

**Safeguarding Policy:
Adults with Care and
Support Needs**

Adopted by Council: 7th January 2026

This policy will be effective from: January 2026

It will be in force until such time as a new policy is agreed.

BPS will review this policy for its effectiveness every five years (maximum).

Revised: July 2018; October 2025

Review date: October 2030

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INTRODUCTION

Birmingham Progressive Synagogue Council acknowledges the importance of the nurture and care of all persons who may be considered vulnerable. We are concerned with the well-being of each individual and seek to safeguard all members of the BPS community.

The primary aim of this policy is to prevent abuse where possible. However, if the strategy to prevent abuse fails then this policy aims to ensure that there are robust procedures in place to deal with alleged incidents of abuse.

General Principles

BPS aims to uphold the right of adults with care and support needs to protection from harm or exploitation. The procedures in this document are based on the following principles:

- to prevent abuse, mistreatment or exploitation of adults with care and support needs;
- to increase awareness and recognition of potential abuse or mistreatment;
- to take action when abuse or mistreatment is suspected;
- to safeguard an adult with care and support needs from further harm or exploitation; and
- to respect the rights of adults with care and support needs including privacy, dignity, independence, choice and fulfilment in their chosen lifestyle.

References to the legislation underpinning this Policy can be found in *Appendix 1*.

Adults with care and support needs

The term adult with care and support needs refers to “any person aged 18 or over who is or may be in need of community care services by reason of mental or other disability, age or illness and who is or maybe unable to take care of him/herself or unable to protect him/herself from significant harm or serious exploitation”, and including refugees.

For definitions of abuse see Appendix 2.

Safeguarding Officers

A designated Council member will have overall responsibility for both child and adult safeguarding policies. They will be known as the Overall Safeguarding Lead (OSLOSO).

The Designated Adult Safeguarding Lead (DASL) is responsible for adults with care and support needs protection issues and complaints.

1. POLICY AND AUDIT

This Policy should be reviewed by BPS Council every five years (maximum). Feedback should be submitted from the Overall Safeguarding Lead, via a report.

NB Any report submitted to the Council should be within the boundaries of confidentiality and should not contain individuals' names specifically nor information that could identify any given individual, but rather as a method for evaluating responses and policy implementation.

2. GOOD PRACTICE

- ▶ Avoid doing anything which is not totally open;
- ▶ Treat all adults equally with respect and dignity;
- ▶ Defuse situations before they escalate;
- ▶ Recognise the medical needs and capacity of the adults;
- ▶ Avoid being overly tactile;
- ▶ Avoid language that is:
 - discriminatory, racist or sexist
 - derogatory, belittling or negative, for example, by calling a child a 'loser' or telling them they are 'too fat'
 - intended to threaten or frighten
 - profane or sexual
 - commonly regarded as swearing
- ▶ Do not make any sexually suggestive comment to any adult;
- ▶ Do not use physical punishment;
- ▶ Do not borrow money from, or lend money to, a vulnerable adult;
- ▶ Be mindful that bullying and abuse can have a negative impact on behaviour;
- ▶ Keep up to date with training.

3. REPORTING ABUSE AND/OR MISTREATMENT

The first priority should always be to ensure the safety and protection of vulnerable adults. It is the responsibility of all staff to act on any suspicion or evidence of abuse or neglect and to pass on their concerns to their manager.

It is not the responsibility of any one individual to decide whether an intervention or investigation is needed, but rather to inform the DASL, or the DDASL.

BPS acknowledges that it may not be easy for individuals to raise concerns or take action in cases of alleged suspicion or evidence of abuse, particularly if it is the behaviour of a member who is alleged to have been abusive. However, all individuals have a duty to protect vulnerable adults and staff, volunteers and officers should be made aware that failure to report suspicions and or reports of abuse/ mistreatment can lead to further action being taken.

Adult Safeguarding Lead's Actions

- Make an initial risk assessment.
- Decide whether the person is perceived to be in immediate danger or at further risk of being abused.
- If the answer is yes, take the necessary action* with the individual's involvement, to ensure the individual's safety.

* Necessary action may include contact with social work teams, multi-disciplinary care teams, police or health professionals.

4. CONFIDENTIALITY

Issues regarding possible abuse of a vulnerable adult need to be addressed in a sensitive and professional manner. Any referral made to a statutory authority will be dealt with confidentially and necessary details only shared with those agencies and persons who need to be informed.

DASLs must maintain accurate written records and these must be stored in a secure manner.

5. DATA PROTECTION

The staff and volunteers at BPS must not give out the home address, e-mail address or phone number of BPS members to any other person unless permission has been granted. It is the responsibility of all holders of contact information lists to keep the information safe and confidential.

See separate BPS Data Protection Policy for further information.

6. ELECTRONIC COMMUNICATION and E-SAFETY

6a. Use of official emails and mobile phones.

- All email contact with the 'client' must be in accordance with the *BPS Data Protection Policy*.
- All contact should be via the DASL or their designated administrator, the Rabbi, or BPS office.
- Where in exceptional circumstances staff or volunteers other than the DASL contact parents or participants the DASL and Rabbi should be informed.
- All staff and volunteers should be aware even if the communication is for a legitimate BPS - related purpose, they:
 - must not communicate anything that a reasonable observer could view as being of a sexual or abusive nature or otherwise inappropriate;
 - are forbidden from using such communication to promote unauthorised 'social' activity or to arrange unauthorised contact; and
 - are forbidden from requesting the 'client' to keep a communication a secret from their family.

In order to avoid any doubt about the appropriateness of communication, staff and volunteers may choose to copy email and text messages sent to a 'client' to a family member and/or the Rabbi.

In all communications, staff and volunteers should consider how a reasonable observer might view their actions. If they feel they might be seen as inappropriate or in a negative light, the staff member or volunteer should reconsider their course of action.

6b. Photographs of people

Under these guidelines participants may only be photographed by a staff member or volunteer while involved in our activities if:

- the context is directly related to participation in our activities; and
- the 'client' is appropriately dressed.

Images are not to be distributed in any form or by any means, electronic or otherwise to anyone within or outside BPS without the consent of the 'client(s)' and/or the person(s) responsible for their care.

No staff member or volunteer may publish any images of participants on electronic or paper media other than under the BPS auspices and with permission of the 'client's' and/or the person responsible for their care.

Images (digital or hard copy) are to be stored in a manner that prevents unauthorised access by others.

Images are not to be exhibited on a BPS website without the 'client's' knowledge and approval.

6c. E-safety: internet and related information technology

Internet safety covers the use of desktop computers, laptops, tablets and mobile phones to text, email, browse, and access social media. Staff and volunteers need to be aware of potential issues e.g. cyber-bullying, inappropriate content, and grooming.

- ▶ Staff to receive e-safety awareness training.

7. CRIMINAL RECORD CHECKS

Disclosure and Barring Service (DBS) Disclosures and POVA Checks

All relevant staff, volunteers and officers must have a DBS Disclosure, which lists any criminal convictions and also states whether a person's name is on the Protection of Vulnerable Adults list or the Protection of Children Act list. This will be arranged by the synagogue administrator. These lists contain the names of people who are considered unsuitable to have contact with vulnerable adults or children.

8. VOLUNTEERS

Where BPS makes use of volunteers who have significant and regular contact with vulnerable people, they should undertake the same DBS checks as they would when employing paid staff.

Refugee Teas – there are no paid staff and no regular team of volunteers. Volunteers are advised not to be on their own with any of the refugees.

Employers and supervisors should ensure that volunteers are fully aware of agency policies and procedures relating to all aspects of adult protection, and their roles within those.

9. TRAINING

The administrator is responsible for arranging training. All staff and volunteers must receive training on appointment and thereafter 3-yearly, on types of abuse, recognising signs of abuse and the duty to report in order to ensure that they can respond appropriately.

10. PHYSICAL CONTACT WITH VULNERABLE ADULTS

Volunteers should ensure that physical contact should be kept to a minimum. Where it is necessary it must be person-centred and appropriate to the task required.

Should physical intervention and restraint be necessary for the protection of a vulnerable adult, and/or the people around them, volunteers should:

- Seek to defuse a situation, thereby avoiding the need to use any form of restraint;
- Only use restraint where it is absolutely necessary to protect the vulnerable adult or others from harm;
- Ensure that any restraint used is proportionate to the risk of harm;
- Only use forms of restraint for which they have received training;
- Record and report any use of restraint;
- Review any situation that led to the need for restraint with the OSL, with a view to avoiding the need for restraint in the future.

Any concerns must be reported to the OSL at the earliest opportunity.

11. HEALTH AND SAFETY

Where possible, permission should be obtained in advance for medical care and First Aid treatment.

11a. First Aid

- ▶ First Aid to be administered by a trained First Aider only (where possible)
- ▶ First Aid box - located in the kitchen on the ground floor, the small kitchen on the first floor, and the Youth Room in the basement.
- ▶ All incidents requiring First Aid are to be recorded in the Accident book that is kept with the First Aid Kit. All incidents are to be dated and signed along with a brief description of what happened.

11b. Taking adults to hospital or an external doctor

In an emergency the responsible BPS person should accompany a vulnerable adult to hospital and contact any persons responsible for their care as soon as is practical. In other cases, the permission of the 'client' and/or person responsible for their care should be sought before accompanying anyone for medical care.

11c. Mental Health

Adults with any mental health care needs should inform the Rabbi. Any such information will be kept confidential as far as possible.

12. EXPLOITATION BY EXTREMISTS

Staff and volunteers should be aware that vulnerable adults can be exploited by extremists to support terrorism and violent extremism which, in some cases, may lead to participation in terrorist groups and activities, and includes some animal rights organisations and activists.

Extremist exploitation can come from a number of sources including family members and friends, contact with members, groups and organisations. The internet and social media are a particular source of this.

13. RISK MANAGEMENT

In the event that a BPS member convicted of a sex offence wishes to attend services and events, the offender will not be allowed to participate in any event where children, young people, or vulnerable adults may be present in the building.

The Executive will liaise with the offender, the probation officer, with MAPPP* (if appropriate), and with the local adult protection officers as necessary. Any information concerning that person will only be shared on a 'need to know' basis. However, where safety may be compromised, confidentiality has to take second place to protecting vulnerable children, young people and adults.

The Executive will draw up a contract between BPS and the offender, which will be signed and enforced rigidly. It will include: attending designated events only; and a list of people within BPS who would need to be informed (this list is likely to be extensive). If the contract is broken, they would be banned and the probation officer and the local adult protection officers informed.

The Executive will make the final decision.

* Multi-Agency Public Protection Panel

Appendix 1

Government Legislative Requirements and Guidance

Human Rights Act 1998:

An adult at risk has the right:

- to life protected (Article 1)
- to be protected from inhuman and degrading treatment (Article 3)
- to liberty and security (Article 5)

Care Act 2014 (became law in 2015)

This is the primary legislation for Adult Protection.

This Act made it a legal requirement for:

- local councils to safeguard children and adults; and
- the inclusion of those vulnerable to exploitation, e.g. modern-day slavery, prostitution, grooming by extremists or false marriage in Safeguarding.

Counter-Terrorism Act 2015 – this includes two measures to safeguard vulnerable people from being drawn into terrorism:

- Prevent (<https://www.ltai.info/what-is-prevent/>)
- Channel (<https://www.gov.uk/government/publications/channel-guidance>)

Appendix 2

Types of abuse/mistreatment and possible indicators

Physical Abuse

Physical abuse refers to pain or physical injury either caused deliberately or through lack of care/support.

Types of physical abuse include:

- hitting
- slapping
- pushing
- kicking
- misuse of medication
- restraint
- inappropriate sanctions

Possible indicators of physical abuse/mistreatment may include:

- history of unexplained falls
- history of minor injuries
- history of malnutrition
- unexplained bruises which may be seen in the various stages of healing
- unexplained fractures
- injuries reflecting the shape of an object/implement
- unexplained burns
- injuries to the head, face or scalp
- pressure sores/varicose ulcers
- a person being left in wet clothing/bedding
- signs of under/over use of medication

Sexual Abuse

Sexual abuse refers to sexual acts whereby the vulnerable person has not consented, could not consent or felt pressured into consenting.

Sexual abuse may include:

- rape
- sexual assault
- touching or fondling
- offensive or inappropriate language
- inflicting pornography onto an individual

Possible indicators of sexual abuse may include:

- a significant change in sexual behaviour
- sexually implicit/explicit behaviour around certain individuals
- unexplained changes in behaviour
- unusual difficulties in walking/sitting
- torn, stained or bloody underwear
- sexually transmitted diseases
- repeated urinary tract infections/vaginal infections
- full or partial disclosure or hints of sexual abuse

Psychological/Emotional Abuse

Psychological abuse refers to acts or behaviours that cause emotional distress or anguish.

Psychological abuse may include:

- threats of harm/abandonment
- deprivation of contact with others
- humiliation
- blaming
- controlling

- intimidation
- verbal abuse
- deliberate isolation, denial of access to visitors or social networks
- denial of choice

Possible indicators of abuse may include:

- a person appearing withdrawn, agitated or anxious
- a person appearing subdued/intimidated in the presence of certain individuals
- a person appearing fearful of making choices and/or expressing his or her wishes
- a person appearing to flinch/fearful when approached
- changes in sleep pattern
- a person appearing unusually tearful

Financial Abuse

Financial abuse may include:

- theft
- fraud
- exploitation
- pressure in connection with wills
- property inheritance
- pressure in connection with any financial transaction
- the misuse or appropriation of property, possessions or benefits

Possible indicators of financial abuse may include:

- unexplained withdrawals from a bank, post office or building society account
- unexplained disappearance of financial documents
- disparity between assets/living conditions
- a person managing an individual's finances appears un-cooperative
- a responsible person(s) fails to account for expenses incurred on behalf of others

Neglect

Neglect may refer to neglectful acts or omissions (what an individual did or did not do).

Neglect may include:

- ignoring medical or physical care/support needs
- the withholding of the necessities of life e.g. food, fluids or heating

Possible indicators of neglect may include:

- lack of adequate food, fluids, shelter
- poor physical appearance/condition
- weight loss, poor hygiene, ulcers, sores
- clothing in poor condition
- failure to seek medical advice when needed
- difficulty in gaining access to a person
- unwarranted/unreasonable risk taking

Organisational Abuse

Organisational abuse can refer to neglect and/or poor professional practise that may take the form of isolated incidents, poor/unsatisfactory professional practise, pervasive ill-treatment or gross misconduct.

Institutional abuse may include:

- excessively rigid routines
- lack of personal choice
- changes in accommodation without agreement (within or between homes)
- lack of privacy, dignity and/or respect
- deprivation of individual identity
- inappropriate use of restraint
- threatening/bullying behaviour

Possible indicators of institutional abuse may include:

- lack of privacy in personal care/support
- lack of personal clothing or possessions
- inappropriate/excessive use of control, confinement, restraint or medication
- lack of a proper complaints procedure
- a history of valid complaints
- poor communication between service users, residents, staff, visitors, managers or service providers
- threats/bullying
- breaches of confidentiality

It is imperative to remember that the presence of one or more indicators does not confirm that abuse of mistreatment is or has been occurring. The possible indicators may be in a cluster of several signs, and may indicate the need for a further assessment or investigation into potential abuse and/or mistreatment.

What to look for

Given that abuse can manifest itself in several ways it is difficult to compile a list as to exactly what to look for. However, the following list includes known possible circumstances where abuse/mistreatment has occurred:

- When an individual becomes increasingly dependent on others, requiring the need for help with mobility/personal care
- When a number of people within a family are dependent on others
- Where there is a history of abuse/violence within the family
- Where aspects of a person's behaviour may be causing stress or risk to a carer
- Where there is a history of alcohol/drug misuse in the family or in relation to other who may be in contact with the person
- Where others in the same household have perceived poor physical/mental health
- Where people who are in regular contact with an individual who has personal problems, e.g. marital, family, financial
- When a carer is perceived to lack understanding of a person's illness/disability and appears unable to offer appropriate care
- When a carer feels obliged to care for an individual or when a carer feels their efforts or time is not valued [NB these feelings have been known to give rise to feelings of guilt, resentment or anger that in turn may lead to or have the potential to lead to abuse]

Again it is important to remember that the presence of one or more of the above indicators does not confirm that abuse/mistreatment is taking place. They are rather indicators that may increase the likelihood. Again, the indicators may imply the need for further assessment/investigation of a situation/issue. In addition there are certain indicating factors, relating to paid employees or voluntary workers in any setting, that have been identified as possible circumstances leading to abuse/mistreatment. The list is not intended as proof of abuse but rather indicators where abuse may occur:

- lone working staff without adequate supervision
- inadequate accounting systems for handling money belonging to a vulnerable person
- when the workplace is poor/overcrowded
- where employment practise is poor, staff have lack of support, little or no training and low pay
- where care/support practise forces people to meet the needs of the establishment thus sacrificing a person's individuality
- where staff feel under pressure
- where morale is low
- when staff lack interest or commitment
- where staff are unable to relate to or seem unable to understand the needs of individuals they are working with and/or providing support to
- where staff have personal or health-related problems
- when staff demonstrate that they dislike someone they are working for or with

Who may be the abuser?

Any person or persons may abuse vulnerable adults. These may include:

- relatives or a family member
- strangers
- friends and/or associates
- neighbours
- other people using the service
- people who deliberately exploit vulnerable people
- professional staff
- paid care/support workers
- volunteers

Where may abuse/mistreatment take place?

Abuse can take place in a variety of settings. It may occur:

- when a vulnerable person lives alone or with a relative(s)
- within nursing, residential, supported accommodation or day care settings
- In hospitals
- In custodial situations
- In people's homes visited by support services
- In places previously assumed to be safe
- In public places

And in certain contexts:

- Serial abusing – where one or more people seek out and 'groom' vulnerable individuals
- Long term abuse, e.g. domestic violence
- Opportunistic abuse e.g. theft of money because it has been left lying around
- Situational abuse because pressure has built up/because of difficult/challenging behaviour
- Neglect of needs, rigid routines, lack of positive response
- Inadequate staffing
- Inadequate training
- Misappropriation of benefits e.g. use of a person(s) money by other members of the household
- Fraud or intimidation in connection with wills, property or any other assets

What degree of abuse justifies intervention?

When employers/employees are determining the seriousness or extent of alleged abuse to justify the need for intervention, a useful starting point is the concept of "significant harm" which was introduced in the Children's Act. Significant Harm is a term in which "harm should be taken to include not only ill-treatment, including sexual abuse and forms of ill-treatment which are not physical, but also the impairment of, or an avoidable deterioration in, physical or mental health, and the impairment of physical, intellectual, emotional, social or behavioural development".

When a concern is first raised the extent or seriousness of abuse may not often be clear. It is very important for all those involved to approach an alleged or reported incident of abuse with an open mind, aiming to assess the allegation or report in a calm and careful manner. When an employee or employer makes an assessment of the seriousness of a report or an alleged incident the individual[s] should consider the following factors:

- The vulnerability of the individual
- The nature of the alleged abuse
- The extent of the alleged abuse
- The impact on the individual
- The length of time the alleged abuse has been occurring
- Whether the alleged abuse was deliberate or planned
- Whether other people are at risk
- Consider the risk of the allegation/incident or report happening in the future to the individual again or to other vulnerable people

Furthermore, cases of abuse may be considered at high risk if:

- There is a reason to believe a serious crime has been committed
- There are reports or episodes of two or more types of abuse
- The alleged/reported incidents appear to be increasing in frequency and/or severity
- The alleged/reported behaviour appears persistent and/or deliberate
- The person/individual[s] appears to be suffering harm/exploitation
- Any or the proposed intervention is in the best interests of a vulnerable adult(s) or in the public interest

An assessment/investigation accounts for the depth and/or conviction of the feelings of the person alleging the abuse.

Appendix 3

Useful contacts

Safeguarding agencies

Birmingham Safeguarding Adults Board: <http://www.bsab.org/>

Warwickshire Safeguarding Adults Board: <https://www.warwickshire.gov.uk/safeguardingadults>

Wolverhampton Safeguarding Adults Board: <https://www.wolverhamptonsafeguarding.org.uk/safeguarding-adults>

Worcestershire Safeguarding Adults Board: <http://www.worcestershire.gov.uk/wsab>

Shropshire Safeguarding Adults Board: <http://www.shropscommunityhealth.nhs.uk/rte.asp?id=11393>

Coventry Safeguarding Adults Board:
http://www.coventry.gov.uk/info/233/coventry_safeguarding_adults_board/2414/coventry_safeguarding_adults_board/1

Guidance and Training

Faith Associates (www.faihassociates.co.uk) – a toolkit: 'Protecting the rights of children and adults at risk of abuse', a guide to Child protection and Adult Safeguarding for Faith Based Establishments

CCPAS (The Churches' Child Protection Advisory Service) <https://www.ccpas.co.uk/>

It is the only independent Christian safeguarding charity in the UK. It has members from different faiths.