

Safeguarding Policy (March 2025)

Contact details

Registered Charity: 1183290
Hope Central, St Chad's Church Office, Wilmslow Road, Handforth, SK9 3ES
01625 724 133
info@hopecentral.org.uk

Key Contacts for Safeguarding in Hope Central

Designated Safeguarding Lead and first point of contact:

Name	Barney Howard
Phone number	07726307711
Email	barney.howard@hopecentral.org.uk

Others within the organisation with responsibilities for Safeguarding:

Safeguarding Lead Trustee & Second Point of Contact	
Name	Chris Ainsworth
Phone Number	07776170872
Email	chris.ainsworth@hopecentral.org.uk

Director	
Name	Kay Baker
Phone number	07942133575
Email	kay.baker@hopecentral.org.uk

Local Authority Adult Safeguarding Contact Details

(8:30am to 5pm Monday to Thursday and 8:30 am to 4:30pm Friday)	
Phone number	0300 123 5010
Out of Office Hours	
Phone Number	0300 123 5022

Cheshire-East Safeguarding Board Website	www.stopadultabuse.org.uk
--	--

Contents

Key Contacts for Safeguarding in Hope Central	1
Contents	2
1- Introduction	3
2- Who We Are	3
3- Our Approach to Safeguarding	5
4- What is Safeguarding	6
5- Procedure in Case of a Disclosure	10
6- Role of the Safeguarding Officer (Designated Safeguarding Lead)	10
7- Detailed Procedures where there is a Concern about a Child	12
8- Detailed Procedures where there is a Concern that an Adult is in Need of Protection	12
9- Timescales for Reporting Allegations or safeguarding concerns	12
10- Record Keeping	13
11- Whistleblowing	14
12- Safer Recruitment and Selection Procedure	14
13- Information Sharing	14
Appendix 1: Detailed Information on Abuse (Children)	16
Appendix 2: Signs of Possible Abuse (Children)	18
Appendix 3: Detailed Information on Abuse (Adults)	19
Appendix 4: Signs of Possible Abuse	21
Appendix 5: Further Definitions of Abuse	26
Appendix 6: Duty to refer to the Disclosure and Barring Service (DBS)	32
Appendix 7: Reporting a 'Serious Incident' to the Charity Commission	32
Appendix 8: Legislative Framework	34
Appendix 9: Safeguarding Concern Report – to be Completed by Safeguard Lead	36
Appendix 10: Safeguarding Incident Report Form - to be completed by person reporting	38

1. Introduction

This policy exists to ensure that Hope Central implements appropriate arrangements, systems and procedures to ensure that the organisation has the right means to protect and safeguard both adults and children. It applies to all trustees, staff, volunteers and clients.

Hope Central recognises that safeguarding means protecting everyone's right to live in safety, free from abuse and neglect.

This policy applies to everyone and is a means of protecting the right to live in safety, free from abuse and neglect for both adults and children. Hope Central is committed to working together with other organisations including the local authority, Cheshire East Council and local housing associations to prevent and stop both the risks and experience of abuse or neglect, whilst at the same time making sure that everyone's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding any action.

2. Who we are

Hope Central is a Christian charity committed to bringing hope and relieving poverty in Cheshire East. At Hope Central we recognise that everyone needs a helping hand at some point and we want to provide support to anyone in need. We do this because we believe in a heavenly Father who loves everyone unconditionally, and we want to express that love in practical ways by supplying food to people in difficult circumstances and helping people address underlying reasons that contribute to their distress.

2.1 Background

Hope Central has its roots in a charity called Hampers of Hope which was founded in 2011. Hope Central was established in 2019, supported by three founding churches: VineLife Wilmslow, St Chad's Handforth and St John's Knutsford.

As well as meeting people's immediate need for food, we also want to help people address their root causes of poverty, so as well as providing a Foodbank we offer a Job Club, Money Course, Life Skills Course, Fresh Start Course, Debt Centre, Hope Centres and support for displaced people.

2.2 OUR ACTIVITIES

● HOPE CENTRE

We have 4 Hope Centres offering a warm space, community building and free drinks and food. These are located at:

Knutsford Hope Centre : St Cross Church, Mobberley Road, WA16 8EL [open Mondays 10-12:30]

Lacey Green Hope Centre: Lacey Green Pavilion, Clough Ave, SK9 4BU [open Tuesdays 10-12:30]

Handforth Hope Centre: St Chad's Church, Handforth, SK9 3ES [open Thursdays 10-12:30]

Colshaw Farm Hope Centre: Open Arms Centre, Howty Close, Colshaw SK9 2SH [open Fridays 1 -3pm]

These Hope Centres operate in community buildings and churches in the community which are open to anyone to drop in. They are operated by 1 staff member, 1 key volunteer and other volunteers supporting. They consist of a mix of group activities and 1-1 conversations which vary from centre to centre. It is primarily for adults.

- **THE FOOD BANK**

A wide range of professionals can make a referral to Hope Central's food banks. Our Handforth Food Bank is based out of St Chad's Church Handforth, and our Knutsford food Bank is based out of St Cross Church, Knutsford. Donated food is packed at our foodbank sites and then delivered by volunteers to the clients' homes on their doorsteps.

- **JOB CLUB**

For people who would like to take steps towards employment the Job Club is an excellent resource. This free 8 week course, run in partnership with CAP, builds up participants' self confidence, highlights their strengths and abilities, helps them with CV writing skills and interview techniques. These courses run out of similar community hubs to our Hope Centres.

- **THE DEBT CENTRE**

Debt can feel like a heavy, crushing weight. Here at Hope Central's CAP Debt Centre we are committed to lightening the load and lift the weight of debt. Our Debt Centre covers the SK9 and WA16 postcode areas. People can refer themselves to this service by contacting [Christians Against Poverty](#). Debt Centre appointments are primarily held within clients' homes with both the debt coach and a volunteer befriender present at all appointments.

- **MONEY COURSE**

The Money Course is a free 3-week course which teaches budgeting skills, helping people get to grips with their finances, and promoting budgeting, saving and preventing debt. These courses are run out of similar community hubs to our Hope Centres.

- **LIFE SKILLS**

Life Skills is a free 8-week course helping people to live well on a tight budget and learning life skills in order to do this such as shopping well, considering energy suppliers, budgeting, cooking skills. These courses are run out of similar community hubs to our Hope Centres.

- **FRESH START COURSE**

There are many reasons why habits, such as smoking, drinking, over-eating or gambling, become life controlling. The Fresh Start course supports people to beat these habits. These courses are run out of similar community hubs to our Hope Centres.

- **DISPLACED PEOPLES SERVICE**

Hope Central supports displaced people by providing English classes and a place for people to get to know each other and build community. These take place in St Chad's and then we also have sessions that run during our Colshaw Farm and Handforth Hope Centres.

- **ALPHA**

Hope Central regularly runs Alpha courses to provide a forum in which people can explore the basics of Christianity in a supportive, non-judgmental environment. These courses are run out of similar community hubs to our Hope Centres.

3. Our Approach to Safeguarding

Hope Central's core principle is to welcome and treat everyone equally and with respect. We believe that everyone deserves to live a life free from abuse, harm and neglect and that wellbeing is not only at the heart of safeguarding but is also key to a better society for everyone.

The Care Act 2014 sets our six key principles of adult safeguarding: empowerment, prevention, proportionality, protection, partnership and accountability. Hope Central recognises each and all of these principles in all of the work that we do.

Hope Central believes that safeguarding should always be about the individual: it must be person-led, focused on real outcomes and should always endeavour to help people make their own choices.

3.1. Safeguarding Statement

At Hope Central we recognise the need to provide a safe and caring environment for all including children, young people and adults at risk of harm. We recognise that without Hope Central there may be adults in need of protection, care and support due to vulnerability, whether that is a permanent or temporary state. We are aware too that within Hope Central there are relationships of trust, which flourish best within healthy environments, where there is openness, transparency and accountability.

Hope Central is a place that is open to all, which means we can have survivors of abuse, children and adults in need of protection, along with those who may pose a risk of harm due to past behaviours, including convictions for sexual and violent offences. We will endeavour to protect everyone who access our services, being vigilant to all forms of abuse and harm, and will respond appropriately to all safeguarding concerns through our reporting mechanisms outlined throughout our safeguarding policy.

3.2 Safeguarding awareness

The leadership at Hope Central are committed to on-going safeguarding training and development opportunities for all workers, developing a culture of awareness of safeguarding issues to help protect everyone. All our workers will receive induction training and undertake appropriate safeguarding training on a regular basis.

3.3 Terminology

Throughout this safeguarding policy the term 'adult at risk', 'adult in need of protection', 'adults with care and support needs' and 'vulnerable adults' will be used interchangeably reflecting current terminology and that for all matters relating to criminal record checks, the legislation at the time used vulnerable adults.

Where children and young people are referenced, this term is used to mean those under the age of 18. The leadership of Hope Central recognise that some adults are also vulnerable to abuse, accordingly, these procedures cover allegations of abuse and the protection of adults at risk. There are also therefore references to 'vulnerable adults', which is used to refer to those aged 18 and over.

For the purposes of domestic abuse, the legislation covers those over 16 years of age, which reflects that people can marry or co-habit from that age. Child protection legislation also applies to all situations of domestic abuse where there are children within the household.

3.4 Specific Roles and Responsibilities

This policy is adopted by Hope Central and its trustees. The trustees recognise the safeguarding responsibility they have to staff, volunteers and clients under the Care Act 2014, and the need to ensure that a Designated Safeguarding Lead is appointed to implement this policy. The current Designated Safeguarding Lead is Barney Howard.

The Trustees are responsible for providing a safe and trusted environment which sets the organisational culture as one that prioritises safeguarding. They ensure that safeguarding has an appropriate place on the charity's agenda and ensure that safer recruitment procedures are followed. They are responsible for undertaking internal and external reviews of safeguarding policies and procedures.

Safeguarding responsibilities apply to an adult who (a) has need for care and support (whether or not the local authority is meeting any of those needs), (b) is experiencing, or is at risk of abuse or neglect, or (c) 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.

Our Director, Kay Baker, and Designated Safeguarding Lead, Barney Howard, are responsible for:

- Making sure that staff and volunteers are fully aware of the safeguarding policy
- Ensuring everyone understand the importance of the policy
- Keeping the policy up to date and relevant to Hope Central
- Giving staff and volunteers training and access guidance to help them identify abuse and the risk of abuse, and to respond to it in the ways set out in this policy
- Making sure staff and volunteers know about, and follow, reporting systems

Everyone in Hope Central should understand and observe the Hope Central Policy (which includes implementing procedures set out as per Appendix A). They must know where to find a copy of this policy and are responsible for reading this policy.

4. What is safeguarding?

The concept of safeguarding is wider and more pro-active than just responding to abuse.

The NSPCC define safeguarding children as:

- protecting children from abuse and maltreatment;
- preventing harm to children's health or development;
- ensuring children grow up with the provision of safe and effective care;
- taking action to enable all children and young people to have the best outcomes.

Similarly, the NHS defines safeguarding adults as protecting a person's right to live in safety, free from abuse and neglect. The aims of safeguarding adults are to:

- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs;
- Safeguard individuals in a way that supports them in making choices and having control in how they choose to live their lives;
- Promote an outcomes approach in safeguarding that works for people resulting in the best experience possible;

- Raise public awareness so that professionals, other staff and communities as a whole play their part in preventing, identifying and responding to abuse and neglect

4.1 Definitions

Safeguarding

Safeguarding is the protection of children and adults at risk from abuse, harm or neglect.

Children

Anyone aged under 18 years of age

Adult at risk

Anyone aged 18 years or over who is or may be in need of community care services by reason of mental health issues, learning or physical disability, sensory impairment, age or illness and who is or may be unable to take care of him/herself or unable to protect him/herself against significant harm or serious exploitation.

Abuse

This occurs when there is a violation of an individual's human or civil rights by another person(s). It can include single or multiple acts of physical, sexual and emotional/psychological harm but can also include acts of neglect or failure to act. Our safeguarding policy recognizes the four elements necessary for a safer organisation, the need to build a safeguarding culture, have in place protective practices, have a commitment to respond appropriately, and have a quality assurance framework for continuous improvement. Hope Central's safeguarding policy is one part of our commitment towards being a safer organisation. The table below and diagram provides details of these areas:

Safeguarding Diamond		
Safeguarding Culture		
Safe Culture		
Protective Practice		Responding Appropriately
Safeguarding Policy		Responding Appropriately to Safeguarding Concerns
Safer Recruitment		Responding Well to Victims and Survivors of Abuse
Safer Working Practice (Safe Behaviours)		Managing Risk
Safeguarding Training		
Quality Assurance Framework		
Quality Assurance		

Safeguarding Diamond for a Safer Organisation



4.2 Recognising and Identifying Abuse - Disclosures

The majority of safeguarding concerns are likely to be received by disclosure by a victim or a relative, friend or associate of the victim. A disclosure is simply when someone tells you of some abuse or harm that has occurred to them or someone else or when they think someone will be at risk of abuse or harm. There are some key do's and don'ts for good practice when receiving a disclosure.

DO	DON'T
Listen, listen, listen	Don't interrupt
Use open questions - "Can you tell me more about that?"	Avoid closed or leading questions
Reflect back to confirm using their words	Don't judge
Be patient - move at their pace	Don't offer opinions
Reassure - 'you have done the right thing in sharing this'	Don't show shock
Explain what you will do	Don't make promises - especially to keep secrets
Make a detailed note of the date, time, place, what the child or vulnerable adult said, did and your questions etc.	Don't investigate concerns or allegations themselves, but should report them immediately to the Safeguarding Officer.

4.3 Other Indicators of Abuse/Harm

There may be other ways in which safeguarding concerns are identified such as physical signs and behavioural or mood indicators. Within the appendices there are definitions and indicators of abuse.

4.4 Responding to Safeguarding Concerns - General Advice

- Recognise
- Keep an open mind.
- Focus on facts
- Look holistically
- Consider context
- Think about the do's and don'ts of disclosure

Your Response

- Reflect back using the discloser's own words to confirm your understanding
- Reassure the person making the disclosure as appropriate
- Record the facts as soon as possible
- Explain what you will do next
- Refer on to the appropriate safeguarding person

4.5 Safeguarding Officers (Designated Safeguarding Leads)

Hope Central has nominated the following individuals as Safeguarding Officers with responsibility for safeguarding issues:

Barney Howard 07726307711 barney.howard@hopecentral.org.uk

Lead Safeguarding Trustee,

Chris Ainsworth 07776170872 Chris.ainsworth@hopecentral.org.uk

And

Director of Hope Central,

Kay Baker 07942133575 kay.baker@hopecentral.org.uk

have overall responsibility for safeguarding.

5. Procedure in Case of a Disclosure

5.1 Reporting Safeguarding Concerns

The person in receipt of allegations or suspicions of abuse should report concerns as soon as possible to the Safeguarding Officer.

The Safeguarding Incident/Disclosure Report Form - This is a form to be used by staff and volunteers when reporting disclosures to make sure all information necessary was collected as well as permission to share this information.

The Hope Central Safeguarding Adults Policy - This policy sets out Hope Central's dedication to safeguarding as well as ensuring Hope Central implements appropriate arrangements, systems and procedures to ensure that the organisation has the right means to protect and safeguard adults.

The Hope Central Safeguarding Concern Report - This document is to be used by the Designated Safeguarding Lead and the Deputy Designated Safeguarding Lead as a tool for ensuring all information is collected and for tracking concerns and disclosures.

6. Role of the Safeguarding Officer (Designated Safeguarding Lead)

The Safeguarding Officer has a key duty to take lead responsibility for raising awareness within Hope Central of issues relating to the welfare of children, young people, and adults, and the promotion of a safe environment for all.

The Safeguarding Officer will receive appropriate training and should keep up to date with developments in safeguarding issues. They will also have responsibility for making new staff and volunteers aware of the existing safeguarding policy, and this training will usually be delegated to the line manager of the new staff as part of the induction process.

The Safeguarding Officer will be the main contact point for safeguarding issues and will have contact details for relevant organisations available for employees and volunteers.

The Safeguarding Officer will ensure that staff and volunteers working with children and vulnerable adults will receive training adequate to familiarise them with child and vulnerable adults' protection issues and responsibilities and Hope Central procedures and policies, with refresher training at least every 3 years.

The Safeguarding Officer has responsibility of ensuring that if ever a safeguarding matter involves anyone in regulated activity that the Local Authority Designated Officer (LADO) will be notified should a safeguarding matter involve a child. Where there are safeguarding concerns involving anyone in regulated activity for adults, then the PiPOT will be contacted.

Where someone in regulated activity is removed from post within Hope Central or retires, resigns or is dismissed from a position due to their conduct being deemed harmful then the Safeguarding Officer has a legal duty to refer the individual concerned to the DBS for barring consideration. The relevant conduct for this harmful behaviour includes:

1. conduct which endangers a child or vulnerable adult or is likely to endanger a child or vulnerable adult
2. conduct which if repeated against or in relation to a child or vulnerable adult would endanger that child or vulnerable adult
3. conduct involving sexual material relating to children (including possession of such material)
4. conduct involving sexually explicit images depicting violence against human beings

5. conduct of a sexual nature involving a child or vulnerable adult (or in the case of a vulnerable adult - an act that is considered inappropriate)

They will contact social services in the area the child or adult lives. Generally, this will be in Cheshire East Council, the contact details for are:

Cheshire East Council, C/O Delamere House, Delamere Street, Crewe, CW1 2LL

Adult Social Care

Where there is a concern about an adult's welfare then the Safeguarding officer will:

For Social Care emergencies, contact our Social Care Out of Hours team on 0300 123 5022.

For other emergencies out of hours the Safeguarding Officer will contact the Emergency Control Centre on 0300 123 5025.

Children's Social Care

Where concerned for a child's welfare the Safeguarding Officer will contact Cheshire East Consultation Service (ChECS) on 0300 123 5012 (option 2) where you will be put through to a Social Worker.

If the concern is out of hours, then they will contact the Emergency Duty Team on 0300 123 5022.

CHECS@cheshireeast.gov.uk

0300 123 5012

0300 123 5022 – Emergency Duty Team (Out of Hours)

If there is a safeguarding concern and the phone lines are Out of Order and there is no automated message then the following numbers can be contacted:

07784492174

07814369297

07966305353

If the Safeguarding Officer is unsure what action to take advice is available from:

Social Services or the police.

Alternatively, the NSPCC (<https://www.nspcc.org.uk/>) can be contacted on 0808 800 5000.

Suspensions must not be discussed with anyone other than the Safeguarding Officer. A written record of the concerns should be made in accordance with these procedures and kept in a secure place.

7. Detailed Procedures where There is a Concern about a Child:

7.1 Allegations of physical injury, neglect or emotional abuse.

If a child has a physical injury, a symptom of neglect or where there are concerns about emotional abuse, the Safeguarding Officer will:

- Contact Children's Services for advice in cases of deliberate injury, if concerned about a child's safety or if a child is afraid to return home.
- Not tell the parents or carers unless advised to do so, having contacted Children's Services.
- Seek medical help if needed urgently, informing the doctor of any suspicions.
- For lesser concerns, (e.g. poor parenting), encourage parent/carer to seek help, but not if this places the child at risk of significant harm.
- Where the parent/carer is unwilling to seek help, offer to accompany them. In cases of real concern, if they still fail to act, contact Children's Services directly for advice.

7.2 Allegations of sexual abuse

In the event of allegations or suspicions of sexual abuse, the Safeguarding Officer will:

- Contact the Children's Services Duty Social Worker for children and families or Police Child Protection Team direct. They will NOT speak to the parent/carer or anyone else.

7.3 Involvement of children in Hope Central activities

Children under the age of 18 years are not allowed to volunteer at the Hope Centres.

Children under the age of 18 years may volunteer in other activities always provided they are accompanied by a parent or carer who will supervise them at all times and with prior permission from the appropriate Hope Central staff member or key volunteer.

8. Detailed procedures where there is a concern that an adult is in need of protection:

Suspensions or allegations of abuse or harm including; physical, sexual, organisational, financial, discriminatory, neglect, self-neglect, forced marriage, modern slavery, domestic abuse.

If there is concern about any of the above, Safeguarding Officer will:

- Contact the Adult Social Care Team who have responsibility under the Care Act 2014 to investigate allegations of abuse.
- If the adult is in immediate danger or has sustained a serious injury contact the Emergency Services, informing them of any suspicions.

9. Timescales for Reporting Allegations or safeguarding concerns

When abuse is suspected, witnessed or a disclosure of abuse is received by the Safeguarding Officer there is a requirement to report these allegations of abuse, and other relevant safeguarding concerns to the appropriate statutory authority including social services or the police within 24 hours.

In case of emergency

If a child or adult is in immediate danger, at imminent risk or requires medical attention, the relevant emergency service must be contacted via 999. Local Social Services should also be contacted at the earliest opportunity in the case of a child or vulnerable adult.

In the case of a child

Referrals should be made to children's social care for the area where the child resides. If a crime has also been committed, the police in that area should also be contacted. The referrer should confirm any verbal and telephone referrals in writing, within 48 hours, and obtain social care /police report reference details for inclusion on the relevant case file.

In the case of an adult (A person over the age of 18)

Referrals should be made to the relevant statutory authority. If a crime has also been committed, the police in that area should also be contacted. The referrer should confirm any verbal and telephone referrals in writing, within 48 hours, and obtain any report references for inclusion on relevant case file.

9.1 Contacting the LADO

When a person's conduct towards a child may impact on their suitability to work with or continue to work with children, the allegation must be referred to the Local Authority Designated Officer for safeguarding within 24 hours.

9.2 Contacting the PiPoT

When a person's conduct towards an adult may impact on their suitability to work with or continue to work with adults, the allegation must be referred to the Person in a Position of Trust Officer with responsibility for safeguarding within 24 hours.

9.3 Those working with Children and / or Vulnerable Adults

Additionally, restrictions may need to be placed on the person's role and remit while the matter is investigated for example they may be 'stepped down' from roles or other conditions may be imposed pending the outcome of an investigation

Where it is believed that a criminal offence may have taken place, regardless of whether the accused person is living or deceased, the allegation should be referred to the police within 24 hours.

10. Record Keeping

Primary responsibility for the management of documents and safeguarding case files lies with the Safeguarding Officer who will ensure an accurate, auditable, and secure record of any safeguarding concerns or allegations are maintained.

This record will include:

- Relevant contact details
- Details of how/when the concern or allegation was received.
- Details of the concern itself
- Relevant historical information
- Identified past and present risk factors

- Any actions taken (including disciplinary procedures) along with contact with the statutory agencies.
- Rational for actions and or outcome of the case

All records are potential evidence in a criminal proceeding, civil case or statutory/public inquiry and must be stored in a suitable and retrievable format with an auditable record of provenance and integrity.

All safeguarding records will be kept securely and indefinitely, all written records will be kept in a secure filing cabinet, and all electronic records in an encrypted folder, and files password protected.

11. Whistleblowing

We encourage and enable anyone with a serious concern, to raise that issue without fear of victimisation, or disadvantage.

12. Safer Recruitment and Selection Procedure

Hope Central has recruitment and selection procedures. These include the following:

- They should apply to staff and volunteers who may work with children and vulnerable adults.
- The post or role should be clearly defined.
- The key selection criteria for the post or role should be identified.
- Vacancies should be advertised widely in order to ensure a diversity of applicants.
- Obtain professional (for staff) and character references.
- Verify previous employment history (for staff).
- Disclosure and Barring Service criminal record checks at an appropriate level to the role being undertaken. A list of who qualifies for a Disclosure and Barring Service (DBS) criminal record check, and at what level (basic, standard or enhanced, enhanced with barred list check) based on role or position will be used to determine who required what level of criminal record disclosure check.
- Use a variety of selection techniques (e.g. qualifications, previous experience, interview, reference checks).

13. Information Sharing

When sharing information, Hope Central acts at all times within all legislative, common law and other related provisions concerning information processing and sharing including, but not limited to the Data Protection Act 2018 and General Data Protection Regulations. Staff, Trustees and volunteers must be mindful of, and act within, the rules set out in our Data Protection Policy. We also use the Caldicott Principles as a guide to good practice when determining the sharing of information in connection with safeguarding concerns. These principles are as follows:

Principle One - 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 and continuing uses should be regularly reviewed.

Principle Two - 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 service users to be identified should be considered at each stage of satisfying the purpose(s).

Principle Three - 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 Four - Access to personal 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

Appendix 1: Detailed Information on Abuse (Children)

The majority of work carried out at Hope Central is with adults, but we recognize that as part of this work we will come into contact with children and young people as part of our work with families, and where providing a service to those who may be under 18 and who access our foodbank. Our safeguarding policy centres on our work with adults, but also includes child protection legislation.

We also recognize that we work with individuals who may not meet the legal definition of being at risk of significant harm (children) or serious harm (adults) but whose circumstances give rise for concern. Wherever we have a concern about an individual we will speak with our safeguarding officer, and we will inform the person that we have done so.

Child Protection

Child protection legislation throughout the UK is based on the United Nations Convention on the Rights of the Child. Each nation within the UK has incorporated the convention within its legislation and guidance.

The legal definition of a child is someone under the age of 18 according to The Children Act 1989.

Significant Harm

This relates to the degree of harm that triggers statutory action to protect a child. It is based on the individual child's health or development compared to that which could reasonably be expected of a similar child. E.g. severity of ill treatment, degree and extent of physical harm, duration and frequency of abuse and neglect, premeditation. Department of Health guidance suggests that 'significant' means 'considerable, noteworthy or important.'

Statutory Definitions of Abuse (Children)

The definitions of abuse below operate in England based on the government guidance '**Working Together to Safeguard Children, London, July 2018**'

What is meant by child abuse and neglect?

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger for example, via the internet. They may be abused by an adult or adults, or another child or children.

Government guidance defines four main categories of maltreatment: physical abuse, sexual abuse, emotional abuse and neglect.

Physical abuse

A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Emotional abuse

The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual abuse

Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Neglect

The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers); or
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Child Sexual Exploitation

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

Appendix 2: Signs of Possible Abuse (Children)

The following signs could be indicators that abuse has taken place but should be considered in context of the child's whole life.

Physical

- Injuries not consistent with the explanation given for them
- Injuries that occur in places not normally exposed to falls, rough games, etc
- Injuries that have not received medical attention
- Reluctance to change for, or participate in, games or swimming
- Repeated urinary infections or unexplained tummy pains
- Bruises on babies, bites, burns, fractures etc which do not have an accidental explanation
- Cuts/scratches/substance abuse

Sexual

- Any allegations made concerning sexual abuse
- Excessive preoccupation with sexual matters and detailed knowledge of adult sexual behaviour
- Age-inappropriate sexual activity through words, play or drawing
- Child who is sexually provocative or seductive with adults
- Inappropriate bed-sharing arrangements at home
- Severe sleep disturbances with fears, phobias, vivid dreams or nightmares, sometimes with overt or veiled sexual connotations
- Eating disorders - anorexia, bulimia

Emotional

- Changes or regression in mood or behaviour, particularly where a child withdraws or becomes clinging.
- Depression, aggression, extreme anxiety.
- Nervousness, frozen watchfulness
- Obsessions or phobias
- Sudden under-achievement or lack of concentration
- Inappropriate relationships with peers and/or adults
- Attention-seeking behaviour
- Persistent tiredness
- Running away/stealing/lying

Neglect

- Under nourishment, failure to grow, constant hunger, stealing or gorging food, Untreated illnesses
- Inadequate care

Appendix 3

Statutory Definitions of Abuse (Adults)

The following information relates to the Safeguarding of Adults as defined in the Care Act 2014, Chapter 14. Safeguarding, this replaces the previous guidelines produced in 'No Secrets' (Department of Health 2000)

The legislation is relevant across England and Wales but on occasions applies only to local authorities in England.

The Safeguarding duties apply to an adult who:

- has need for care and support (whether or not the local authority is meeting any of those needs) and;
- is experiencing, or at risk of, abuse or neglect; and
- 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.

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. Professional 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. Care Act - <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

What is adult abuse?

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 any action. This must recognize that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances (Care Act guidance Sec 14) The Care Act gives guidelines on the types of abuse associated with adults;

Physical abuse – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.

Domestic violence – Coercive, controlling and/or threatening relationship including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence and Female Genital Mutilation.

Sexual abuse – including 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.

Psychological abuse – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

Financial or material abuse – including 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.

Modern slavery – encompasses slavery, human trafficking, forced 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.

Discriminatory abuse – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.

Organisational abuse – including neglect and poor care practice within an Institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Neglect and acts of omission – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Self-neglect – this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. Incidents of abuse may be one-off or multiple, and affect one person or more.

Appendix 4: Signs of Possible Abuse (Adults)

1. Physical abuse

Cuts and bruises don't necessarily mean a child is being physically abused – all children have accidents, trips and falls. Physical abuse includes: Hitting, slapping and beating, shaking, pinching, throwing and pushing, kicking, burning, drowning and hair pulling, suffocating, poisoning and using inappropriate restraint

- History of unexplained falls, fractures, bruises, burns, minor injuries.
- Signs of under or over use of medication and/or medical problems left unattended.
- Any injuries not consistent with the explanation given for them
- Bruising and discolouration - particularly if there is a lot of bruising of different ages and in places not normally exposed to falls, rough games etc.
- Recurring injuries without plausible explanation
- Loss of hair, loss of weight and change of appetite
- Person flinches at physical contact &/or keeps fully covered, even in hot weather;
- Person appears frightened or subdued in the presence of a particular person or people

Indicators

- Any injuries not consistent with the explanation given for them
- Cuts, lacerations, puncture wounds, open wounds, welts
- Bruising and discolouration particularly in places not normally exposed to falls, rough games etc.
- Bruising around the eyes, burns, broken bones and skull fractures
- Any injury that has not received medical attention or been properly cared for
- Poor skin condition or poor skin hygiene
- Loss of hair, loss of weight and change of appetite
- Repeated or unexplained tummy pains
- Flinching at physical contact
- Wearing inappropriate clothes such as keeping fully covered, even in hot weather;
- Person appears frightened or subdued in the presence of a particular person

2. Sexual Abuse

Rape, sexual assault or sexual acts to which the person has not consented, could not consent or was pressurised into consenting, indecent assault, incest, being forced to touch another person in a sexual manner without consent. Indecent exposure, being forced to watch pornographic material or sexual acts.

- Pregnancy in a woman who lacks mental capacity or is unable to consent to sexual intercourse
- Unexplained change in behaviour or sexually explicit behaviour
- Torn, stained or bloody underwear and/or unusual difficulty in walking or sitting
- Infections or sexually transmitted diseases

- Full or partial disclosures or hints of sexual abuse
- Self-harming
- Emotional distress
- Mood changes
- Disturbed sleep patterns

Indicators

- Emotional distress
- Preoccupation with anything sexual and age-inappropriate knowledge of sexual behaviour
- Mood changes
- Expressions of feelings of guilt or shame
- Itching, soreness, bruises or lacerations, particularly around the genital areas
- Difficulty in walking or sitting, or unexplained vaginal or anal bleeding
- A child who is sexually provocative or seductive with adults
- Disturbed sleep patterns
- Torn, stained or bloody underclothing
- Significant changes in sexual behaviour or outlook
- Eating disorders
- Promiscuity or prostitution
- Comments such as “I’ve got a secret”,
- Fear of certain places e.g. bedroom or bathroom

3. Emotional Abuse

Mocking, coercing, threatening or controlling behaviour, bullying, intimidation, harassment or humiliation, making someone feel worthless, a lack of love or affection or ignoring the person

- Alteration in psychological state e.g. withdrawn, agitated, anxious, tearful
- Intimidated or subdued in the presence of a carer
- Fearful, flinching or frightened of making choices or expressing wishes
- Unexplained paranoia
- Changes in mood, attitude and behaviour, excessive fear or anxiety
- Changes in sleep pattern or persistent tiredness
- Loss of appetite
- Helplessness or passivity
- Confusion or disorientation
- Implausible stories and attention seeking behaviour
- Low self-esteem

Indicators

- Changes in mood, attitude and behaviour
- Changes in sleep pattern or persistent tiredness
- Loss of appetite
- Helplessness or passivity
- Confusion or disorientation
- Implausible stories and attention seeking behaviour
- Low self-esteem

- Inappropriate relationships with peers or adults
- Bed-wetting or bed soiling that has no medical cause
- Has not attained significant developmental milestones
- Severe symptoms of depression, anxiety, fear, withdrawal or aggression

4. Neglect and acts of omission

Failing to provide access to appropriate health, social care or education services, failing to provide a warm, safe and comfortable environment, ignoring medical or physical care needs, including not providing adequate food or not clothing them sufficiently, leaving alone or unsupervised

- Deteriorating despite apparent care
- Poor home conditions, clothing or care and support.
- Lack of medication or medical intervention

Indicators

- Looking unkempt or dirty and has poor personal hygiene
- Inadequately supervised or left alone for unacceptable periods of time
- Malnourished, sudden or continuous weight loss, dehydrated, constant hunger, gorging on food
- Dressed inappropriately for the weather conditions
- Untreated medical conditions, pressure sores, rashes, lice on the person
- Depression
- Prolonged isolation or lack of stimulation
- Demonstrates severe lack of attachment to other adults

5. Self-neglect

- Hoarding inside or outside a property
- Neglecting personal hygiene or medical needs
- Person looking unkempt or dirty and has poor personal hygiene
- Person is malnourished, has sudden or continuous weight loss and is dehydrated – constant hunger, stealing or gorging on food
- Person is dressed inappropriately for the weather conditions
- Dirt, urine or faecal smells in a person's environment
- Home environment does not meet basic needs (for example not heating or lighting)
- Depression

6. Financial Abuse

Theft, fraud or embezzlement of monies, benefits or goods, exploitation or profiteering, applying pressure in connection with wills, property or inheritance, or financial transactions.

- Disparity between assets and living conditions
- Unexplained withdrawals from accounts or disappearance of financial documents or loss of money
- Sudden inability to pay bills, getting into debt
- Carers or professionals fail to account for expenses incurred on a person's behalf
- Recent changes of deeds or title to property
- Missing personal belongings

- Inappropriate granting and / or use of Power of Attorney

Indicators

- Unexplained loss of money
- Missing personal belongings such as art, jewellery and silverware
- Deterioration in standard of living, not having money as usual to pay for shopping or regular outings
- Inability to pay bills, getting into debt
- Sudden changes in a person's finances
- Person unable to access their own money or check their own accounts
- Cheques being signed or cashed by other people without someone's consent
- Recent acquaintances expressing sudden or disproportionate interest in the person and their money

7. Discriminatory Abuse

Ageist, racist, sexist, or abuse based on a person's disability, abuse linked to a person's sexuality, harassment, slurs or similar treatment, withholding services without proper justification, or lack of disabled access to services and activities.

- Inappropriate remarks, comments or lack of respect
- Poor quality or avoidance care
- Low self-esteem
- Withdrawn
- Anger
- Person puts themselves down in terms of their gender or sexuality
- Abuse may be observed in conversations or reports by the person of how they perceive themselves

Indicators

- Low self-esteem
- Withdrawn
- Anger
- Person puts themselves down in terms of their gender or sexuality

8. Institutional Abuse

The inability of an institution to safeguard people from emotional or even physical harm and neglect, having fixed rules and routines by which people are controlled, people prevented from doing things that are their rights, no access to personal possessions or personal allowance.

- Low self-esteem
- Withdrawn
- Anger
- Person puts themselves down in terms of their gender or sexuality
- Abuse may be observed in conversations or reports by the person of how they perceive themselves
- No confidence in complaints procedures for staff or service users.
- Neglectful or poor professional practice.

Indicators

- Being routinely referred to in a condescending fashion
- Disrespectful language and attitudes
- Being spoken to or treated like a child

- A person's privacy and dignity is routinely compromised
- No evidence of support services care plans that focus on the individual's needs

9. Modern slavery

- Physical appearance; unkempt, inappropriate clothing, malnourished
- Movement monitored, rarely alone, travel early or late at night to facilitate working hours.
- Few personal possessions or ID documents.
- Fear of seeking help or trusting people.

Appendix 5: Further Definitions of Abuse

1. Children in Whom Illness is Fabricated or Induced (formerly known as Munchausen's Syndrome By Proxy)

This is a form of child abuse in which the parents or carers give false accounts of symptoms in their children and may fake signs of illness (to draw attention to themselves). They seek repeated medical investigations and needless treatment for their children. The government guidance on this is found in 'Safeguarding Children in whom Illness is Fabricated or Induced' (2002).

2. Spiritual Abuse

Linked with emotional abuse, spiritual abuse could be defined as an abuse of power, often done in the name of God or religion, which involves manipulating or coercing someone into thinking, saying or doing things without respecting their right to choose for themselves. Some indicators of spiritual abuse might be a leader who is intimidating and imposes his/her will on other people, perhaps threatening dire consequences or the wrath of God if disobeyed. He or she may say that God has revealed certain things to them and so they know what is right. Those under their leadership are fearful to challenge or disagree, believing they will lose the leader's (or more seriously God's) acceptance and approval.

In 2013 spiritual abuse was defined as "Spiritual abuse is coercion and control of one individual by another in a spiritual context. The target experiences spiritual abuse as a deeply emotional personal attack. This abuse may include: -manipulation and exploitation, enforced accountability, censorship of decision making, requirements for secrecy and silence, pressure to conform, misuse of scripture or the pulpit to control behaviour, requirement of obedience to the abuser, the suggestion that the abuser has a 'divine' position, isolation from others, especially those external to the abusive context." (Oakley & Kinmond, 2013)

3. Domestic Violence

The Government revised its definition of domestic violence and abuse in March 2013 as:

"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." This can encompass, but is not limited to, the following types of abuse:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

"Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependant by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour."

"Coercive behaviour is: an act or a pattern of acts of assaults, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim."

4. Female Genital Mutilation (FGM)

Working Together (2010) stated that:

"Female genital mutilation (FGM) is a collective term for procedures which include the removal of part or all of the external female genitalia for cultural or other nontherapeutic reasons. The practice is medically unnecessary, extremely painful and has serious health consequences, both at the time when the mutilation is carried out and in later life. The procedure is typically performed on girls aged between four and thirteen, but in some cases FGM is performed on new born infants or on young women before marriage or pregnancy. A number of girls die as a direct result of the procedure from blood loss or infection, either following the procedure or subsequently in childbirth."

FGM has been a criminal offence in the UK since the Prohibition of Female Circumcision Act 1985 was passed.

5. Extremism

Extremism goes beyond terrorism and includes people who target the vulnerable – including the young – by seeking to sow division between communities on the basis of race, faith or denomination; justify discrimination towards women and girls; persuade others that minorities are inferior; or argue against the primacy of democracy and the rule of law in our society.

Extremism is defined in the Counter Extremism Strategy 2015 as the vocal or active opposition to our fundamental values, including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. We also regard calls for the death of members of our armed forces as extremist.

6. 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. Some other forms of criminal exploitation are explained in the paragraphs below.

Criminal exploitation can take place outside of the home environment. It is often a combination of the interplay between the relationships and circumstances both inside and outside of the 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.

7. 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.

8. 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
- For the financial or other advantage of the perpetrator or facilitator, such as to support serious organised crime and/or terrorism,
- Through violence or the threat of violence to ensure compliance.

Because they are more likely to be easily detected, individuals who are exploited are more likely to be arrested and criminalised for criminal behaviour, than those individuals or groups who are exploiting them. Individuals who are being criminally exploited can be involved, linked to or considered to be, by themselves or others, as part of a "gang". 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.

Some signs that may indicate an individual is vulnerable 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.
- 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.

9. Organised Crime and County Lines

Criminal Exploitation is broader than organised crime and county lines but it is often part of these forms of abuse.

As per the definition in the National Strategic Assessment of Serious and Organised Crime (2018) from the National Crime Agency, organised crime is “serious crime planned, coordinated and conducted by people working together on a continuing basis. Their motivation is often, but not always, financial gain.” Organised crime groups are “organised criminals working together for a particular criminal activity or activities.” County lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated phone lines or other forms or ‘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 and weapons.

10. Cuckooing

The term ‘cuckooing’ describes a situation where a county lines dealer ‘takes over’ accommodation located in the provincial drugs market, using it as a local dealing base. It’s named after the nest stealing practices of wild cuckoos.

An individual or group can do this by taking over the homes of adults and families, 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.

10.1 Signs of cuckooing

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 vulnerable groups listed above, may also be targeted. The following signs may indicate that an individual or family’s property has been cuckooed:

- Unknown people frequently staying at/moving into the property; often described by the individual or families as “friends”.
- The individual or family moving out or regularly staying away from the property while 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.

11. 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.

12. 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. 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.

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;
- dehumanised, treated as a commodity or bought and sold as 'property'; or
- physically constrained or have restrictions placed on his/her freedom of movement.

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.

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.

Some indicators of 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".

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.

Appendix 6: Duty to refer to the Disclosure and Barring Service (DBS)

The Safeguarding of Vulnerable Groups Act 2006 and Protection of Freedoms Act 2012 both make it mandatory to refer anyone known to pose a threat of harm to a child or vulnerable people to the Disclosure and Barring Service (DBS). This means that the Safeguarding Officer must not knowingly employ anyone who poses a risk of harm to children or vulnerable adults; this includes anyone who is believed to have committed a relevant conduct while on the job or who has a record of such conduct.

Hope Central has a legal duty to refer an employee or volunteer who poses a risk of harm to children or vulnerable adults to the DBS, failure to do so can result in a fine and/or up to 5 years imprisonment. There must be sufficient and solid evidence that the employee or volunteer poses a risk of harm before they can be referred to the DBS. The DBS will not consider evidence based on rumour or unsubstantiated reports. The employer should also inform the police and other relevant authorities if they believe a relevant conduct has occurred.

Further information can be found on the DBS's website:

<https://www.gov.uk/government/organisations/disclosure-and-barring-service>

Appendix 7: Reporting a 'Serious Incident' to the Charity Commission

Under Charity Commission regulations a Serious Incident occurs where a result has, or could, entail '...a significant loss of funds or a significant risk to the charity's property, work, beneficiaries or reputation.' They should be reported as soon as possible.

As far as allegations of abuse are concerned Charity Commission guidance states:

'You should report this if any one or more of the following occur:

- There has been an incident where the beneficiaries of your charity have been or are being abused or mistreated while under the care of your charity or by someone connected with your charity such as a trustee, member of staff or volunteer
- There has been an incident where someone has been abused or mistreated and this is connected with the activities of the charity.
- Allegations have been made that such an incident may have happened regardless of when the alleged abuse or mistreatment took place
- You have grounds to suspect that such an incident may have occurred.'

The Charity Commission states that these are 'zero tolerance' issues which would always be investigated by them. Serious incidents also include not having adequate safeguarding policies in place and failure to carry out Disclosure checks on workers and trustees (where legally possible); in summary, anything that could affect the good reputation of the charity.

Those charities whose incomes exceed £25,000 must declare all Serious Incidents as part of their Annual Returns. Failure in the latter respect also signifies failure regarding the charity's legal obligations. Charities can make a report in the following ways:

- Writing to Charity Commission Direct, P O Box 1227, Liverpool L69 3UG
- Telephoning 0845 300 0218
- E-mailing RSI@charitycommission.gsi.gov.uk

The guidance and further information can be found on the charity Commission website: www.charitycommission.gov.uk

Appendix 8: Legislative Framework

The legislation below has informed the content of the policy and procedures and has been considered when writing and agreeing this policy.

The Care Act 2014 and Statutory Guidance issued under the Act

This sets out rules and guidance on all aspects of safeguarding and repeals the No Secrets guidance (2000). It is not set out in detail here as its contents inform the major parts of this policy.

Mental Capacity Act 2005 (MCA)

The MCA was enacted to protect individuals and their freedoms. It empowers individuals freedom of choice and, when choices cannot freely be made, it seeks to make sure that decisions are taken in the individual's best interests. Any decision taken on behalf of an individual who lacks capacity to make a specific decision must be based on their wishes so far as is possible. Best interest rules must be followed when making decisions for an adult who lacks capacity.

The Act is also a useful guide to interactions with people who may lack capacity. Everyone working with someone who might be considered to be vulnerable must have a working knowledge of the Act. The Act also complements Hope Central's other policies and its ethos. Therefore, it is included both for information purposes and to note that Hope Central's volunteers, staff and Trustees will act within its principles at all times.

The Principles outlines in the Mental Capacity Act are:

- A person must be assumed to have capacity unless it is established that he/she lacks capacity.
- A person is not to be treated as unable to make a decision unless all practicable steps to help him/her to make a decision have been taken without success.
- A person is not to be treated as unable to make a decision merely because he/she makes an unwise decision.
- An action taken, or decision made, under this Act for, or on behalf of a person who lacks capacity, must be done, or made, in his/her best interests.
- Before the action is undertaken, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action

For the purposes of this Act, a person lacks capacity in relation to a matter if, at the material time, they are unable to make a decision for themselves in relation to the matter because of an impairment of, or a disturbance in the functioning of, the mind or brain. It does not matter if the impairment or disturbance is permanent or temporary. A lack of capacity cannot be established merely by reference to a person's age, appearance or a condition of their behaviours which might lead others to make unjustified assumptions about their capacity.

The Act also introduced Independent Mental Capacity Advocates who can be appointed if circumstances

warrant an independent voice for someone considered to lack capacity.

Deprivation of Liberty Safeguards, Code of Practice 2008

This sets out key provisions for the protection of those in some residential settings and hospitals who are deemed not to have capacity. It is a set of safeguards which ensure individuals are not unnecessarily deprived of their freedoms. Should a situation arise where a deprivation of liberty is required, such as to fulfil medical treatment, it must usually be authorised by the Local Deprivation of Liberty Team, or ultimately the Court of Protection.

Whilst we do not work directly and regularly with those in these settings, it might be that a current client transitions to be in these places with deprivation of liberty safeguards on their case. Furthermore, our food bank and debt centre may support people in these situations and so it is important to note the key legislation.

Safeguarding Vulnerable Groups Act 2006

The purpose of this Act is to prevent harm from occurring to adults at risk by preventing those who may cause harm from being employed or volunteering in roles where they are in contact with them.

The Act introduced the Criminal Records Bureau check (CRB), which was replaced by the Disclosure Barring Service (DBS) in 2012. The DBS undertakes basic, standard and enhanced checks in order to ensure that people who work with adults at risk are safe to do so. A DBS check will be sought for Trustees, staff and volunteers whose specific role is considered to be eligible for the appropriate check.

The Humans Rights Act 1998

This gives legal effect in the UK to the fundamental rights and freedoms contained in the European Convention of Human Rights (ECHR). The Act applies to all public authorities, such as central government departments, local authorities and NHS Trusts, and other bodies performing public functions, which includes Hope Central. These organisations must comply with the Act, and an individual's human rights, when providing a service or making decisions that have a decisive impact upon an individual's rights. The Care Act extends the scope of the Human Rights Act. This incorporates registered care providers, both residential and non-residential, providing care and support to an adult, or support to a carer, where the care and support is arranged or funded by the Local Authority, including Direct Payment situations (Local Government Association, 2014).

Although the Acts does not apply to private individuals or companies, except where they are performing public functions, public authorities have a duty to promote the human rights or individuals and this entails a duty to stop people or companies abusing an individual's human rights. The Humans Rights Act covers everyone in the United Kingdom, regardless of citizenship or immigration status. Anyone who is in the UK for any reason is protected by the provisions of the Human Rights Act.

The Public Interest Disclosure Act 1998 (PIDA)

This created a framework for whistleblowing across the private, public and voluntary sectors. The Act provides almost every individual in the workplace with protection from victimisation when they raise genuine concerns about malpractice in accordance with the Act's provisions. All organisations must have a Whistleblowing Policy in place. This Act brought together the agencies which now undertake DBS checks and issue certificates.

The Equality Act 2010

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

Appendix 9: Safeguarding Concern Report – To be completed by Safeguard Lead

Details of Victim

Name	
Address	
Phone Number	
Other contact Details	
Specific Safeguarding Needs	

Details of Abuse

Type of Abuse	
Details of Injury and Abuse	
Date and Time of Abuse	
Who was Involved	

Details of Alleged Abuser

Name	
Address	

Contact Details	
Relationship to Victim	

Details of Disclosure

Name of Person who Disclosed	
Contact Details	
Role / Relationship to Victim	
When did abuse come to our attention	

Follow-Up

Immediate Action Taken	
What said to Victim	

Details of this Report

Person who filled in report	
Date	
Signed	

Timeline of Events

Appendix 10: Safeguarding Incident Report Form (To be completed by person reporting)

This is an example of what to say to the person who has disclosed to you to give context to this form and make them feel at ease:

Thank you so much for sharing. I want you to know you've done the right thing telling me. I really want you to be safe. I do have concerns and so want to ask you some further questions just to clarify my understanding. I will have to share this with our Designated Safeguarding Lead who may speak with the local authority's safeguarding team. However, this won't be shared with anyone else. It's just so we can best support you.

Hope Central - Safeguarding

Incident/Disclosure Report Form – To be completed by person reporting safeguarding concerns

** = Essential Field

Your Information	
**Name	
**Address	
**Contact Number	
**Email	
**Service	Foodbank / Debt Centre / Life Skills / Money Coaching / Job Club / Hope Centres / Displaced Persons Support / Fresh Start

Details of Person At Risk	
**Name	
**Address	
**Contact Number	
Date of Birth	
**Gender	Male / Female / Other _____
**Ethnicity	

**Did you ask their approval to share this?	Yes / No
--	----------

About Person at Risk	
Do they access any support or help at the moment? (eg. do they have a social worker)	
What is working well in their life? (eg. Do they have routine? Are they accessing treatment? Do they have support systems?)	

When did the disclosure happen?	
If you cannot remember exactly, then please give a rough estimate.	
**Date	
**Time	
**Context (during a parcel drop-off, during a life skills session, at a café on a befriender visit)	

**Type of Abuse (circle multiple if needed)	Physical / Sexual / Emotional / Neglect / Financial / Institutional / Discriminatory / Domestic Abuse / Modern Slavery / Self-Neglect
---	---

<p>**When did it happen? Specify a date and time if possible, if not estimate.</p>	
<p>**Explain what happened (Use the client's own words as much as possible, include facts only (no judgement or opinions), remember you're not an investigator)</p> <p>Can you tell me more about how [these bruises] came to be? I've noticed you're more reserved than normal, is there a reason for this? Can you tell me a bit more about that? When did this happen? Who is involved? What is the name of the person that did this to you? Can you tell me what happened next?</p>	
<p><u>Is this person in immediate risk to themselves or others? OR is there a suspected crime being committed? If so, call 999.</u></p>	

****Client's preferred outcome**

What would you like to happen in this situation?

If there is one, details of Perpetrator

Name

Contact Number

Address

"Thank you so much for telling me about this. I'm sorry it might have been overwhelming but we just want to take details down so that we can best help you. I'm going to pass this to our Safeguarding Lead in Hope Central. No-one will know apart from myself and them. They may ring you back to clarify something but they'll look over and may pass it to the local safeguarding team who may also be in touch".

****Date:**

****Signed:**

Please don't discuss this with anyone except with Hope Central's Designated Safeguarding Lead, Barney Howard.

As soon as possible (but within 24 hours), give this form to him. If it is by email (barney.howard@hopecentral.org.uk), please call (07726307711) to make sure he has received it.

If he is not available then please contact Hope Central's Safeguarding Link Trustee, Chris Ainsworth, chris.ainsworth@hopecentral.org.uk / 07776170872