



BWC SAFEGUARDING ADULTS POLICY

Table of Contents

Table of Contents	1
Contacts Table	2
Purpose and aim	3
Roles and Responsibilities	4
Information Sharing and Confidentiality	4
Issues of capacity and consent	5
Self-Harm or Threats of Suicide	5
Alerting Procedure	6
Responding to a Disclosure of Abuse – The Three R’s	8
Police Involvement	9
Prevent	10
Managing an allegation about staff	10
Safer recruitment	10
Training commitment	11
APPENDIX A	12
Safeguarding Adults Concerns Flowchat	12
APPENDIX B	13
Guidance: Threat of suicide, self-harm or self-injury	13
APPENDIX C	14
Statutory Contact Agencies and Other Useful Agencies Contact Details:	14
APPENDIX D	16
Definitions and Terminology	16

Contacts Table

Role	Name	Contact
Designated Safeguard lead for BWC	Rachael Mackenzie	07706358626 rachaelmackenzie@womenscentre.org.uk
Trustee Safeguarding Lead	Amy MacConnachie	amymacconnachie@womenscentre.org.uk
Chair of Board of Trustees	Melissa Drayson	melissadraysen@womenscentre.org.uk
Local Authority Designated Officer (LADO)		<p>East Sussex: https://www.eastsussex.gov.uk/children-families/professional-resources/allegations/referrals/form-lado-referral</p> <p>West Sussex: LADO@WestSussex.gov.uk</p> <p>Brighton and Hove: Ladoenquiries@brighton-hove.gov.uk</p>
Adult Social Care-Reporting Concerns		<p>East Sussex Online Reporting Form: https://www.eastsussex.gov.uk/social-care/worried/report</p> <p>West Sussex Online reporting form: https://www.westsussex.gov.uk/social-care-and-health/social-care-support/adults/raise-a-concern-about-an-adult</p> <p>Brighton and Hove Email: hascsafeguardinghub@brighton-hove.gov.uk</p>
Children Social Care – Reporting concerns	Front Door For Families	<p>East Sussex: o-19.SPOA@eastsussex.gov.uk</p> <p>West Sussex: WSChildrenservices@westsussex.gov.uk</p> <p>Brighton and Hove: frontdoorforfamilies@brighton-hove.gov.uk</p>

	Emergency Duty Service - Out of hours, weekends, holidays	<p>East Sussex: 01273 335906</p> <p>West Sussex: 033 022 27007</p> <p>Brighton and Hove: 01273 335905</p>
Police		101/999
NSPCC		0808 800 5000
Childline		0800 1111
Sussex Police Prevent Team		101 – ext 550543

Designated Safeguarding Officers (DSOs):

Role	Name	Contact
Early Years Manager	Gemma Turner	gemmaturner@womenscentre.org.uk
WASS Manager	Ruth Britsch	ruthbritsch@womenscentre.org.uk
Inspire Manager	Marion Taylor	mariontaylor@womenscentre.org.uk
Volunteer Services Manager	Emma Walsh	emmawalsh@womenscentre.org.uk
MSK Senior Practitioner	Sara Hughes	sarahughes@womenscentre.org.uk
Peer to Peer Service Manager	Jane Moore	janemoore@womenscentre.org.uk
Therapeutic Services Manager	Rhian Gower	rhiangower@womenscentre.org.uk

Purpose and aim

- To enable BWC to demonstrate its commitment to keeping safe the adults with whom we work and to provide guidance and practical procedures for board members, employees, volunteers and service users to work to prevent abuse and the event of serious self harm.
- To ensure that BWC staff and volunteers know what to do in the event of a disclosure of abuse towards adult service users (over the age of 18) who may have additional vulnerabilities as a result of her circumstances or needs.

BWC understands that adults with additional needs or vulnerabilities have the right to protection from neglect, exploitation and from physical, emotional, or sexual abuse and that all "citizens" have a responsibility for the protection of others and for sharing their concerns with safeguarding adult agencies.

Roles and Responsibilities

The BWC Head of Services acts as the Designated Safeguarding Lead. The role of the Designated Safeguarding Lead is to oversee Safeguarding practices for the organization including monitoring safeguarding referrals, training and recording, as well as sharing best practice. There are multiple Designated Safeguarding Officers as listed in the table above.

Information Sharing and Confidentiality

At BWC, we prioritize the confidentiality of information shared by our service users. However, there are certain circumstances where maintaining confidentiality may impact the safety of a vulnerable adult. In such cases, information may need to be shared outside of BWC.

Although the views and wishes of the service user will normally be respected when sharing information, a fully confidential service cannot be guaranteed (please refer to BWC Confidentiality Policy). There will always be exceptional circumstances when a duty to protect the wider public interest or the individual will outweigh the responsibility to any one individual. Service users should be advised why and with whom information will be shared.

Our approach is guided by the principle of proportionality, meaning that any decision to breach confidentiality is based on the perceived level of risk involved. We handle all suspicions and investigations with utmost confidentiality, sharing information only with those who have a legitimate need to know. This is done in accordance with the guidelines set by the Local Safeguarding Children Board and GDPR regulations, following the procedures outlined in the Information Sharing: Advice for practitioners providing Safeguarding Services DfE 2018.

When there is a concern of possible abuse, our volunteers and staff members make every effort to obtain informed consent from the woman involved. We strive to keep her informed about any actions taken. Our decisions regarding sharing information, whether with or without consent, are documented, along with the reasons behind them.

Building effective working relationships with other agencies is an essential part of our approach. We recognize the importance of professional challenge in ensuring effective safeguarding.

Our staff members actively participate in multi-agency meetings that support specific women, such as MARAC.

Regular reflective practice is conducted by our staff, students, and volunteers. The Designated Safeguarding Lead attends Pan Sussex meetings and relevant multi-agency gatherings when necessary.

Adhering to our confidentiality policy, we follow the [7 Golden Rules of Information Sharing](#), which include recognizing that GDPR is not a barrier to sharing

information, being open and honest, seeking advice, sharing with appropriate consent, considering safety and well-being, ensuring relevance and accuracy, and maintaining secure and timely practices. We diligently keep records of all relevant information.

All records are maintained in compliance with the General Data Protection Regulations (GDPR) of 2018. Personal details of service users, and involved adults, which may be shared with third parties, are securely stored in the Lamplight database. Incident forms are retained by the Designated Safeguarding Lead. Any electronically stored documents containing such details are handled in accordance with the BWC GDPR Policy.

The 2014 Care Act states that organisations have a responsibility to follow the 6 safeguarding principles enshrined within:

- 1) Empowerment – personalisation and the presumption of person-led decisions and informed consent
- 2) Prevention – It is better to take action before the harm occurs
- 3) Proportionality – Proportionate and least intrusive response appropriate to the risk presented
- 4) Protection – Support and representation for those in greatest need
- 5) Partnership – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- 6) Accountability – Accountability and transparency in delivering safeguarding

Issues of capacity and consent

The Mental Capacity Act 2005 is designed to protect and empower adults who may lack the mental capacity to make their own decisions about their care and treatment.

Individuals will be assumed to have the capacity to make informed decisions, unless there is clear evidence to the contrary. Adults with additional needs or vulnerabilities should be supported to make their own decisions based on an awareness of the choices available. In all instances where a person demonstrates a lack of capacity in relation to a specific area or decision, everything which is done must be based upon an assessment of that person's best interest.

In cases where there is evidence that an adult lacks capacity to make specific decisions, where appropriate, provision will be made to find a suitable independent person to represent their best interest. A referral to the Statutory Agency is appropriate.

Self-Harm or Threats of Suicide

Some service users may express thoughts of self-harm, self-injury or even suicide. If this happens, or if a staff member, trustee, intern or volunteer believes that someone is considering serious self-harm, serious self-injury or suicide, then action must be taken immediately. (See guidance relating to suicidal service users in Appendix B.

Alerting Procedure

In the event of disclosure of information:

- In all cases where a person is in immediate danger, urgent action must be taken at once. The staff member/volunteer to whom the disclosure has been made, will need to gain support from the DSO on cover to do so.
- Where BWC has a statutory duty to disclose information concerning a safeguarding issue this must be done with the agreement of a Designated Safeguarding Officer.
- Volunteers should contact the Volunteer Services Manager in the first instance and in her absence the Designated Safeguarding Officer on cover. Volunteers will be made aware of the DSO to contact at the start of each session.
- Therapists (psychological and holistic) will contact the Therapeutic Services Manager in the first instance and in her absence a DSO.

All information should be recorded in a Safeguarding Incident Report Form as soon as possible after the session and passed confidentially to a line manager/DSO on cover. Recorded incidents and concerns must be signed and dated by the member of staff, volunteer or trustee that lodged the concern, who will be kept informed of the follow up by internal and external procedures and the resolution of any concerns.

- BWC DSOs have responsibility for informing the relevant Adult Social Care Duty and Assessment Team or if the risk is considered immediate, the Police.
- The Duty and Assessment Team or the Police have the responsibility for deciding if a formal investigation needs to be undertaken. Contact numbers will be kept in the BWC office and Drop In area.
- The Safeguarding Incident Form should be shared with the BWC Head of Services as the Safeguarding Lead for BWC

The member of staff/volunteer should not confront or give any information to anyone who is alleged to be responsible for what has happened.

The general principle of the incident should be raised at the next team/volunteer meeting to ensure good practice.

Discussion and decision making between the Alerter and Line Manager/DSO on Cover.

- Concerns about suspected abuse must be reported to the line manager or Designated Safeguarding Officer on Cover
- The member of staff to whom the disclosure was made, should make a written record of the allegation or suspicion of abuse
- The Designated Safeguarding Officer should carry out a risk assessment and make a decision whether to refer the incident to the appropriate Adult Social Care or Mental Health Team but only after serious consideration has been

given to the confidentiality of current clients and the safety of future service users.

- Staff will take adequate care to ensure confidentiality with matters regarding the protection of vulnerable adults, especially with regard to the transfer of information, electronically, verbally and via the postal system.

Deciding whether to refer to another agency is crucial. The decision should make reference to:

- The wishes of the adult
- The scale of abuse
- Known indicators of abuse
- Definitions of abuse
- Circumstances in which a vulnerable adults wishes may be overridden
- The mental capacity of the adult
- The level of risk to the individual
- The level of risk to others (public interest considerations)

If it is decided that a referral to Statutory Service is appropriate, the referral should be made to the relevant department at the earliest opportunity and no later than at the end of the working day in question.

In emergency situations (e.g. where there is a risk or occurrence of severe physical injury), where immediate action is needed to safeguard the health or safety of the individual or anyone else who may be at risk, the emergency services should be contacted.

As soon as the referral is made, Adult Social Care becomes the lead agency and will co-ordinate any action that is required, and is responsible for deciding if they will be carrying out an investigation.

Every adult protection alert must receive a clear response from the statutory services regardless of whether or not an adult protection investigation is to take place.

Regardless of whether a statutory referral is made or not, steps must be taken to support the individual and where appropriate protect them from future abuse.

Alerting Procedure when lone-working

When working from home all staff are expected to have regular check ins with their line manager over the phone (depending on working days and hours).

In case of a disclosure staff/ volunteers must follow normal procedure and alert their line manager or DSO immediately

In the event your line manager is on leave, clear arrangements will be in place as to who you will need to report to.

For more information please see the BWC Home Working Policy.

The Six R's

In the event of disclosure of information or a concern arising, we work to the Six R's; Recognise, Respond, Report, Record, Refer, Reflect:

Recognise

- All staff members are trained in recognising the signs of abuse. Safeguarding training is provided as part of new staff member's induction and is refreshed every three years.

Respond

The way you respond to a disclosure of abuse is important. Members of staff or volunteers receiving an allegation of abuse should:

- Assess the situation, i.e. are emergency services required? Ensure the safety and wellbeing of the adult
- Remain calm try not to show any shock or disbelief. Listen very carefully to what you are being told, being careful not to trivialise, dismiss or exaggerate the issue
- Demonstrate a sympathetic approach by acknowledging regret and concern that this has happened to them
- If there is a possibility that forensic evidence exists, preserve the evidence. Do not clean up.
- Tell the person they did the right thing to tell you and you are treating the information seriously
- Explain that you are required to share the information with a senior staff member (DSO) but not with other staff, volunteers or service users
- Tell the person it was not their fault
- Reassure the person that BWC will take steps to support and where appropriate, protect them in future

Do Not

- Do not stop someone who is freely recalling significant events, who is in full flow as they may not tell you again
- Do not press them for more details
- Do not promise to keep secrets, or not to tell anyone, as there is a duty to report
- Do not be judgmental
- Do not pass on the information to anyone other than the DSO
- A staff member must immediately inform the Designated Safeguarding Officer (DSO) on cover in the event of disclosure of information. If a staff member of volunteer has a concern but isn't sure about any potential risks to the person, they should consult with the DSO
- The DSO on cover can be identified using the whiteboard at 22 Richmond Place and on the Senior Staff on Cover Rota, Policies and Procedures folder on One Drive
- If a disclosure is shared with a volunteer, the volunteer must inform the Volunteer Manager or DSO on cover
- Where BWC has a statutory duty to disclose information concerning an incident this should be done with the agreement of the DSO

Report

- The DSO has responsibility for informing the Local Authority or if the risk is

- considered immediate, the Police
- The Local Authority or the Police have the responsibility for deciding if a formal investigation needs to be undertaken
- Contact numbers will be kept on staff mobile phones and clearly posted in all BWC offices and outreach venues

Record & Refer

At the first opportunity make notes

- Record accurately the exact words the person has said, use their own words and phrases do not change or edit
- Make a note of the date, time, and setting in which the allegation was made or the event witnessed
- Make a note of anyone else who was there at the time
- Highlight if the person alleged responsible, is themselves a vulnerable adult.
- Separate factual information from any opinions expressed
- Remember that your report may be required as part of legal action or disciplinary procedures. Accurate and detailed recording is essential
- The BWC Safeguarding Incident Form must be completed and provided to the DSL
- The DSO must ensure a copy of the Safeguarding Incident Form is forwarded to the DSL
- A record must be made on Lamplight as a Work Record

If we feel that a referral made has not been dealt with properly or that concerns are not being addressed or responded to, we will follow the LSCB escalation process.

Reflect

- The general principle of the incident should be raised at the next team/Service Leads meeting to ensure good practice
- There are opportunities to discuss any potential safeguarding concerns in team meetings, reflective practice and one to one supervisions in order to reflect on whether a concern needs to be raised given a wholistic picture of a woman's wellbeing. It is a staff members' duty to ensure that all potential concerns or situations that aren't clear cut are discussed with the DSO or their line manager at the soonest opportunity. BWC recognizes that each staff member brings their own experience and views on risk and encourages a culture of transparency in order that concerns are passed on to the DSO and DSL in a timely and appropriate manner.

Police Involvement

The police will lead on Adult Protection arrangements where there is evidence that a serious crime has been committed. The police are available for advice and consultation at an early stage.

If there is the possibility of a criminal offence having occurred and the Service User wishes to involve the Police, it is important to ensure the criminal investigation takes precedence.

In situations where the service user is unwilling to make a formal complaint to the Police, BWC should give careful consideration as to whether it has a duty to report the matter to the Police directly. The decision should be based on the risk to the service user, the risk to others and seriousness of the allegation. If a service user lacks the capacity to consent, the member of staff/volunteer involved should make a decision in the best interests of the service user. This decision should be made in consultation with the line manager/DSO on cover.

Prevent

BWC has due regard to protect adults and children in our care by supporting their welfare by being alert and vigilant to any concerns at home or elsewhere. The regard is held in relation to expression of extremist views as defined by The Prevent Duty 2015. We are required to refer any concerns via FDFP or to The Prevent Coordinator Nahida Shaikh, Partnership Community Safety Team 01273 290584

Managing an allegation about staff

BWC has a whistle-blowing policy to address concerns and disclose information regarding malpractice or impropriety.

We will ensure that all staff members are aware of their duty to raise concerns, where they exist, about the management of safeguarding, which may include the attitude or actions of colleagues. If necessary, they will speak with the BWC Director or with the Local Authority Designated Officer (LADO). Should staff not feel able to raise concerns internally they can call the NSPCC whistleblowing helpline on 0800 028 0285.

The line manager, in consultation with Human Resources Sub Committee and the Director, will need to clarify the action to be taken in accordance with personnel procedures. It is important to ensure that the action taken:

- Protects the rights and wishes of the vulnerable adult
- Protects the rights of the member of staff/volunteer concerned
- Enables managers to take appropriate action either on behalf of the vulnerable adult or against the staff member/volunteer where appropriate

The line manager may need to suspend the staff member or volunteer involved in the allegation to refrain from work explaining that an allegation has been made requiring further investigation.

We have a clear reporting procedure to report concerns or complaints, including abusive or poor practice.

Safer recruitment

BWC is committed to recruiting and selecting staff and volunteers safely, ensuring all necessary checks are made, as outlined in the Recruitment policy.

Candidates are informed of the need to carry out Enhanced Disclosure and Barring (DBS) checks with the Disclosure and Barring Service before posts can be confirmed. We will prevent people who pose risks to vulnerable adults from working for BWC by ensuring that all individuals working in any capacity at BWC have been subjected to safeguarding checks in line with the statutory guidance of the Disclosure Barring

System. We have systems of barriers including ID checks and suitability checks as well as obtaining two (or more) references for staff joining BWC.

We abide by the Protection of Vulnerable Groups Act requirements in respect of any person who is dismissed from our employment or resigns in circumstances that would otherwise have led to dismissal for reasons of a safeguarding concern.

Every job description and person specification will have a clear statement about the safeguarding responsibilities of the post holder and our induction procedure will include a section on Safeguarding adults.

We will ensure that at least one member of every interview panel has completed safer recruitment training and where possible at least one Designated Safeguarding Officer is present for interviewing applicants.

We have a complaints procedure in place and whistleblowing policy to handle allegations against members of staff, students and volunteers. In an event a safeguarding complaint is raised member of staff, the Designated Safeguarding Lead will report this to LADO.

We have a Staff Code of Conduct and Disciplinary Policy and Procedures in place to handle low-level concerns about members of staff, bank staff and volunteers.

Where applications are rejected because of information that has been disclosed, applicants have the right to know and to challenge incorrect information.

We continue to check all staff's ongoing suitability at regular intervals. This includes suitability of any agency/bank works, students and volunteers.

Training commitment

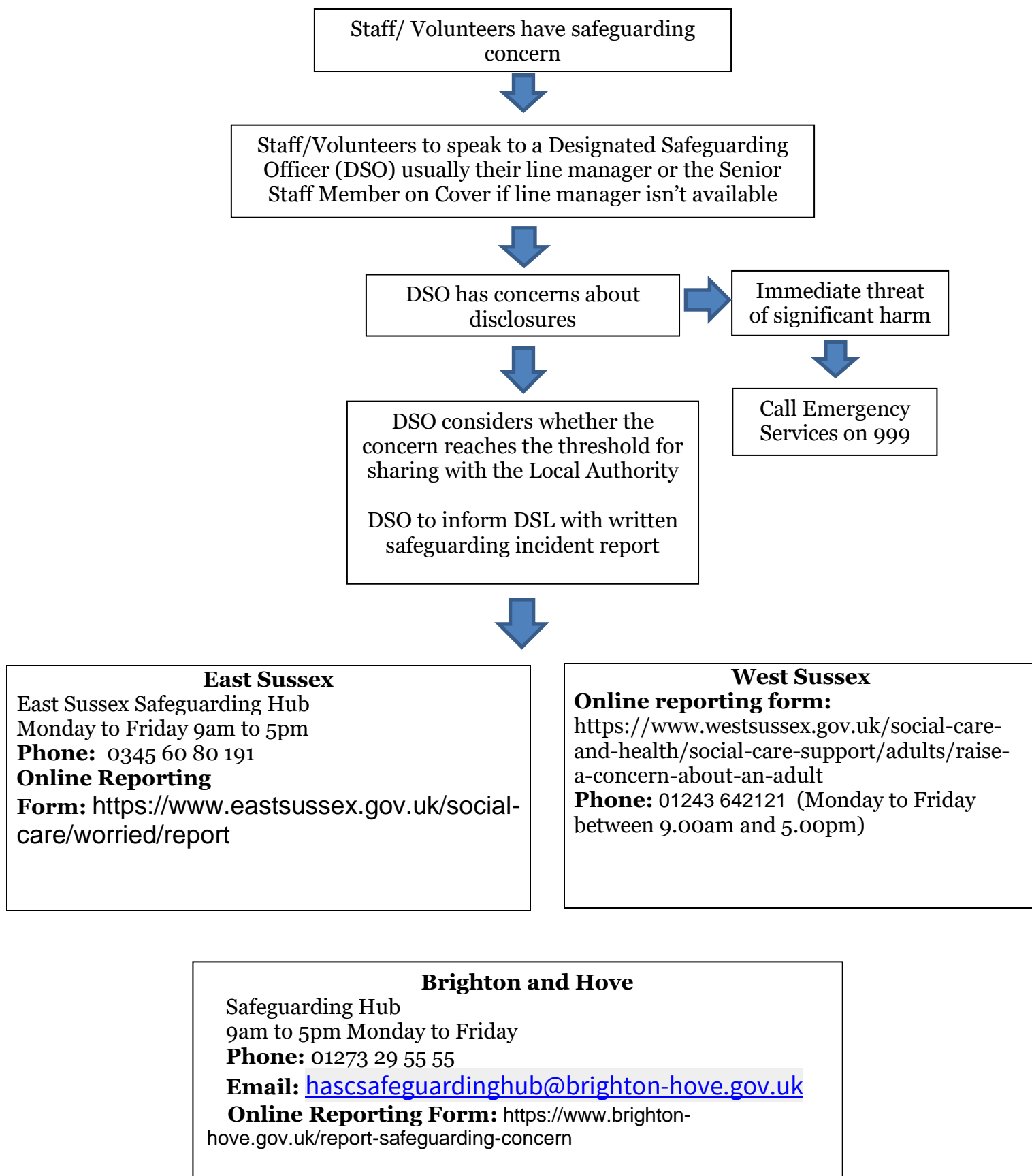
New staff members receive safeguarding training during their induction, including understanding trauma, recognizing signs of abuse, the role of the Designated Safeguarding Lead (DSL), understanding the difference between a welfare concern and a safeguarding concern and responding to concerns. Safeguarding training will be refreshed every three years and a record of training will be kept.

The Designated Safeguarding Lead (DSL) undergoes training every three years. Staff members regularly receive reminders and updates on the Safeguarding policy, ensuring their knowledge and skills remain current. Safeguarding will be on the agenda for all staff briefings and meetings and relevant updates will be shared by the DSL.

We will ensure that staff members provided by other agencies, volunteers and students have received appropriate safeguarding training commensurate with their roles before starting work. Bank staff and student placements and volunteers will be given the opportunity to take part in whole-organisational training if it takes place during their period of work.

APPENDIX A

Safeguarding Adults Concerns Flowchat



APPENDIX B

Guidance: Threat of suicide, self-harm or self-injury

Some people may express feelings of despair or an inability to go on. Some may express direct thoughts of self-harm, self-injury or even suicide.

This guidance covers the expected actions to be taken by staff or volunteers when they are approached by someone expressing suicidal thoughts or someone with a clear plan to attempt suicide- or in the act of a suicide attempt.

Staff and volunteers will:

- Understand that they have a duty to act on any concerns about a suicidal person
- Know what to do if they have concerns

Guidance

Encourage the service user to contact their GP or if the threat is immediate then the emergency services. If the person is reluctant or unable to do so, the staff member or volunteer should explain that we will contact the emergency services on their behalf.

Where someone expresses suicidal feelings, but have not taken any self-harming actions, staff members and volunteers should firmly encourage the service user to seek appropriate support from their GP or another health professional. The staff member or volunteer must inform their line manager immediately to seek support and guidance.

You may have to decide, with the support of your line manager or DSO on cover to make the decision as to whether the situation warrants breaking confidentiality to contact the emergency services or an identified health professional involved e.g. GP.

- You should report the incident using the Safeguarding Reporting Form.
- Consent should be gained to record the person's personal details. If consent is not given, an account of the interaction should be recorded anonymously.
- The completed report should be sent to your line manager.
- All staff who have dealt with a suicidal person should be provided with adequate time to debrief immediately after the interaction.
- Learning from interactions with people expressing suicidal thoughts, feelings or actions will be anonymised and shared.

APPENDIX C

Statutory Contact Agencies and Other Useful Agencies Contact Details:

Adult Social Care Emergency Lines

Brighton & Hove	01273 295 555
East Sussex	0345 60 80 191
West Sussex	01243 642 121

Mental Health

Mental Health Rapid Response Services (24hr seven days a week):

Brighton: 0300 304 0078

Crawley: 0300 304 0054 (please ask for the senior nurse practitioner)

Horsham: 0300 304 0022

Mid Sussex: 8am to 6pm 01444 475949 and 6pm to 8am 01444 441881 (please ask for the senior nurse practitioner)

Worthing and Adur: 01323 440022

Eastbourne, Lewes and Wealden: 01323 438279 or 01323 440022

Hastings and Rother: 0300 304 0253

Chichester, Bognor Regis and Littlehampton: 01323 440022

Sussex Mental Healthline - for telephone support and information out of hours:

0300 5000 101 (Available 24/7)

Welcome Text Relay calls and New Generation Text calls from hearing and speech impaired callers, on 0300 5000 101.

First contact for urgent Mental Health support is through the CMHT:

Community Mental Health Team (Brighton)	01273 621984
Community Mental Health Team (Hove)	01273 621 984 ext 3
Royal Sussex Mental Health Liaison Team	01273 696 955
East Brighton Community Mental Health Centre	0300 304 0089
Specialist Older Adults Mental Health Services	0300 304 0092
Brighton and Hove Wellbeing Service	0300 002 0060
NHS Direct	111 (24 hrs)
Sane Line (4.30 – 10.30pm daily)	0300 304 7000

Learning Disability Team	01273 295 550
Physical Disability Assessment Team	01273 295 710

Other contacts:

Council Social Care Emergency Duty Team	01273 295 555
Social care out of hours service (info line)	01273 295 555
Care Quality Commission (CQC) National enquiry line:	03000 616161
Sussex Police	0845 60 70 999
Victim Support – National line	0808 1689 111
Victim Support - Sussex	0808 168 9274
Child line	0800 1111
RISE/The Portal (Domestic Abuse support)	0300 323 9985
Domestic Violence 24 hour Helpline	0808 2000 247
National Rape Crisis Helpline	0808 802 9999
National LGBT Domestic Violence Helpline	0800 999 5428
Brighton & Hove LGBT Switchboard (5-11pm)	01273 204 050
Survivors Network	01273 203380 / 720110
Samaritans	116 123
Action on Elder Abuse Helpline	0808 8088 141

Where BWC works in partnership with agencies across Sussex – staff seconded to BWC will access contact details for their area through partner agency policies.

APPENDIX D

Definitions and Terminology

“Adults at risk”

People’s wellbeing is at the heart of the care and support system under the Care Act 2014, and the prevention of abuse and neglect is one of the contributors identified in making up a person’s wellbeing.

In the context of the legislation, specific adult safeguarding duties apply to *any* adult (18 years and over) who:

- has care and support needs **and**
- is experiencing, or is at risk of, abuse or neglect **and**
- is unable to protect themselves because of their care and support needs.

If someone fits the criteria above they should be considered an adult at risk, and therefore safeguarding duties apply regardless of whether a person’s care and support needs are being met by the local authority or anyone else. They also apply to people who pay for their own care and support services.

An ‘adult at risk’ **may**:

- Be elderly or physically frail
- Live in residential/sheltered/supported accommodation
- Have additional needs as a result of a mental health, physical, sensory or learning disability (including dementia or a personality disorder)
- Have a severe physical illness
- Use substances problematically (i.e. to the extent that it affects their ability to manage day to day living)
- Be homeless
- Be a victim of sexual exploitation, domestic abuse or modern slavery
- Be detained in lawful custody
- Face harassment due to a ‘protected characteristic’: age, disability, sex, sexual orientation, race, religion or belief, gender reassignment, marriage or civil partnership, pregnancy or maternity.

What Is Abuse?

Abuse can consist of a single act or repeated acts. It may be physical, verbal, or psychological. It may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented or cannot consent.

Abuse is a violation of an individual’s human and civil rights by any other person or persons. Abuse categories with the Care Act 2014 have been extended and now cover:

- **Physical abuse** e.g. hitting, pushing, shaking, inappropriate restraint, strangulation/suffocation or misuse of medication.

- **Sexual abuse** e.g. rape, indecent exposure, sexual harassment, inappropriate looking or touching, 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.
- **Psychological/emotional abuse** e.g. manipulation, intimidation, deliberate isolation, name-calling and verbal abuse, blaming, use of threats or humiliation.
- **Financial or material abuse** e.g. Theft, fraud, exploitation, pressure in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- **Domestic abuse** i.e. any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those (aged 16 or over) who are, or have been, intimate partners or family members. This includes so called “honour”-based violence, forced marriage and FGM.
- **Modern slavery** i.e. recruiting, harboring, transporting, providing, or obtaining a person for compelled labor, domestic servitude or sexual exploitation through the use of force, fraud, or coercion.
- **Discriminatory abuse** e.g. harassment, slurs, racism, sexism or acts based on a person’s disability, age, religion or sexual orientation.
- **Organisational abuse** i.e. neglect and poor care practice within a care setting, ranging from one off incidents to on-going ill-treatment. It can be neglect or poor practice as a result of the structure, policies, processes and practices within a care setting.
- **Neglect and acts of omission** e.g. ignoring medical or physical care needs, failing to provide access to appropriate health and social care, welfare benefits or educational services, withholding necessities of life such as medication, adequate nutrition or heating.
- **Self-neglect** i.e. neglecting to care for one’s personal hygiene, health or surroundings and behaviour such as hoarding.

It is important to note however that the Care Act guidance does not view this as an exhaustive list. Abuse may take more than one form, or involve more than one person at any time. This makes it important to look beyond single incidences and look at any patterns of harm.

BWC recognises that certain individuals and groups are discriminated against due to a protected characteristic such as those listed above and therefore may be more likely to face abuse. BWC is committed to working towards eliminating all forms of discrimination through its own work and through its employment policies and practices. For more information on our approach to safeguarding for those who may face inequality or harassment due to protected characteristics, please see the BWC Equality and Diversity Policy.

A key driving force behind the Care Act is to make safeguarding personal. As far as possible, the adult about whom there is a concern, should be involved from the beginning of the safeguarding process, informed of concerns and consulted to establish their views and wishes. Safeguarding should not be a process that happens to a person; it is intended to be empowering and supportive.

Who might abuse?

People who behave abusively come from all backgrounds and walks of life. They may be doctors, nurses, social workers, advocates, staff members, volunteers or others in a position of trust. They may also be relatives, friends, neighbours or people who use the same services as the person experiencing abuse.