

## Safeguarding Policy and Procedure for Adults at Risk

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## Introduction

The aim of this policy is to ensure that everyone working for Learning Disability Network London (LDN London) is aware of, and works within the multi-agency protocols, which ensure that adults at risk are protected from abuse.

People working with adults at risk should:

- Recognise that abuse takes many forms and occurs in differing circumstances.
- Understand that it is important not to see abuse in every situation but be open to the possibility that abuse may have occurred.
- Ensure that incidents of abuse are responded to in a planned, constructive, and supportive manner.
- Provide a responsive atmosphere in which people at risk can be secure about their safety and that their personal dignity is respected.
- Support people at risk to exercise their rights and be reassured that their feelings are valued, and their desired outcome will be key to the process.
- Ensure everyone is able and knows how to raise concerns.
- Ensure that employees know about the Pan London Multi-Agency policy and procedures to safeguard adults from abuse
- Ensure that families and carers are appropriately informed and supported throughout the process.
- Ensure that all possible steps are taken to prevent abuse.
- Ensure that the wellbeing of adults at risk is improved.

If you neglect or abuse someone we support, this will be investigated internally, normally using the Conduct Improvement (Disciplinary) Procedure, which may have different evidential requirements to any external investigation. You may also be open to Police investigation, including under the Mental Capacity Act, which created the criminal offences of ill-treatment or wilful neglect.

If allegations are substantiated, you will be referred to the Disclosure and Barring Service.

Training on safeguarding is mandatory for all staff working in our services, with annual refreshers required. It is the responsibility of the manager of a service to ensure attendance at such training as well as reinforcement of policy and procedure within a service (e.g. reporting accidents and incidents).

LDN London is committed to following the guidelines within the Safeguarding Adults Multi Agency Policies and Procedures and “Making Safeguarding Personal” and therefore we recommend all teams to read these documents as part of their training, and in the event of an allegation.

It is our aim to ensure that current best practice is followed at all times.

The policy and toolkit can also be found on our intranet and links are detailed at the end of this policy.

## Policy statement

### **Safeguarding is everyone's responsibility**

The people we support should be supported to receive services where their rights are protected and they have a right to live in safety, free from abuse and neglect.

LDN London is committed to preventing abuse, reducing the risk of, and increasing the detection of abuse, through:

- Effective staff recruitment with robust values-based selection, which ensures staff have adequate skills and knowledge and full pre-employment checks including references, right to work, Disclosure and Barring, fitness for work and clarification of gaps in employment are undertaken.
- Effective supervision and performance monitoring and improvement processes.
- The provision of induction, training, and assessment, raising awareness and enabling team members to use proactive approaches in the delivery of safe, respectful, and responsive services.
- The development of robust policies and procedures which outline good practice, adhere to the law and are commensurate with our mission and values.
- Effective implementation of multi-disciplinary practice including adherence to the Deprivation of Liberties legislation and the Mental Capacity Act and Pan London guidelines.

Where abuse is suspected we will provide culturally sensitive and non-discriminatory support, which is:

#### **Prompt**

In situations where there is any doubt about the person's immediate health and safety.

#### **Sensitive**

To adults at risk and their representatives / carers / families.

#### **Effective**

In providing or negotiating solutions which aim to prevent the risk of further abuse and the abuse recurring.

#### **Proportionate**

Team members must exercise responsibilities and duties appropriately, avoiding unwarranted intervention into people's lives.

We require that all staff and volunteers work towards supporting people to reduce the risk of abuse by supporting the person to:

- Make decisions about their own safety (and considering ways to maximise their mental capacity).
- Have good physical and mental health.

- Communicate effectively as far as possible, with the right equipment / support to do so.
- Be as independent as possible in their daily lives, or where they need support, for this to be self-directed.
- Build upon positive former life experiences.
- Increase their self-confidence and build their self-esteem.
- Feel safe and be able to make complaints.

Staff and volunteers should support people to have opportunities for:

- Good family relationships.
- An active social life and a circle of friends.
- Being able to participate in the wider community.
- Having equal access to health support and services.
- Having no stigma and discrimination against them.
- Having good knowledge and access to the range of community facilities.
- Remaining independent and active.
- Having access to sources of relevant information such as Abuse is Wrong (available on the Intranet as a plain English easy read document on abuse for people with learning disabilities).
- Being fully involved in any Safeguarding enquiries.

As a minimum, in the event of suspected, alleged or identified abuse the principles within the Accident and Incident policy must be followed. The 5 Rs are:



## Rights and values

Allegations of abuse or neglect raise many dilemmas and conflicts of interest. In guiding team members through the range of decisions and judgments outlined, it is important to recognise that the following rights are central to the services we provide and are reflective of our organisational values

Such rights can be summarised as including:

- To live in an environment without fear of violence from their caregivers or from other people using the service.

- To receive support from competent well-trained staff who are sensitive to issues surrounding abuse and follow safeguarding policies and procedures
- To be listened to by people who are aware of non-verbal signals of abuse.
- To be able to take informed risks.
- To have money, goods and possessions treated with respect.
- To move freely about the community without fear of violence, harassment, or discrimination.
- To be given information about keeping themselves safe and healthy and ensuring that they have access to independent advice and medical attention.
- To receive appropriate social, relationships and sex education and counselling in order to be able to make choices about their lives, including their relationships and sexual options.
- To engage in relationships and sexual activities which are and understood without being exposed to coercion, exploitation, or violence.
- To be accorded respect and support when making a complaint or seeking help because of abuse.
- To be supported in making their own decisions about how they wish to proceed in the event of abuse, to whom they wish to confide and to know that their wishes would only be overridden if it were considered necessary for their safety or the safety of other adults at risk or children.
- To receive support, education, counselling, therapy treatment in accordance with their needs, regardless of whether the case went to court or led to disciplinary action against a specific individual.
- To receive support to access possible redress, e.g. compensation, civil action.

## Definition of safeguarding

Safeguarding is defined as protecting an adult's right to live in safety, free from abuse and neglect. Adult safeguarding is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time ensuring the adult's wellbeing is promoted including having regard to their views, wishes, feelings and beliefs in deciding on any action. Professionals and other staff should not advocate 'safety' measures that do not take account of individual wellbeing.

The aims of adult safeguarding are 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 choices and having control about how they want to live.
- Promote an approach that concentrates on improving life for the adults concerned.
- Provide information and support in accessible ways to help adults understand
- the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult.
- Address what has caused the abuse.

## Capacity and consent

Capacity - Anyone who acts for, or on behalf of, a person who may lack capacity to make relevant decisions has a duty to understand and always work in line with the Mental Capacity Act (MCA) and MCA Code of Practice.

Consent- All adults have the right to choice and control in their own lives. As a general principle, no action should be taken for, or on behalf of, an adult without obtaining their consent.

At the concern stage, the most common capacity and consent issues to consider will usually be whether the adult has the mental capacity to understand and make decisions about the abuse or neglect related risks, and any immediate safety actions necessary, and; whether the adult consents to immediate safety actions being taken, and whether the adult consents to information being referred / shared with other agencies.

If it is felt that the adult may not have the mental capacity to understand the relevant issues and to make a decision, it should be explained to them as far as possible, given the person's communication needs. They should also be given the opportunity to express their wishes and feelings.

It is important to establish whether the adult has the mental capacity to make decisions. This may require the assistance of other professionals. In the event of the adult not having capacity, relevant decisions and/or actions must be taken in the person's best interests. The appropriate decision-maker will depend on the decision to be made.

## Definition of abuse

Abuse is a violation of an individual's human and civil rights by any other person or persons and may result in significant harm to, or exploitation of, the person subjected to the abuse.

It may be physical, verbal, or psychological. It may be an act of neglect, or an omission to act. It may occur when a vulnerable adult is persuaded to enter a financial or sexual transaction to which he or she has not consented or cannot consent to.

Harm may be caused by direct acts, or by failure to provide adequate support / care. It may be systematic and repeated or may consist of a single incident.

Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.

It is recognised that there are a number of types of abuse as follows:

- Physical abuse
- Domestic abuse
- Sexual abuse
- Psychological / emotional abuse
- Financial or material abuse
- Modern slavery
- Discriminatory abuse

- Organisational abuse
- Neglect and acts of omission
- Self-neglect

Please refer to Appendix 1 for detailed information on abuse types and indicators.

Abuse can consist of a single or repeated act(s); it can be intentional or unintentional, or result from a lack of knowledge. It can affect one person, or multiple individuals. Professionals and others should be vigilant in looking beyond single incidents to identify patterns of harm. In order to see these patterns, it is important that information is recorded and appropriately shared.

Patterns of abuse and neglect vary and include:

- Serial abusing, where the perpetrator seeks out and ‘grooms’ individuals by obtaining their trust over time before the abuse begins – sexual abuse or exploitation commonly falls into this pattern, as do some forms of radicalisation and financial abuse.
- Long-term abuse in the context of an ongoing family relationship such as domestic abuse between spouses or generations, or persistent psychological abuse.
- Opportunistic abuse, such as theft occurring because money has been left lying around.
- Situational abuse, which arises because pressures have built up, or because a carer has difficulties themselves affecting their ability to adequately meet a person’s needs. These could be debt, alcohol, or mental health related, or the specific demands resulting from caring for a vulnerable person.

### **Who might abuse?**

Anybody can abuse. Mutually abusive relationships involving two or more adults also exist. The abuser is frequently, but not always, known to the adult they abuse and can include spouses/partners, other family members, neighbours, or friends, acquaintances, paid staff or professionals, volunteers and strangers, or people who deliberately exploit adults they perceive as vulnerable to abuse.

### **Where might abuse occur?**

Abuse can happen anywhere, for example:

- The person’s own home (whether living alone, with relatives, or others).
- Day or residential centres.
- Supported housing.
- Work settings.
- Educational establishments.
- Care homes.
- Clinics or hospitals.
- Prisons.
- Via the internet or social media.
- Other places in the community.

### **Why abuse may occur?**

Abuse can occur for many reasons. The risk is known to be greater when:

- The person is socially isolated.
- A pattern of family violence exists or has existed in the past.
- Drugs or alcohol are being misused.

- Relationships are placed under stress.
- The abuser or victim is dependent on the other (for finance, accommodation, or emotional support).
- Where services are provided, abuse is more likely to occur where staff are:
  - Inadequately trained.
  - Poorly supervised and managed.
  - Lacking support.
  - Working in isolation.

Other factors which increase the likelihood of abuse and neglect occurring are:

- Where the person has an illness, which causes unpredictable behaviour.
- Where the person has communication difficulties.
- Where the person exhibits distressed behaviour or major changes in personality, disorientation, aggression, or sexual disinhibition.
- Where the person concerned needs or requests more than the carer can give.
- Where the family undergoes an unforeseen change in circumstances, e.g. sudden illness, unemployment, bereavement, or divorce.
- Where a carer has been forced to change his or her lifestyle unexpectedly because of caring.
- Where a carer is isolated and can see no end to, or relief from, caring.
- Where a carer experiences regularly disturbed night.
- Where the carer has their own health-related difficulties.
- Where the carer is dependent on the victim.
- Where the carer is physically, emotionally, or practically unable to care for the individual.
- Where there has been a reversal of role and responsibilities.
- Where there are persistent financial problems.
- Where other relationships are unstable or placed under pressure by caring tasks.

### Suspecting abuse – what might we see?

Some abuse is recognised through very practical and straightforward ways. For example, high or higher than usual withdrawal from someone's bank account or unexplained bruises or injuries of which will alert team members to the possibility of abuse, etc.

However, abuse is not always apparent to those involved. It may be sexual abuse, or types of physical abuse, which do not leave marks.

Sexual abuse usually happens in secret, and people with disabilities are particularly vulnerable to sexual abuse. This may be due to communication difficulties and not being taken seriously. It is therefore important to start thinking in different ways to register the signs and signals that people communicate which may be about their individual circumstances if they are experiencing abuse or the abuse of another.

An individual may tell you something that is clearly abuse or may be abuse. You might also be told by a colleague, person we support, friend or family member about a suspicion about someone else. They may trust you to act or not know that it was abuse.



It is important not to 'see' abuse in every situation but being open to the possibility is essential. It can be difficult to acknowledge that a person may be being abused especially when it is possible that the perpetrator is a colleague. The capacity to try and think about the unthinkable is invaluable.

Marked changes in a person's interactions or functioning probably indicates that something is happening in their life, this may or may not include abuse.

With some people, it is the increase or acceleration of behaviours / incidents that is important to note. For example, someone may always have had difficulties learning new things and been withdrawn however, if these two factors become markedly stronger, then something is being communicated. Often it is helpful to think about a number of signs becoming apparent or increasing.

If you are concerned about the possibility of a person being abused, then you must immediately speak to your team leader / manager or a senior manager as further enquiries may be required.

### Duty of care / whistleblowing – how can I report?

Any or all types of abuse may be perpetrated as the result of deliberate intent, negligence, or ignorance.

Regardless of motivations, abuse must be reported and recorded, under our duty of care.

We expect that our employees, trustees and volunteers to carry out their roles to a standard considered reasonable for someone in their position to do so. Reasonable conduct may be thought of as that which is 'acceptable, average, equitable, fair, fit, honest, proper, right, tolerable or within reason'.

All staff, trustees, and volunteers have an individual responsibility to safeguard people from harm or suspected harm, by making known their concerns about abuse in order that full consideration can be given to whether further action is needed.

Failing to raise a concern about the possibility of adult abuse:

- Means that nothing is done to improve or change the situation.
- Places the person/s at further risk.
- Allows the alleged perpetrator to carry on unchallenged.
- Increases the possibility of abuse happening to others.
- Could be seen as condoning the action.
- Means that the alleged perpetrator does not receive the help they need.
- Means the victim is unable to access criminal justice where the abuse is also a criminal offence. In this respect, adults at risk are entitled to the protection of the law in the same way as any member of the public.

Should you suspect that abuse is occurring, it is important to discuss this with your line manager, senior management, or Human Resources immediately. Discussing a suspicion is often difficult, however being open to the possibility of abuse allows for an examination into the factors causing the concern and will initiate further enquiries.

If you feel unable to raise your concerns as outlined above, you should refer to our Whistleblowing Policy.

If you fail to report concerns you may be subject to disciplinary action.

## Responding to incidents that may be acts of abuse

Reports or suspicions of abuse are likely to come from a number of sources: from the person who has been abused, from other people (third parties) such as family, from another person using the services or other team members. Sometimes abuse may be suspected through observation of changes in the person that are physical, emotional, or behavioural.

Saying you have been or are being abused can be a frightening and difficult experience for an individual. It is important that your initial response to the person's indications is supportive and that this continues throughout the process.

Although the language used throughout the procedure following seems to focus on people who are able to communicate verbally, it is important that whatever form of communication the person uses to indicate that they have been abused is accepted as valid.

Teams should discuss how individuals they work with might indicate that they have been abused and consider how they might respond in a way that is both supportive and meaningful.

### How do I react?

#### You must not:

- Be judgemental or jump to conclusions
- Ask too many questions or ask leading questions at this stage.
- Give promises of complete confidentiality.
- Discuss the allegation with the alleged perpetrator or in any other way tip off the alleged perpetrator.

#### You must:

- Assure them that you are taking them seriously.
- Listen carefully to what they are telling you.
- Stay calm.
- Get as clear a picture as you can, use questions starting with “who”, “when”, “where”, “what” to clarify the basic facts of the suspected abuse or grounds for suspicion.
- Explain that you have a duty to tell your manager or other designated person, and that their concerns may be shared with others who could have a part to play in protecting them.
- Reassure them that they will be involved in decisions about what will happen next.
- Explain that you will try to take steps to protect them from further abuse or neglect.

### **Initial Response - What do I do?**

- You must take immediate action. You must not allow a situation to continue in which a person may be being abused.
- You must evaluate the risk and take steps to ensure that the person is not in immediate danger.
  - Dial 999 if the person needs emergency medical treatment or a crime is in progress and police assistance is required.
  - Dial 101 to report if a crime may have been committed.
  - No one should disturb or move articles that could be used in police evidence. The scene of the alleged abuse must be secured (e.g. lock the door to a room and do not allow anyone in). It may still be possible for the police to obtain forensic evidence.
  - It may be important that the person does not wash, bath, eat or drink until after a medical examination. If possible, the person should be informed of the reason for not doing these things. However, in this situation, the person's own wishes must be respected.
  - If possible, make sure that other vulnerable people are not at risk.
  - Contact a senior manager as soon as possible who will:
    - support you to manage the situation
    - ensure an incident report is completed and submitted
    - contact relevant parties including social workers and clinicians
    - escalate internally as appropriate.
  - Protect evidence which may include CCTV, clothing, documents etc.
  - Where they have specific communication needs, provide support and information in a way that is most appropriate to them.
  - In some instances, the alleged perpetrator may be another service user who you are also responsible for providing support. In this circumstance it will be important that you discuss their support needs with your manager and alternative support provided.
  - If the alleged perpetrator is a colleague, senior management must be informed, and they will make decisions about the next steps.

Family members or carers may need to be contacted. This should be discussed with a senior manager who will make a decision based on the capacity and consent of the victim (and perpetrator if they are an adult at risk), the nature of the allegation, the timing of the allegation made, any risks to contaminating evidence, the relationship and involvement with the family members.

### **How do I make a record of the incident?**

You must make a detailed record of what you have been told. This must be sent to the line manager within 24 hours, they in turn will contact the relevant Head of / Director of Department and the person's Case Manager/ Duty Manager.

### **Record the following:**

1. The date and time of the incident
2. Exactly what the adult at risk said, using their own words (their account) about the abuse and how it occurred or exactly what has been reported to you

3. Appearance and behaviour of the adult at risk
4. Any injuries observed
5. The appearance and behaviour of any other relevant people
6. If you witnessed the incident, write down exactly what you saw.
7. The record should be factual. However, if the record does contain your opinion or an assessment, it should be clearly stated as such and be backed up by factual evidence.
8. The name and signature of the person making the record.

Remember, a support worker's role is supporting the person, not carrying out an investigation

## Medical examinations

It should be agreed as soon as possible whether a medical examination is necessary if this was not conducted immediately and or as part of emergency medical treatment.

The need for a medical examination should be decided as part of the initial discussions with the person and management.

The purpose of the medical examination is to:

- assess the extent of the abuse or injury with a view to the person receiving the appropriate medical treatment or advice.
- assess the extent of the person's abuse or injury with a view to making an informed decision in relation to protective action.
- obtain evidence for any investigation.

A medical examination should not be arranged against the person's wishes. The person may be more able to make an informed decision him or herself if they receive support and/or counselling from a person that they trust.

A medical examination may be particularly harrowing for the person if they have been abused, as the examination itself may be seen by the person to be a repetition of their abuse. It is essential that the person receives emotional support before, during, and after the examination. A person should be identified who will offer this support.

We would expect that any medical examination by a clinician should be conducted in an as sensitive a manner as possible and may have to advocate to ensure this. It may be necessary to discuss the person's support needs with the person conducting the examination beforehand.

It may be necessary to subsequently consult with other advice and support, such as sexual health specialists, Victim Support etc

## Police involvement

The view of the individual concerned must be considered throughout the investigative process. In some circumstances it may be necessary to contact the police and emergency services irrespective of their wishes, e.g. to protect the individual and others. No assurances should be given that the police will not be involved.

If the victim specifically asks for no police involvement, a discussion should be had between the line manager and Case Manager if possible, to consider this request based on the following points:

1. The vulnerability of the person if no action is taken.
2. The capacity of the victim to make the decision for police not to be involved.
3. How to further advise and support the person.
4. The vulnerability of others.
5. The seriousness of the offence/s if there has been:
  - Threat of violence
  - Use of violence / force
  - Verbal intimidation
  - Degree of influence and power over the victim

The police will make a judgement on the available information and take the lead on the next steps to be taken they will consider if an investigation is necessary and whether to use achieving best evidence guidelines.

If the alleged perpetrator is a person with a learning disability s/he is legally required to have an "appropriate" adult with him / her at all times when they are with the Police.

We have a duty of care to the people who use our services. It is therefore necessary for all those employees involved in supporting a person who has made an allegation of abuse to cooperate fully with any enquiry.

In some cases, the police will take the lead in an enquiry. Their enquiry will always take priority over any other investigation and any agreement to proceed with internal disciplinary procedures must be agreed.

Any evidence we have will be shared with the police and cooperation with access to additional information, witnesses, and staff time to be interviewed or provide statements supported as paid time.

Staff will be supported through HR and employee assist during this process.

## Providing support

The abuse of an adult at risk can result in a number of other individuals and or agencies being affected during the enquiry process. In these circumstances, it is important that the right support is provided to the person concerned but the support needs of others who might be affected must also be considered.

## **Victim**

Support should be provided during and after the investigation by people, such as the person's link worker, their advocate or a person experienced in working with the trauma of abuse. A case conference may identify further support required.

Opportunities for the victim to discuss their needs must be provided where possible. They should have some choice as to who provides this support to them, when and where it is provided and may take into consideration gender or cultural issues. Counselling or specialist support may need to be provided.

Possible needs that they may have at this time include the need to:

- Talk / communicate about what has happened.
- Understand that they were abused and that they had no responsibility for what happened.
- Learn about the issues of consent and abuse.
- Protect themselves from future abuse.
- Express and explore their feelings about being a survivor of abuse.
- Arrange medical treatment.

## **Families and other named representatives of the person supported.**

It is essential to remember the needs of family carers / representatives throughout this process as well as the restrictions of confidentiality and conflict with investigations. To hear that a relative or friend has allegedly been abused or is the abuser is traumatic and consideration to support provided must be included as part of the managing the safeguarding process.

We will ensure that the following takes place:

- Identified confidentiality with families / named representatives at the earliest instance.
- Contact will be made to the agreed named representative and any additional people agreed within the support plan by a manager, in person or by phone within a reasonable timescale.
- Letters/emails will be sent with updates, which keep people informed of actions while maintaining confidentiality.
- Offers of meetings with key people.
- Informing case managers of contact with families and named representatives and any information they wish to be handed on.
- Promoting the rights of families and named others to represent or support their family member if there is identified lack of capacity or it is in the best interest of the process.
- Confidentiality of any third parties including alleged perpetrators will be maintained at all times.

## **Team members**

Staff members are also likely to be affected by allegations made and will need additional support at this time.

Support will be identified through the HR team and Operations Management team based on observations and feedback. Support may be offered through debriefings, team meetings, supervisions, and access to counselling where appropriate.

Team members should also be signposted to the Employee Assistance Programme which can provide confidential external support.

Confidentiality must be remembered and maintained.

### **The alleged perpetrator**

It may be required to liaise with the police regarding the management of risks involved.

If a member of staff is the alleged perpetrator, an immediate decision has to be made whether to suspend them. A senior manager makes this decision with consultation with HR.

If the alleged perpetrator is another person supported, action taken could include removing them from contact with the adult at risk. In this situation, arrangements must be put in place to ensure that the needs of the person causing harm are also met whilst ensuring no one else is at risk.

Senior management will ensure that any member of staff or volunteer who it is suspected has caused risk or harm has no contact with people we support and others who may be at risk.

## **Reviews and monitoring**

In support of these procedures are recording and reporting forms such as the accident and incident reports, injury record sheets / body charts as well as complaints and whistleblowing procedures. This procedure works alongside all of these and is subject to review as legislation changes or improvements in practice are identified.

Our Chief Executive has overall responsibility for safeguarding and reporting to the Board of Trustees and is also responsible for ensuring robust and responsive safeguarding procedures and practice across the organisation.

The Director of Services is the Responsible Individual for registered services regulated by Care Quality Commission and as such all incidents are reported and monitored including serious incidents and 'near misses'.

A review of all incidents and accidents are completed on a quarterly basis and reported to the Board of Trustees through committees, and to funders through contract monitoring. Focussed reviews are also provided to the Board of Trustees to highlight learning and inform policy review.

### **Lead Organisation**

The local authority will be the key decision maker and oversee the safeguarding process. However, there may be a difference between the funding borough, the borough which pays for an individual's care and a hosting borough, where a person lives, or an incident occurs. In line with the Cross Borough Safeguarding Protocol in these cases, it will be the hosting borough, the borough where the incident occurs which takes the lead.

For example, should someone be funded by the City of Westminster and an incident which could be abuse occurs in Brighton, it is Brighton Safeguarding Adults Team

which is the lead authority and they will involve Westminster Safeguarding Adults Team in that process.

It is important to note that some boroughs interpretation of the Pan London Guidelines mean that a host borough may decide not to follow up under safeguarding protocol, but a funding borough may then take the lead.

### **Making safeguarding Personal (MSP)**

MSP is an initiative which works with the Care Act to develop an outcome focus for safeguarding work and is about engaging with individuals at risk through the management of a safeguarding concern to ensure their views and outcome are at the centre and remain at the centre of any safeguarding concern.

MSP seeks to achieve:

- A personalised approach that enables safeguarding to be done with, not to, people.
- Practice that focuses on achieving meaningful improvement to people's circumstances rather than just on 'investigation' and 'conclusion'.
- An approach that utilises social work skills rather than just 'putting people through a process'.
- An approach that enables practitioners, families, teams, and Safeguarding Adults Boards to know what difference has been made.
- Key to this process is the acknowledgement that involving the person fully may need time and resources. This does not change our contractual reporting obligations.

### **Planning meeting**

A planning meeting may be held when there are suspicions, concerns, or allegations of abuse. This meeting will be co-ordinated by an enquiry manager within the Care Management Team. This meeting should aim to happen within 5 days of the person's initial concern. It can be via telephone initially.

The meeting should not go ahead until the views of the adult at risk have been sought. In addition, the adult at risk should be supported to attend the meeting.

Purpose of the planning meeting is:

- To gather information on the allegation and consider intervention strategies.
- To assess the degree of risk to which the person using the service is subject.
- To work out clearly all prospective roles and agree on who will do what.
- To consider a protection plan includes legal options in event of the allegation/ indications being confirmed by further evidence.
- To decide if further assessment is necessary, who will co-ordinate this, and who will take on the investigation / interviews.
- To recognise the importance of seeking support and co-operation from the parents/ named representative. If the parent/ named representative is unwilling to agree to the person using the service being part of the enquiry the care manager will seek legal advice. If the person using the service can give



informed consent, the views of the parent/ named representative need not be sort.

- Should a person at risk have no next named representative the enquiry manager will identify an appropriate advocate.
- To be aware of the needs of a person using the service from a black or ethnic family, and to be racially and culturally sensitive. It is important, in the light of this information, to consider who is the most appropriate person to be involved in the interview of the person using the service.
- To consider support for parent/named representative and identify where this support should come from.
- To consider support for the team/s who work with the person using the service and identify where this support should come from.

## Case conference

A case conference would be called for the following reasons:

- There are suspicions that the person is being abused and the enquiry confirms this.
- The enquiry indicates that the person is at risk of further abuse.
- There is concern that the person is likely to be abused, for example, where a known abuser has connection or uses the service.
- The person attempts to commit suicide or causes or tries to cause deliberate harm to him/herself, and there are indications that this may relate to the person having been abused.
- A number of incidents appear suspicious, for example, several unexplained injuries have occurred, there is unexplained sexualised behaviour, or behaviour associated with previous abuse is displayed.

The purpose of the case conference is:

- For information sharing.
- To identify capacity of the person at risk to be involved in the process of the enquiry and any family or advocate involvement that could be supported.
- To consider the evidence and determine whether the allegation has been substantiated.
- Consider what support the person themselves needs and allocating the necessary resources.
- Consider the support other people using the service may need and allocating necessary resources.
- Consider what support family carers may need and allocating the necessary resources.
- Consider what support the team within the person's service may need and allocating the necessary resources.
- Identify who will take responsibility for specific tasks.
- Consider what legal action or redress is indicated.
- Assess any continuing or future risks to the person.
- To formulate an adult protection plan and determine who will monitor and co-ordinate the plan.
- To determine what additional information needs to be shared, with whom, on a 'need to know bases.

- To set a date for review if there are continued concerns. This should not be more than 3 months from the date of the original case conference.

### **Retracted allegations.**

Even if the person retracts their allegation, a case conference should still be held. Allegations of abuse are often retracted. The person may do this if they feel under pressure or unsupported. It is essential that all those involved with the person understand that a retraction does not mean that the person was not abused. The reason for the retraction will be complex and it is important that the person continue to receive support. It is also important that a retracted allegation is not used as a reason to prevent further reports being made to the police or being taken seriously.

### **Closing the enquiry.**

At the end of an enquiry a reconvened case conference review should ensure that:

- All reports are completed.
- The case conference or review has been held and all agree it can be closed.
- Case records contain all necessary information and forms.
- All those involved know to re-refer if there are any renewed concerns.
- All evidence and decisions are recorded.
- The reasons for closing the enquiry are recorded.

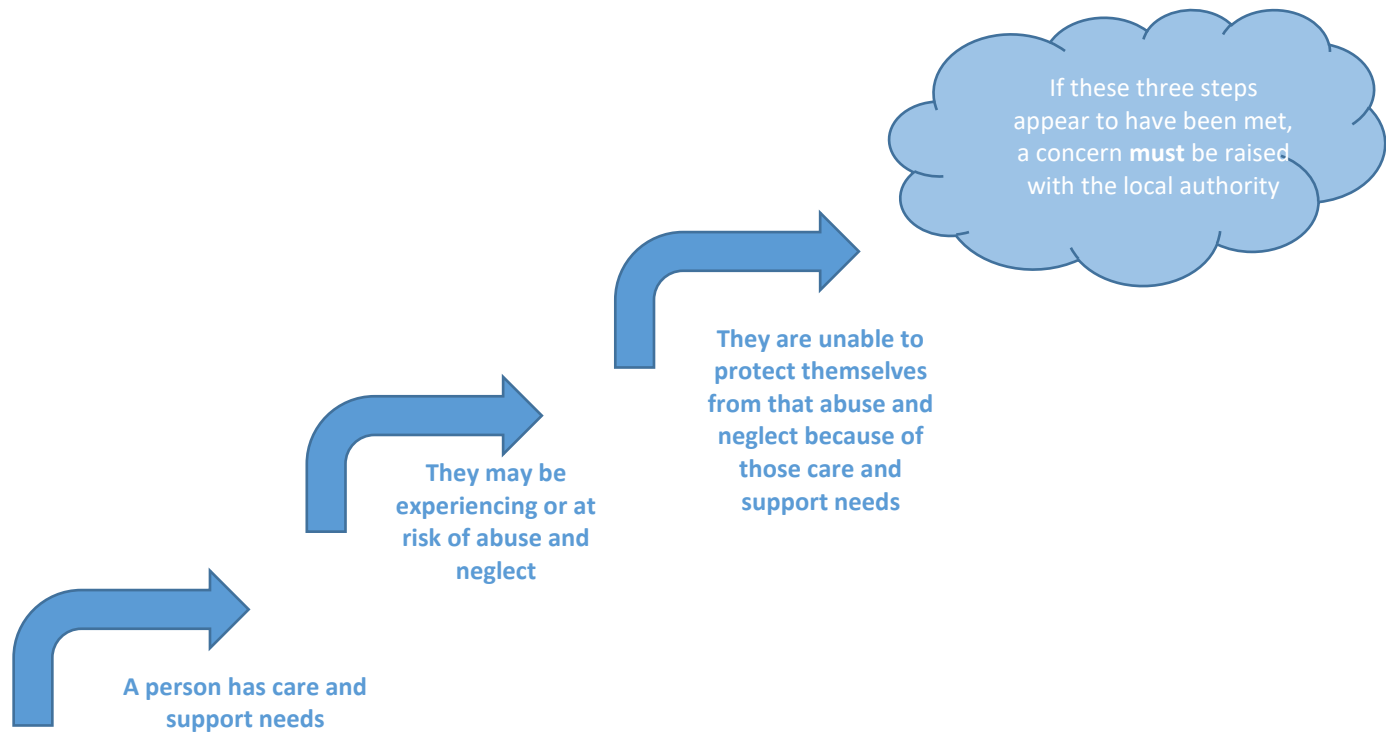
The case may remain open to case management, in which case future reviews will be conducted under their procedures.

### **Reviews and monitoring**

A further review meeting should be arranged to monitor the outcomes of the planned support that has been made for all those involved in the investigation.

At the end of the case conference, this policy should be reviewed, and any recommendations for improvement to the policy and/or its implementation should be written and sent to the Head of Department / Director.

## Care Act - triggers for a safeguarding concern



## Contact details & web links

[London Multi-Agency Adult Safeguarding Policy and Procedures](#)

[Making Safeguarding Personal – A Toolkit](#)

[Cross Borough Safeguarding Protocol](#)

### Local Authority

<p><b>Westminster</b> Safeguarding Adults Team 4 Frampton Street London NW8 8LF</p> <p>Safeguarding Adults Tel No: 020 7641 2176</p> <p>Safe Haven Fax Number: 020 7641 1593</p> <p>Email: <a href="mailto:safeguardingadults@westminster.gov.uk">safeguardingadults@westminster.gov.uk</a></p> <p>T: 020 7641 6000 out of hours</p>	<p><b>Kensington and Chelsea</b> Kensington and Chelsea Social Services line 020 7361 3013 <a href="mailto:socialservices@rbkc.gov.uk">socialservices@rbkc.gov.uk</a></p> <p>The Social Services line operates from 9am to 5pm, Monday to Friday.</p> <p>Emergency Duty Team 020 7373 2227</p>
<p><b>Hammersmith and Fulham</b> Tel: 0845 313 3935 Fax: 020 8753 5880</p> <p><a href="mailto:h&amp;fadvice.care@lbhf.gov.uk">h&amp;fadvice.care@lbhf.gov.uk</a></p> <p>Out of hours service Emergency Duty Team: 020 8748 8588</p>	<p><b>Camden</b> Access and Support Team 020 7974 4000</p> <p>Out of hours phone: 020 7974 4444</p>
<p><b>Harrow</b> One Stop Shop: Mon - Fri 9am to 5pm Tel: 020 8901 2680</p> <p>Out of hours Tel: 020 8424 0999</p> <p>Email: <a href="mailto:AHadults@harrow.gov.uk">AHadults@harrow.gov.uk</a></p>	<p><b>Islington</b> Access Team 0207 527 2299</p> <p>Email: <a href="mailto:access.service@islington.gov.uk">access.service@islington.gov.uk</a></p>



Care Quality Commission 03000 616161

**Review of policy or procedure**

<b>Date of last review</b>	August 2022
<b>Date of next review</b>	September 2023
<b>Date it was first implemented</b>	July 1997
<b>Author(s)</b>	CEO / Assistant Director of Adult Services
<b>Audience</b>	Adults over 18 whom we support, members of the public, professionals, families, employees, and volunteers

## Appendix one - abuse types and indicators

**Physical abuse** - Is where there is concern that another person has inflicted injury intentionally or through lack of care to vulnerable adult, or by those who have responsibility for their care and support. Physical abuse includes injuries, which are not explained satisfactorily.

Physical abuse	Possible signs and symptoms of abuse include:	Possible indicators of abuse include:
	<ul style="list-style-type: none"> <li>• Hitting, slapping, punching, kicking, hair-pulling, biting, punching</li> <li>• Rough / inappropriate handling and other forms of assault that may not leave visible signs of injury, but may cause pain or discomfort</li> <li>• Biting, deliberate burns, scalding</li> <li>• Physical punishments / beating</li> <li>• Inappropriate or unlawful use of restraint</li> <li>• Refusing assistance with tasks, ignoring a person's need for care / support,</li> <li>• Deprivation of, or misuse, of physical aids and adaptations</li> <li>• Neglect of personal care</li> <li>• Making someone purposefully uncomfortable (e.g. opening a window and removing blankets)</li> <li>• Stabbing, strangulation, poisoning, and wounding (breaking the skin) and other forms of assault that cause serious injuries or death</li> <li>• Involuntary isolation or confinement</li> <li>• Unauthorised use of control and restraint, punishment, or seclusion, including the use of unauthorised or unsupervised "time out" procedures.</li> <li>• Withholding, inappropriately altering or administering medication or other treatments</li> <li>• Forcible feeding or withholding food</li> <li>• Restricting movement (e.g. tying someone to a chair)</li> </ul>	<ul style="list-style-type: none"> <li>• Unexplained or inappropriately explained injuries / falls</li> <li>• Exhibiting untypical self-harm</li> <li>• Unexplained cuts or scratches to mouth, lips, gums, eyes, or external genitalia</li> <li>• Unexplained bruising to the face, torso, arms, back, buttocks, thighs, in various stages of healing</li> <li>• Collections of bruises that form regular patterns which correspond to the shape of an object, or which appear on several areas of the body</li> <li>• Unexplained burns on unlikely areas of the body (e.g. soles of the feet, palms of the hands, back), immersion burns (from scalding in hot water/liquid), rope burns, burns from an electrical appliance</li> <li>• Unexplained or inappropriately explained fractures at various stages of healing to any part of the body</li> <li>• Medical problems that go unattended</li> <li>• Induced or fabricated illness</li> <li>• A person being taken to many different places to receive medical attention</li> <li>• Pressure sores / skin injuries</li> <li>• Sudden and unexplained urinary and/or faecal incontinence.</li> <li>• Being left in soiled clothing</li> <li>• Evidence of over/under-medication</li> <li>• Flinches at physical contact</li> <li>• Appears frightened or subdued in the presence of particular people</li> <li>• Asks not to be hurt</li> <li>• May repeat what the person causing harm has said (e.g. 'Shut up or I'll hit you')</li> <li>• Reluctance to undress or uncover parts of the body / wears clothes that cover all parts of their body or specific parts of their body</li> <li>• Locks to doors and windows which the person cannot use</li> <li>• Wheelchair incapacitated and or tyres deflated.</li> <li>• Not being allowed to go out of a care home when they ask to or to visit friends / families at their request or request of another.</li> </ul>

**Domestic abuse** -The cross-government definition of domestic violence and abuse is: “any incident of pattern of incidents of controlling, coercive, 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”

Domestic abuse	Possible signs and symptoms of abuse include:	Possible indicators of abuse include:
	<p>The abuse can encompass, but is not limited to:</p> <ul style="list-style-type: none"> <li>• psychological</li> <li>• physical</li> <li>• sexual</li> <li>• financial</li> <li>• emotional.</li> </ul> <p>It also includes so called ‘honour’-based violence (when families feel that dishonour has been brought to the family by the actions of another family member. In some circumstances, there is a degree of collusion from family members and/or the community in the abusive and or violent behaviour), female genital mutilation and forced marriage.</p> <p>Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.</p> <p>Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.</p>	<ul style="list-style-type: none"> <li>• Low self-esteem</li> <li>• Feeling the abuse is their fault when it is not</li> <li>• Physical evidence of violence such as bruising, cuts, broken bones</li> <li>• Verbal abuse and humiliation in front of others</li> <li>• Fear of outside intervention</li> <li>• Damage to home or property</li> <li>• Isolation – not seeking friends or family</li> <li>• Prevented from seeing friends or family or attending college/work/appointments</li> <li>• Prevented from leaving the home</li> <li>• Being followed or continually asked where they are going</li> <li>• Limited access to money</li> <li>• Disclosure/s and retraction/s</li> </ul>

**Sexual abuse** -Is defined as the involvement of vulnerable adults in sexual activities or relationships which either they do not want and cannot consent to or where consent resulted from pressure via force or coercion.

Everyone has the right to decide what they do or don't want to do sexually. Not all sexual abuse is a violent "attack."

- Most victims of sexual assault know the assailant.
- Both men and women can be victims of sexual abuse.
- Both men and women can be perpetrators of sexual abuse.
- Sexual abuse can occur in same-sex and opposite-sex relationships.
- Sexual abuse can occur between two people who have been sexual with each other before, including people who are married or dating.

Sexual abuse	Possible signs and symptoms of abuse include:	Possible indicators of abuse include:
	<ul style="list-style-type: none"> <li>• Rape, indecent exposure, sexual harassment, sexual assault.</li> <li>• Unwanted kissing</li> <li>• Inappropriate looking or touching</li> <li>• Sexual teasing or innuendo</li> <li>• Sexual photography</li> <li>• Subjection to pornography or witnessing sexual acts</li> <li>• Sexual acts to which the adult has not consented or was pressured into consenting</li> <li>• Unwanted rough or violent sexual activity.</li> <li>• Refusing to use condoms or restricting someone's access to birth control.</li> <li>• Keeping someone from protecting themselves from sexually transmitted infections (STIs).</li> <li>• Sexual contact with someone who is very drunk, drugged, unconscious or otherwise unable to give a clear and informed "yes" or "no."</li> <li>• Threatening or pressuring someone into unwanted sexual activity</li> <li>• Offensive or suggestive sexual language or action</li> <li>• Incest</li> <li>• It includes penetration of any sort, and situations where the person causing harm touches the abused person's body (e.g. breasts, buttocks, genital area),exposes his or her genitals (possibly encouraging the abused person to touch them) or coerces the abused person into participating in or looking at pornographic videos or photographs.</li> <li>• Denial of a sexual life to consenting adults is also considered abusive practice.</li> <li>• Any sexual relationship that develops between adults where one is in a position of trust, power, or authority in relation to the</li> </ul>	<ul style="list-style-type: none"> <li>• Has urinary tract infections, vaginal infections or sexually transmitted diseases that are not otherwise explained</li> <li>• Appears unusually subdued, withdrawn or has poor concentration</li> <li>• Exhibits significant changes in sexual behaviour or outlook</li> <li>• Foreign bodies in genital or rectal openings</li> <li>• Unusual difficulty in walking or sitting</li> <li>• Refusing / fear of personal care</li> <li>• Bruising to thighs and upper arms</li> <li>• Incontinence</li> <li>• Withdrawal</li> <li>• Sleep disturbance</li> <li>• Excessive fear / apprehension of, or withdrawal from relationships</li> <li>• Fear of staff or other carers</li> <li>• Reluctance to left alone with someone</li> <li>• Refusal to accept support</li> <li>• Self-harming.</li> <li>• Experiences pain, itching or bleeding in the genital/anal area</li> <li>• Underclothing is torn, stained or bloody</li> <li>• A woman who lacks the mental capacity to consent to sexual intercourse becomes pregnant</li> <li>• Signs that someone is trying to take control of their body or body image, such as head banging, self-harm, putting on or losing a lot of weight, anorexia, or bulimia</li> <li>• Behaviour that indicates that the person is afraid of another person, or a change of behaviour in presence of them</li> <li>• It may be that the perpetrator is observed to have an overly familiar or sexualised relationship with the person experiencing abuse</li> <li>• Sexual exploitation.</li> </ul> <p>The sexual exploitation of adults with care and support needs involves exploitative situations, contexts and relationships where adults with care and</p>



<p>other (e.g. support worker / social worker / health worker) may also constitute sexual abuse</p>	<p>support needs (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of performing sexual activities, and/or others performing sexual activities on them.</p> <p>Sexual exploitation can occur through the use of technology without the person's immediate recognition. This can include being persuaded to post sexual images or videos on the internet or a mobile phone with no immediate payment or gain or being sent such an image by the person alleged to be causing harm. In all cases those exploiting the adult have power over them by virtue of their age, gender, intellect, physical strength, and/or economic or other resources.</p>
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The signs that a person is experiencing psychological abuse and or sexual abuse are often similar. This is due to the emotional impact sexual abuse can have on a person's sense of identity. In such circumstances, the perpetrator may apply emotionally manipulative behaviour in order to "groom" the person they plan to abuse sexually.

Support teams should adopt a clear and open approach to the sexuality and sexual needs of the people they support or care for. It is therefore helpful to understand the alleged victims' attitude and orientation to sexual matters when assessing risk.

Where physical injury has occurred, a medical practitioner must be responsible for assessing any injuries and their causes.

**Psychological / emotional abuse** - Psychological abuse is the denial of a person's human and civil rights including choice and opinion, privacy and dignity and being able to follow one's own spiritual and cultural beliefs or sexual orientation.

It includes preventing the adult from using services that would otherwise support them and enhance their lives. It also includes the intentional and/or unintentional withholding of information (e.g. information not being available in different formats/languages etc.).

Psychological abuse	Possible signs and symptoms of abuse include:	Possible indicators of abuse include:
	<ul style="list-style-type: none"> <li>• Use of threats or fear to override a person's wishes</li> <li>• Lack of privacy or choice</li> <li>• Denial of dignity</li> <li>• Deprivation of social contact or deliberate isolation</li> <li>• Being made to feel worthless</li> <li>• Threat(s) to withdraw care or support, or contact with friends</li> <li>• Humiliation, blaming</li> <li>• Use of coercion, control, harassment, verbal abuse</li> <li>• Treating an adult as if they were a child</li> <li>• Cyber bullying</li> <li>• Refusal to allow person to see others alone or to receive telephone calls / visits on their own</li> <li>• Removing mobility or communication aids, or intentionally leaving someone unattended when they ask for assistance</li> <li>• Preventing someone from meeting their religious or cultural needs</li> <li>• Preventing stimulation or meaningful occupation or activities</li> <li>• Being made to say or do things, or think in ways prescribed by the abuser</li> <li>• Being deprived of sleep / kept exhausted and debilitated</li> <li>• Misuse of medication</li> </ul>	<ul style="list-style-type: none"> <li>• Extreme submissiveness or dependency</li> <li>• Sharp changes in behaviour in the presence of certain people</li> <li>• Self-abusive behaviours</li> <li>• Loss of confidence</li> <li>• Loss of appetite</li> <li>• Untypical ambivalence, deference, passivity, resignation</li> <li>• Appears anxious or withdrawn, especially in the presence of the alleged abuser</li> <li>• Exhibits low self-esteem</li> <li>• Untypical changes in behaviour (e.g. continence problems, sleep disturbance)</li> <li>• Adult is not allowed visitors/phone calls</li> <li>• Adult is locked in a room/in their home</li> <li>• Denied access to aids or equipment, (e.g. glasses, dentures, hearing aid, mobility aids)</li> <li>• Access to personal hygiene and toilet is restricted</li> <li>• Movement is restricted by use of furniture or other equipment</li> <li>• Bullying via social networking internet sites and persistent texting</li> <li>• Denied access to medical care, or appointments with other agencies</li> <li>• Decreased ability to communicate</li> <li>• Privacy denied in relation to care, feelings, or other aspects of their life</li> </ul>

**Financial or material abuse** - Financial abuse includes the misuse or misappropriation of property, benefits, and possessions. Includes, direct theft of money or possessions, misappropriation of funds or the entry of the person into contracts or transactions, which they do not understand and has not or could not consent to.

Financial or material abuse	Possible signs and symptoms of abuse include:	Possible indicators of abuse include:
	<ul style="list-style-type: none"> <li>• Theft, fraud, internet scamming</li> <li>• Coercion in relation to an adult's financial affairs or arrangements, including in connection with wills /property / inheritance / financial transactions</li> <li>• Misuse or misappropriation of property, possessions and/or benefits</li> <li>• Deceiving or manipulating a person out of money or property</li> <li>• Withholding or misusing money, property, or possessions</li> <li>• Misuse of benefits by others</li> <li>• Someone moving into a person's home and living rent free without agreed financial arrangements</li> <li>• False representation, using another person's bank account, cards, or documents</li> <li>• Exploitation of person's money or assets (e.g. unauthorised use of a car)</li> <li>• Misuse of power of attorney, deputy, appointeeship or other legal authority</li> <li>• Receiving 'gifts' from a vulnerable adult.</li> </ul>	<ul style="list-style-type: none"> <li>• Unexplained or sudden inability to pay bills</li> <li>• Unexplained withdrawal of money from accounts</li> <li>• Lack of money especially after pay/benefit day</li> <li>• Personal possessions going missing</li> <li>• Contrast between known income and actual living conditions</li> <li>• Unusual interest by friend / relative / neighbour in financial matters</li> <li>• Pressure from named representative for formal arrangements being set up</li> <li>• Illegal moneylending</li> <li>• Mis-selling / selling by door-to-door traders / cold calling</li> <li>• Recent changes of deeds / title of house or will</li> <li>• Disparity between assets/income and living conditions</li> <li>• Recent acquaintances expressing sudden or disproportionate interest in the adult and their money</li> <li>• Power of attorney obtained when the adult lacks the capacity to make this decision</li> <li>• The recent addition of unauthorised signatories on an adult's accounts or cards</li> <li>• Unexplained loss / misplacement of financial documents</li> <li>• A significant increase in the volume of post/calls being received / talking about winning competitions or lotteries</li> <li>• An unexplained change in normal spending patterns and behaviours</li> <li>• Reluctance on the part of the person with responsibility for the funds to provide basic food etc.</li> <li>• Items on receipts not being accounted for</li> <li>• Person managing the financial affairs is evasive or uncooperative</li> </ul>

**Modern slavery-** Modern slavery is an offence where:

- The person holds another person in slavery or servitude and the circumstances are such that the person knows or ought to know that the other person is held in slavery or servitude, or
- The person requires another person to perform forced or compulsory labour and the circumstances are such that the person knows or ought to know that the other person is being required to perform forced or compulsory labour.

There are many different characteristics that distinguish slavery from other human rights violations, however only one needs to be present for slavery to exist.

Modern slavery	Possible signs and symptoms of abuse include:	Possible indicators of abuse include:
	<ul style="list-style-type: none"> <li>• Encompasses slavery, human trafficking, forced labour and domestic servitude</li> <li>• 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</li> <li>• A large number of active organised crime groups are involved in modern slavery, but it is also committed by individual opportunistic perpetrators</li> <li>• Someone is in slavery if they are:               <ul style="list-style-type: none"> <li>• Forced to work (through mental or physical threat)</li> <li>• Owned or controlled by an ‘employer’, usually through mental or physical abuse, or the threat of abuse</li> <li>• Dehumanised, treated as a commodity, or bought and sold as ‘property’</li> <li>• Physically constrained or has restrictions on their freedom of movement.</li> </ul> </li> <li>• Contemporary slavery takes various forms and affects people of all ages, gender, and races</li> <li>• Human trafficking involves an act of recruiting, transporting, transferring, harbouring, or receiving a person through a use of force, coercion, or other means, for the purpose of exploiting them.</li> </ul>	<ul style="list-style-type: none"> <li>• Physical appearance – victims may show signs of physical or psychological abuse, look malnourished or unkempt, or appear withdrawn</li> <li>• Isolation – victims may rarely be allowed to travel on their own, seem under the control or influence of others, rarely interact, or appear unfamiliar with their neighbourhood or where they work</li> <li>• Poor living conditions – victims may be living in dirty, cramped, or overcrowded accommodation, and/or living and working at the same address</li> <li>• Few or no personal effects – victims may have no identification documents, have few personal possessions, and always wear the same clothes day in, day out. What clothes they do wear may not be suitable for their work</li> <li>• Restricted freedom of movement – victims have little opportunity to move freely and may have had their travel documents (e.g. passports) retained</li> <li>• Unusual travel times – they may be dropped off/collected for work on a regular basis either very early in the morning or very late at night</li> <li>• Reluctance to seek help – victims may avoid eye contact, appear frightened or hesitant to talk to strangers and fear law enforcers for many reasons, such as not knowing who to trust or where to get help, fear of deportation, fear of violence to them or their family</li> </ul>

**Discriminatory abuse-** Includes harassment or abuse from support services and staff, other people using the service or any other person. Abuse because of a person’s disability, race, ethnic/cultural background, sexual orientation, age, religion, or gender, this can be using stereotypes, excluding someone based on their differences, intimidation, use of language etc.

Discriminatory abuse	Possible signs and symptoms of abuse include:	Possible indicators of abuse include:
	<ul style="list-style-type: none"> <li>• 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)</li> <li>• Verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic</li> <li>• Denying access to communication aids, not allowing access to an interpreter, signer, or lipreader</li> <li>• Harassment or deliberate exclusion on the grounds of a protected characteristic</li> <li>• Sub-standard service provision relating to a protected characteristic.</li> </ul>	<ul style="list-style-type: none"> <li>• Acts or comments motivated to harm and damage, including inciting others to commit abusive acts</li> <li>• Lack of effective communication provision, e.g. interpretation</li> <li>• Being subjected to racist, sexist, ageist, gender-based abuse</li> <li>• Abuse specifically about their disability</li> <li>• The person appears withdrawn and isolated</li> <li>• Expressions of anger, frustration, fear, or anxiety</li> <li>• Making complaints about the service not meeting their needs</li> <li>• Low self esteem</li> <li>• Anxiety and lack of confidence</li> <li>• Deference or submission to another</li> </ul>

**Organisational abuse**-This may take the form of isolated incidents of poor or unprofessional practice at one end of the spectrum, through to pervasive ill treatment or gross misconduct at the other.

Neglect and poor professional practice can often develop into organisational abuse

Organisational abuse	Possible signs and symptoms of abuse include:	Possible indicators of abuse include:
	<ul style="list-style-type: none"> <li>• Run-down, over-crowded establishment</li> <li>• Un-homely or stark living environments</li> <li>• Inappropriate care of possessions, clothing and living area</li> <li>• Authoritarian management or rigid regimes</li> <li>• Lack of leadership and supervision</li> <li>• Inadequate staff training and/or guidance</li> <li>• Insufficient staff or high turnover resulting in poor quality care</li> <li>• Abusive and disrespectful attitudes towards people using the service</li> <li>• Inappropriate use of restraints</li> <li>• Lack of respect for dignity and privacy</li> <li>• Failure to manage residents with abusive behaviour</li> <li>• Not providing adequate food and drink, or assistance with eating</li> <li>• Not offering choice or promoting independence</li> <li>• Misuse of medication</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of support plans</li> <li>• Contact with outside world not encouraged</li> <li>• No flexibility or lack of choice, e.g. time when to get up in a morning or go to bed, or what to eat</li> <li>• Routines are engineered for the benefit of staff</li> <li>• Lack of personal effects</li> <li>• Strong smell of urine</li> <li>• Staff not visiting for allocated time due to pressure resulting in some tasks not being fully carried out</li> <li>• Poor moving and handling practices</li> <li>• Failure to provide care with dentures, glasses, hearing aids</li> <li>• Discouraging / refusing visits or the involvement of relatives, friends</li> <li>• Lack of flexibility or choice for adults using the service</li> <li>• Inadequate staffing levels</li> <li>• People being hungry or dehydrated or no opportunity for drinks / snacks</li> <li>• Inappropriate use of restraint</li> <li>• Sensory deprivation</li> <li>• Poor standards of care</li> <li>• Lack of personal clothing and possessions, and communal use of personal items</li> <li>• Lack of adequate procedures</li> <li>• Poor record-keeping; missing documents</li> <li>• Few social, recreational, and educational activities</li> <li>• Interference with mail</li> <li>• Public discussion of personal matters or unnecessary exposure during bathing or using the toilet</li> </ul>

**Neglect or acts of omission** -Includes ignoring medical or physical needs, failure to provide access to appropriate health, social care, or educational services. The withholding of necessities of life such as adequate nutrition, clothing, heating, fluid intake etc.

Neglect and acts of omission	Possible signs and symptoms of abuse include:	Possible indicators of abuse include:
	<ul style="list-style-type: none"> <li>• Failure to provide or allow access to food, shelter, clothing, heating, stimulation, and activity, personal or medical care</li> <li>• Unauthorised administration or withdrawal of prescribed medication, including either the over administration of medication, irregular administration of medication or refusal to abide by approved treatment on the part of the team or individuals within the team</li> <li>• Failure to provide care in the way the person wants</li> <li>• Failure to allow choice and preventing people from making their own decisions</li> <li>• Failure to ensure appropriate privacy and dignity</li> <li>• Negligence in the face of unacceptable risk-taking behaviour, including:             <ul style="list-style-type: none"> <li>• The failure to intervene in behaviour which is dangerous to the person or to others.</li> <li>• The failure to use agreed risk-taking procedures and consultation processes.</li> </ul> </li> <li>• Supporting the person to abuse alcohol or drugs either on their own initiative or under the influence of others.</li> <li>• Neglect and Acts of Omission may also include:             <ul style="list-style-type: none"> <li>• To treat people carelessly</li> <li>• To pass people by without notice</li> <li>• To fail to people give due care and attention</li> <li>• Failure to follow guidelines relating to a person's care and support.</li> </ul> </li> <li>• Neglect and poor professional practice may take the form of isolated incidents or pervasive ill treatment and gross misconduct. Neglect of this type may happen within an adult's own home or within an institution. Repeated instances of poor care may be an indication of more serious problems.</li> </ul>	<ul style="list-style-type: none"> <li>• Poor hygiene/cleanliness of the person who has been assessed as needing assistance</li> <li>• Repeated infections</li> <li>• Dehydration / unexplained weight loss / malnutrition</li> <li>• Sensory deprivation / isolation (such as the lights or the television being left on constantly)</li> <li>• Repeated or unexplained falls or trips</li> <li>• Withholding of assistance aids, e.g. hearing aids, or walking devices</li> <li>• Pressure sores or ulcers</li> <li>• Untreated injuries and medical problems</li> <li>• Inadequate or delayed response to medical matters or other matters</li> <li>• Inconsistent or reluctant contact with medical and social care organisations</li> <li>• Accumulation of untaken medication</li> <li>• Uncharacteristic failure to engage in social interaction</li> <li>• Inappropriate or inadequate clothing</li> <li>• Soiled or wet clothing</li> <li>• Exposure to unacceptable risk</li> <li>• Missing documents</li> </ul>

Neglect and poor professional practice can often develop into organisational abuse.

**Self-neglect** - Self-neglect is where an individual fails to take care of him or herself to an extent that their behaviour causes, or is reasonably likely to cause within a short period of time, serious physical, mental or emotional harm or substantial damage to or loss of assets. In such circumstances, the abuse lies in the failure of authorities and or providers to assess risk and attempt intervention and provide alternative lifestyle choices and options.

Self-neglect includes behaviours such as hoarding, and every effort must be made to work with the individual to understand the motivation and potential remedies. Due to the nature of the responsibilities of those involved, most cases of self-neglect will not result in a Section 42 enquiry.

Self-neglect	Possible signs and symptoms of abuse include:	Possible indicators of abuse include:
	<ul style="list-style-type: none"> <li>• Covers a wide range of behaviour neglecting to care for one's personal hygiene, health, or surroundings</li> <li>• Includes behaviour such as hoarding</li> <li>• Inability (intentional or non-intentional) to maintain a socially and culturally accepted standard of selfcare with the potential for serious consequences to the health and well-being of the individual and sometimes to their community</li> <li>• A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support.</li> </ul>	<ul style="list-style-type: none"> <li>• Dehydration</li> <li>• Malnutrition</li> <li>• Untreated or improperly attended medical conditions and poor personal hygiene</li> <li>• Hazardous or unsafe living conditions or arrangements (e.g. improper wiring, no indoor plumbing, no heat, no running water)</li> <li>• Unsanitary or unclean living quarters (e.g. animal / insect infestation, no functioning toilet, faecal / urine smell)</li> <li>• Inappropriate and/or inadequate clothing</li> <li>• Lack of the necessary medical aids (e.g. glasses, hearing aids, dentures, walking aids)</li> <li>• Grossly inadequate housing or homelessness</li> <li>• Hoarding large numbers of pets</li> <li>• Portraying eccentric behaviour / lifestyles</li> </ul> <p>NB. Poor environments and personal hygiene may be a matter of personal or lifestyle choice, or other issues such as insufficient income. When a person has capacity, it is important to work with them and to understand their wishes and feelings. If the person lacks capacity to make relevant decisions best interest decision making may be necessary whilst still considering of the person's wishes as far as these can be ascertained.</p>



## Appendix two – other types of abuse

### **Hate crime**

A hate crime is any criminal offence motivated by hostility or prejudice based upon the victim's disability, race, religion, or belief,

sexual orientation, transgender identify. Hate crime can take many forms including:

- Physical attacks such as physical assault, damage to property, offensive graffiti, and arson.
- Threat of attack including offensive letters, emails, abusive or obscene telephone calls, groups hanging around to intimidate and
- unfounded, malicious complaints.
- Verbal abuse, insults or harassment, taunting, offensive leaflets and posters, abusive gestures, dumping of rubbish outside
- homes or through letterboxes and bullying at school or in the workplace.
- The use of electronic media to abuse, insult, taunt or harass.

If the adult meets the criteria set out in this policy, then any safeguarding concern that is also a hate crime should also be reported to the local police.

For further information please refer to Home Office guidance on hate crime

### **Mate crime**

Mate crime occurs when a person is harmed or taken advantage of by someone, they thought was their friend.

Mate crime can become a very serious form of abuse. In some cases, victims of mate crime have been badly harmed or even killed.

Surveys indicate that people with disabilities can often become the targets of this form of exploitation.

Mate crime may involve financial abuse (such as a perpetrator demanding or asking to be lent money and then not paying it back), physical abuse (the person may be kicked, punched etc. for the amusement of the perpetrator and others), emotional abuse (the perpetrator might manipulate or mislead the person), or sexual abuse (the person might be sexually exploited by someone they think is their partner or friend).

Adults at risk often do not recognise they have been the subject of mate crime. The focus of enabling safety needs to be on encouraging an understanding for the individual of their right to make choices, but also their right to remain free from abuse.

### **Forced marriage**

Forced marriage is a term used to describe a marriage in which one or both of the parties is married without their consent or against their will.

A forced marriage differs from an arranged marriage, in which both parties' consent to the assistance of their parents or a third party in identifying a spouse.

In a situation where there is concern that an adult at risk is being forced into a marriage they do not or cannot consent to, there will be an overlap between action taken under the forced marriage provisions and the safeguarding adults process.

In this case action will be co-ordinated with the police and other relevant organisations. The police must always be contacted in such cases as urgent action may need to be taken.

### **Honour based violence**

Honour based violence is a collection of practices, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour. Such violence can occur when perpetrators perceive that a relative has shamed the family and / or community by breaking their honour code.

It can be distinguished from other forms of violence, as it is often committed with some degree of approval and/or collusion from family and/or community members. Women, men, and younger members of the family can all be involved in the abuse.

Victims may find themselves in an abusive and dangerous situation against their will with no power to seek help. The usual avenues for seeking help – through parents or other family members may be unavailable. Honour based violence manifests itself in a diverse range of ways, including forced marriage, domestic and/or sexual violence, rape, physical assaults, harassment, kidnap, threats of violence (including murder), witnessing violence directed towards a sibling or indeed another family member, and female genital mutilation.

Online targeting of victims is being used more frequently as a means of controlling and exploiting them.

Victims can find it difficult to leave abusive relationships or ask for help if their immigration status is uncertain. They may face a number of issues such as a fear of deportation, bringing 'shame' on their families, financial difficulties, and homelessness, or losing their children.

The notion of shame and the associated risk to the victim may persist long after the incident that brought about dishonour occurred. This means any new partner of the victim, children, associates, or their siblings may be at risk of harm.

Behaviours that could be seen to transgress concepts of honour include:

- Inappropriate make-up or dress.
- The existence of a boyfriend or a perceived unsuitable relationship e.g. a gay/lesbian relationship.
- Rejecting a forced marriage.
- Pregnancy outside of marriage.
- Being a victim of rape.
- Inter-faith relationships (or same faith, but different ethnicity).

- Leaving a spouse or seeking divorce.
- Kissing or intimacy in a public place.
- Alcohol and drugs use.

It is important to be mindful that people may be subject to honour-based violence for reasons which may seem improbable or relatively minor to others

### **Female Genital Mutilation (FGM)**

FGM is a procedure where the female genital organs are injured or changed and there is no medical reason for this.

It is frequently a very traumatic and violent act for the victim and can cause harm in many ways. The practice can cause severe pain and there may be immediate and/or long-term health consequences, including mental health problems, difficulties in childbirth, causing danger to the child and mother, and/or death.

FGM is a criminal offence – it is child abuse and a form of violence against women and girls and must be treated as such.

It is illegal in England and Wales under the Female Genital Mutilation Act 2003. As amended by the Serious Crime Act 2015, the Female Genital Mutilation Act 2003 now includes:

- An offence of failing to protect a girl from the risk of FGM
- Extra-territorial jurisdiction over offences of FGM committed abroad by UK nationals and those habitually (as well as permanently) resident in the UK
- Lifelong anonymity for victims of FGM
- FGM Protection Orders which can be used to protect girls at risk, and
- A mandatory reporting duty which requires specified professionals to report known cases of FGM in under 18s to the police.

For further information please refer to multi-agency statutory guidance on FGM for more information

### **PREVENT – Preventing radicalisation to extremism**

The Prevent strategy forms part of the UK's Counter Terrorism and Security Act 2015. The Government's revised Prevent strategy was launched in June 2011 with its key objectives being to challenge the ideology that supports terrorism and those who promote it, prevent people from being drawn into terrorism, and work with 'specified authorities' where there may be risks of radicalisation.

The scope of the Prevent Duty covers terrorism and terrorist related activities, including domestic extremism and non-violent extremism. The aim is to work with partner agencies, primarily the police, to divert people away from what could be considered to be linked to terrorist activity.

Prevent defines extremism as: "vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces".

Radicalisation is defined by the UK Government within this context as “the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.”

Channel is a multi-agency programme which provides support to individuals who are at risk of being drawn into terrorism. Channel provides a mechanism at an early stage, for assessing and supporting people who may be targeted / or radicalised by violent extremists.

### **Criminal Exploitation (including Cuckooing)**

Criminal exploitation of children and vulnerable adults is a geographically widespread form of harm that is a typical feature of county lines activity. It is a harm which is relatively little known about or recognised by those best placed to spot its potential victims.

County lines is the police term for urban gangs supplying drugs to suburban areas and market and coastal towns using dedicated mobile phone lines or “deal lines”. It involves child criminal exploitation (CCE) as gangs use children and vulnerable people to move drugs and money. Gangs establish a base in the market location, typically by taking over the homes of local vulnerable adults by force or coercion in a practice referred to as ‘cuckooing’.

County lines is a major, cross-cutting issue involving drugs, violence, gangs, safeguarding, criminal and sexual exploitation, modern slavery, and missing persons; and the response to tackle it involves the police, the National Crime Agency, a wide range of Government departments, local government agencies and voluntary and community sector) organisations. County lines activity and the associated violence, drug dealing, and exploitation has a devastating impact on young people, vulnerable adults, and local communities.

Like other forms of abuse and exploitation, county lines exploitation:

- can affect any child or young person (male or female) under the age of 18 years
- can affect any vulnerable adult over the age of 18 years.
- can still be exploitation even if the activity appears consensual.
- can involve force and/or enticement-based methods of compliance and is often accompanied by violence or threats of violence.
- can be perpetrated by individuals or groups, males or females, and young people or adults; and
- is typified by some form of power imbalance in favour of those perpetrating the exploitation.

Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, cognitive ability, physical strength, status, and access to economic or other resources. One of the key factors found in most cases of county lines exploitation is the presence of some form of exchange (e.g. carrying drugs in return for something). Where it is the victim who is offered, promised or given something they need or want, the exchange can include both tangible (such as money, drugs or clothes) and intangible rewards (such as status, protection or perceived friendship or affection). It is important to remember the unequal power dynamic within

which this exchange occurs and to remember that the receipt of something by a young person or vulnerable adult does not make them any less of a victim. It is also important to note that the prevention of something negative can also fulfil the requirement for exchange, for example a young person who engages in county lines activity to stop someone carrying out threat to harm their family.