



CLAUDIA JONES ORGANISATION

SAFEGUARDING ADULTS POLICY

Vision and Values

Claudia Jones Organisation was established in 1982. Primarily the organisation supports and empowers women and families of African Caribbean heritage. We aim to provide culturally sensitive services that meet the needs of women and families of African Caribbean heritage.

Our Aim

Our aim is to encourage families to learn and grow together so as to ensure that their educational, health & wellbeing, social and cultural needs are catered for in a positive environment.

We aim to improve education amongst African Caribbean individuals and families.

Lastly, we develop effective collaboration and partnerships which aim to raise awareness about the challenges facing Caribbean women and families and to provide good practice solutions to improve family wellbeing.

SAFEGUARDING ADULTS POLICY

Safeguarding Adults Lead (Bernice Molyneaux)	Children & Families GBV Manager
Deputy Safeguarding Adults Lead (Angela Lancaster)	Service Manager

103 Stoke Newington Road, London N16 8BX

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Aims

Safeguarding is the responsibility of us all and this policy applies to all staff, volunteers, contractors, freelancers, visitors, and Trustees of CJO and is consistent with the procedures of the Local Safeguarding Board.

This policy is intended to protect adults who receive any form of support/services from the organisation and to:

- Stop abuse or neglect wherever possible.
- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs.
- Safeguard adults in a way that supports them in making informed choices and having control about how they want to live.
- Promote an approach that concentrates on improving life for the adults concerned.
- Raise public awareness so that communities, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect.

In addition to this, CJO recognises that women of African Caribbean heritage experience intersecting oppressions that increase their risks and susceptibility to abuse and are more likely to experience forms of abuse for longer before it is reported. This includes abuse related to all forms of Violence Against Women and Girls (VAWG). We recognise that we also have a duty to safeguard women who are at risk or experiencing VAWG (Violence Against Women and Girls) but might not be deemed vulnerable under the definition of vulnerable stated in the Care Act 2014. Our Adult Safeguarding Policy will also make reference to the safeguarding of Women at risk of VAWG.

Scope

The Safeguarding Adults Policy has been adopted by CJO and the organisation places an expectation on all staff and volunteers to support and adhere to this policy. Consequently, this policy shall apply to all staff, managers, trustees, directors, volunteers, students, or anyone working on behalf of the Charity.

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The Care Act:

The Care Act 2014 and Support Statutory Guidance is the legal framework for Adult Social Care. There are six principles set out within the Care Act that underpin the safeguarding of adults:

Empowerment –

People are supported and encouraged to make their own decisions *and informed consent*.

“I am asked what I want as the outcomes from the safeguarding process and this directly informs what happens.”

Prevention –

It is better to take action before harm occurs.

“I receive clear and simple information about what abuse is. I know how to recognise the signs, and I know what I can do to seek help.”

Proportionality –

The least intrusive response appropriate to the risk presented.

“I am sure that the professionals will work in my interest and they will only get involved as much as is necessary.”

Protection –

Support and representation for those in greatest need.

“I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.”

Partnership –

Services offer local solutions through working closely with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

“I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.”

Accountability –

Accountability and transparency in delivering safeguarding.

“I understand the role of everyone involved in my life and so do they.”

Adult abuse normally occurs when an adult, who is in some way vulnerable, is faced with a person or a set of circumstances with a potential for harm. Some factors that may place people at particular risk of being abused are described in the list below. However, the presence of one or more of these factors does not automatically imply that abuse has or may occur.

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- Violence against Women [VAWG]
- Gender based abuse and violence including FGM
- Unequal power relationships
- Coercive control
- Poor communication or a breakdown of communication.
- Stigma and discrimination
- Exploitation and human trafficking
- An inappropriate or dangerous physical or psychological environment e.g. lack of personal space
- Living in the same household as a known abuser or a person who has a history of mental health problems, alcohol or drug misuse or sexual offending
- Mental health problems
- Urinary or faecal incontinence
- Learning disabilities
- Physical disabilities
- Dependence on others or vice-versa
- Considerable change in lifestyle
- Emotional and social isolation
- Caring needs more than carer's ability to meet them
- Financial problems/ exploitation

1. **Types of Abuse**

Abuse is a violation of a person's human rights or dignity by someone else. The Care Act statutory guidance identifies different types of abuse of an adult at risk as follows:

Physical abuse

This includes assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.

VAWG and Domestic Abuse

This includes psychological, physical, sexual, financial, emotional abuse and honour-

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based violence.

Violence against women and girls could include FGM, 'honour based violence' (HBV), Forced marriage (FM) and faith based violence.

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.

Neglects 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.

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

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through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Any of these forms of abuse can be either deliberate or be the result of ignorance, or lack of training, knowledge or understanding. Often if a person is being abused in one way they are also being abused in other ways.

2. Physical Abuse

Any physical pain /suffering or injury which is inflicted by a person who has responsibility, charge, care or custody of, or who has a position of or expectation of trust to an individual, constitutes physical abuse. This includes but is not limited to assault, physical restraint, hitting, slapping, burning, pushing, kicking, misuse of medication, rough handling, deprivation of care and necessities.

Physical abuse includes injuries that are not explained satisfactorily where there is concern that the injury was inflicted intentionally.

Physical abuse can also include situations where people are caused unreasonable physical discomfort through the deliberate withholding of care, or the application of inappropriate techniques or treatments. Deprivation of food and water and involuntary isolation and confinement i.e. a vulnerable adult is locked in their room and not allowed visitors or being subject to inappropriate drugs or the deprivation of prescribed drugs. An overlap with neglect can be a feature of physical abuse.

2.1 Possible Indicators of Physical Abuse

The signs of physical abuse are often evident but can also be hidden by the abuser or the victim. Evidence to look out for include:

- Any injury not fully explained by the information given.
- Self-inflicted injury
- Unexplained bruises and welts in various stages of healing which may also be not properly treated.
- Unexplained burns, especially on soles of feet, palms and back.
- Immersion burns, rope burns, electrical appliance burns.
- Unexplained fractures to any part of the body.
- Broken eyeglasses or frames.
- Lack of personal care and hygiene.

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- Inadequate or inappropriate clothing.
- Soiled clothing
- Dehydration and/or malnourished without illness-related cause.
- Inappropriate use of medication, overdosing or under-dosing.

3. Psychological Abuse

Psychological abuse or emotional abuse is one of the most common types of abuse. It is any behaviour by another that results in psychological harm to an individual. It invariably involves identifying something - a person or an object - that matters to a vulnerable person and then threatening to endanger it unless the vulnerable person complies with demands. The most common examples are threatening other family members children/pets or denying access to family visits. Psychological abuse does not usually occur in isolation and often it is linked to financial abuse.

Psychological abuse includes, but is not limited to, harassing, ignoring, blaming, humiliating, threatening harm or abandonment, contact deprivation, controlling, intimidation, harassment; coercion, verbal abuse/insults, racial slurs, lack of privacy, lack of respect of cultural diversity, denial of dignity.

Behaviour that can be deliberately linked to causing serious psychological and emotional harm may constitute a criminal offence.

3.1 Possible indicators of Psychological Abuse

Psychological abuse can have a profound impact on someone's mental health; they can feel trapped, threatened, humiliated, used or a combination of all these. Most signs therefore relate to someone's mental state, and changes in behaviour:

- Helplessness
- Hesitation to talk openly
- Implausible stories
- Confusion or disorientation
- Anger without apparent cause
- Sudden change in behaviour
- Emotionally upset or agitated

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- Unusual behaviour (sucking, biting, or rocking)
- Unexplained fear
- Denial of a situation
- Extremely withdrawn and non-communicative or non-responsive

4. Financial / Material Abuse

This involves the individual's resources being inappropriately used or manipulated to the advantage of another person. It is often justified by the abuser by thinking that they deserve the money because they have earned it, that it is their rightful inheritance or by thinking that the vulnerable person just 'doesn't need it'.

It includes the withholding of money or inappropriate or unauthorised use of a person's money or property to the disadvantage of the adult to whom it belongs. It can include but is not limited to, theft, fraud, forgery, embezzlement, exploitation, misuse of funds / property / possessions.

4.1 Possible Indicators of Financial Abuse

- Signatures on cheques etc., that do not resemble the vulnerable person's signature, or signed when the vulnerable person cannot write.
- Sudden changes in bank accounts, including unexplained withdrawals of large sums of money by a person accompanying the vulnerable person.
- The inclusion of additional names on a vulnerable person's bank account.
- Numerous unpaid bills, or overdue rent, when someone else is supposed to be paying the bills.
- Abrupt changes to, or the sudden establishment of, wills
- The sudden appearance of previously uninvolved relatives claiming their rights to a vulnerable person's affairs or possessions.
- The unexplained sudden transfer of assets to a family member or someone outside the family.
- Deliberate isolation of a vulnerable person from friends and family, resulting in the caregiver alone having total control.

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6. Sexual Abuse

Any sexual act that a person takes part or is forced to take part in without their informed consent constitutes sexual abuse. This is defined as the involvement of adults in sexual activities which either:

- they do not want and have not consented to.
- they cannot understand.
- take place where the other party is in a position of trust, power or authority.

It includes but is not limited to rape, sexual harassment, fondling, inappropriate touching and use of sexual or offensive language.

6.1 Possible Indicators of Sexual Abuse

As with other forms of abuse, the behaviour of the vulnerable person, even if they have confusion, will indicate that something is wrong.

This may include:

- Full or partial disclosure or hints of sexual abuse.
- Wetting/soiling.
- Torn, stained or bloody clothing.
- Marks associated with 'Love bites'.
- Marked changes in behaviour.
- Person reporting that they have bruises around their breasts or genital area.

If you suspect sexual abuse:

- The victim should be sensitively advised not to wash themselves nor their clothing as this is likely to contain important evidence.
- call the police immediately as they have the skills, expertise and equipment to respond appropriately and sensitively.
- always remain calm and supportive.

7. Neglect

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Neglect is the deprivation of help to perform activities of daily living. It can also be the failure to intervene in behaviour which is dangerous to the individual or to others. Not all neglect is intentional. It can occur when the care giver cannot cope or does not have the necessary resources or support.

It may include but is not limited to failing to provide basic necessities such as food, heat, comfort, clothing, hygiene, medical treatment, mental stimulation. Also failing to provide access to health or social care and failing to recognise or be aware of a person's cultural needs and norms.

7.1 **Possible Indicators of Neglect**

Neglect will often manifest in the physical, social or health circumstances of the vulnerable person and can include:

- Dirt, faecal or urine smell, or other health and safety hazards and unsanitary and unclean conditions in vulnerable person's living environment
- Rashes, sores or lice on the body
- An untreated medical condition
- Inadequate heating
- Clothing is inadequate or in bad condition, smelling of staleness and urine.
- Evidence of malnutrition or dehydration.
- Poor personal hygiene.
- Failure to ensure appropriate privacy and dignity.
- There is evidence of the withholding of medication or over-medication.
- There is evidence of a lack of eating and drinking.

In considering neglect it is also important to recognise that there are occasions when someone will choose a lifestyle that is considered by others to be poor. There is a difference between a chosen pattern of behaviour and neglect by others that causes deterioration in a vulnerable person's circumstances and condition. If there is doubt, staff should refer to the Mental Capacity Act 2005, where it recognises the right to make unwise decisions at times.

8. **Who is the abuser**

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Both vulnerable women and some men can be at risk of being abused. The abuser is usually well known to the person being abused.

They may be:

- a partner, child or relative
- a friend/ neighbour/member of kinship network
- a religious advisor/cultural healer/priest/nun
- a paid or volunteer care/support worker
- a health or social worker, or other professional
- Vulnerable Adults may also be abused by a person they care for

Often, the people who abuse Vulnerable Adults are exploiting a special relationship. They are in a position of trust, whether through family bonds, friendship or through a paid caring role, and they exploit that trust. Sometimes however, abuse is not intentional. It can be because someone lacks the skills or external support necessary to adequately care for another person. We call this passive abuse because it is unintentional. That does not mean that the impact on the vulnerable person is any less, but it can help us to understand how best to address the abuse.

9. Where can the abuse occur?

Abuse can occur anywhere, in public and private places.

10. What to do if abuse is suspected

Do's

- Do stay calm.
- Do ensure the safety of the individual and yourself.
- Do assess the need for emergency services.
- Do listen attentively to what the person says and pay attention to body language.
- Do take it seriously – even if it is not making much sense to you at present.
- Do reassure the person they are right to tell you.

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- Do explain to the person what action you will be taking.
- Do inform the Manager as soon as possible.
- Do follow closely the Safeguarding Procedures in place.
- Do write down exact details of the conversation you have had with the individual.
- Do take all precautions to preserve evidence.
- Do report to your Line Manager (or another Senior Manager/designated safeguarding officer if the line manager is implicated in the abuse).

Do not

- Do not panic.
- Do not show that you are shocked or that you do not believe them.
- Do not be judgemental or make assumptions.
- Do not stop someone who is freely recalling significant events.
- Do not launch into an investigation of your own.
- Do not press for more details or question excessively.
- Do not make a promise to keep it secret or other promises you cannot keep.
- Do not try and sort this out - stick to the procedure.
- Do not contact or confront an alleged abuser.
- Do not tell people who do not need to know - confidentiality is important.
- Do not disturb or destroy possible evidence eg, clean person up, wash clothes.

11. Safeguarding procedures

Action for staff at CJO if there are signs or suspicion of abuse:

In all cases, where a member of staff or volunteer observes, is notified of, or suspects that a vulnerable person has been abused, they must gather as much information as possible of the incident and notify their concerns to their line manager or the Designated Person as soon as possible.

In gathering information about the suspected abuse, staff and volunteers should pay particular attention to the:

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- information what the vulnerable person shares about the impact of the alleged abuse on their physical, emotional, and psychological wellbeing.
- duration and frequency of the alleged abuse.
- level of personal support needed by the adult, and whether that support is normally provided by the alleged perpetrator.
- extent of premeditation, threat or coercion.
- context in which the alleged abuse takes place.
- length of time it has been occurring.
- nature, degree and extent of the abuse.
- risk of repeated or increasingly serious acts involving this or other Vulnerable Adults.
- capacity of the vulnerable person.

Under no circumstances should staff undertake any **investigation**. (See the guidance notes for Do's and Don'ts on receiving or suspecting an allegation of abuse).

Where a client does not speak English, it is not appropriate to ask a family member to interpret. An interpreter must be found.

Staff should explain to the client:

- that what is happening to them is not acceptable.
- what action staff will be taking, including the duty of care to report to Social Services for Vulnerable Adults.
- where further help and support is available (eg, Victim Support, Advocacy, Partners specialist gender-based violence services,).

Staff should write up detailed notes of the suspected abuse, outlining what they were told and the conversation they had with the individual as soon as possible after the event. Staff should record the person's own words and the language used but do not take a statement. The notes should be signed and dated by the member of staff and must be passed to the service coordinator or manager as soon as possible.

- **11.1 Assessing whether to report**
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Staff have a duty of care to report any suspected abuse of a Vulnerable Adult (or an adult who could be deemed vulnerable as a result of the abuse), regardless of whether consent has been given, so that appropriate action can be taken.

The definition of a Vulnerable Adult is someone aged over 18 who

- is or may be in need of community care services by reason of mental or other disability, age or illness *and*
- is or maybe unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.

Where the vulnerable person is not deemed vulnerable, staff have a duty to report in the following circumstances:

- where there is an immediate risk of significant harm
- Where there is evidence that there is a risk of serious harm to other people
- Where there is evidence that there is a serious health risk to an individual
- When a crime is suspected
- For the prevention or detection of a crime
- Where allegations involve a member of staff, paid carer or volunteer

Where a person is not deemed vulnerable under the Care Act 2014 definition, but their risk/experience of harm is as a consequence of VAWG please refer to CJO's VAWG procedures.

- Report incident to line manager.
- carry out a DASH risk assessment.
- if the woman is assessed as at high risk of harm case to be presented to the Multi-Agency Risk Assessment Conference (MARAC).

Where possible, this duty to report will always be discussed with the Vulnerable Adult prior to the information being shared.

In all other circumstances, consent should be sought from the client before reporting suspected abuse.

11.2 Capacity

Staff need to assess the capacity of the vulnerable person and should use their

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best judgement in making this decision. If it is thought that the vulnerable person lacks capacity, then consent is not an influencing decision and staff should decide on reporting to Social Services without reference to whether consent is given.

If staff do not think the person has capacity, they need to detail why they think that the person does not have capacity and these reasons need to be detailed on the client's notes.

- Where the person is not vulnerable and is able to make an informed decision about their personal circumstances, their wishes should be respected (irrespective of how unwise we consider that decision to be), except in the circumstances outlined above.

-

11.3 Reporting

- Staff should consult with their line manager and or the Designated Person to decide whether to alert the Adult Social Services. Any allegation of abuse of a Vulnerable Adult must be referred to social services (see the definition of Vulnerable Adult in the policy document).

On being notified of actual or suspected abuse, service designated officers and managers must respond quickly and sensitively. Details of abuse against Vulnerable Adults can be very disturbing and may require delicate handling.

When the circumstances of the incident are obtained, staff must decide whether to alert the local Adult Social Services. In making the decision whether to alert, staff can discuss with their Line Manager, the Designated Person or in confidence with the Adult Safeguarding Team (without disclosing any of the client's details). The alert to the Adult Social Services should ideally be within 24 hours of being notified about the abuse. The alert to the Adult Social Services can be made over the telephone or by using the report form (see Hackney Council's Safeguarding Vulnerable Adults Policy and Procedures).

11.4 Recording

The member of staff who received the initial allegation or suspicion of abuse should make detailed notes as follows:

- records of what the client said, using their own words and phrases
- record any questions which are asked
- description of the circumstances that brought about the disclosure

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- make notes of the setting and any others present at time of disclosure
- inclusion of observations of their behaviour and physical condition
- recording of facts not opinions
- dates and times, including signature and who record sent to
- written in black ink

All records of actual or suspected abuse should be signed and dated by the member of staff. The completed documentation should be put on the individual's file if they have one or retained by the Designated Person.

If the decision is taken not to alert, then that is still considered as taking a decision and the reasons for taking this course of action should be recorded as a matter of good practice.

Action required if there are allegations of abuse against a staff member or volunteer :

If an allegation of abuse is made against a member of staff or a volunteer, please refer to the Whistleblowing and Disciplinary policy. Managers will also need to alert the Adult Social Services to the alleged abuse.

12. Safeguarding Adults at Risk Key Legislation and Government Initiatives Key government initiatives and legislation

Sexual Offences Act 2003

The Sexual Offences Act introduced a number of new offences concerning adults at risk and children.

legislation.gov.uk

Mental Capacity Act 2005

Its general principle is that everybody has capacity unless it is proved otherwise, that they should be supported to make their own decisions, that anything done for or on behalf of people without capacity must be in their best interests and should be the least restrictive intervention.

legislation.gov.uk

Safeguarding Vulnerable Groups Act 2006

Introduced the new Vetting and Barring Scheme and the role of the Independent Safeguarding Authority. The Act places a statutory duty on all those working with vulnerable groups to register and undergo an advanced vetting process with criminal sanctions for non-compliance.

legislation.gov.uk

103 Stoke Newington Road, London N16 8BX

Tel: 020 7241 1646: www.claudiajones.org Email: mail@claudiajones.org : Charity No. 1078145

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Deprivation of Liberty Safeguards

Introduced into the Mental Capacity Act 2005 and came into force in April 2009. Designed to provide appropriate safeguards for vulnerable people who have a mental disorder and lack the capacity to consent to the arrangements made for their care or treatment, and who may be deprived of their liberty in their best interests in order to protect them from harm.

scie.org.uk

Disclosure & Barring Service 2013

Criminal record checks: guidance for employers – How employers or organisations can request criminal records checks on potential employees from the Disclosure and Barring Service (DBS).

www.gov.uk/dbs-update-service

The Care Act 2014 – statutory guidance

The Care Act introduces new responsibilities for local authorities. It also has major implications for adult care and support providers, people who use services, carers and advocates. It replaces No Secrets and puts adult safeguarding on a statutory footing.

www.gov.uk/

Please note the link to London Borough Hackney's referral form has been attached below and staff are advised to familiarize themselves with this as a matter of good practice. Please make contact with the Vulnerable Adult lead if there are any queries pertaining to the form.

<https://www.elft.nhs.uk/sites/default/files/2022-02/City%20and%20Hackney%20-%20Safeguarding%20Adults%20Referral%20Form.doc>

- The Safeguarding Adults Policy is reviewed by the Safeguarding Lead at least once a year.
- The Safeguarding Lead will also review the policy following a serious incident - pertaining to vulnerable adults- within the organisation.
- The policy will also be reviewed following any serious incidents relating to vulnerable adults both locally as well as nationally.
- The policy will then be updated accordingly, and the reviewed document will be disseminated to all staff members, volunteers, students, and trustees within the organisation for observation understanding and agreed compliance.

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- There will also be an opportunity for the team to evaluate the reviewed document which will be discussed within the team meeting.
- We will also review our policy following any major legislative changes or in response to appropriate case law where necessary.
- The trustees will review, confirm and agree all recommendations to be adopted as part of the vulnerable adults policy

Who can CJO staff contact if abuse is suspected:

Name	Job Title	Contact Details
Bernice Molyneaux	Vulnerable Adults Lead	07485494227 or wandfgbvmanager@claudiajones.org
Dyna Samuel	Vulnerable Adults Deputy Lead	02072411646 or dvspecialist@claudiajones.org
Adult Social services	Hackney Council	Tel: 020 8356 6262
Safeguarding Team	Hackney Council	Tel: 020 8356 5782 or adultprotection@hackney.gov.uk

The Safeguarding Adults policy should be read in conjunction with Claudia Jones Organisation's Safeguarding Children's policy.

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