriate conditions
- Non-compliance with health or care services
- Inability or unwillingness to take medication or treat illness or injury

7. **Discriminatory abuse** – includes racism, sexism, abuse based on a person's disability and other forms of harassment, slurs or similar treatment.

   - The person appears withdrawn and isolated
   - Expressions of anger, frustration, fear or anxiety
   - The support on offer does not take account of the person's individual needs in terms of a protected characteristic

8. **Inappropriate Restraint/Unauthorised Deprivation of Liberty** – At times it may be in the best interests to physically restrain a service user for their own wellbeing or the wellbeing of others. It is imperative that restraint is ONLY practiced according to guidelines for each individual service user. There should not be a generic policy on restraint.

9. **Organisational Abuse** – Sometimes, the way a care provider operates or is organised is not in the best interests or reflective of the needs and wishes of the person being cared for. This can be caused by rigid and inflexible staffing arrangements, poor Leadership or management, lack of privacy or dignity, inappropriate measures to address the harmful actions of others, lack of choice or opportunities for independence, dismissive attitudes and ignoring complaints or concerns, a failure to reflect person centred approaches, poorly maintained environments, shared clothing, a lack of effective training, poor nutrition or hydration etc.

   - Lack of flexibility and choice for people using the service
   - Inadequate staffing levels
   - People being hungry or dehydrated
   - Poor standards of care
   - Lack of personal clothing and possessions and communal use of personal items
   - Lack of adequate procedures
   - Poor record-keeping and missing documents
   - Absence of visitors
   - Few social, recreational and educational activities
   - Public discussion of personal matters
   - Unnecessary exposure during bathing or using the toilet
   - Absence of individual care plans
   - Lack of management overview and support

10. **Domestic Abuse** – Any incident of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 years or over who are or have been partners or family members.

    - Low self-esteem
    - Feeling that the abuse is their fault when it is not

- Physical evidence of violence such as bruising, cuts, broken bones
- Verbal abuse and humiliation in front of others
- Fear of outside intervention
- Damage to home or property
- Isolation – not seeing friends and family
- Limited access to money

11. **Modern Slavery** – slavery, human trafficking, forced labour and domestic servitude.

- Signs of physical or emotional abuse
- Appearing to be malnourished, unkempt or withdrawn
- Isolation from the community, seeming under the control or influence of others
- Living in dirty, cramped or overcrowded accommodation and or living and working at the same address
- Lack of personal effects or identification documents
- Always wearing the same clothes
- Avoidance of eye contact, appearing frightened or hesitant to talk to strangers
- Fear of law enforcers

12. **Cyberbullying** – bullying that happens on-line, for example using social networks, mobile phones and gaming platforms.

- Secretive use of electronic devices
- Low self-esteem;
- A loss of friends;
- Withdrawing from social situations;
- Change in attitude or behaviour;
- Difficulty sleeping or bed wetting;
- Lack of interest in other activities;
- Self-destructive behaviour;
- Refusal to talk about what is wrong

13. **Radicalisation and Extremism** – the process by which a person comes to support terrorism and forms of extremism leading to terrorism. Extremism is vocal or active opposition to fundamental British Values, including, democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs and calls for death of members of our armed forces – whether in this country or overseas.

- Distanced from their cultural /religious heritage
- Share experiences of discomfort about their place in society;
- Experiencing family tensions;
- A sense of isolation;
- Low self-esteem;
- Dissociated from their existing friendship group
- Involved with a new and different group of friends;

14. **Female Genital Mutilation (FGM)** – the partial or total removal of external female genitalia for non-medical reasons. It is also known as female circumcision, cutting or 'Sunna'.

- Have difficulty walking, sitting or standing
- Spend longer than normal in the bathroom or toilet
- Have unusual behaviour after an absence from work or education
- Be particularly reluctant to undergo normal medical examinations
- Ask for help, but may not be explicit about the problem due to embarrassment or fear.

1.1 **Criminal exploitation** - involves exploitative situations, contexts and relationships where an adult at risk receives 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them completing a task on behalf of another individual or group of individuals; this is often of a criminal nature.

- Persistently going missing from home
- Unexplained acquisition of money, clothes, or mobile phones
- Excessive receipt of texts / phone calls and/or having multiple handsets
- Relationships with controlling / older individuals or groups
- Unexplained injuries
- Carrying weapons
- Gang association or isolation from peers or social networks
- Self-harm or significant changes in emotional well-being.

15. **Cuckooing:** a term used to describe a situation where criminals take over the home of a vulnerable person to use it for illegal activities, such as drug dealing, storing weapons, or human trafficking.

- Signs at the property include: increased foot traffic, unfamiliar faces, anti-social behaviour, covered windows or doors, drug paraphernalia.
- Signs in the Vulnerable Person include: isolation, behavioural changes, financial changes, associating with new people.

16. **Hate crime:** any criminal offense that is motivated by hostility or prejudice towards a person based on their race, religion, disability, sexual orientation, or transgender identity. This can include physical assault, verbal abuse, or incitement to hatred.

- Indicators include missing usual appointments without a clear reason, behavioural changes, emotional distress, self-harm or substance misuse.

17. **Mate crime:** a form of abuse where the perpetrator befriends a vulnerable person with the intention of exploiting them. This exploitation can be financial, physical, emotional, or sexual. The term highlights the betrayal of trust, as the victim often believes the perpetrator to be a friend.

- Indicators include behavioural changes, appearance changes, financial difficulties, changes in the environment, arrival of new people, increased noise or disturbances, possessions missing, isolation, secretive behaviour and/or manipulative relationships.

18. **County lines:** refers to a form of criminal exploitation where gangs and organized crime networks use children and vulnerable adults to transport and sell drugs across different areas.

    - Indicators include: changes in behaviour, new associations, unexplained possessions, physical injuries, drug paraphernalia, isolation and/or Unusual travel patterns.

19. **Predatory and forced marriage:** Predatory marriage occurs when a vulnerable person is manipulated, coerced, or enticed into marriage by someone who stands to gain financially or otherwise from the union. Forced marriage is when one or both individuals do not or cannot consent to the marriage, and pressure or abuse is used to force them into it.

Appendix D: FHC procedures for adults disclosing non-recent abuse that occurred whilst the individual was in the care of Father Hudson's.

Dealing with Initial Referral

In commencing work with those formerly in the care of Father Hudson's, it shall be made clear that the policy of FHC is to pass information about any allegations of abuse to the police where it appears a crime may have been committed and the Local Authority if there is any possibility that the alleged perpetrator of the abuse may present ongoing risk to any child.

Allegations of non-recent abuse may be made by existing Origins service users who have originally referred themselves or have been referred for Origins Services such as access to records and/or advice on tracing family members. Other allegations may be made by former service users, not currently known to the Agency, and whose reason for contacting the Agency is for the purpose of making the allegation.

A referral form must be completed if the allegation is made by a former service user not currently known to the Agency. If the allegation is made in the context of accessing other Origins Services, then there will already be an initial referral form based on this original request. It is not necessary to do a further referral form.

All allegations whether made during initial referral or later, must be recorded in detail and passed immediately to the Origins Manager, or if unavailable, to the Chief Executive Officer.

The Origins Manager, on receiving details of the allegation, will check the records of the former service user, to see if there is any relevant information, eg. whether the person was in the care of Father Hudson's at the time the alleged perpetrator was working at Father Hudson's.

Decision regarding informing Police and/or the Local Authority of allegations

Details of the allegation, along with any additional relevant information from the records, are to be recorded on an "Allegations of Abuse" form and to be given to the Chief Executive Officer for a decision on whether information should be passed to the police on the assumption that a crime may have been committed.

Likewise, the Chief Executive Officer in consultation with the Chair of Trustees will decide if there is a risk that the alleged perpetrator of the abuse may present an ongoing risk to any child and thereby inform the Local Authority. In such a situation, action should be taken without delay to minimise any potential further abuse of a child, so such concerns should be reported on the same day as concerns are raised in line with Father Hudson's Child Protection and Safeguarding Policy.

The person making the allegations is to be informed in writing that the details of the non-recent abuse allegation have been passed to the Police or the Local Authority. It may also be appropriate that this information is shared verbally by the person to whom the allegation was made.

A separate file is to be kept with copies of all forms with details of allegations of non-recent abuse so any patterns of similarities can be identified.

If the former employee, about whom allegations are made, is still in employment here, the Chief Executive Officer must decide, via a risk assessment, if there is a need to place the person on administrative leave. If employed elsewhere, the Chief Executive Officer must decide if there are grounds for informing current employers of the concerns raised.

Counselling regarding non-recent abuse

Whether the Police or the Local Authority become involved or not, all persons making allegations of non-recent abuse may be offered guidance regarding appropriate support and advice. For some, the opportunity to speak to a social worker from FHC may be sufficient but for others, they may require more intensive and independent counselling.

If independent counselling is requested, the Agency may provide information about appropriate sources and advise the client to involve their GP in any referral.

Any requests for FHC to fund independent counselling are to be considered by the Chief Executive Officer and would normally only be considered in situations of allegations which were proven in Court to be true.

Apologies and Legal Action

Any letters expressing apologies need to be signed by the Chief Executive Officer and the contents checked with the relevant insurers and legal advisers if there is a question of the wording implying an admission of liability.

In any situation where it is anticipated that a former service user is considering taking legal action against the Society, the Chief Executive Officer of the Society is to be kept informed and our insurers informed of possible legal action.

In all cases where legal action is being taken against FHC, the responsibility for the case moves from the Origins Manager to the Chief Executive Officer of FHC.

DEALING WITH ALLEGATIONS OF NON RECENT ABUSE WHERE THE PERSON WAS NOT IN THE CARE OF FATHER HUDSON'S OR RECEIVING A SERVICE FROM FATHER HUDSON'S WHEN THE ABUSE OCCURRED.

In the course of providing a service to the adopted adult, or birth relative, an allegation may be made about abuse that occurred at any time during their childhood, whilst the child was not the responsibility of Father Hudson's.

In such cases, consideration needs to be given to whether any child may be at ongoing risk from the alleged perpetrator, by the Origins Manager if the person making the allegation has provided enough information about the identity of the alleged perpetrator. In such instances that Local Authority should be contacted by the Origins Manager or Chief Executive Officer.

The person making the allegation is to be informed in writing that the details of the non-recent allegation have been passed to the Local Authority. It may also be appropriate that this information is shared verbally by the staff member to whom the allegation is made.

Whether the Local Authority become involved or not, the social worker/Manager should explore if the person making the allegation has informed the Police and if not, discuss this and explore if support is needed to help the individual to do this.

Support may also be needed to assist the person to access counselling.