



Adult Safeguarding Procedures

Part of the BYO Safeguarding and Protection Policy Suite

Britannia Youth Organisation CIC is a Community Interest Company registered in England and Wales.
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Introduction

Safeguarding adults at risk and promoting their welfare is of paramount importance at BYO. These procedures should be read in conjunction with our **Safeguarding Policy Framework** and apply to all staff and volunteers when planning and delivering activities with adults.

BYO delivers services for young people which includes both children (under 18) and young adults (18-24). We strive to have appropriate safeguards in place for young people and adults at all times.

See Also: For guidance on planning and delivering activities, refer to our **Health and Safety Policy** and **Offsite Visits Policy**. For digital safety concerns, see our **Digital Safeguarding Policy**.

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1. Purpose & Application

These procedures are for staff and volunteers of BYO and set out what you are expected to do when you have a safeguarding concern about an adult at risk.

Different Procedures Apply For:

- **Concerns about staff or volunteer behaviour:** Report to DSL/DDSL - **Managing Allegations about Staff and Volunteers Policy** applies
- **Concerns about harmful behaviour by children/young people:** Report to DSL/DDSL - **Managing Allegations of Peer-to-Peer Abuse Policy** applies
- **Safeguarding concerns about children (under 18):** Follow **Child Protection Procedures**

Whistleblowing Route: If you feel unable to report concerns directly through these channels, see our **Whistleblowing Policy** for alternative reporting options

2. Definition: Adult at Risk

An adult at risk is defined by the Care Act 2014 as someone over 18 years old who:

- Has care and support needs AND
- Is experiencing, or is at risk of, abuse or neglect AND
- As a result of their care and support needs is unable to protect himself or herself against the abuse or neglect or the risk of it

All three criteria must be met for someone to be an adult at risk. Where someone meets these criteria, the adult is entitled to seek protection and/or support from the local authority who will carry out enquiries to establish the appropriate response and support.

Care and support needs is a broad term used to describe additional support packages which might take the form of financial, care, and adaptation support to enable someone to live their life. It is not necessary for the local authority to have carried out an assessment of needs for care and support or to be providing any such support at the time of experiencing abuse, for a person to meet the criteria for adult at risk.

3. Self Determination and Mental Capacity

The law regarding safeguarding adults is different to that of safeguarding children. All adults have a right to make decisions about their own lives, even if those decisions would appear unwise. This is called the right to “**self determination**”. Careful consideration must therefore be made when making decisions about safeguarding adults, particularly the sharing information outside the organisation, if the adult does not consent to do so.

Mental Capacity refers to a person’s ability to make decisions for themselves and their own life. An adult may experience impaired mental capacity due to health or circumstances. For example, they may be affected by alcohol, be unconscious, suffer a seizure or may have dementia. The Mental Capacity Act 2005 (MCA) says that mental capacity is “**time and decision specific**”. This means we should not assume someone does not have mental capacity to make a decision because of a health condition or other factor. To protect people’s right to self determination, the assumption should always be that a person is able to make their own decisions, unless there is evidence otherwise.

4. Recognising When Adults May Be at Risk of Abuse

Abuse is a violation of a person's human rights or dignity by someone else. There are many kinds of abuse, some of which are listed below:

- Physical
- Sexual
- Psychological or emotional
- Neglect or acts of omission
- Financial or material
- Discriminatory
- Hate crime
- Institutional abuse
- Radicalisation
- Domestic Violence
- Modern Slavery
- Self Neglect and hoarding

(See Appendix 1 for detailed descriptions)

Abuse can be either deliberate or be the result of ignorance or lack of training, knowledge or understanding. It is likely that if someone is experiencing one form of abuse, they will also be experiencing another. For example, an adult being financially abused may also experience emotional abuse if they feel threatened and/or they may be physically hurt by the perpetrator.

Abuse may be perpetrated face to face, in writing, on the phone or online such as through social media or email.

Digital Safety Note: For concerns involving online abuse or digital safety, also refer to our **Digital Safeguarding Policy** and **Data Protection Policy**.

Who Perpetrates Abuse

Anyone may be an abuser. They may be a stranger to the adult but most commonly they are known to the person they abuse. They could be:

- A parent, step-parent or carer
- Partner or ex partner
- Another family member
- Neighbour
- Friend
- Colleague
- Paid care worker
- Staff or volunteers of an organisation

5. Historical Abuse

Historical abuse is sometimes known as non-recent abuse. This is where an adult makes a disclosure or allegation about abuse which occurred years ago when they were a child.

There are many reasons why children do not disclose that they are experiencing abuse. The reasons are many and complex but a common factor is coercion and fear where the child feels powerless and therefore does not tell anyone. Similarly, there may be a variety of reasons why, as an adult, the person feels able to tell.

Although the abuse occurred in the past, and in some cases many years ago, BYO will respond to allegations of historical abuse with the same rigour and speed as any other safeguarding concern. In these cases it is important to check whether the alleged perpetrator is still working with or caring for children or adults at risk due to the significant likelihood that a person who has abused in the past will continue to do so.

Allegations Against Persons in Positions of Trust

Where an allegation is made against a person in a position of trust such as:

- A foster carer
- Adoptive parent
- Residential care staff
- Teacher
- Doctor
- Police officer
- Other staff or volunteers who have or currently work with children or adults at risk

This must be reported without delay to the Local Authority Designated Officer (LADO). The LADO Administration Team can be contacted on **0121 675 1669** email: lado.secure@birmingham.gcsx.gov.uk.

6. Responding to Allegations or Suspicions of Abuse

Where a staff member or volunteer reasonably suspects or is told that an adult at risk is being, has been or is likely to be abused they must take action in line with these procedures.

IMPORTANT:

- Do not alert the alleged abuser or seek to investigate
- A formal investigation will be carried out by Adult Social Care Services and police (where a criminal offence may have been committed)
- Always establish whether there is imminent risk of harm and if so to whom
- If there is immediate and/or serious risk, you should call 999

Remember that adults have a right to self determination and may not want or be ready for others to know about what is happening.

When a Concern is Raised by the Adult Themselves

You should:

- Stay calm and listen carefully
- Reassure them in words and in your body language
- Tell them they have done the right thing telling you
- Encourage them to talk and do not interrupt whilst they are recalling events Be aware that the person's ability to recount their concern or allegation will depend on age, culture, language and communication skills and disability
- Ask questions only to clarify your understanding of what you are being told. This is to make sure you understand what they are telling you. You should not try to investigate or confront the alleged abuser
- Never promise to keep the information secret. Explain that you have to pass the information on to those who can help but that it will be treated confidentially (i.e. on a need to know basis)
- Never try to confront the alleged abuser
- In cases of suspected domestic abuse, do not advise the person to leave the relationship as this could escalate the risk. They should have support from the police and domestic violence support
- Explain why you are concerned for them
- Ask their consent to share their concerns outside of BYO (you must still tell the DSL)
- Explain what will happen next with a timescale
- As soon as you can, write down the key points, using the adult's words where possible
- Contact the DSL or DDSL and share the information with them as soon as possible. Let the DSL know whether consent has been given or not when you report the concern

Remember: It is your responsibility to report to the DSL in order for BYO to carry out its responsibilities to safeguard adults at risk.

Someone who has experienced or is experiencing abuse may not feel able to tell you initially. It is important to keep an "open door" and let the person know you or other staff and volunteers are there

to listen and support, when they are ready to tell. In the meantime, if you suspect abuse you can encourage the person to call the police if they feel they or others are in danger. In cases of suspected domestic abuse, offer to share information such as National Domestic Abuse Support Line 0800 2000 247 or other relevant organisations.

Concerns Arising From Observation

Where concerns or allegations arise other than through a disclosure (i.e. something you have seen or heard), you should contact the DSL/DDSL without delay to report your concerns.

Radicalisation Concerns

For concerns regarding radicalisation, the DSL will contact the local Prevent team for support and advice (https://www.birmingham.gov.uk/the_prevent_duty).

7. Managing Allegations About Staff or Volunteers

Where an allegation is made against a member of staff or volunteer it should **immediately be reported** to the DSL.

If an allegation is made against a member of staff or volunteer it should **immediately be reported** to the DSL who will contact the LADO for advice.

The LADO Administration Team can be contacted on **0121 675 1669** email: lado.secure@birmingham.gcsx.gov.uk.

See Also: Full procedures are detailed in our **Managing Allegations about Staff and Volunteers Policy**.

8. Recording Guidance

Where concerns are raised about an adult at risk, however they arise, it is crucial to make and keep an accurate record using the appropriate documentation:

When to Use the Safeguarding Case Report Form for Adults

The BYO Safeguarding Case Report Form must be used for all:

- Formal adult safeguarding concerns requiring DSL involvement and potential external referral
- Allegations of abuse against adults at risk (physical, sexual, emotional, financial, neglect, discriminatory)
- Serious incidents involving harm or risk of harm to adults at risk
- Disclosures of abuse made by adults at risk or on their behalf
- Concerns about adult exploitation including financial abuse or modern slavery
- Incidents requiring police or Adult Social Services involvement
- Safeguarding allegations against staff or volunteers involving adults at risk
- Domestic violence incidents involving service users
- Self-neglect concerns requiring formal intervention
- Mental capacity concerns where adults may be at risk due to impaired decision-making
- Any incident where external agencies may need to be contacted

Special Considerations for Adult Safeguarding Documentation

Mental Capacity Assessment:

- Record any concerns about the adult's mental capacity to make decisions
- Document any fluctuations in capacity or decision-making ability
- Note any decisions made in the adult's best interests
- Record consent status for information sharing and interventions

Self-Determination Considerations:

- Document the adult's wishes regarding interventions and information sharing
- Record any refusal of support or intervention
- Note any concerns about coercion or undue influence affecting decisions
- Document risk assessment where adult refuses support

Consent and Information Sharing:

- Record whether consent has been given for information sharing
- Document reasons if sharing information without consent (public interest)
- Note any family dynamics or relationships affecting safeguarding decisions
- Record any restrictions on information sharing

Completing the Form for Adult Safeguarding

Essential additional considerations for adults at risk:

- Mental capacity assessment - note any concerns about decision-making ability
- Communication needs - record any language, sensory, or cognitive communication barriers
- Support networks - document family, friends, or professional support available
- Previous concerns - note any history of abuse, neglect, or safeguarding issues
- Risk factors - identify specific vulnerabilities or circumstances increasing risk
- Adult's wishes - record the adult's preferences regarding intervention and support

Adult-Specific Information to Include

Capacity and Decision-Making:

- Assessment of mental capacity for relevant decisions
- Fluctuations in capacity or confusion
- Impact of illness, medication, or trauma on decision-making
- Evidence of coercion or undue influence

Support and Independence:

- Current living arrangements and support
- Care providers or family involvement
- Financial arrangements and management
- Social connections and isolation factors

Risk Assessment:

- Specific vulnerabilities (physical, mental, social, financial)
- Environmental factors affecting safety
- Relationship dynamics and dependencies
- Previous abuse or trauma history

DSL Section

9. Logging concerns and action

When we have concerns that a child, young person or adult may be at risk of harm or not safe or abused these concerns must be reported without delay to BYO DSL/DDSL.

All safeguarding concerns must be recorded and held securely and confidentially.

Once the staff member or volunteer has shared their concerns with the DSL/DDSL a record of the details of the referral must be logged by the DSL/DDSL.

The DSL will review the information received, including any other information already known about the adult at risk in order to decide the appropriate course of action. The DSL must establish whether the adult has given consent for the concern to be shared outside of BYO. If they have not, consideration must be given as to whether it is appropriate to go ahead and refer the matter regardless (See 'Making a Referral').

Where unsure, the DSL will contact Birmingham Adult Social Care Contact Centre for advice. It is possible to seek advice from Children's Services without disclosing details of the adult concerned. If the decision at this time is not to refer to the local authority a record should be made as to why this was the decision and who agreed this. This must be agreed by Mohammed Kaleem (Treasurer) or another designated senior person.

☎ 0121 303 1234

✉ CSAdultSocialCare@birmingham.gov.uk

You can also report concerns online through the [Birmingham Adult Social Care website](#)

10. Adult Safeguarding Case Management

Adult Safeguarding Case Report Form Management

The DSL has specific responsibilities for adult safeguarding documentation:

Adult-Specific Form Review

- Assessing mental capacity concerns recorded in forms
- Evaluating consent status and information sharing permissions
- Reviewing risk factors specific to adult vulnerabilities
- Determining appropriate interventions respecting adult autonomy

Decision-Making Documentation

- Recording decisions about information sharing without consent
- Documenting best interests decisions where capacity is impaired
- Noting consultation with relevant professionals and advocates
- Maintaining records of family or carer involvement

Multi-Agency Coordination

- Sharing forms with Adult Social Services using appropriate referral processes
- Coordinating with police where criminal matters are involved
- Liaising with healthcare professionals regarding capacity assessments
- Working with advocacy services where appropriate

Ongoing Case Management

- Monitoring adult's wishes and any changes in circumstances
- Reviewing risk assessments based on new information
- Updating care plans and support arrangements
- Tracking external agency responses and outcomes

11. Making a Referral to Adult Social Care

It is the responsibility of the DSL to make a referral to Adult Social Care Services where they have concerns about an adult at risk of abuse.

All adult safeguarding referrals must be supported by:

- **Completed Safeguarding Case Report Form** with adult-specific information
- **Capacity assessment documentation** where relevant
- **Consent records** or justification for sharing without consent
- **Risk assessment information** specific to adult vulnerabilities
- **Previous safeguarding case report forms** relating to the same adult

The Safeguarding Case Report Form provides Adult Social Care with:

- **Comprehensive background** information about the adult's circumstances
- Clear evidence of abuse, neglect, or risk factors
- **Assessment of capacity** and decision-making ability
- **Documentation of consent** status and information sharing permissions
- **Professional risk assessment** informing safeguarding planning

Where the Adult Does Not Consent

Sharing personal information without consent is a breach of confidentiality and should not be done lightly. However, data protection should never be seen as a barrier to safeguarding.

The Safeguarding Case Report Form must document:

- **The adult's specific objections** to information sharing
- **Assessment of their capacity** to make this decision
- **Risk factors** that may override their refusal
- **Professional judgment** about public interest considerations
- **Consultation with** relevant professionals or advocates

Circumstances justifying referral without consent must be clearly recorded:

a. **Risk of serious harm or death** to the individual or other person b. **Abuse or neglect of a child** c. **To assist in prevention** or detection of a serious crime d. **Legal duty** such as prevention of terrorism

Where referral is made without consent:

- **Document clear justification** in the case report form
- **Record professional consultation** and decision-making process
- **Note steps taken** to minimise information sharing to essential details
- **Maintain ongoing assessment** of the adult's capacity and wishes

Birmingham Adult Social Care Contact:

- **Adult Social Care Contact Centre:** 0121 303 1234
- **Out of Hours:** 0121 675 4806
- **Safeguarding Team:** 0121 303 1234

12. Staff Training for Adult Safeguarding Documentation

Adult-Specific Safeguarding Case Report Form Training

All staff and volunteers must receive specialised training on:

Adult Safeguarding Principles

- **Understanding self-determination** and adult autonomy in safeguarding decisions
- **Mental Capacity Act** principles and their application to safeguarding
- **Consent and information sharing** considerations specific to adults
- **Recognising adult abuse** types including financial and discriminatory abuse

Form Completion for Adult Cases

- **Documenting capacity concerns** and decision-making assessments
- **Recording adult's wishes** and preferences accurately
- **Assessing and documenting** risk factors specific to adult vulnerabilities
- **Understanding legal frameworks** affecting adult safeguarding documentation

Professional Decision-Making

- **When to override** adult's refusal of support based on capacity or risk
- **How to document** professional judgment and consultation processes
- **Understanding public interest** considerations in information sharing
- **Working with** advocacy services and family members appropriately

Multi-Agency Working

- **Understanding Adult Social Care** referral processes and requirements
- **Coordinating with** healthcare professionals on capacity assessments
- **Working with** police on potential criminal matters
- **Liaison with** legal and advocacy services

Regular case study training will include adult safeguarding scenarios requiring appropriate use of the Safeguarding Case Report Form, with emphasis on consent, capacity, and self-determination considerations.

13. Historical Abuse Documentation

Using Safeguarding Case Report Forms for Historical Adult Abuse

Historical abuse is sometimes known as non-recent abuse. This is where an adult makes a disclosure or allegation about abuse which occurred years ago when they were a child or as a vulnerable adult.

The Safeguarding Case Report Form must be used for all historical abuse disclosures and must include:

- **Current risk assessment** - whether the alleged perpetrator still poses a risk
- **Impact assessment** - how the historical abuse affects the person currently
- **Support needs** - what assistance the adult requires now
- **Criminal justice considerations** - whether police involvement is appropriate
- **Perpetrator information** - current location and access to potential victims
- **Consent for investigation** - the adult's wishes regarding formal investigation

Special considerations for historical abuse documentation:

- **Trauma-informed approach** - recognising the courage required to disclose
- **Non-judgemental recording** - avoiding questions about delay in reporting
- **Current safety assessment** - whether the person remains at risk
- **Professional support** - referral to counselling and therapeutic services
- **Legal considerations** - potential for criminal prosecution or civil proceedings

Although the abuse occurred in the past, BYO will respond to allegations of historical abuse with the same rigour and speed as any other safeguarding concern, using the Safeguarding Case Report Form to ensure comprehensive documentation for potential investigation and ongoing support planning.

Appendix 1: Signs and Types of Adult Abuse

1. Physical abuse

Definition

Physical abuse includes any deliberate act that causes physical harm or pain to an adult. This may involve force, restraint, or harmful neglect.

Types of physical abuse



- Assault, hitting, slapping, punching, kicking, hair-pulling, biting, pushing
- Rough handling
- Scalding and burning
- Physical punishments
- Inappropriate or unlawful use of restraint
- Making someone purposefully uncomfortable (e.g. opening a window and removing blankets)
- Involuntary isolation or confinement
- Misuse of medication (e.g. over-sedation)
- Forcible feeding or withholding food
- Unauthorised restraint, restricting movement (e.g. tying someone to a chair)

Possible indicators of physical abuse

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

Safeguarding Note

Always consider patterns over time, and assess within context of the person's overall presentation, vulnerability, and capacity.

Action Prompt

If physical abuse is suspected, follow BYO procedures immediately and use the Safeguarding Case Report Form to record observations.

2. Domestic violence or abuse

Definition

Domestic violence or abuse can involve psychological, physical, sexual, financial, or emotional harm, typically within intimate or family relationships. It includes controlling, coercive or threatening behaviour, violence, or abuse between those aged 16 or over.

Key Characteristics



- Psychological
- Physical
- Sexual
- Financial
- Emotional

Domestic violence includes any incident or pattern of incidents of controlling, coercive, or threatening behaviour between 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.

Coercive behaviour can include:

- Acts of assault, threats, humiliation and intimidation
- Harming, punishing, or frightening the person
- Isolating the person from sources of support
- Exploitation of resources or money
- Preventing the person from escaping abuse
- Regulating everyday behaviour

Possible indicators of domestic violence or abuse:

- Low self-esteem
- Feeling that the abuse is their fault when it is not
- Physical evidence of violence such as bruising, cuts, broken bones
- Verbal abuse and humiliation in front of others
- Fear of outside intervention
- Damage to home or property
- Isolation -- not seeing friends and family
- Limited access to money

Safeguarding Note

Coercive control is often subtle and cumulative. Consider the full context of a person's emotional and physical well-being when reviewing potential abuse.

Action Prompt

If domestic abuse is suspected, act immediately following BYO safeguarding procedures. Use the Safeguarding Case Report Form and inform the DSL/DDSL as required.

3. Sexual abuse

Definition

Sexual abuse is any sexual activity to which the adult has not consented, could not consent, or was pressured into consenting. It includes direct and indirect sexual acts, as well as sexual harassment or exploitation.

Types of sexual abuse



- Rape, attempted rape or sexual assault
- Inappropriate touch anywhere
- Non-consensual masturbation of either or both persons
- Non-consensual sexual penetration or attempted penetration of the vagina, anus or mouth
- Any sexual activity that the person lacks the capacity to consent to
- Inappropriate looking, sexual teasing or innuendo or sexual harassment
- Sexual photography or forced use of pornography or witnessing of sexual acts
- Indecent exposure

Possible indicators of sexual abuse

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

Safeguarding Note

Never assume someone will disclose sexual abuse openly. Look for signs and respond with sensitivity and urgency. Consent, capacity, and trauma-informed response are critical.

Action Prompt

If sexual abuse is disclosed or suspected, follow BYO safeguarding procedures immediately. Record observations using the Case Report Form and inform the DSL/DDSL at once.

4. Psychological or Emotional Abuse

Definition

Psychological or emotional abuse involves behaviour that causes emotional distress, fear, loss of dignity, or feelings of worthlessness. It can include threats, humiliation, intimidation, or isolation.

Types of Psychological Abuse



- Verbal abuse, shouting, or swearing
- Humiliation or constant criticism
- Threats of harm or abandonment
- Controlling behaviour (e.g. restricting contact with others)
- Harassment or cyberbullying
- Emotional blackmail or manipulation
- Intimidation or coercion
- Isolation from family, friends, or services

Possible Indicators of Emotional Abuse

- Low self-confidence or sudden withdrawal
- Fearfulness or anxiety, especially around certain people
- Reluctance to speak openly
- Changes in eating or sleeping habits
- Signs of depression or distress
- Unusual passivity or agitation
- Apparent false claims, by someone involved with the person, to attract unnecessary treatment
- An air of silence when a particular person is present
- Insomnia
- Low self-esteem
- Uncooperative and aggressive behaviour
- A change of appetite, weight loss/gain
- Signs of distress: tearfulness, anger

Safeguarding Note

Emotional abuse can be subtle and long-term. It often co-occurs with other forms of abuse and must be taken just as seriously.

Action Prompt

If psychological abuse is suspected, document any behavioural signs or concerns using the Safeguarding Case Report Form and escalate to the DSL or DDSL immediately.

5. Financial or Material Abuse

Definition

Financial or material abuse involves the illegal or improper use of an adult's funds, property, or assets. It can include theft, fraud, exploitation, or undue pressure in relation to wills or property.

Types of Financial Abuse



- Theft of money or possessions
- Fraud, scamming
- Preventing a person from accessing their own money, benefits or assets
- Employees taking a loan from a person using the service
- Undue pressure, duress, threat or undue influence put on the person in connection with loans, wills, property, inheritance or financial transactions
- Arranging less care than is needed to save money to maximise inheritance
- Denying assistance to manage/monitor financial affairs
- Denying assistance to access benefits
- Misuse of personal allowance in a care home
- Misuse of benefits or direct payments in a family home
- Someone moving into a person's home and living rent free without agreement or under duress
- False representation, using another person's bank account, cards or documents
- Exploitation of a person's money or assets, e.g. unauthorised use of a car
- Misuse of a power of attorney, deputy, appointee-ship or other legal authority
- Rogue trading – e.g.. unnecessary or overpriced property repairs and failure to carry out agreed repairs or poor workmanship

Possible Indicators of Financial Abuse

- Unexplained lack of money or inability to pay bills
- Sudden changes in bank account activity or withdrawal patterns
- Possessions going missing
- A carer or family member showing unusual interest in finances
- Reluctance to discuss money or financial decisions
- Lack of basic essentials (e.g. food, heating) when funds should be available
- A lack of clear financial accounts held by a care home or service
- Rent arrears and eviction notices
- Recent changes in deeds or title to property

Safeguarding Note

Financial abuse may not always involve theft – coercion, deception, and misuse of trust are just as serious and often hidden behind a façade of care.

Action Prompt

If you suspect financial abuse, do not attempt to investigate. Record concerns using the Case Report Form and refer immediately to the DSL or DDSL for appropriate action.

6. Discriminatory Abuse

Definition

Discriminatory abuse involves unfair or harmful treatment based on a person's characteristics, such as age, disability, race, religion, gender identity, or sexual orientation. It includes harassment, slurs, and exclusion.

Types of Discriminatory Abuse



- Unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation (known as 'protected characteristics' under the Equality Act 2010)
- Verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic
- Denying access to communication aids, not allowing access to an interpreter, signer or lip-reader
- Harassment or deliberate exclusion on the grounds of a protected characteristic
- Denying basic rights to healthcare, education, employment and criminal justice relating to a protected characteristic
- Substandard service provision relating to a protected characteristic

Possible Indicators of Discriminatory Abuse

- Distress or withdrawal when certain topics arise
- Expressed fear of a particular person or environment
- Avoidance of services or care settings
- Unexplained deterioration in mental well-being
- Observed or reported derogatory language
- Lack of appropriate support for cultural or personal needs
- The person appears withdrawn and isolated
- Expressions of anger, frustration, fear or anxiety
- The support on offer does not take account of the person's individual needs in terms of a protected characteristic

Safeguarding Note

Discriminatory abuse may be systemic or individual. It often intersects with other abuse types and may occur in subtle or overt ways.

Action Prompt

If discriminatory abuse is witnessed or suspected, document the concern clearly and report it to the DSL/DDSL. This form of abuse is a safeguarding issue and must be addressed without delay.

7. Organisational or Institutional Abuse

Definition

Organisational abuse occurs when an institution or care setting fails to meet acceptable standards of care, resulting in harm, neglect, or loss of dignity. It can involve poor practices, neglectful routines, or authoritarian regimes within care settings.

Types of Organisational Abuse



- Discouraging visits or the involvement of relatives or friends
- Run-down or overcrowded establishment
- Authoritarian management or rigid regimes
- Lack of leadership and supervision
- Insufficient staff or high turnover resulting in poor quality care
- Abusive and disrespectful attitudes towards people using the service
- Inappropriate use of restraints
- Lack of respect for dignity and privacy
- Failure to manage residents with abusive behaviour
- Not providing adequate food and drink, or assistance with eating
- Not offering choice or promoting independence
- Misuse of medication
- Failure to provide care with dentures, spectacles or hearing aids
- Not taking account of individuals' cultural, religious or ethnic needs
- Failure to respond to abuse appropriately
- Interference with personal correspondence or communication
- Failure to respond to complaints

Possible Indicators of Institutional Abuse

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

Safeguarding Note

Organisational abuse may affect multiple individuals and may stem from systemic issues, not just individual actions. Whistleblowing and external oversight play a key role in uncovering these issues.

Action Prompt

If institutional abuse is suspected, escalate the concern to the DSL or DDSL and follow whistleblowing and safeguarding reporting procedures. Document everything clearly using the Safeguarding Case Report Form.

8. Neglect and Acts of Omission

Definition

Neglect is the failure to meet a person's basic needs, either deliberately or by failing to understand what they are. It includes ignoring medical, emotional, or physical care needs, withholding essentials, or failing to protect from harm.

Types of Neglect and Acts of Omission



- Failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care
- Providing care in a way that the person dislikes
- Failure to administer medication as prescribed
- Refusal of access to visitors
- Not taking account of individuals' cultural, religious or ethnic needs
- Not taking account of educational, social and recreational needs
- Ignoring or isolating the person
- Preventing the person from making their own decisions
- Preventing access to glasses, hearing aids, dentures, etc.
- Failure to ensure privacy and dignity

Possible Indicators of Neglect

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

Safeguarding Note

Neglect may appear as a pattern rather than a single incident. It's important to assess both physical signs and the broader context of a person's care or support.

Action Prompt

If neglect or omission is suspected, document the concern promptly and escalate to the DSL or DDSL. Use the Safeguarding Case Report Form to ensure detailed recording of evidence and observations.

9. Self-Neglect

Definition

Self-neglect refers to an adult's inability or unwillingness to care for their own essential needs, which can place their health, safety, or well-being at risk. It includes hoarding, neglecting personal hygiene, or refusing necessary care or support.

Types of Self-Neglect



- Poor personal hygiene or refusal to wash
- Malnutrition or dehydration due to refusal to eat
- Unsafe living conditions (e.g. fire risk, infestations, lack of heating)
- Hoarding behaviours leading to risk
- Not taking prescribed medication or engaging with health services
- Refusing help or support despite clear risk to self
- Lack of self-care to an extent that it threatens personal health and safety
- Neglecting to care for one's personal hygiene, health or surroundings
- Inability to avoid self-harm
- Failure to seek help or access services to meet health and social care needs
- Inability or unwillingness to manage one's personal affairs

Possible Indicators of Self-Neglect

- Very poor personal hygiene
- Unkempt appearance
- Lack of essential food, clothing or shelter
- Malnutrition and/or dehydration
- Living in squalid or unsanitary conditions
- Neglecting household maintenance
- Hoarding
- Collecting a large number of animals in inappropriate conditions
- Non-compliance with health or care services
- Inability or unwillingness to take medication or treat illness or injury

Safeguarding Note

Self-neglect may result from complex causes such as mental health conditions, trauma, or capacity issues. It requires sensitive, coordinated support rather than punishment or blame.

Action Prompt

Where self-neglect is identified, record your concerns in detail and refer to the DSL or DDSL. Consider a multi-agency approach and assess mental capacity where appropriate.

10. Modern Slavery

Definition

Modern slavery is the exploitation of individuals through coercion, threats, or deception, often involving forced labour, domestic servitude, or human trafficking. It deprives people of their freedom and violates fundamental human rights.

Types of Modern Slavery



- Human trafficking (for labour, sex, or criminal activity)
- Forced labour or work under threat or coercion
- Debt bondage (working to repay an impossible or manipulated debt)
- Domestic servitude (e.g. confined and exploited in someone's home)
- Criminal exploitation (e.g. forced to steal, beg, or deal drugs)

Possible Indicators of Modern Slavery

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

Safeguarding Note

Victims of modern slavery are often highly vulnerable and traumatised. Be sensitive, avoid confrontation, and prioritise safety and consent in any safeguarding action.

Action Prompt

If you suspect modern slavery, follow BYO safeguarding procedures immediately and refer the concern to the DSL or DDSL. Use the Safeguarding Case Report Form and seek advice from relevant external safeguarding agencies if required.

11. Hate Crime

Definition

Hate crime is any criminal offence perceived by the victim or others to be motivated by hostility or prejudice toward their race, religion, disability, sexual orientation, or gender identity. It can cause emotional, psychological, or physical harm and is both a criminal and safeguarding concern.

Types of Hate Crime Abuse



- Verbal abuse, insults, or threats
- Physical assault or intimidation
- Vandalism, graffiti, or property damage
- Threatening gestures or symbols (e.g. hate symbols or slurs)
- Abuse or harassment via social media
- Exclusion from services or opportunities due to identity

Possible Indicators of Hate Crime

- Reluctance to go out or attend certain places
- Fearfulness around particular people or environments
- Repeated reports of abuse or threats
- Sudden withdrawal or low mood
- Signs of injury or damage to property without clear explanation
- Direct disclosure of being targeted because of personal identity

Safeguarding Note

Hate crime is often under-reported. It may be motivated by subtle prejudice as well as overt hostility. The impact on the individual's sense of safety and dignity must always be taken seriously.

Action Prompt

If a hate crime is suspected, report it through BYO safeguarding procedures and escalate to the DSL or DDSL. Record all relevant details accurately. Police involvement may be necessary where a criminal offence has occurred.

12. Radicalisation

Definition

Radicalisation is the process by which an individual comes to support terrorism or forms of extremism that lead to terrorism. It can involve grooming, ideological influence, or exploitation, and is considered a safeguarding concern under the Prevent duty.

Types of Radicalisation Risk



- Exposure to extremist propaganda (online or in person)
- Influencing by individuals or groups promoting extremist views
- Isolation from mainstream society or networks
- Endorsement of violence or hate to advance ideology
- Sudden behavioural or belief changes
- Use of extremist language, symbolism, or actions

Possible Indicators of Radicalisation

- Talking in support of extremist or terrorist ideologies
- Withdrawing from usual activities or peers
- Obsessive interest in conspiracy theories or grievance narratives
- Possessing extremist literature or materials
- Expressing intolerance or hatred toward other groups
- Increasingly secretive behaviour, especially online

Safeguarding Note

Radicalisation is often subtle and may appear as a gradual shift in world-view. It may coexist with vulnerability, exploitation, or unmet emotional needs. Recognising and responding early is key.

Action Prompt

Concerns about radicalisation must be reported to the DSL or DDSL through standard safeguarding channels. Where appropriate, the Prevent referral process will be initiated in collaboration with relevant statutory partners.

13. Fabricated or Induced Illness

Definition

Fabricated or Induced Illness (FII) involves a person deliberately causing or feigning physical or psychological symptoms in another individual, often for attention, control, or access to services. Though commonly associated with child protection, FII can also occur in adult settings, especially where care is involved.

Types of FII



- Exaggerating or fabricating symptoms
- Inducing illness through medication, poisoning, or restriction
- Interfering with medical tests or equipment
- Preventing access to healthcare professionals
- Insisting on unnecessary treatments or interventions

Possible Indicators of FII

- Frequent or unusual medical presentations with no clear cause
- Discrepancies between reported symptoms and clinical evidence
- Symptoms only occurring in presence of the carer
- Carer overly involved or controlling in medical care
- Refusal to leave the adult alone with professionals

Safeguarding Note

FII may be difficult to detect and requires careful, multi-agency assessment. Prioritise documentation, clinical opinion, and safeguarding escalation.

Action Prompt

If FII is suspected, report it urgently to the DSL or DDSL and record the concern comprehensively. Safeguarding partners, including health services, may need to be involved.

14. Cyber Abuse / Online Exploitation

Definition

Cyber abuse or online exploitation involves the use of technology to harm, control, deceive, or exploit an individual. This may include grooming, blackmail, cyberstalking, identity theft, and distribution of explicit or abusive content.

Types of Cyber Abuse



- Online grooming or sexual exploitation
- Cyberbullying or repeated harassment
- Coercive control via messaging, tracking, or online threats
- Sharing of non-consensual images or videos
- Phishing, scams, or identity fraud for exploitation

Possible Indicators

- Withdrawal, anxiety, or fear around using devices
- Excessive secrecy or distress after internet use
- Reluctance to share online activity with trusted adults
- Sudden changes in social media use or behaviour
- Receiving gifts, money, or messages from unknown sources

Safeguarding Note

Online abuse can occur quickly and be hidden. It may escalate without intervention and often coexists with other abuse types.

Action Prompt

Report any concerns about cyber exploitation to the DSL/DDSL. Preserve evidence where possible and seek guidance on specialist digital safeguarding procedures.

15. County Lines / Criminal Exploitation

Definition

County lines exploitation refers to the grooming and coercion of vulnerable individuals into criminal activity, particularly drug trafficking, by gangs or organised networks. It involves manipulation, threats, and violence, and can affect adults as well as young people.

Types of Exploitation



- Transporting or storing drugs or weapons
- Being forced to deal or collect debts
- Living in unsafe or unfamiliar accommodation ('cuckooing')
- Grooming through gifts, debt, or intimidation
- Threats to self or family used to ensure compliance

Possible Indicators

- Repeated absence or going missing
- Possession of multiple phones or unexplained items
- Sudden change in lifestyle or income
- Appearing fearful, withdrawn, or secretive
- Being found in areas they have no connection to
- Known association with gangs or organised groups

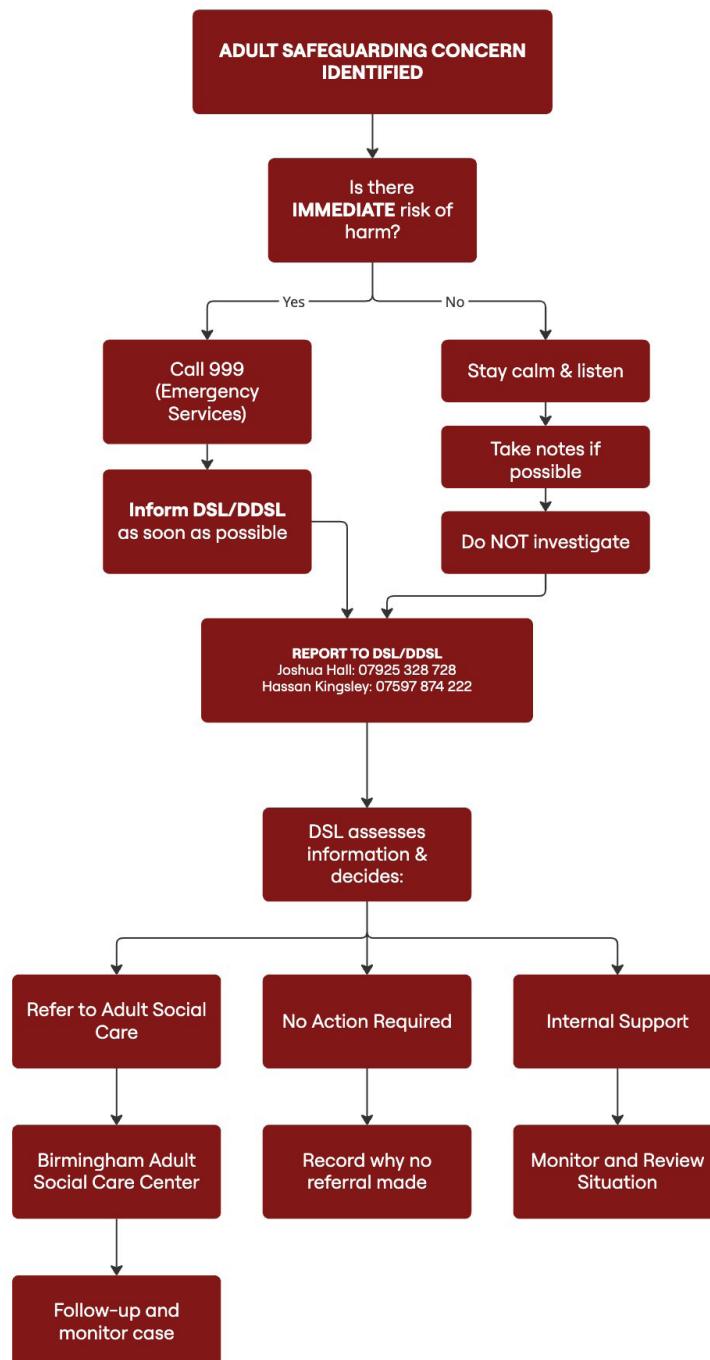
Safeguarding Note

County lines is a form of modern slavery and criminal exploitation. Victims may not identify as such and may appear complicit. A safeguarding-first approach is vital.

Action Prompt

If criminal exploitation is suspected, refer immediately to the DSL or DDSL. This must be treated as both a safeguarding and criminal matter, requiring urgent multi-agency response.

Appendix 2 - Adult Safeguarding Reporting Flowchart



SPECIAL CASES:

- Staff/Volunteer allegation → LADO (0121 675 1669)
- Historical abuse → Same process as current abuse
- Radicalisation → DSL contacts Prevent team
- No consent from adult → DSL considers public interest

ALTERNATIVE REPORTING:

- If unable to report through normal channels, see **WHISTLEBLOWING POLICY**

Document Control:

- This policy should be read in conjunction with our Safeguarding Policy Framework
- For concerns about children under 18, refer to Child Protection Procedures
- For allegations about staff conduct, refer to Managing Allegations about Staff and Volunteers Policy
- If unable to report through normal channels, see Whistleblowing Policy

Reviewed by:



Hassan Kingsley

Date: 11/06/2025

Next Review Date: 11/06/2026

This policy forms part of BYO's commitment to safeguarding and should be read alongside our complete Safeguarding Framework.

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