

SAFEGUARDING ADULTS POLICY

JUNE 2022

THE SOCIAL INNOVATION PARTNERSHIP



Policy name	Safeguarding Adults Policy
History	Date adopted: Dec 2019
	Date of last review & update: June 2022
	Next review date due: Feb 2024
Approval Authority	Chair of Directors, Mercy Shibemba
Responsible Office	CEO and SLT
Designated Safeguarding Officer	Saboohi Bukhari, Daniel Morris (TSIP), Serena Dyett (Community)

Scope: safeguarding policies, procedures and guidance

Reason for policy: to provide guidance to staff on the policies and arrangements for identifying and reporting safeguarding concerns

Who should read this policy: everyone working on behalf of The Social Innovation Partnership (TSIP)

Contents

1. Policy Statement	3
2. Scope	3
3. Identifying a safeguarding concern	4
3.1 Categories of abuse	5
3.2 Self-harm and suicidal behaviours	6
4. Reporting a safeguarding concern	6
4.1 How to raise a Safeguarding concern (external)	7
4.2 How to raise a Safeguarding concern (internal)	10
4.3 If the person doesn't want to raise a safeguarding concern	11
5. Systems for tracking and monitoring safeguarding outcomes	12
6. Safer recruitment and workforce management	13
6.1 Safer recruitment	13
6.2 Workforce management	13
6.3 Referrals to the disclosure and barring service	13
6.4 Training and development	13
7. Safeguarding governance, management and learning	14
7.1 Safeguarding lead	14

7.2 Board of Directors	15
<i>Appendix 1: categories, types and indicators of abuse</i>	16
<i>Appendix 2: INCIDENT REPORT FORM</i>	22
<i>Appendix 3: References and resources</i>	24

1. Policy Statement

The Social Innovation Partnership (TSIP) is committed to protecting people’s right to live a safe, healthy and enjoyable life, free from any form of abuse or neglect. In this policy, we use the term ‘abuse’ to include both abuse and neglect. We take all concerns about whether someone is at risk of harm seriously and respond by following the procedures in this policy.

Everyone working on behalf of The Social Innovation Partnership will:

- be alert to the possibility of abuse
- report suspicions of abuse to the local authority
- be trained and supported to follow the policy
- have recruitment checks including the relevant reference checks in line with our Recruitment and Selection policy
- have an up to date DBS certificate

Staff and volunteers who work with adults at risk will be provided with appropriate training on adult abuse and protection

The social innovation partnership follows the principles of “making safeguarding personal.” This means we put the views and wishes of people at risk of harm at the centre of how we support them to be safe. We will work collaboratively with professionals to do this.

This policy will be reviewed yearly, or as and when required.

2. Scope

This policy applies to everyone working on behalf of The Social Innovation Partnership (TSIP) including employees, associates, consultants, community members, volunteers, students, contractors and directors.

This policy covers suspicions of abuse perpetrated by someone / an institution outside TSIP and someone working on behalf of TSIP.

Whether or not they're using our services, this policy covers risk of harm for everyone over 18 years of age who has care support needs. See our Safeguarding Children and Young People policy for procedures for those under 18 years of age.

This policy should be read alongside:

- Safeguarding Children and Young People Policy
- Data Protection and Privacy Policy
- Whistleblowing Policy

3. Identifying a safeguarding concern

Abuse can happen anywhere, and anyone can be an abuser. In some cases, people who abuse or neglect may not realise they are abusing, e.g. carers who act out of character due to stress. Incidents of abuse may be one off or multiple, they can be intentional or unintentional, and they can affect one person or more.

Not all forms of abuse will be immediately recognisable, or based on one significant incident. Abuse can be recognised through identifying patterns, e.g. the number of concerns or complaints raised about a particular provider, service or hospital, or a person continually losing weight / changes in their behaviour. Line managers must make sure there are opportunities to talk about such concerns during supervision and team meetings, and raise suspected patterns as safeguarding concerns.

We must be aware of barriers to recognising abuse. these include:

- our own interpretation of behaviours
- cultural beliefs, relationships with other adults, parents or children
- concern about discrimination
- lack of sharing and analysis of information; or any communication difficulties

For adults with care and support needs

The local authority has a statutory responsibility under the Care Act 2014 to “make enquiries, or cause others to do so” if it believes someone over the age of 18:

- has needs for care and support (whether or not the local authority is meeting those needs); and
- is experiencing, or at risk of, abuse; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse

An adult with current support needs maybe:

- an older person
- someone with a physical disability, a learning disability or a sensory impairment
- someone with mental health needs, including dementia or a personality disorder
- someone with a long term health condition
- someone who misuses substances or alcohol to the extent that it affects their ability to manage day to day living

NB. not everyone in the list above will have care and support needs.

For everyone under the age of 18: see our Safeguarding Children and Young People policy.

Perpetrators and potential locations of abuse

The person being mistreated often (though not always) knows the person responsible for their abuse quite well. People who might cause abuse could include:

- | | |
|---|---|
| □ A paid carer or volunteer | □ people who deliberately exploit vulnerable people |
| □ health worker, social care or other professional worker | □ an unpaid carer |
| □ a relative, friend or neighbour | □ another adult at risk |

- another resident or service user
- an organised gang
- an occasional visitor or someone who is providing a service

3.1 Categories of abuse

The Care Act 2014 identifies 10 categories of abuse relating to adults with care and support needs:

- physical abuse
- domestic violence
- sexual abuse
- psychological abuse
- financial or material abuse
- modern slavery
- discriminatory abuse
- organisational abuse
- neglect or acts of omission
- self-neglect

In addition we need to be aware of:

- sexual exploitation
- radicalisation
- coercive and controlling behaviour
- forced marriage
- abuse through social media
- female genital mutilation (FGM)
- cuckooing
- mate crime

See **Appendix 1** for detailed information about types of abuse and indicators.

See the safeguarding children and young people policy for categories of abuse for children and young people under the age of 18.

3.2 Self-harm and suicidal behaviours

For adults with care and support needs, self-harming and/or suicidal behaviours do not fall under adult safeguarding procedures in their own right. However, these behaviours may indicate that someone has been, or is being, abused.

If you suspect self-harm or suicidal behaviours:

- dial 999 if someone needs emergency medical attention
- refer to the self-harm and Suicidal Ideation policy

(For those under 18 years old, you must follow the safeguarding procedures in the Safeguarding Children and Young People policy)

4. Reporting a safeguarding concern

Each local authority is required to have a Safeguarding Adults Board (SAB) under the Care Act 2014. The SAB is responsible for the multi-agency safeguarding protocol which sets out how to raise concerns.

It is everyone's responsibility to understand the local multi agency protocols for the local authority areas they are working in. If you are unsure whether something is a safeguarding concern, looking at the local protocol can help you and your manager decide.

Most local authority protocols tell people to contact the local authority directly if they are concerned about someone being abused. Therefore, in this policy we refer to raising concerns directly with the local authority.

If a local authority policy:

- places a higher burden of action, or
- has a lower threshold of abuse, or
- has different reporting procedures than outlined within this policy, we expect those working within Matt local authority area to follow the local authority's thresholds and procedures.

4.1 How to raise a Safeguarding concern (external)

If the alleged perpetrator is not working on behalf of TSIP

When we raise a safeguarding concern with the local authority we are asking them to consider carrying out a safeguarding enquiry under Section 42 of the Care Act 2014. In order to instigate an inquiry the following three elements must be established:

- the person has care and support needs, whether or not the local authority is meeting those needs
- the person is experiencing, or at risk of, abuse or neglect
- as a result of their care and support needs, the person is unable to protect themselves against abuse or neglect

If all three elements are met a safeguarding inquiry will begin.

On day 1 (the day you become concerned about a possible safeguarding situation):

1. Make sure the adult at risk is in no immediate danger
2. Dial 999 if anyone is in immediate danger or needs immediate medical attention
3. Take action to preserve evidence if a crime has been committed including securing the scene for example, lock the door
4. Try not to disturb the scene, clothing or victim if at all possible. this is because evidence may be present even if you cannot actually see anything
5. Contact children and families department if a child is also at risk
6. If possible make sure other people are not at risk
7. Where possible, make sure the person knows you will be notifying the local authority before you make contact with the local authority
8. If possible, ask the person what they want to happen and whether they want support to be safe (See section 4.3 if the person does not want support from the local authority)
9. Explain the options available to the person and what outcome they would like from safeguarding
10. Offer advocacy and support them to understand how to access this, signposting to the local Independent Care Act advocacy service. (NB. Each local authority has a statutory responsibility to make Independent Care Act advocacy available to any person who has Care and Support needs.)
11. Make detailed notes of your conversations or what you saw that concerns you
 - a. Contact the Designated Safeguarding Officer, if you are unsure whether to raise this as a safeguarding concern. If you're unable to contact the Designated Safeguarding Officer, contact any member of the Senior Leadership team or CEO.
 - b. If it is out of hours, contact any member of the senior leadership team or CEO.
12. At the earliest opportunity an alert must be raised with the appropriate local authority

Contact the local authority

Call the local authority to raise the concern. when you make this call you are requesting they consider instigating a Section 42 enquiry, so it will help if you are able to also give the following:

- the name of the adult you are concerned about
- their date of birth and address (if known)
- whether the person has consented to you reporting the concern - if not, explain why
- any evidence that the person has care support needs (if known)
- why you are concerned - exactly what the person said, or what you saw (use quotes where possible). Use factual information only, do not make assumptions.
- what abuse or neglect the person is experiencing or at risk of experiencing

Make sure you get the full name, job role, telephone number and e-mail address of the person you speak to,

Complete the local authority form

Complete the local authority safeguarding form and email it over using Egress or send as a Password protected document in an encrypted email. Note the following:

- Steps 1-6 above
- The date and time of the eventualities (if known)
- the name of the person alleged to be causing the harm and their role (if known) e.g. staff member, carer, family member
- The person has consented to reporting the concern
- whether you have any reason to believe anyone else might be at risk
- whether you have any reason to suspect they may not understand the risks or are unable to consent you contacting the local authority
- whether you have any reason to believe a similar concern may have occurred about the person, all the person alleged to be causing the harm

- whether the person feels protective measures need to be put into place today to keep them safe. Get confirmation of what action the local authority will take to protect the person
- indicate why, if at all, you have a reason to believe the person may be eligible for advocacy, e.g. under the Care Act

Send the form to the local authority safeguarding team as an e-mail attachment, along with a covering email. Use the following template or adapt it; it is important that points a, b and see are included as this will give the reasons why we think the safeguarding team should consider a Section 42 enquiry.

Dear

Please see attached the local authority safeguarding form. I would like you to consider carrying out a safeguarding enquiry under Section 42 of the Care Act 2014 for the following reasons:

- a) Person X care support needs are [set out the details of the person's care and support needs here]
- b) Person X is experiencing, or is at risk of experiencing, abuse or neglect [set out the details here]
- c) Person X is unable to protect themselves because of their care and support needs [set out the details here]

Next steps

- Inform the Designated Safeguarding Officer or relevant Senior Leadership Team member that you have notified the local authority
- call the local authority to confirm they have received the form - make sure you record the name and contact number of the person you spoke to
- update the person at risk on what you have done and enquire whether they feel safe
- record all actions including uploading the safeguarding reporting form and a scanned copy of your written notes

Please note: we want to make sure the local authority has enough information to understand why you are concerned about the person and follow this up in a way that ensures their safety.

We also want to seek confirmation that actions have been taken to keep the person safe and find out if an enquiry is being carried out.

On Day 2 (the day after you suspect a safeguarding concern):

What to do the day after you have raised a safeguarding concern

1. Call the local authority to find out whether the concern has been accepted or rejected and whether they intend to start a Section 42 enquiry. If they have delegated this responsibility to someone else, find out who. If they do not intend to start a Section 42 enquiry, find out the reasons why.
2. If the local authority decides to go ahead with Section 42 safeguarding enquiry, request the name of the person overseeing the enquiry - known as the 'Enquiring officer'. The Safeguarding Adults Manager is responsible for coordinating all safeguarding activity in response to a referral.
3. Notify the Designated Safeguarding Officer or relevant Senior Leadership Team member immediately if the local authority does not plan to take the safeguarding enquiry forward so we can agree whether to escalate this.
4. Where possible, contact the person at risk and update them on your actions, providing them with the details of the professional overseeing the enquiry if they want this information:
 - a. give them details of the professional overseeing the enquiry if they want to know
 - b. if the person wants a safeguarding enquiry and the local authority have decided not to hold one, explain how to contest this and explore how else to resolve the issues
 - c. support them to access Independent Care Act advocacy where they ask for it

4.2 How to raise a Safeguarding concern (internal)

If the alleged perpetrator works on behalf of TSIP

On day 1 (the day you become concerned about a possible safeguarding situation):

- a) call 999 if anyone is in immediate danger or needs immediate medical attention
- b) where possible, ask the person what they want to happen; explain that because the alleged perpetrator works on behalf of TSIP then other people might be at risk, so you're obliged to raise this as a safeguarding concern to the local authority
- c) make sure the person is offered Independent Care Act advocacy and they understand how to access this

- d) make detailed notes of your conversations or what you saw that concerns you
- e) where appropriate, preserve any evidence
- f) where possible, make sure the person knows you will be raising the concern with the local authority before you do so
- g) call the relevant Senior Leadership Team member, giving all the information about your concerns and what action you have taken; the Senior Leadership Team member will tell you whether you should raise the concern or whether they will do this on your behalf
- h) send written confirmation of the information and action you have taken in a confidential email to the Senior Leadership Team member
- i) the Senior Leadership Team member will agree with the CEO/Director what steps to take
- j) do not record any notes on a centralised or shared system or discuss the matter with anyone else, as this might alert the person who works for TSIP that is the subject of the allegation.

4.3 If the person doesn't want to raise a safeguarding concern

This policy requires you to report a safeguarding concern whether the person consents or not. Anyone working on behalf of TSIP should normally only disclose information about the person with their consent. However, a concern about safeguarding is one of a number of specific situations in which you can disclose without their consent and be within the law.

Where possible, explore with the person the reasons they don't want to report the concern with the local authority. Explain to them what will happen and offer to support them throughout the process. If they still don't consent to raising the concern with the local authority, you must:

- a) report the concern to the local authority following the procedure in section 4.1 / 4.2
- b) make sure it's clear on the form you submit that:
 - i. the person has not consented, and
 - ii. whether you believe one of the following applies:
 - other people may be at risk of harm or abuse; this includes concerns about any children being cared for by the person, or if the alleged perpetrator supports other adults with care and support needs
 - the alleged perpetrator is a professional, member of staff or volunteer who works with adults at risk of harm, or children; this includes concerns about any person working on behalf of TSIP

- the person might not be able to understand, retain or weigh up information about the risks to make an informed choice to disclose this information to the local authority, or they appear to be unable to communicate whether they want to disclose this information
- the person is under pressure/duress to not raise a safeguarding concern
- the alleged perpetrator has their own care and support needs and may be at risk of harm or abuse themselves.

All details of your decision-making process, including discussions with the person concerned and the Designated Safeguarding Officer (or Senior Leader) should be recorded as part of the procedure outlined in sections 4.1 and 4.2 above.

If someone is in immediate danger, you must contact emergency services whether or not the person consents. You must also contact the police if you suspect a crime has been or will be committed.

5. Systems for tracking and monitoring safeguarding outcomes

We have robust systems in place for making sure everyone working on behalf of TSIP is following the procedures in this policy to identify, record, track and monitor outcomes of safeguarding issues.

- All actions and outcomes relating to safeguarding are recorded in our 'Operations' folder which has restricted access
- All staff are expected to follow the procedures outlined in this policy, comply with the reporting process, and update their line manager on each safeguarding concern. They are expected to engage in reflective practice with their manager to ensure they are following best practice.
- Managers must discuss each safeguarding concern with staff as they arise, and check the proper recording process is being carried out.
- The Senior Leadership Team will review safeguarding cases and identify any potential patterns or trends which need addressing with other agencies including funders, commissioners and other regulatory bodies.

6. Safer recruitment and workforce management

6.1 Safer recruitment

TSIP will make sure all recruiting managers follow the Recruitment and Selection Policy to recruit appropriately. This includes carrying out safer recruitment checks on prospective employees and volunteers, including Disclosure and Barring Service (DBS) checks at the appropriate level for posts, references and exploring values and boundaries at recruitment.

HR will make sure any associates, community members or volunteers working on behalf of, but not directly employed by, TSIP have been recruited and selected in line with this policy.

Any subcontracts with other agencies will include clauses requiring the subcontractors to work to our policies or have their own equivalent policies in place.

Managers must inform HR immediately if they come across information or hear potential allegations about situations that may be of concern in relation to safe practice, incidents, or criminal proceedings that may have occurred since the last DBS check.

6.2 Workforce management

TSIP will make sure the appropriate DBS renewals and updates are carried out for all existing staff and volunteers.

6.3 Referrals to the disclosure and barring service

TSIP is committed to its duty to make referrals to the DBS in line with the Safeguarding Vulnerable Groups Act 2006. It is the responsibility of the Head of Operations to make a referral to the DBS when anyone working on behalf of TSIP has been dismissed due to abuse or removed from working with children or adults at risk (or may have been if the person had not left or resigned).

6.4 Training and development

Everyone working on behalf of TSIP is expected to demonstrate competencies in line with the relevant section of our Safeguarding Competency Framework. Our internal training addresses these competencies. Staff are required to attend safeguarding training at least once a year. We record training attendance on our HR system so we can make sure everyone has attended the right level of training. If a local authority stipulates a standard of training that is above TSIP's minimum standard, TSIP staff and volunteers working in that local authority area must be trained to the local authority's minimum standard.

7. Safeguarding governance, management and learning

7.1 Safeguarding lead

The CEO has ultimate responsibility for safeguarding in the organisation. They are responsible for reporting to the Directors on safeguarding through the board reporting protocols. This includes cases where a safeguarding concern has been raised about a member of staff, volunteer or director at TSIP. The safeguarding lead role includes the following:

Systems and governance

- a) Making sure policies, systems, processes, monitoring, reporting and resources are fit for purpose in relation to safeguarding
- b) Ensuring appropriate organisational governance including oversight of the development, implementation, reporting and learning from safeguarding policy and practice

Prevention

- a) Monitoring and reporting on compliance with the Recruitment and Selection Policy
- b) Carrying out enquiries (It might be more appropriate for a Senior Leader to carry out an enquiry) or coach a manager to do so, in consultation with the relevant statutory authorities, if the suspected perpetrator is a member of staff or volunteer within TSIP
- c) Highlighting the extent to which TSIP prevents abuse
- d) Supporting managers and practitioners to develop best practice so the support we provide people contributes to preventing abuse

Response

- a) Making sure there is training available to TSIP staff and volunteers so they know how to respond appropriately to concerns about abuse, when to offer support and signpost to advocacy
- b) Making sure the organisation holds and implements a fit-for-purpose policy
- c) Making sure the required competencies are clear, communicated and monitored
- d) Embedding, monitoring and evaluating the effectiveness of the policy and remedying gaps
- e) Overseeing the development, delivery and evaluation of appropriate training and development opportunities for everyone working on behalf of TSIP, with regard to safeguarding practice

- f) Raising any concerns about management practice with that manager and, where appropriate, raising it with their line manager

The safeguarding lead is required to:

- remain up to date with any changes to law, guidance, policy and best practice around safeguarding
- support the development and delivery of safeguarding training within TSIP
- report to the directors on all safeguarding matters, including reviewing our safeguarding practice and demonstrating continual development

7.2 Board of Directors

All directors have oversight of safeguarding through Board reports. The Chair of Directors, acts as safeguarding lead for the board.

Appendix 1: categories, types and indicators of abuse

Categories of abuse	Types	Signs and Indicators
Physical	<ul style="list-style-type: none"> <input type="checkbox"/> Assault, hitting, slapping, punching, kicking, hair-pulling, biting, pushing <input type="checkbox"/> Rough handling <input type="checkbox"/> Scalding and burning <input type="checkbox"/> Physical punishments <input type="checkbox"/> Inappropriate or unlawful use of restraint <input type="checkbox"/> Making someone uncomfortable on purpose (eg opening a window and removing blankets) <input type="checkbox"/> Isolating or confining someone without a clear reason, or for malicious reasons <input type="checkbox"/> Misuse of medication (eg over-sedation) <input type="checkbox"/> Force-feeding or withholding food <input type="checkbox"/> Unauthorised restraint, restricting movement (eg tying someone to a chair) 	<p>The person has:</p> <ul style="list-style-type: none"> <input type="checkbox"/> injuries that are inconsistent with a person's <input type="checkbox"/> lifestyle <input type="checkbox"/> frequent injuries <input type="checkbox"/> bruising, cuts, welts, burns or loss of hair <input type="checkbox"/> unexplained falls <input type="checkbox"/> subdued behaviour <input type="checkbox"/> signs of malnutrition <input type="checkbox"/> doesn't seek medical treatment for obvious <input type="checkbox"/> injuries
Domestic abuse	<ul style="list-style-type: none"> <input type="checkbox"/> psychological <input type="checkbox"/> physical <input type="checkbox"/> sexual <input type="checkbox"/> financial <input type="checkbox"/> emotional. <input type="checkbox"/> verbal abuse and humiliation in front of others <input type="checkbox"/> fear of outside intervention <p>Domestic violence and abuse includes any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been, intimate partners or family members regardless of gender or sexuality. It also includes so called 'honour'-based violence, female genital mutilation and forced marriage.</p> <p>Coercive or controlling behaviour is a core part of domestic violence. Coercive behaviour can include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> acts of assault, threats, humiliation and intimidation <input type="checkbox"/> harming, punishing, or frightening the person <input type="checkbox"/> isolating the person from sources of support <input type="checkbox"/> exploitation of resources or money <input type="checkbox"/> preventing the person from escaping abuse <input type="checkbox"/> regulating everyday behaviour 	<ul style="list-style-type: none"> <input type="checkbox"/> Low self-esteem <input type="checkbox"/> Feeling that the abuse is their fault when it is not <input type="checkbox"/> Signs of violence such as bruising, cuts, broken bones <input type="checkbox"/> Fear of outside intervention <input type="checkbox"/> Isolation – not seeing friends and family <input type="checkbox"/> Limited access to money <input type="checkbox"/> A person being abused or humiliated in front of others <input type="checkbox"/> Damage to home or property

Psychological or emotional abuse	<ul style="list-style-type: none"> <input type="checkbox"/> Enforced social isolation <input type="checkbox"/> Removing mobility or communication aids <input type="checkbox"/> Intentionally leaving someone unattended when they need help <input type="checkbox"/> Preventing someone from meeting their cultural or religious needs <input type="checkbox"/> Preventing the expression of choice and opinion - Failure to respect privacy <input type="checkbox"/> Preventing meaningful activities <input type="checkbox"/> intimidation, coercion, harassment, threats, bullying or humiliation <input type="checkbox"/> Swearing <input type="checkbox"/> Threats of harm 	<ul style="list-style-type: none"> <input type="checkbox"/> An air of silence when a particular person is present <input type="checkbox"/> Withdrawal or change in the psychological state of the person <input type="checkbox"/> Insomnia <input type="checkbox"/> Low self-esteem <input type="checkbox"/> Uncooperative and aggressive behaviour <input type="checkbox"/> A change of appetite, weight loss/gain <input type="checkbox"/> Signs of distress: tearfulness, anger <input type="checkbox"/> Apparent false claims, by someone involved with the person, to attract unnecessary treatment
Sexual abuse	<ul style="list-style-type: none"> <input type="checkbox"/> Rape, attempted rape or sexual assault <input type="checkbox"/> Inappropriate touching <input type="checkbox"/> Non-consensual masturbation <input type="checkbox"/> Non-consensual penetration or attempted penetration of the vagina, anus or mouth <input type="checkbox"/> Sexual activity that the person lacks capacity to consent to <input type="checkbox"/> Sexual photography <input type="checkbox"/> Forced use of pornography <input type="checkbox"/> Forced witnessing of sexual acts <input type="checkbox"/> Indecent exposure 	<ul style="list-style-type: none"> <input type="checkbox"/> Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck <input type="checkbox"/> Torn, stained or bloody underclothing <input type="checkbox"/> Bleeding, pain or itching in the genital area <input type="checkbox"/> Unusual difficulty in walking or sitting <input type="checkbox"/> Foreign bodies in genital or rectal openings <input type="checkbox"/> Infections, unexplained genital discharge, or sexually transmitted diseases <input type="checkbox"/> Pregnancy in a woman who is unable to consent to sexual intercourse <input type="checkbox"/> The uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude <input type="checkbox"/> Incontinence not related to any medical diagnosis <input type="checkbox"/> Self-harming <input type="checkbox"/> Poor concentration, withdrawal, sleep disturbance <input type="checkbox"/> Excessive fear/apprehension of, or withdrawal from, relationships <input type="checkbox"/> Fear of receiving help with personal care <input type="checkbox"/> Reluctance to be alone with a particular person
Financial or material abuse	<ul style="list-style-type: none"> <input type="checkbox"/> Theft of money or possessions <input type="checkbox"/> Fraud, scamming <input type="checkbox"/> Preventing a person from accessing their own money, benefits or assets <input type="checkbox"/> Employees taking a loan from a person using the service <input type="checkbox"/> Undue pressure, duress, threat or undue influence put on the person in connection with loans, wills, property, inheritance or financial transactions <input type="checkbox"/> Arranging less care than is needed to save money to maximise inheritance 	<ul style="list-style-type: none"> <input type="checkbox"/> Missing personal possessions <input type="checkbox"/> Unexplained lack of money or inability to maintain lifestyle <input type="checkbox"/> Unexplained withdrawal of funds from accounts <input type="checkbox"/> Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity <input type="checkbox"/> Failure to register an LPA after the person has

	<ul style="list-style-type: none"> <input type="checkbox"/> Denying assistance to manage/monitor financial affairs <input type="checkbox"/> Denying assistance to access benefits <input type="checkbox"/> Misuse of personal allowance in a care home <input type="checkbox"/> Misuse of benefits or direct payments in a family home <input type="checkbox"/> Someone moving into a person's home and living rent free without agreement or under duress <input type="checkbox"/> False representation, using another person's bank account, cards or documents <input type="checkbox"/> Exploitation of a person's money or assets, eg unauthorised use of a car <input type="checkbox"/> Misuse of a power of attorney, deputy, appointeeship or other legal authority <input type="checkbox"/> Rogue trading – eg unnecessary or overpriced property repairs and failure to carry out agreed repairs or poor workmanship 	<p>ceased to have mental capacity to manage their finances, so that it appears that they are continuing to do so</p> <ul style="list-style-type: none"> <input type="checkbox"/> The person allocated to manage financial affairs is evasive or uncooperative <input type="checkbox"/> The family or others show unusual interest in the assets of the person <input type="checkbox"/> Signs of financial hardship in cases where the person's financial affairs are being managed by a court appointed deputy, attorney or LPA <input type="checkbox"/> Recent changes in deeds or title to property <input type="checkbox"/> Rent arrears and eviction notices <input type="checkbox"/> A lack of clear financial accounts held by a care home or service <input type="checkbox"/> Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person <input type="checkbox"/> Disparity between the person's living conditions and their financial resources, eg insufficient food in the house <input type="checkbox"/> Unnecessary property repairs
<p>Modern slavery</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Human trafficking <input type="checkbox"/> Forced labour <input type="checkbox"/> Domestic servitude <input type="checkbox"/> Sexual exploitation, such as escort work, prostitution and pornography <input type="checkbox"/> Debt bondage – being forced to work to pay off debts that realistically they never will be able to 	<ul style="list-style-type: none"> <input type="checkbox"/> Signs of physical or emotional abuse <input type="checkbox"/> Malnourished appearance <input type="checkbox"/> Withdrawn or unkempt appearance <input type="checkbox"/> Lack of personal effects or identification <input type="checkbox"/> Always wearing the same clothes <input type="checkbox"/> Avoidance of eye contact <input type="checkbox"/> Appearing frightened or hesitant to talk to strangers <input type="checkbox"/> Fear of law enforcers <input type="checkbox"/> Living in dirty, cramped or overcrowded accommodation and or living and working at the same address
<p>Discriminatory abuse</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation (known as 'protected characteristics' under the Equality Act 2010) <input type="checkbox"/> Verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic <input type="checkbox"/> Denying access to communication aids, not allowing access to an interpreter, signer or lip-reader <input type="checkbox"/> Harassment or deliberate exclusion on the grounds of a protected 	<ul style="list-style-type: none"> <input type="checkbox"/> The person appears withdrawn and isolated <input type="checkbox"/> Expressions of anger, frustration, fear or anxiety <input type="checkbox"/> The support on offer does not take account of the person's individual needs in terms of a protected characteristic

	<p>characteristic</p> <ul style="list-style-type: none"> <input type="checkbox"/> Denying basic rights to healthcare, education, employment and criminal justice relating to a protected characteristic <input type="checkbox"/> Substandard service provision relating to a protected characteristic 	
Organisational or institutional abuse	<ul style="list-style-type: none"> <input type="checkbox"/> Discouraging visits or involvement of friends or family <input type="checkbox"/> Run down or overcrowded establishment <input type="checkbox"/> Authoritarian management <input type="checkbox"/> Lack of leadership, supervision or training <input type="checkbox"/> Lack of respect for dignity and privacy <input type="checkbox"/> High staff turnover <input type="checkbox"/> Poor care quality <input type="checkbox"/> Failure to manage residents with challenging behaviour <input type="checkbox"/> Not providing adequate food or drink or assistance with eating <input type="checkbox"/> Misuse of medication <input type="checkbox"/> Failure to provide care with dentures, spectacles or hearing aids <input type="checkbox"/> Failure to respond to abuse effectively <input type="checkbox"/> Interference with personal correspondence <input type="checkbox"/> Failure to respond to complaints 	<ul style="list-style-type: none"> <input type="checkbox"/> Lack of flexibility and choice for people using the service <input type="checkbox"/> Inadequate staffing levels <input type="checkbox"/> People being hungry or dehydrated <input type="checkbox"/> Poor standards of care <input type="checkbox"/> Lack of personal clothing and possessions and communal use of personal items <input type="checkbox"/> Lack of adequate procedures <input type="checkbox"/> Poor record-keeping and missing documents <input type="checkbox"/> Absence of visitors <input type="checkbox"/> Few social, recreational and educational activities <input type="checkbox"/> Public discussion of personal matters <input type="checkbox"/> Unnecessary exposure during bathing or using the toilet <input type="checkbox"/> Absence of individual care plans <input type="checkbox"/> Lack of management overview and support
Neglect or acts of omission	<ul style="list-style-type: none"> <input type="checkbox"/> Failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care <input type="checkbox"/> Providing care in a way that the person dislikes <input type="checkbox"/> Failure to administer medication as prescribed <input type="checkbox"/> Refusal of access to visitors <input type="checkbox"/> Not taking account of individuals' cultural, religious or ethnic needs <input type="checkbox"/> Not taking account of educational, social and recreational needs <input type="checkbox"/> Ignoring or isolating the person <input type="checkbox"/> Preventing the person from making their own decisions <input type="checkbox"/> Preventing access to glasses, hearing aids, dentures, etc. <input type="checkbox"/> Failure to ensure privacy and dignity 	<ul style="list-style-type: none"> <input type="checkbox"/> Poor environment <input type="checkbox"/> Poor physical condition and/or personal hygiene <input type="checkbox"/> Pressure sores or ulcers <input type="checkbox"/> Malnutrition <input type="checkbox"/> Unexplained weight loss <input type="checkbox"/> Untreated injuries <input type="checkbox"/> Reluctant contact with medical and social care organisations <input type="checkbox"/> Accumulation of untaken medication <input type="checkbox"/> Inappropriate or inadequate clothing
Self-neglect	<ul style="list-style-type: none"> <input type="checkbox"/> Lack of self-care to an extent that it threatens personal health and safety <input type="checkbox"/> Neglecting to care for one's personal hygiene, health or surroundings <input type="checkbox"/> Inability to avoid self-harm <input type="checkbox"/> Failure to seek help or access services to meet health and social care Needs <input type="checkbox"/> Inability or unwillingness to manage one's personal affairs 	<ul style="list-style-type: none"> <input type="checkbox"/> Poor personal hygiene <input type="checkbox"/> Unkempt appearance <input type="checkbox"/> Lack of essential food, clothing or shelter <input type="checkbox"/> malnutrition/dehydration <input type="checkbox"/> Living in squalid conditions <input type="checkbox"/> Hoarding <input type="checkbox"/> Collecting a lot of animals in unsuitable conditions <input type="checkbox"/> Non-compliance with health or care services <input type="checkbox"/> Unwillingness to take medication

Additional types of abuse

The safeguarding procedure should be used if you suspect any of these types of abuse.

Sexual exploitation

Sexual exploitation involves exploitative situations, contexts and relationships where someone receives something (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of being involved in sexual activities. Those exploiting the person have power over them by virtue of their age, gender, intellect, physical strength and/or the person's limited availability of choice because of their social/economic and/or emotional vulnerability.

Radicalisation

People with care and support needs might be at risk of radicalisation. This can take place via the internet, social networks, print media, meetings, or a person acting alone. Guidance about radicalisation can be found in the Prevent strategy.

If you have concerns about anyone displaying an extreme view which might put them or others at risk, you must:

- speak to your line manager immediately
- the manager needs to liaise with a senior manager on the same day we become concerned someone is at risk of being radicalised to decide if we should:
 - o contact the local authority Prevent coordinator (for any person regardless of age or care need)
 - o additionally raise it as a safeguarding concern following the normal procedure (for adults receiving care and support, or people under 18 years of age)

Coercive and controlling behaviour

Coercive and controlling behaviour was specifically criminalised by the Serious Crime Act 2015. This is when someone manipulates or threatens someone to force them to do something they would not otherwise choose to do. Coercive and controlling behaviours might be present in many kinds of abuse including sexual abuse, psychological abuse, financial abuse, domestic violence and modern slavery.

Forced marriage

Forced marriage is when someone is coerced into marrying another person. This might be as a result of threats or other emotional, physical and psychological pressure. It is not the same as an arranged marriage. Guidance is available through the Forced Marriage Unit on 020 7008 0151 / fmco@fco.gov.uk.

Abuse through social media

Social media includes blogs, online gaming, discussion forums, instant messaging and social networks such as Facebook. It can be a means of abuse, including cyber bullying, grooming for sexual abuse, sharing indecent images, or manipulating people to share explicit images of themselves and radicalising people's beliefs.

Cuckooing

Cuckooing is a practice where people take over a person's home and use the property to facilitate exploitation, usually by drug dealers or gang members. It takes the name from cuckoos who take over the nests of other birds. Cuckooing can include the following:

- using the property to grow, deal, store or take drugs
- using the property for sex work
- using the property to store weapons
- taking over the property as a place for them to live
- taking over the property to financially abuse the tenant.

These perpetrators usually befriend the adult with care and support needs or child or young person to gain their trust and then they may become threatening and isolate the person from their family or friends or other services that they may be accessing.

Female Genital Mutilation (FGM)

FGM is a procedure where the female genitals are deliberately cut, injured or changed, but where there's no medical reason for this to be done. You should raise this with your line manager and raise it as a safeguarding concern.

Mate Crime

Mate crimes happen when people, often those with learning disabilities, are befriended by someone who uses the relationship to exploit or abuse the person. The relationship is often long lasting and results in repeated and worsening abuse.

Appendix 2: INCIDENT REPORT FORM

Safeguarding adults – CONFIDENTIAL

Person's name	
Address (if known)	
Telephone (if known)	
Age / DOB (if known)	
Gender (if known)	
<p>Why you are concerned about this person</p> <ul style="list-style-type: none"> <input type="checkbox"/> Be specific and factual when describing what you saw or were told <p>Explain what you know and how you know this information</p> <ul style="list-style-type: none"> <input type="checkbox"/> Outline why you are worried for this person/others <input type="checkbox"/> Include quotes where possible <input type="checkbox"/> Explain injuries you are aware of <input type="checkbox"/> Specify date and time of incident/s if known <input type="checkbox"/> Mention if you're aware of other similar incidents against this person, by this alleged perpetrator or within this setting 	
If you're concerned about their safety, please explain	

Does the person have any support needs (disability, impairment or condition)?	
How does the person communicate (including any steps to make the service accessible, such as translators)?	
Are you concerned others might be at risk? If yes, please explain	
Do you have any reason to suspect the person might not be able to consent or understand their risks? If yes, please explain why	
Has the person given consent for you to report your concern to the local authority?	
Has the person indicated what they want to happen?	
Is the person eligible for advocacy? If yes, explain why	
Where known, provide the name, job title and contact details of social worker / GP / consultant / responsible clinician	
Details of alleged perpetrator/s (if known)	
Name	
Address	
Telephone	
Relationship to adult at risk	
About the person completing this form	
Name	
Signature	
Job title	
Telephone	
Date	

Appendix 3: References and resources

References

Making safeguarding Personal Guide, ADASS (2014)

National Competency Framework for Safeguarding Adults, Bournemouth University (2015)

Mental Capacity Act Code of Practice, Department for Constitutional Affairs (2007)

Care and Support Statutory Guidance, Department of Health (2016)

Adult safeguarding Practice Questions, SCIE (2015)

Safeguarding resources

A national framework of standards for good practice and outcomes in adult protection work (ADASS)

Safeguarding Adults: Advice and Guidance to Directors of Adults Social Services (ADASS)

Making Decisions: the Government's proposals for making decisions on behalf of mentally incapacitated adults The Foundation for People with Learning Disabilities

Safeguarding Adults: A Consultation on the Review of 'No Secrets' Guidance Department of Health

Mental capacity and Deprivation of Liberty: A Consultation paper Law Commission

Making safeguarding personal: executive summary Local Government Association

Report on Elder Abuse House of Commons Health Committee

Prevent Strategy

Forced Marriage Unit: 020 7008 0151 / fmu@fco.gov.uk

 contact@tsip.co.uk

 @TSIPtweets

 www.tsip.co.uk