The Order of the Cross
Safeguarding Policy and Procedures
Additional reference information

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Additional Reference Materials

This section is material taken from training and professional development articles, but summarised and adapted to be more appropriate to the Fellowship and it's gatherings. It is presented here for Members to read and know what are the real-world issues. Especially how to be aware of them and how to spot signs of abuse, neglect exploitation and so on.

1. What is Safeguarding

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

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

> " Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.
> Organisations should always promote the adult's wellbeing in their safeguarding arrangements. People have complex lives and being safe is only one of the things they want for themselves. Professionals should work with the adult to establish what being safe means to them and how that can be best achieved. Professionals and other staff should not be advocating "safety" measures that do not take account of individual well-being, as defined in Section 1 of the Care Act. "

Consider who might be at risk

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

1. has needs for care and support, whether or not the local authority is meeting any of those needs, and;
2. is experiencing, or at risk of, abuse or neglect; and
3. 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.

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

- Older people.
- People with learning disabilities/difficulties.
- People with mental health issues.
- People who are homeless.
- People who have issues with substance misuse.
- People who experience domestic violence.

There are many different types of behaviour which constitute abuse and/or neglect. Whilst every individual and circumstance will be different, below is a list of the types of behaviour as described by the ‘Care and Guidance Act’ which are generally considered as abuse and neglect. The list it is not exhaustive so if another issue is found to be of concern then it should be raised through the normal procedures.

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

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

- Physical abuse.

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

(A more comprehensive description of each is given in a later section.)

2. Use of IT and Information sharing

Rules governing the sharing of information are detailed by the Data Protection Act 2018 and General Data Protection Regulations. The Caldicott Principles are 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 best interests of their patients within the framework set out by these principles. They should be supported by the policies of their employers, regulators and professional bodies.

2.1 Record Keeping and Information Storage

All personal information will be retained in a secure area and system which is access controlled. All records will also be destroyed once they no longer are required. Access will only be available for those who need to know.

In a case pertaining to a safeguarding issue careful record keeping is essential. Not only must the issues be accurately documented but also the timeline and a diary of events, decisions and actions needs to be recorded. These records need to be kept secure and only made available to the relevant authorities.

3. Key Agencies and when they should be contacted

Adult Social Care is the lead agency for safeguarding adults, and the Adult Safeguarding Team, or multi Agency Safeguarding Hub, is the lead within the council for all safeguarding issues concerning an adult. A concern will, in the first instance, be made to this team by calling them on or emailing them.

If the issue or concern is an emergency the police should be contacted on 999 or 101. The police are a key partner in safeguarding. Health services are also central to safeguarding, including mental health services.

Contact details for the local Health agencies and Adult Social Care will depend on the place where the issue has been detected and should be researched as part of pre event planning.

When you should raise a concern with the Adults Safeguarding Team

A concern should be raised when there is reason to believe an adult at risk may have been, is, or might be, the subject of harm, abuse or neglect by any other person or persons. This also includes anyone self-neglecting where there is a significant risk to their health or wellbeing. In circumstances where there are serious immediate risks, a response from Adult Safeguarding services or the police should be provided as soon as possible.

4. Legislative framework

This policy has been drawn up on the basis of law and guidance that seeks to protect children, namely:

- Children Act 1989
- United Convention of the Rights of the Child 1991
- Data Protection Act 1998
- Human Rights Act 1998
- Sexual Offences Act 2003
- Children Act 2004
- Safeguarding Vulnerable Groups Act 2006
- Protection of Freedoms Act 2012
- Children and Families Act 2014
- Special educational needs and disability (SEND) code of practice: 0-25years
  - Statutory guidance for organisations which work with and support children and young people who have special educational needs or disabilities; HM Government 2014
- Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers; HM Government 2015
- Working together to safeguarding children: a guide to inter-agency working to safeguard and promote the welfare of children; HM Government 2015

5. What is abuse and neglect and how to recognise it.

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

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

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

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

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

5.1 Physical abuse

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

Possible indicators of physical abuse are:

- Unexplained or inappropriately explained injuries.
- An adult exhibiting untypical self-harm.
- Unexplained cuts or scratches to mouth, lips, gums, eyes or external genitalia.
- Unexplained bruising to the face, torso, arms, back, buttocks, thighs, in various stages of healing.
- Collections of bruises that form regular patterns which correspond to the shape of an object or which appear on several areas of the body.
- Unexplained burns on unlikely areas of the body (e.g. soles of the feet, palms of the hands, back), immersion burns (from scalding in hot water or liquid), rope burns, or burns from an electrical appliance.
- Unexplained or inappropriately explained fractures at various stages of healing to any part of the body.
- Medical problems that go unattended.
- Injuries that remain untreated.
- Sudden and unexplained urinary and/or faecal incontinence.
- Evidence of overusing or underusing medication.
- The adult flinches or shies away from physical contact.
- The adult appears frightened or subdued in the presence of particular people.
- The adult asks not to be hurt.
- The adult may repeat what the person causing harm has said (e.g. 'Shut up or I'll hit you').
- Reluctance to undress or uncover parts of the body.
- The adult wears clothes that cover all parts of their body or specific parts of their body.
- Changes in the adult's behaviour.
- An adult with capacity not being allowed to go out of a care home when they ask to or when they are invited out by another person.
- An adult without capacity not being allowed to be discharged at the request of an unpaid carer/family member.

5.2 Domestic abuse

The Home Office offers the following definition of domestic abuse:

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

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

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

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

Indicators of domestic violence include:

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

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

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

5.3 Sexual abuse

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

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

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

Possible indicators of sexual abuse are:

- The adult has urinary tract infections, vaginal infections or sexually transmitted diseases that are not otherwise explained.
- The adult appears unusually subdued, withdrawn or has poor concentration.
- The adult exhibits significant changes in sexual behaviour or outlook.
- The adult experiences pain, itching or bleeding in the genital/anal area.
- The adult's underclothing is torn, stained or bloody.
- The adult is fearful of contact.
- The adult's behaviour changes.
- The adult becomes introverted and does not want to talk when otherwise they are quite sociable.
- A woman who lacks the mental capacity to consent to sexual intercourse becomes pregnant.

5.4 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.

5.5 Financial or material abuse

This includes theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Possible indicators of financial abuse are:

- Lack of heating, clothing or food.
- Inability to pay bills and/or unexplained shortage of money
- Lack of money, especially the day after receiving money, such as benefits.

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

5.6 Scams

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

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

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

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

5.7 Modern slavery

Modern slavery encompasses slavery, human trafficking, forced and compulsory labour and domestic servitude. Traffickers and slave masters use whatever means they

have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

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

There are many different characteristics that distinguish slavery from other human rights violations. However, only one needs to be present for slavery to exist.

Someone is in slavery if they are:

- forced to work - through mental or physical threat;
- owned or controlled by an 'employer', usually through mental or physical abuse or the threat of abuse;
- dehumanised, treated as a commodity or bought and sold as 'property'; or
- physically constrained or have restrictions placed on his/her freedom of movement.

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

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

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

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

Possible indicators of modern slavery

Signs of various types of slavery and exploitation are often hidden, making it hard to recognise potential victims. Victims can be any age, gender or ethnicity or nationality.

Whilst by no means exhaustive, some common signs that may indicate modern slavery are:

- An adult is not in possession of their legal documents (passport, identification and bank account details) and they are being held by someone else.
- The adult has old or serious untreated injuries and they are vague, reluctant or inconsistent in explaining how the injury occurred.
- The adult looks malnourished, unkempt, or appears withdrawn.
- They have few personal possessions and often wear the same clothes.
- The clothes they do wear may not be suitable for their work.
- The adult is withdrawn or appears frightened, unable to answer questions directed at them, or speak for themselves and/or an accompanying third party speaks for them. If they do speak, they are inconsistent in the information they provide, including basic facts such as the address where they live.
- They appear under the control and influence of others, rarely interact or appear unfamiliar with their neighbourhood or where they work. Many victims will not be able to speak English.
- They are fearful of people in general and the authorities in particular.
- The adult perceives themselves to be in debt to someone else or in a situation of dependence.
- The adult lives in inappropriate or unduly cramped accommodation.
- Adults, sometimes in groups, are seen in places where you wouldn't expect. For example, groups of adults waiting in the countryside and not at a bus stop for a "lift".

Environmental indicators of modern slavery

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

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

Signs inside the property that may indicate modern slavery includes:

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

5.8 Discriminatory abuse

This includes discrimination on the grounds of race, faith or religion, age, disability, gender, sexual orientation and political views, along with racist, sexist, homophobic or ageist comments or jokes, or comments and jokes based on a person's disability or any other form of harassment, slur or similar treatment.

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

Possible indicators of discriminatory abuse

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

An adult who is suffering discriminatory abuse may also:

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

5.9 Organisational abuse

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

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

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

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

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

Or where there is:

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

5.10 Neglect and acts of omission

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

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

Possible indicators of neglect are:

- The adult has inadequate heating and/or lighting.
- The adult's physical condition or appearance is poor (e.g. ulcers, pressure sores, soiled or wet clothing).

- The adult is malnourished, has sudden or continuous weight loss and/or is dehydrated.
- The adult cannot access appropriate medication or medical care.
- The adult is not afforded appropriate privacy or dignity.
- The adult and/or a carer has inconsistent or reluctant contact with health and social services.
- Callers/visitors are refused access to the adult.
- The adult is exposed to unacceptable risk.

5.11 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 other issues, such as insufficient income.

5.12 Exploitation

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

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

Sexual Exploitation

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

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

Criminal Exploitation

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

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

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

> The victim may have been criminally exploited even if the activity appears consensual. Criminal exploitation does not always involve physical contact; it can also occur using technology and/or social media.
>
> Adapted from the Child Criminal Exploitation definition in Working Together:DfE:2018:107 and Home Office:2018:46

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

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

5.13 Organised Crime and County Lines

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

(National Crime Agency: 2018).

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

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

5.14 Cuckooing

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

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

The Context of Criminal Exploitation

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

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

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

Criminal exploitation can take place outside of the family or home environment. It is often a combination of the interplay between the relationships and circumstances both inside and outside of the family/home environment that can lead to a child or adult being criminally exploited.

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

At Risk Groups

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

- are teenage children and young adults.
- have previously or are currently experiencing abuse or other Adverse Childhood Experiences (ACEs)
- lack a safe/stable home environment, now or in the past. For example due to domestic violence, parental substance misuse, mental health issues or criminality.
- are homeless or have insecure accommodation status.
- are exposed to violent crime, gang-related activity and deprivation.
- are socially isolated, lonely or experience social difficulties.
- are economically at risk.
- are migrants.
- have a physical or learning disability.
- experience mental health issues or substance misuse.
- are or have been in care, particularly those in children's residential care and those with interrupted care histories.
- are children excluded from school, either permanently or temporarily, or who are not fully engaged or attending their educational provision or an alternative learning provision (Tapper: 2018).

List adapted from Home Office: 2018

Signs of Criminal Exploitation

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

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

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

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

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

Signs of Cuckooing

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

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

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

- Unknown people frequently staying at/moving into the property; often described by the individual or families as "friends".
- The individual or family moving out or regularly staying away from the property while the unknown individuals remain.
- New vehicles regularly parking or remaining outside the property.
- An increase in the number of comings and goings throughout the day and/or night, including people/ vehicles that have not been seen before.
- An increase in anti-social behaviour, such as property damage, littering, regular loud music or 'parties', or evidence of verbal or physical aggression, in and around the property.
- The individual/family refusing entry or restricting access to certain parts of the property to neighbours, friends or professionals, particularly if they have allowed it before.

As with all areas of exploitation, referral to the relevant agencies in a timely manner is essential.

Such options could include:

- The Salvation Army, who can provide specialist support including access to confidential legal advice, health care, counselling, educational opportunities, financial support and support with accessing housing and employment.
- Police involvement and intervention.
- On-going support from Mental Health services.
- Housing providers.
- Any physical health services.
- Community services and resources.
- Education services.

6. Guidance on making a report

6.1 Good Practice in Responding to Concerns

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

- Try to find somewhere quiet to talk, but remember that a safe place will be different for each individual.
- Remain calm at all times.
- Listen carefully and don't show signs that you might be upset or shocked by what you are hearing.
- Explain to the adult that you can't keep things secret and you have responsibilities to tell your
- Designated Safeguarding Lead or manager.
- Explain that you will keep them informed, as much as possible, in what happens next.
- Record the information.
- Keep the information in a safe and secure place.
- Report the matter to your Designated Safeguarding Lead or manager and to the Local Authority or Police if appropriate.

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

- the date and time when the disclosure was made, or when you were told about / witnessed the incident(s).
- who was involved, any other witnesses, including service-users, and other staff.
- the relationship between the alleged perpetrator and alleged victim.
- exactly what happened or what you were told, in the person's own words, keeping it factual and not interpreting.
- what you saw or were told. Always record the exact words by the person disclosing and do not be tempted to put the disclosure into your own words.
- the views and wishes of the adult.
- any issues with capacity.
- the appearance and behaviour of the adult and/or the person making the disclosure.

- any injuries observed.
- any actions or decisions taken at this point; and
- any other relevant information, such as previous incidents that have caused you concern.

Remember to:

- Include as much detail as possible.
- Make sure the written report is legible, written or printed in black ink, and is of a quality that can be photocopied.
- Ensure you have printed your name on the report and that it is signed and dated.
- Keep the report factual as far as possible. However, if it contains your opinion or an assessment, it should be clearly stated as such and be backed up by factual evidence. Information from another person should be clearly attributed to them.
- Keep the report(s) confidential, storing them in a safe and secure place.

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

6.2 Preserving Evidence

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

- Where possible, leave things as and where they are. If anything has to be handled, keep this to an absolute minimum.
- Do not clean up. Do not touch anything you do not have to. Do not throw anything away which could be evidence.
- Do not wash anything or in any way remove fibres, blood etc.
- Preserve the clothing and footwear of the victim.
- Preserve anything used to comfort or warm the victim, like a blanket.
- Note in writing the state of the clothing of both the victim and person alleged to have caused the harm. Note injuries in writing. As soon as possible, make full written notes on the conditions and attitudes of the people involved in the incident.
- Take steps to secure the room or area where the incident took place. Do not allow anyone to enter until the police arrive.

In addition, in cases of sexual assault:

- Preserve bedding and clothing where appropriate, do not wash them.
- Try not to have any personal or physical contact with either the victim or the person alleged to have caused the harm. Offer reassurance and comfort as needed, but be aware that anyone touching the victim or source of risk can contaminate evidence.

What happens after you report concerns? The following diagram, taken from Local Authority Safeguarding Adults Boards, demonstrates the process of reporting and responding to concerns:

SAFEGUARDINGCONCERN
SAFEGUARDINGENQUIRY
SAFEGUARDINGPLAN
Safeguarding Concern
• Identification of abuse or neglect
• Immediate safety needs are met
• Concern is referred into the local Adult Safeguarding Process
Concern Decision-Making
• Check actions taken to address immediate risks
• Checks made & additional information gathered
• Share information
• Provision of information and advice
• Decision made whether Care Act s42 Duty of Enquiry triggered
Safeguarding Enquiry
• Gain views, consent & desired outcomes of adult
• Duty to refer to advocate if required (Care Act s66)
• Agree what enquiries are needed & who will do this
• Risk assess and plan interim safeguarding plan
• Make enquiries or cause them to be made
• Identify what actions should be taken in the adults case
• The enquiries made and actions taken are lawful and proportionate
Safeguarding Plan
• Plan is person centred & outcome focussed
• Plan is proportionate & least restrictive
• Timescales for review & monitoring of plan are agreed
• All involved are clear about their roles and responsibilities
I am asked my opinion if people around me think I am at risk
I get clear & simple information about what abuse is, how to recognise the signs and what I can do to seek help
I get help and support to report abuse or neglect
I know that professionals treat my personal & sensitive information in confidence, only sharing what is helpful and necessary
Whenever it is safe to do so, I am spoken to and am able to discuss what information about me is shared, who with, and why.
People ask me what I want to happen and things move at a pace I am happy with
The people I want are involved
I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens
I am given support I need to help me to make my own decisions where I can
People listen to me & explain things to me in a way I can understand
People & services understand me - recognise respect what I can do, and what I need help with.
I understand the reasons when decisions are made that I don't agree with
I can live the life I want and I am supported to manage the risks I choose to take
I get the help I need by those best placed to give it
The help I receive makes my situation better
I feel safe and in control