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Safeguarding Policy – January 2022

This document contains

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1. General Statement of Policy

- 1.1. Elmbridge CAN believes that children and adults have the right to protection from abuse and should be able to live free from the fear of abuse.
- 1.2. Elmbridge CAN is committed to ensuring that disclosures of abuse and Safeguarding concerns are taken seriously and acted upon appropriately.
- 1.3. Elmbridge CAN is committed to ensuring that its Workers (“Worker” is defined as a trustee, volunteer, staff member or anyone else who undertakes work on behalf of Elmbridge CAN, whether paid or unpaid) understand their roles and responsibilities and are provided with appropriate information and training where necessary, in respect to safeguarding children and adults at risk.

2. Purpose

The purpose of this Policy is to outline the duty and responsibility of Elmbridge CAN with respect to Safeguarding. The key objectives of this policy are to:

- 2.1. Explain the responsibilities of the Workers (including Safeguarding Lead and trustees) in respect of the safeguarding of children and adults at risk.
- 2.2. Enable Workers who receive disclosures of, witness, or suspect abuse to make informed and confident responses.
- 2.3. Ensure that prompt action is taken to minimise the risk of harm occurring from any further abuse.
- 2.4. Ensure that information relating to Safeguarding is kept securely and only shared on a need-to-know basis.

3. Scope

- 3.1. Safeguarding is about protecting the safety, independence and wellbeing of people at risk of abuse, and is everybody's responsibility.
- 3.2. This Policy relates to all children, young people and adults who become known to Elmbridge CAN through the course of its work and who may be at risk of abuse.
- 3.3. Assessing whether children or adults are experiencing abuse is the responsibility of professionals within the local authority. Elmbridge CANs' role is therefore not to assess whether abuse has taken place, but to safeguard by informing the local authority if information becomes known to it that could indicate that abuse **may** have taken place, or that a child or adult **may** be at risk of abuse (see Appendices 1-3).
- 3.4. For the purpose of this Policy, a child is defined as a person under the age of 18 and an adult is defined as a person aged 18 years or over. A young person is a child aged 13 years and over.
- 3.5. For the purpose of this Policy an adult 'at risk' of abuse is defined as 'someone who has care and support needs and is therefore unable to protect themselves from either the risk of, or the experience of, abuse or neglect.'

4. Responsibilities

- 4.1. Safeguarding Lead
 - 4.1.1. The trustees delegate overall responsibility for Safeguarding in Elmbridge CAN to Melissa Day as Safeguarding Lead and Jeannie Tweedie as Director.
 - 4.1.2. The Safeguarding Lead should ensure that the trustees receive necessary reports on Safeguarding issues and may call a special meeting of the trustees where a Safeguarding matter requires the trustees' urgent attention.
 - 4.1.3. The Safeguarding Lead, together with the Director, is responsible for implementing arrangements for safeguarding the welfare of children and adults at risk who come into contact with Elmbridge CAN.
 - 4.1.4. The Safeguarding Lead, together with the Director, is responsible for dealing with all instances relating to safeguarding children or adults at risk that arise within Elmbridge CAN. The Safeguarding Lead will respond to all

Safeguarding concerns and make appropriate referrals to the local authority ensuring that the Director is involved in and aware of all that is occurring.

4.2. Workers

4.2.1. All Workers have a duty to promote the welfare of children and adults at risk.

It is everybody's responsibility to recognise the signs of, and to report, abuse wherever it is seen, suspected or disclosed. Workers must also respond appropriately to any disclosure and take any immediate action necessary to protect children and adults at risk.

5. Information

5.1. All Workers will be provided with information to enable them to recognise possible signs of abuse and respond appropriately. This information forms Appendix 5 to this Policy. It is the responsibility of the Safeguarding Lead to ensure this information is kept up-to-date. It is the responsibility of all Workers to familiarise themselves with the Policy, particularly the information in Appendix 5 (Types and Indicators of Abuse).

5.2. The Safeguarding Lead should complete training on safeguarding children and adults once every 2 years.

5.3 It is recommended that the Safeguarding Lead and Director carry out an annual audit of Safeguarding to ensure compliance with the Policy and that the Policy is kept up-to-date.

6. Safeguarding within the context of Elmbridge CAN's work

6.1. Elmbridge CAN provides a range of support to refugees, asylum seekers, and their dependants in Elmbridge Borough (the "Beneficiaries"). Family Support and Language Tuition Workers visit families in their own homes in order to provide this support.

6.2. Family Support and Language Tuition Workers all have a standard DBS check (undertaken on Elmbridge CAN's behalf by Voluntary Action Elmbridge) and a minimum of two references is sought. They are interviewed by a trustee before being introduced to families.

- 6.3. On occasion, Family Support and Language Tuition Workers work with children and young people in the family. Parents are always present in the home at these times, and doors are left open.
- 6.4. On occasion, and particularly during the Coronavirus pandemic, tuition has been provided on-line to families. The same checks are required for online tuition as for in-person tuition and in the case of children and young people, it is recommended that parents are always present in the home at these times, and doors are left open as above in 6.3.
- 6.5. As part of implementing this Policy, all Workers will be provided with a copy of the Policy during their induction sessions with their Volunteer Manager, who will be a trustee. Regular training for Workers will be carried out as appropriate. Workers must be conscious of their own actions and ensure they take every action to protect themselves from any accusations related to Safeguarding.
- 6.6. Workers build up long-term working relationships with Beneficiaries who use Elmbridge CAN's services regularly. It is therefore possible that disclosure of abuse could be made to Workers, or that Workers may observe possible indicators of abuse.

7. Confidentiality and information sharing

- 7.1. Workers have a responsibility to share information about children and adults at risk if that information may indicate that the child or adult at risk is experiencing abuse.
- 7.2. If a disclosure is made to a Worker, or a Worker has a concern about the welfare of a child or adult at risk, the Worker should follow the Procedure in the event of a disclosure or Safeguarding concern (see [Appendix 1](#)). This includes ensuring that the person making a disclosure is aware that the Worker may need to share the information and cannot promise to keep it secret.
- 7.3. Information should only be shared on a strictly need-to-know basis. This means:
 - 7.1.1. The Worker who receives the information should inform the Director and/or Safeguarding Lead on the same day. If the Director receives this report they must report it to the Safeguarding Lead and vice versa, also on the same working day. If either the Director or Safeguarding Lead is absent, another

trustee or Steering Group member should be informed. If the concern relates to a member of a family who have been resettled as part of the Syrian Vulnerable Person Resettlement Scheme (SVPRS), the relevant Elmbridge Borough Council managerial staff will be informed immediately.

7.1.2. The Safeguarding Lead, the Director and the Worker will discuss the concern and decide whether to inform the relevant local authority Safeguarding Team. The decision about whether to make a referral should be based on:

7.1.2.1. The welfare of the child or adult at risk is paramount. Protecting the welfare of the person who may be experiencing abuse should be the only consideration when deciding whether a referral is needed.

7.1.2.2. If the Safeguarding Lead, the Director and/or the Worker is in any doubt as to whether a referral is needed, a referral should be made.

7.1.2.3. It is not the role of Workers to assess whether abuse has taken place. A referral should be made if information is known that indicates that abuse may have taken place.

7.1.3. In the event of a disclosure, efforts should be made to get informed consent from the person making the disclosure before a referral is made to the local authority Safeguarding Team. However, a referral may be made without consent if the person does not give consent and there are concerns about the welfare of a child or adult at risk.

7.4. Information should not be shared with other Workers unless this is necessary. Any information that is shared should be on a strictly need-to-know basis and kept to a minimum. Unlike many areas of Elmbridge CAN work, it is not necessary or appropriate for all Workers to be informed of the details of Safeguarding concerns.

7.5. In the event of a disclosure, the person who made the disclosure should be kept informed about what information has been shared and with whom.

8. Record keeping

8.1. In the event of a disclosure or Safeguarding concern, a detailed written record must be made by the person who receives the information, as soon as possible, and always on the same day, following the Procedure for recording concerns and disclosures ([Appendix 2](#)).

- 8.2. This written record must be emailed as soon as possible to the Director and/or Safeguarding Lead. If it is in hard copy, it must be signed and dated and given directly and as soon as possible to the Director and/or Safeguarding Lead. An electronic copy of the report must then be stored in the Safeguarding folder on the trustees' section of the Elmbridge CAN Google Drive, to which only trustees have access (this can be a screenshot of the email).
- 8.3. Elmbridge CAN Workers including trustees may not access these records except on a need-to-know basis.

9. Reviewing this policy

- 9.1. Elmbridge CAN will review this Policy and its Appendices every two years.

APPENDIX 1 Procedure in the Event of a Disclosure or Safeguarding Concern

It is essential that children, young people and adults at risk be protected from abuse. All complaints, allegations or suspicions must be taken seriously, including those received anonymously. Workers MUST follow this procedure whenever a disclosure of abuse is made or when there is a suspicion of abuse.

1. In the event of a disclosure:

- Reassure the person concerned.
- Listen to what they are saying.
- Record what you have been told/witnessed as soon as possible.
- Remain calm and do not show shock or disbelief.
- Tell them that the information will be treated seriously.
- Do not start to investigate or ask detailed or probing questions. Only ask questions to clarify the basic facts of what they are already telling you.
- Do not promise to keep it a secret.

2. Make sure the individual is safe:

If the person is in immediate danger, the Police or Ambulance Service must be called straight away on 999. Ensure prompt action is taken to minimise the risk of harm from any further abuse, maltreatment or neglect. This is particularly important if:

- o the person remains in or is about to return to the place where the alleged abuse occurred;
- o the alleged abuser is likely to have access to the person or others who might be at risk.

3. Record the information:

Make a full record of the disclosure, allegation or incident as soon as possible, on the same working day (see Appendix 2. Recording Concerns and Disclosures).

4. Report to Safeguarding Lead

Report the concern to the Director and/or to the Safeguarding Lead as soon as possible on the same working day. If neither of them is available, report to a trustee or another Steering Group member. Do not report the information to other Workers and NEVER circulate it to a Workers' WhatsApp or other group.

5. Support the individual:

Keep in contact with the person who made the disclosure, or the person you have the concern about, and ensure they know they can contact you again. Ask for their permission before sharing information, but make sure they know you may have to share it without permission. Keep them informed about whom the information has been shared with.

APPENDIX 2 Procedure for Recording Concerns and Disclosures

It is important to ascertain and establish the basic facts, based on evidence of what is seen, heard or smelled and to make careful notes, clearly distinguishing fact from opinion. A full record of the disclosure, allegation or incident must be recorded as soon as possible and always on the same day.

If writing by hand, use black ink so that documents can be photocopied if necessary. If you make a mistake, put a line through it (do not attempt to erase it). Be aware that the report may be required later as part of legal action or disciplinary procedure and that you may need to appear at a hearing or court (although this is unlikely).

This written record must be emailed as soon as possible to the Director and/or Safeguarding Lead. If it is in hard copy, it must be signed and dated and given directly and as soon as possible to the Director and/or Safeguarding Lead. An electronic copy of the report must then be stored in the Safeguarding folder on the trustees' section of the Elmbridge CAN Google Drive, to which only trustees have access (this can be a screenshot of the email).

What to include:

- Exactly what the person has told you, or exactly what you have witnessed. Do not include opinions or assumptions.
- A description of any injuries observed and the exact location of the injuries. Give as much detail as possible.
- Any immediate actions that you have taken to reduce risk.
- The name of the person making the disclosure and the name of the child, young person or adult at risk who has allegedly been abused.
- Where and when the disclosure was made, including the date, time and names of others present.
- If you witnessed abuse, write down the date, time and place that it happened. Also include any of this information that is known to you:
- When and where the alleged abuse took place, including date(s) and time(s).

- Whether anybody else was present when the alleged abuse took place or was involved in the abuse.
- Details about the alleged perpetrator (including name, address, place of work).

APPENDIX 3 Procedure for Reporting a Safeguarding Concern to the local authority where the concern is about abuse by immediate family or carers of the person

Information relating to safeguarding children and adults at risk should be reported to the relevant Safeguarding Team. Decisions about whether to make a referral should be made in line with the Safeguarding Procedure (Appendix 1), and always from the position that the welfare of the child or adult at risk is paramount.

It is generally the responsibility of the Safeguarding Lead to make a referral and to communicate with the local authority. However, if the Safeguarding Lead is not available, or another Worker believes a referral should be made and the Safeguarding Lead has not made one, any Worker who is concerned should make a referral.

Information in the written record should be used to make the referral. However, do not delay making the referral if a written record is not yet complete – it can be sent later.

Reporting a Safeguarding Concern regarding a child or young person

For children at risk contact the Surrey Children’s Single Point of Access, as follows (bearing in mind that if the person is in immediate danger, the Emergency Services must be informed, see Appendix 1.2);

<i>Surrey’s Children’s Single Point of Access (C-SPA):</i>	The C-SPA acts as the front door to children’s services in Surrey. The C-SPA provides residents and people who work with children in Surrey with direct information, advice and guidance about where and how to find the appropriate support for children and families.
Availability:	9am to 5pm, Monday to Friday
Phone:	0300 470 9100
Email:	Emails are dealt with during normal office hours

	For concerns for a child or young person: cspa@surreycc.gov.uk
SMS:	07527 182 861 (for the deaf or hard of hearing)
VRS:	Sign Language Video Relay Service

Out of hours contacts for the Surrey C-SPA are as follows:

<i>Emergency Duty Team (EDT):</i>	Out of hours support. Please note that during the Covid-19 pandemic, the Emergency Duty Team are working remotely. Your call will not be immediately picked up and you will be asked to leave a message with your name and contact number and a social worker will call you back as soon as possible. The Emergency Duty Team service is not intended as an alternative means of accessing the usual daily activities of Surrey County Council.
Availability:	The team operates outside of normal office hours: <ul style="list-style-type: none"> • 5pm to 9am, Monday to Friday • 24 hours a day, weekends and all bank holiday periods
Phone:	01483 517898
Email:	edt.ssd@surreycc.gov.uk
SMS:	07800 000 388 (for deaf and hard of hearing) or to make a call via text direct, please dial 18001 01483 517898

If you have an immediate concern about somebody's safety, contact the Police on 999.

When the concerns relate to a person who lives or receives services in another local authority area, both local authority Safeguarding Teams must be informed.

Where a Safeguarding referral is made by telephone, the Safeguarding Lead or person making the referral must make a written record of the date and time of the referral and the name and position of the person to whom the matter was reported.

Where a Safeguarding referral is sent by email, the Safeguarding Lead must check that the recipient has received the report.

The Safeguarding Lead is responsible for keeping the relevant Worker appropriately informed and up-to-date on what is expected of them as any investigation proceeds; for

ensuring that they are aware of their rights to representation when being interviewed; and for ensuring they receive ongoing personal support.

Reporting a Safeguarding Concern regarding an adult

For an adult Safeguarding concern, the Safeguarding Lead should raise this with the Surrey Multi-Service Agency Hub (the MASH), (bearing in mind that if the person is in immediate danger, the Emergency Services must be informed, see Appendix 1.2).

Availability	9am to 5pm, Monday to Friday
Phone	:0300 470 9100
Email	ascmash@surreycc.gov.uk

Out of hours emergency (or call 999)

Phone	01483 517898
Email	edt.ssd@surreycc.gov.uk
Textphone (via Text Relay):	18001 01483 517898
SMS	07800000388 (for the deaf or hard of hearing)

APPENDIX 4 Procedure for Dealing with an allegation made against a Worker or Partner Agency as opposed to a carer or family member

Anyone wishing to make an allegation about a Worker, either in relation to any suspicion, allegation or incident of abuse or non-adherence to these procedures should report it to the Director and/or Safeguarding Lead in the first instance.

Concerns about the Safeguarding Lead should be reported to the Director and/or another trustee, and vice versa.

Allegations against Workers or Elmbridge CAN partner agencies should also be raised to the Local Authority Designated Officer, as follows, via the Elmbridge CAN Safeguarding Lead.

<i>Local Authority Designated Officer (LADO):</i>	The LADO Service manages allegations against individuals who work or volunteer with children in Surrey. If you have a concern regarding someone who works with children, please contact the LADO.
Availability:	9am to 5pm, Monday to Friday
Phone:	0300 123 1650
Email:	LADO@surreycc.gov.uk

For concerns about partner agencies / adults working with adults, advice should be sought from the Charities Foundation. If for example it is an allegation against an Elmbridge CAN Worker, or another charity that one fears may be abusing an adult, this should be referred to the MASH, the Adult Multi-Agency Safeguarding Hub. Availability: 9am to 5pm, Monday to Friday.

- **Phone:** 0300 470 9100
- **Email:** ascmash@surreycc.gov.uk

APPENDIX 5 Types and indicators of abuse

Abuse, maltreatment and neglect can be passive or active; it can consist of a single act or repeated acts. It may be physical, verbal or psychological, or it may occur when a vulnerable person is persuaded to enter into a relationship to which he or she has not consented or cannot consent.

Abuse can vary from treating someone with disrespect in a way that significantly affects the person's quality of life, to causing actual physical suffering or failing to prevent harm. It is behaviour towards a person that can be either deliberate or an act of neglect or an omission to act, perhaps as a result of ignorance, or lack of training, knowledge or understanding.

Individuals may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger. Anyone can be a perpetrator of abuse – it could be a paid carer, volunteer or a health or social care worker; a relative, friend, neighbour or an occasional visitor; another resident or service user, or someone who is providing a service.

ABUSE OF CHILDREN

Children may be abused by an adult or adults, or another child or children. The Government guidelines "Working Together to Safeguard Children" identify the following types of abuse and the NSPCC identifies possible indicators of abuse (also detailed below).

Physical Abuse

This 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.

Indications of possible physical abuse include: bruising on the head, ear, neck, abdomen, back, buttocks, upper arm, back of leg, hands or feet; burns and scalds; bite marks; scarring; broken bones (including those in different stages of healing); effects of poisoning such as vomiting and drowsiness; respiratory problems. Although it is not strictly speaking physical abuse, Workers should also be aware of Factitious Disorder Imposed on Another (FDIA) formerly Munchausen Syndrome by Proxy.

Emotional Abuse

This is 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, unloved or inadequate. It may involve bullying, causing children to feel frightened or in danger, humiliating them, or ignoring them. It may also involve a child witnessing domestic abuse.

Babies and younger children who are experiencing emotional abuse may:

- be overly-affectionate towards strangers or people they haven't known for very long
- lack confidence or become wary or anxious
- not appear to have a close relationship with their parent, e.g. when being taken to or collected from nursery etc.
- be aggressive or nasty towards other children and animals.

Older children may:

- use language, act in a way or know about things that you wouldn't expect them to know for their age
- struggle to control strong emotions or have extreme outbursts
- seem isolated from their parents
- lack social skills or have few, if any, friends.

Sexual Abuse

This type of abuse involves forcing or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening. Examples of physical contact include: sexual touching of any part of the body whether the child's wearing clothes or not; rape or penetration by putting an object or body part inside a child's mouth, vagina or anus; forcing or encouraging a child to take part in sexual activity; making a child take their clothes off, touch someone else's genitals or masturbate.

Examples of non-contact abuse include: encouraging a child to watch or hear sexual acts; not taking proper measures to prevent a child being exposed to sexual activities by others; meeting a child following sexual grooming with the intent of abusing them; online abuse including making, viewing or distributing child abuse images; allowing someone else to make, view or distribute child abuse images; showing pornography to a child; sexually exploiting a child for money, power or status (child exploitation).

Children who are being sexually abused may: avoid being alone with people, such as family members or friends; seem frightened of a person or reluctant to socialise with them; become sexually active at a young age; be promiscuous; use sexual language or know information that you wouldn't expect them to; have physical symptoms such as anal or vaginal soreness, unusual discharge, STIs or pregnancy.

Neglect

Neglect is the ongoing failure to meet a child's basic needs and is the most common form of child abuse. A child may be left hungry or dirty, without adequate clothing, shelter, supervision, medical or health care. A child may be put in danger or not protected from physical or emotional harm. They may not get the love, care and attention they need. Neglect is dangerous and can cause serious long-term damage. It can be just as damaging as other types of abuse.

Children who are being neglected may: have poor appearance and hygiene (e.g. be smelly and dirty); be hungry; have untreated medical conditions; be tired; be underweight; not have appropriate clothing (e.g. no warm coat in winter); be caring for other family members.

General

Within Surrey, the Effective Family Resilience Model is utilised to recognise various levels of need within children. A link is included below, but volunteers and trustees may find it useful to look at this document which can be found on the Surrey Children Safeguarding Partnership website.

ABUSE OF ADULTS

Adult abuse can occur in any relationship and it may result in significant harm to, or exploitation of, the person subjected to it. The Social Care Institute for Excellence (SCIE) identifies the following types of abuse and possible indicators.

Physical Abuse

Including hitting, slapping, pushing, kicking, rough handling, force-feeding, misuse of medication, restraint or inappropriate sanctions (e.g. deprivation of food, clothing, warmth and healthcare).

Possible indicators of physical abuse include: no explanation for injuries or inconsistency with the account of what happened; injuries 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.

Domestic abuse

Domestic violence and abuse includes any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been, intimate partners or family members regardless of gender or sexuality. It also includes so-called 'honour' based violence, female genital mutilation and forced marriage.

Possible indicators of domestic abuse include: 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.

Sexual abuse

Including rape and sexual assault, or sexual acts, to which the adult at risk has not consented, or could not consent or was pressured into consenting.

Possible indicators of sexual abuse include: bruising, particularly to the thighs, buttocks and upper arms and marks on the neck; bleeding, pain or itching in the genital area; unusual difficulty in walking or sitting; 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.

Psychological and Emotional Abuse

Including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, enforced social isolation or withdrawal from services or supportive networks.

Possible indicators of psychological and emotional abuse include: an air of silence when a particular person is present; withdrawal or change in the psychological state of the person; insomnia; low self-esteem; uncooperative and aggressive behaviour; change of appetite, weight loss/gain; signs of distress: tearfulness, anger.

Financial or Material Abuse

Including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Possible indicators of financial or material abuse include: missing personal possessions; unexplained lack of money or inability to maintain lifestyle; unexplained withdrawal of funds from accounts; the person allocated to manage financial affairs is evasive or

uncooperative; the family or others show unusual interest in the assets of the person; recent changes in deeds or title to property; rent arrears and eviction notices; disparity between the person's living conditions and their financial resources, e.g. insufficient food in the house; unnecessary property repairs.

Neglect and Acts of Omission

Including failure to meet medical or physical care needs, failure to provide access to appropriate health, social-care or educational services, withholding of necessities of life, such as medication, clothing, adequate nutrition and heating, failure to give privacy and dignity.

Possible indicators of neglect or acts of omission include: 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 untaken medication; uncharacteristic failure to engage in social interaction; inappropriate or inadequate clothing.

Modern slavery

Types of modern slavery include: human trafficking; forced labour; domestic servitude; sexual exploitation; debt bondage – being forced to work to pay off debts that realistically they never will be able to.

Possible indicators of modern slavery include: 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.

Discriminatory Abuse

Including racist or sexist abuse and abuse based on a person's disability, age or sexuality and other forms of harassment, slurs or similar treatment.

Possible indicators of discriminatory abuse include: 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.

Organisational and institutional abuse

This is systematic abuse by an organisation to service-users who are at risk. It includes failure to meet physical, medical, emotional and social needs.

Indicators of organisational or institutional abuse include: people being hungry, cold, dirty or inappropriately dressed; people not receiving suitable medical care; absence of visitors; lack of social activities.

Self-neglect

Self-neglect may require intervention if the person is unable to take care of themselves. Types of self-neglect include: 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 include: 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.