



## Safeguarding Adults Policy

### POLICY

#### Safeguarding Officers contact details

Lead Officer - REDACTED

#### Other contact details

Safeguarding referral: [Via portal](#).

Customer First [0808 800 4005](tel:0808 800 4005)

MASH Professionals Consultation line [03456 061 499](tel:03456 061 499) or webchat

Emergency services: 999 if it is an emergency

The Barge Preservation Community Project has a responsibility to prevent, and report concerns about the abuse, neglect and ill-treatment of adults who are at risk of being harmed.

All staff will be aware that adult abuse can take many forms and the examples in the definitions in Appendix A are not exhaustive. There may be other situations not covered in the examples that give you concern for an adult's safety and wellbeing.

All staff will be aware of adult safeguarding categories of abuse [Physical abuse](#), [Domestic abuse](#), [Sexual abuse](#), [Psychological or emotional abuse](#), [Financial or material abuse](#), [Modern slavery](#), [Discriminatory abuse](#), [Organisational or institutional abuse](#), [Neglect or acts of omission](#), [Self-neglect](#) and Hoarding, Appendix A.

There are legal requirements on statutory bodies under the Care Act 2014, and statutory guidance (Care and Support Statutory Guidance updated August 2021) applying to the voluntary sector across England and the devolved nations, for organisations to do everything they can to recognise and report abuse quickly and appropriately to keep adults safe, and to prevent such abuse from happening in the first place.

Anyone who is employed or volunteers for, or on behalf of The Barge Preservation Community Project, regardless of the type or amount of contact they have with adults who are at risk or abuse or vulnerable adults, has a role to play in safeguarding and protecting them. They must:

- Know how to recognise potential abuse of adults at risk/vulnerable adults.
- Know what to do when safeguarding concerns arise.
- Understand what The Barge Project expects of them in terms of their own behaviour and actions.

An adult at risk of abuse can be anyone over the age of eighteen, including steering group members and volunteers. Whilst personal characteristics may make an individual more vulnerable i.e. disability and communication difficulties, it is the situation around an individual which may increase risk or place them at potential risk of harm. It is therefore vital to be open to the possibility that any adult may be at risk and that this can be temporary or on-going depending on the support and protective factors around them.

This policy applies to all steering group members and volunteers, students, sole traders and contractors including associates and professional agencies.

## LEGAL CONTEXT

Adults at risk of abuse may have additional support needs, meaning that they are more likely to experience abuse, and less able to protect themselves from it. The abuse of adults at risk can have devastating effects on their physical, mental, emotional, social and spiritual wellbeing, as well as on their children or children connected to them. In this respect, safeguarding adults at risk can be important child protection work. Equally, many adults at risk have been victims or survivors of abuse and harmful experiences in childhood which have impacted upon their confidence, self-worth and resilience and compounded other personal characteristics increasing vulnerability.

Statutory guidance means that The Barge Project must protect adults at risk. The relevant law and guidance is The Care Act 2014, the primary legislation in England for the support and protection of adults. It represents the most significant reform of care and support putting people and their carer's in control of their care and support.

<http://legislation.gov.uk/ukpga/2014/23/contents>

The legislation sets out how people's care and support needs should be met and introduces the right to an assessment for anyone, including carers and self-funders, in need of support.

In addition, the Human Rights Act (1998) gives everyone the right to live free from abuse, violence and degrading treatment.

## DEFINITIONS

For the purpose of this policy and procedures, the following definitions are used:

- **Adult in need of protection:** is a person aged 18 years or over, whose exposure to harm through abuse, exploitation and neglect may be increased by (but not limited to):
  - Their personal characteristics AND/OR
  - Their life circumstances AND
  - Being unable to protect their own well-being, property, assets, rights or other interests, AND
  - Where the action or inaction of another person or persons is causing, or is likely to cause, them to be harmed.
- **Adult at risk:** An adult at risk is any person who is aged 18 years or over and at risk of abuse or neglect because of their needs for care and support.
- **Adult at risk of harm:** An adult is any person who is aged 18 years or over whose exposure to harm through abuse, exploitation or neglect may become exposed (but not limited to) by their;
  - Personal characteristics which may include, but are not limited to, age, disability, special educational needs, illness, mental or physical frailty or impairment of, or disturbance in the functioning of the mind or brain.
  - And/or life circumstances which may include, but are not limited to, isolation, socio-economic factors and environmental living conditions.
- **Safeguarding:** This describes the activity that is undertaken to protect adults at risk of abuse, harm, ill-treatment, exploitation and neglect.
- **Abuse:** This is the ill-treatment or abuse of an adult at risk. A person may abuse or neglect an adult at risk by inflicting harm or by knowingly failing to act to prevent harm. Adults can be abused in a family, in the community, in any type of institution/organisation participating or providing support or care.
- **Prevention:** This is how we seek to reduce the abuse of adults at risk occurring in the first place. This includes training, guidance and support for volunteers, as well as for those receiving services.

## KEY PRINCIPLES

The Barge Project approach to safeguarding adults at risk is based on the following principles:

- Everyone has a right to equal protection from all types of harm or abuse, regardless of age, ability, gender, racial heritage, religious beliefs, sexual orientation or personal characteristics which may include additional vulnerabilities.
- The best interests of the child are paramount in all considerations about the safeguarding and protection of adults at risk.
- Where concerns are identified, we must communicate very clearly what we have done and will be doing to safeguard the adult at risk, unless to do so would in any way increase the risk to them or a child. Capacity will be assumed unless there is reason to believe that the person cannot understand.
- Where we are working together with adults at risk, their carer's, family members and other agencies, it is essential to recognise that, in some limited circumstances, it will not be appropriate to engage with carers or family members in order to protect the adult at risk.
- Concerns or allegations that The Barge Project volunteers have abused or neglected adults will be taken very seriously and managed sensitively and fairly in accordance with the organisations policies, relevant legislation and local procedures.

## **WE DELIVER THIS POLICY BY:**

- Providing effective leadership and management for volunteers through induction, supervision/one-to-one learning and mentoring, support and training.
- Ensuring effective and robust safeguarding and protection practices by having clear policies, procedures, practice standards and guidance in place.
- Safer volunteer recruitment practices to ensure that robust recruitment, selection, induction and supervision processes are in place for all those who attend The Barge Project.

## **CAPACITY AND CONSENT**

It is important to be alert to issues of cognitive capacity which can increase the vulnerability of people where they have a reduced ability to make informed decisions in the moment. This may be transient (e.g., due to fear, shock, injury, illness) or long term (e.g., due to learning differences, disability, mental health issue).

Whilst this is a complex issue, it should not get in the way of volunteers genuinely seeking to ensure that all individuals are respectfully consulted in relation to participation in activities and/or sharing of information about them.

When assessing a person's understanding you should seek to explain the issues using their preferred mode of communication and language. This should be done in a way that is suitable for them, considering all you know about them from your contact with them, particularly their age, language and likely understanding.

It is important to try and ensure they really understand the issues and are not just agreeing to what is proposed. If you are unsure whether they have the capacity to consent, then you should seek advice from a steering group member, the individual's friends, carer, another professional working with them or an advocate, where available, who may be able to provide relevant information or advice and where consulting these individuals does not increase potential risks.

The following criteria should be considered when assessing whether an individual has sufficient understanding at any time to consent, or to refuse consent, to sharing of information about them or participating in specific activities:

- Can the individual understand the question being asked of them?
- Are they taking an active part in the discussion?
- Can they rephrase the question in their own words?
- How would they explain it to someone else?
- Do they have a reasonable understanding of what the risks or benefits of giving their consent or saying no?
- What do they think would happen if they agree to the action being suggested?
- Can they appreciate and consider the alternatives, weighing up one aspect against another and express a clear and consistent personal view? Encourage them to say out loud, or write down, their view of the pros and cons.

## **Safer Recruitment Process**

### Interview / discussion

Have a face-to-face interview or discussion with pre-planned and clear questions to assess a person's suitability for a role or volunteering opportunity. The candidate's identity will need to be checked by asking them to bring photographic ID. Include questions about an applicant's values, attitude to working with children and adults experiencing mental health issues or loneliness. Always ask if they know of any reason why they should not be working with children or adults or if there are any pending cases / issues which could affect their ability to carry out the role. If the applicant discloses any matter during the interview that relates to children and / or adults which may affect the applicant's suitability for the role, this will be at the safeguarding and director's discretion after seeking advice from external professional bodies.

### **Asking for a Criminal Record Check**

If the person / chair of the interview panel conducting the interview / discussion recommends approval, then the applicant must be asked to carry out an appropriate criminal record check. Provided they are eligible, an enhanced criminal record check must always be required in relation to work with vulnerable groups as part of the UK recruitment process. Should the applicant not wish to apply for a criminal record check, which is entirely their choice, the application must not proceed further and must be terminated.

In addition, those who work only occasionally with vulnerable groups will also be asked to apply for enhanced checks, provided they are eligible. Those who manage or supervise those who work with vulnerable groups and those in a leadership capacity who carry responsibility for safeguarding, will also be required to obtain enhanced check, provided they are eligible.

### **Application Form**

An application form will always be necessary in a paid role to assess the person's suitability for the role. An application form will also be good practice when recruiting for a voluntary role. Ask referees specifically about an individual's suitability to work with vulnerable people.

### **Induction**

Employees or volunteers whose roles involve working with children and adults experiencing mental health issues or loneliness must receive relevant safeguarding training from the Safeguarding Lead after starting their role, regardless of previous experience. They must also attend regular updates annually.

## APPENDIX A: CATEGORIES AND SIGNS OF ADULT ABUSE

The example signs and symptoms are not exhaustive and are guideline only. The presence of one or more does not automatically confirm abuse. The existence of a number of the indicators may, however, suggest a potential for abuse and should be further reviewed. If there is any concern at all about the possibility of abuse then advice should be sought and an if appropriate a safeguarding referral/alert should be submitted without delay.

Abuse can generally be viewed in terms of the following categories; Physical, Domestic, Sexual, Psychological, Financial/ material, Modern Slavery, Discriminatory, Organisational, Neglect and acts of omission, and Self-neglect and Hoarding

<p><b>Physical abuse</b></p>	<p>Physical injuries which have no satisfactory explanation or where there is a definite knowledge, or a reasonable suspicion that the injury was inflicted with intent, or through lack of care, by the person having custody, charge or care of that person, including hitting, slapping, pushing, misuse of or lack of medication, restraint, or inappropriate sanctions.</p> <p>Possible Indicators of physical abuse</p> <ul style="list-style-type: none"> <li>• History of unexplained falls or minor injuries</li> <li>• Unexplained bruising – in well protected areas, on the soft parts of the body or clustered as from repeated striking</li> <li>• Unexplained burns in an unusual location or of an unusual type</li> <li>• Unexplained fractures to any part of the body that may be at various stages in the healing process</li> <li>• Unexplained lacerations or abrasions</li> <li>• Slap, kick, pinch or finger marks</li> <li>• Injuries/bruises found at different stages of healing for which it is difficult to suggest an accidental cause</li> <li>• Injury shape similar to an object</li> <li>• Untreated medical problems</li> <li>• Weight loss – due to malnutrition or dehydration; complaints of hunger</li> <li>• Appearing to be over medicated</li> </ul>
<p><b>Domestic abuse</b></p>	<p>This can encompass, but is not limited to, the following types of abuse:          •psychological , physical, sexual, financial, emotional, ‘Honour’ based violence, Female Genital Mutilation, forced marriage.</p> <p>Domestic violence and abuse includes any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been, intimate partners or family members regardless of gender or sexuality. It also includes so called ‘honour’ -based violence, female genital mutilation and forced marriage.          Coercive or controlling behaviour is a core part of domestic violence.</p>

	<p>Coercive behaviour can include:</p> <ul style="list-style-type: none"> <li>• acts of assault, threats, humiliation and intimidation</li> <li>• harming, punishing, or frightening the person</li> <li>• isolating the person from sources of support</li> <li>• exploitation of resources or money</li> <li>• preventing the person from escaping abuse</li> <li>• regulating everyday behaviour.</li> </ul>
<p><b>Sexual abuse</b></p>	<p>Sexual acts which might be abusive include non-contact abuse such as looking, pornographic photography, indecent exposure, harassment, unwanted teasing or innuendo, or contact such as touching breasts, genitals, or anus, masturbation, penetration or attempted penetration of vagina, anus, and mouth with or by penis, fingers or other objects (rape).</p> <p>Possible Indicators of sexual abuse</p> <ul style="list-style-type: none"> <li>• A change in usual behaviour for no apparent or obvious reason</li> <li>• Sudden onset of confusion, wetting or soiling</li> <li>• Overt sexual behaviour/language by the adult at risk</li> <li>• Disturbed sleep pattern and poor concentration</li> <li>• Difficulty in walking or sitting</li> <li>• Torn, stained, bloody underclothes</li> <li>• Pain or itching, bruising or bleeding in the genital area</li> <li>• Sexually transmitted urinary tract/vaginal infections</li> <li>• Bruising to the thighs and upper arms</li> <li>• Severe upset or agitation when being bathed/dressed/undressed/medically examined</li> <li>• Pregnancy in a person not able to consent</li> </ul>
<p><b>Psychological abuse</b></p>	<p>Psychological, or emotional abuse, includes the use of threats, fears or bribes to remove an adult at risk's choices, independent wishes and self- esteem; cause isolation or overdependence, or prevent an adult at risk from using services, which would provide help.</p> <p>Possible Indicators of psychological abuse</p> <ul style="list-style-type: none"> <li>• Ambivalence about carer</li> <li>• Fearfulness expressed in the eyes; avoids looking at the carer, flinching on approach</li> <li>• Deference</li> <li>• Overtly affectionate behaviour to alleged source of risk</li> <li>• Insomnia/sleep deprivation or need for excessive sleep</li> <li>• Change in appetite</li> <li>• Unusual weight gain/loss</li> <li>• Tearfulness</li> <li>• Unexplained paranoia</li> <li>• Low self-esteem</li> </ul>

	<ul style="list-style-type: none"> <li>• Excessive fears</li> <li>• Confusion</li> <li>• Agitation</li> </ul>
<p><b>Financial abuse</b></p>	<p>This usually involves a persons money or resources being inappropriately used by a third person (i.e. theft) It includes the withholding of money or the inappropriate or unsanctioned use of a person's money or property or the entry of the adult at risk into financial contracts or transactions that they do not understand, to their disadvantage.</p> <p>Possible Indicators of financial abuse</p> <ul style="list-style-type: none"> <li>• Unexplained or sudden inability to pay bills</li> <li>• Unexplained or sudden withdrawal of money from accounts</li> <li>• Person lacks belongings or services, which they can clearly afford</li> <li>• Extraordinary interest by family members and other people in the adult at risk's assets</li> <li>• Power of Attorney obtained when the adult at risk is not able to understand the purpose of the document they are signing</li> <li>• Recent change of deeds or title of property</li> <li>• Unpaid carer or support worker only asks questions about the adults financial affairs and does not appear to be concerned about the physical or emotional care of the person</li> <li>• The person who manages the financial affairs is evasive or uncooperative</li> <li>• A reluctance or refusal to take up care assessed as being needed</li> <li>• A high level of expenditure without evidence of the person benefiting</li> <li>• The purchase of items which the person does not require or use</li> <li>• Personal items going missing from the home</li> <li>• Unreasonable and /or inappropriate gifts</li> </ul>
<p><b>Modern Slavery</b></p>	<p>Modern slavery encompasses human trafficking, domestic servitude and forced labour. 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.</p> <p>Possible indicators of modern slavery</p> <ul style="list-style-type: none"> <li>• Marked isolation from the community</li> <li>• Seeming under the control and influence of others and relying on others to communicate on their behalf</li> <li>• Restricted freedom of movement</li> <li>• Unusual travel times</li> <li>• Unfamiliarity with the local neighbourhood</li> <li>• Signs of physical or psychological abuse such as looking malnourished or unkempt or appearing withdrawn</li> <li>• Poor living conditions such as unhygienic, overcrowded accommodation or living and working at the same address</li> <li>• Few or no personal effects and no identification documents</li> <li>• Reluctance to seek help often characterized by hesitation to speak to strangers or professionals and limited eye contact</li> <li>• Fear of law enforcement</li> </ul>



	<p>This list is not exhaustive. Where modern slavery is suspected and the victim is an adult at risk, a Safeguarding Adults referral process must be followed. All other victims should be referred to the police directly by dialling 101. However, if you think a person is in immediate danger, call 999 and ask for the police. Advice and Guidance can be sought from the Modern Slavery Helpline on 08000 121 700.</p>
<p><b>Discriminatory abuse</b></p>	<p>This is abuse targeted at a perceived vulnerability or on the basis of prejudice including racism or sexism, or based on a person's impairment, origin, colour, disability, age, illness, sexual orientation or gender. It can take any of the other forms of abuse, oppressive treatment, harassment, slurs or similar treatment. Discriminatory abuse may be used to describe serious, repeated or pervasive discrimination, which leads to significant harm or exclusion from mainstream opportunities, provision of poor standards of health care, and/or which represents a failure to protect or provide redress through the criminal or civil justice system.</p> <p>Possible Indicators of discriminatory abuse</p> <ul style="list-style-type: none"> <li>• Hate mail</li> <li>• Verbal or physical abuse in public places or residential settings</li> <li>• Criminal damage to property</li> <li>• Target of distraction burglary, bogus officials or unrequested building/household services</li> <li>• Discriminatory abuse can manifest itself as the other types of abuse; physical or sexual abuse/ assault, financial abuse/ theft, neglect, psychological abuse.</li> </ul>
<p><b>Organisational abuse</b></p>	<p>Organisational abuse happens when the routines in use force residents or service users to sacrifice their own needs, wishes or preferred lifestyle to the needs of the institution or service provider. Abuse may be a source of risk from an individual or by a group of staff engaged in the accepted custom, subculture and practice of the institution or service.</p> <p>Organisations may include residential and nursing homes, hospitals, day centres, sheltered housing schemes, group or supported housing projects. It should be noted that all organisations and services, whatever their setting, can have institutional practices which can cause harm to adults at risk.</p> <p>The distinction between abuse in institutions and poor care standards is not easily made and judgements about whether an event or situation is abusive should be made with advice from appropriate professionals and regulatory bodies.</p> <p>Possible Indicators of Organisational Abuse</p> <p>It may be reflected in an enforced schedule of activities, the limiting of personal freedom, the control of personal finances, a lack of adequate clothing, poor personal hygiene, a lack of stimulating activities or a low quality diet – anything which treats the person concerned as not being entitled to a 'normal' life.</p>

<p><b>Neglect and acts of omission</b></p>	<p>Neglect can be both physical and emotional. It is about the failure to keep an adult at risk clean, warm and promote optimum health, or to provide adequate nutrition, medication, being prevented from making choices. Neglect of a duty of care or the breakdown of a care package may also give rise to safeguarding issues i.e. where a carer refuses access or if a care provider is unable, unwilling or neglects to meet assessed needs. If the circumstances mean that the 'adult at risk' is at risk of significant harm, then Safeguarding Adults procedures should be followed.</p> <p>Possible Indicators of neglect</p> <ul style="list-style-type: none"> <li>• Poor condition of accommodation</li> <li>• Inadequate heating and/or lighting</li> <li>• Physical condition of person poor, e.g. ulcers, pressure sores etc.</li> <li>• Person's clothing in poor condition, e.g. unclean, wet, etc.</li> <li>• Malnutrition</li> <li>• Failure to give prescribed medication or appropriate medical care</li> <li>• Failure to ensure appropriate privacy and dignity</li> <li>• Inconsistent or reluctant contact with health and social agencies</li> <li>• Refusal of access to callers/visitors</li> </ul> <p>A person with capacity may choose to self-neglect, and whilst it may be a symptom of a form of abuse it is not abuse in itself within the definition of these procedures.</p>
	<p><b>Wilful neglect and ill treatment</b></p> <p>Section 44 of the Mental Capacity Act 2005 and Section 127 of the Mental Health Act 1983 make it a criminal offence to ill-treat or wilfully neglect a person who lacks the capacity to care for themselves, or where the 'abuser' believes the individual lacks capacity.</p> <p>The abuser is committing an offence when they are responsible for the care of the adult at risk and they wilfully neglect or ill treat them. This includes paid carers, senior staff or managers in a hands-off role, family carers, a holder of a lasting power of attorney or court appointed deputy.</p> <p>The terms 'ill-treatment' or 'wilful neglect' are not defined in either the Mental Health Act or Mental Capacity Act. The offences are separate. <b>Wilful neglect</b> means deliberate failure to do something that was a duty, often with an element of recklessness. It does not require any proof of any particular harm or distress or proof of the risk harm. <b>Ill-treatment</b> involves deliberate conduct which ill-treats a person who lacks mental capacity to make the relevant decisions, whether or not it causes any harm to them. Ill-treatment also involves a guilty mind, with the alleged abuser having an appreciation that he or she was inexcusably or recklessly ill-treating the adult. Most of the indicators of the other types of abuse may also indicate wilful neglect or ill treatment if the adult at risk lacks the mental capacity to make the relevant decisions so these two offences should always be considered with each allegation of abuse in such circumstances.</p>
<p><b>Self-neglect and hoarding</b></p>	<p><b>Self-neglect</b> differs from the other forms of abuse listed here because it does not involve another person/ source of risk. Self-neglect is failing to care for one's personal hygiene, health or surroundings in such a way that causes, or is reasonably likely to cause significant physical, mental or emotional harm or substantial damage to or loss of assets. Self-neglect falls into the Safeguarding Adults remit when the adult meets the requirements of the three stage test. Self-neglect can happen as a result of an individual's choice of lifestyle or the person may have depression or other mental health condition, poor physical health, cognitive difficulties , substance misuse</p> <p>Possible indicators of self-neglect</p>

	<ul style="list-style-type: none"> <li>• Living in grossly unsanitary conditions which endangers health and wellbeing</li> <li>• Grossly inadequate self-grooming or personal care and/ or inappropriate or inadequate clothing.</li> <li>• Maintaining an untreated illness, disease or injury or lacking eyeglasses, dentures, hearing aids, etc.</li> <li>• Being malnourished or dehydrated to such an extent that, without intervention, the adult's physical or mental health is likely to be severely impaired</li> <li>• Creating severely hazardous living conditions that will likely cause serious physical harm to the adult or others or cause substantial damage to or loss of assets, such as severe hoarding, improper wiring, lack of indoor plumbing or heating, infestation</li> <li>• Managing own assets in a manner that is likely to cause substantial damage to or loss of assets</li> </ul> <p>The scope does not include issues of risk associated with deliberate self-harm. However, it may be appropriate to address the concerns by raising a Safeguarding Alert if:</p> <ul style="list-style-type: none"> <li>• The self-harm appears to have occurred due to an act(s) of neglect or inaction by another individual or service</li> <li>• There appears to be a failure by regulated professionals or organisations to act within their professional codes of conduct</li> <li>• Actions or omissions by third parties to provide necessary care or support where they have a duty either as a care worker, volunteer or family member to provide such care/ support.</li> </ul>
	<p>The Care Act Guidance states that self-neglect covers a wide range of behaviour; neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as <b>hoarding</b>.</p> <p>Hoarding is now considered a standalone mental disorder however, hoarding can also be a symptom of other mental disorders. Hoarding disorder is distinct from the act of collecting, it is not simply a lifestyle choice and is also different from people whose property is generally cluttered or messy. Included below are resources to assist staff to identify and respond appropriately when supporting people where concerns exist in relation to Self-Neglect and Hoarding and the form for making a referral.</p> <p><b>Referral</b></p> <p>If you are concerned an individual is at significant risk of harm due to self-neglect or hoarding you can make a referral using the form below:</p> <ul style="list-style-type: none"> <li>• <a href="#">Self-Neglect and Hoarding Referral Form for Professionals</a></li> </ul> <p><b>Self-Neglect and Hoarding Resources</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Suffolk Self-Neglect and Hoarding Multi-Agency Policy and Practice Guidance</a></li> <li>• <a href="#">Multi-Agency Self-Neglect and Hoarding Risk Assessment Guidance Tool</a> <a href="#">Self-Neglect and Hoarding Pathway for Professionals</a></li> </ul>
<p><b>Other safeguarding issues</b></p>	
<p><b>Honour Based Violence</b></p>	<p>Honour Based Violence (HBV) is a crime or incident which has or may have been committed to protect or defend the honour of the family or community. It is a collection of practices used to control behaviour within families or other social groups, to protect</p>

	<p>perceived cultural and religious beliefs and/or honour. Such violence can occur when a relative has shamed the family and/or community by breaking their honour code.</p> <p>Women are predominately but not exclusively the victims of so-called Honour Based Violence which is used to assert male power in order to control female autonomy and sexuality. Honour Based Violence can be disguised from other forms of violence as it is often committed with some degree of approval and/or collusion from family and/or community members. Such crimes cut across all cultures, nationalities, faith groups and communities and should be referred within existing adult protection procedures where the victim is an 'adult at risk' as defined by the Care Act 2014.</p> <p>Where children or adults at risk are identified as being victims of, involved in, or witness to Honour Based Violence, contact should be made with Customer First on 0808 800 4005. Victims of Honour Based Violence can also access help and advice from Karma Nirvana at <a href="http://www.karmanirvana.org.uk">www.karmanirvana.org.uk</a> or by contacting 0800 5999247.</p> <p>Victims of Forced Marriage can also access help and advice from Karma Nirvana at <a href="http://www.karmanirvana.org.uk">www.karmanirvana.org.uk</a> or by contacting 0800 5999247.</p> <p>It is important to remember the following when addressing issues of Forced Marriage and/or Honour-based violence:  <b>DO NOT</b> go directly to, share information with, or use as an interpreter a relative, friend, neighbour, community leader or other with influence in the community. This will alert them to your enquiries and may place the adult at further risk.  <b>DO NOT</b> attempt to give the person immigration advice. It is a criminal offence for any unqualified person to give this advice.</p>
<p><b>Forced marriage</b></p>	<p>A forced marriage is where one or both people do not (or in cases of people lacking the mental capacity to make the relevant decisions, cannot) consent to the marriage and pressure or abuse is used. Forced marriage is recognised in the UK as a form of violence against women and men, domestic/child abuse and a serious abuse of human rights.</p> <p>The pressure put on people to marry against their will can be physical (including threats, actual physical violence and sexual violence) or emotional and psychological (for example, when someone is made to feel like they are bringing shame on their family). Financial abuse (removal of wages or deprivation of finances or necessities) can also be a factor.</p> <p>All Forced Marriage alerts relating to adults at risk are to be submitted to Customer First on 0808 800 4005. Further support can be accessed via the Forced Marriage Unit (FMU). The FMU is a joint Foreign and Commonwealth Office and Home Office unit which was set up in January 2005 to lead on the Government's forced marriage policy, outreach and casework. It operates both inside the UK, where support is provided to any individual, and overseas, where consular assistance is provided to British nationals, including dual nationals.</p> <p>The FMU operates a public helpline to provide advice and support to victims of forced marriage as well as to professionals dealing with cases. The assistance provided ranges from simple safety advice, through to aiding a victim to prevent their unwanted spouse moving to the UK ('reluctant sponsor' cases), and, in extreme circumstances, to rescue victims held against their will overseas. Tel: +44 (0) 20 7008 0151.</p>
<p><b>Female genital mutilation</b></p>	<p>Female genital mutilation/ FGM (sometimes referred to as female circumcision) refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. The practice is illegal in the UK.</p>

	Girls under the age of 15 are mainly at risk but it is important for everyone working with adults at risk to be mindful of this practice and refer any concerns to Customer First if they believe that the adult or a child within the family may be at risk of FGM. The police and Health colleagues will be notified in the Multi-Agency Safeguarding Hub.
<b>Vulnerable to radicalisation (VTR) or influenced by Extremism</b>	<p>Staff may notice a change in an adults' behaviour that may suggest they are vulnerable to violent extremism.</p> <p>Below is guidance to assist in deciding whether a Prevent referral is appropriate and help to make referrals.</p> <p>If we need to make a referral we will follow the information on the Suffolk Safeguarding Partnership website.  <a href="https://www.suffolksp.org.uk/radicalisation?rq=radicalisation#gsc.tab=0">https://www.suffolksp.org.uk/radicalisation?rq=radicalisation#gsc.tab=0</a></p> <p>For urgent safeguarding concerns call Customer First 0808 800 4005</p> <p><u>UNLIKE SAFEGUARDING STAFF MUST NOT DISCUSS CONCERNS WITH THE INDIVIDUAL PRIOR TO REFERRAL See Appendix B for more details</u></p>

This policy and related guidance will be monitored by the Safeguarding Lead and Directors on a regular basis for compliance and will be reviewed at least annually.

<b>Date approved or amended</b>	<b>Amendments</b>	<b>Signed</b>
04/11/2024	<ul style="list-style-type: none"> <li>- Safer Recruitment Process</li> <li>- Signs of Abuse</li> <li>- Named Lead</li> </ul>	<p>REDACTED</p> <p>Director</p> <p>REDACTED</p> <p>Safeguarding Lead</p> <p>REDACTED</p> <p>Secretary</p>
04/11/2025		