



Safeguarding Adults Policy

KEY INFORMATION

Policy prepared, reviewed or amended by:	Suzanne Hilton - Chief Executive Reviewed Paul Davies (2020)
Policy approved by Board of Trustees on:	
Policy became operational on:	16 May 2014 Reviewed 27/04/2017;
Next Review Date	The Safeguarding Policy, and associated guidance and procedures, will be reviewed every three years, or sooner where there are significant changes to guidance or legislation. Minor updates will be made as required.

Age UK Bolton Adult Safeguarding Guidance & Procedure

Aim

The purpose of this policy is to outline the duty and responsibility of staff, volunteers and trustees working on behalf of Age UK Bolton in relation to the protection of adults at risk from abuse

The key objectives of this policy are for all trustees, employees and volunteers of Age UK Bolton to:

- have an overview of adult safeguarding
- be clear about their responsibility to safeguard adults
- ensure the necessary actions are taken where an adult with care and support needs is deemed to be at risk.

All adults have the right to be safe from harm and should be able to live free from fear of abuse, neglect and exploitation

Scope of the Policy

This policy applies to trustees and all staff and volunteers working for Age UK Bolton. In some cases trading and delivery partners and recipients of contracts from Age UK Bolton may be required to comply with Age UK Bolton's Safeguarding policies. Staff responsible for commissioning services should ensure that they consider this requirement.

Age UK Bolton is a brand partner of Age UK and as such is also asked to report information regarding any substantiated allegations of abuse relating to their personnel to the Quality & Transformation team. Quality & Transformation will work with Age UK Bolton to ensure that any substantiated allegations are appropriately reported and followed up. They will also share this information with the Designated Person for Safeguarding for monitoring and learning purposes.

Age UK Partners can contact the Designated Person for Safeguarding (via Quality & Transformation) for support if they are concerned about the incorrect application of local Adult Safeguarding Board policy and procedures in relation to their organisation or staff.

Designated Person for Safeguarding at Age UK Bolton

The Designated Person for Safeguarding across the Age UK Bolton is the Chief Executive. The Information & Advice Officer is the Safeguarding Adviser. The Deputy Designated Safeguarding Officer deputises for the Chief Executive when they are unavailable and is determined by the Chief Executive, ratified by the Trustees and subject to regular review but is normally the Operations Director.

In the absence of the Information & Advice Officer, the Corporate Services Manager will act as the Safeguarding Adviser and support the Chief Executive or their designated deputy in any safeguarding matters.

Some incidents and allegations of abuse must be reported to the Designated Person. These requirements are set out in the Procedures.

If you have a concern which you are unable to address through discussion with your manager, or through consulting these procedures, you should contact one of the people above for further advice and guidance without delay.

If an urgent concern arises outside of office hours advice should be sought from the Police (via 999) or children's social services in the area where the abuse is alleged to have taken place.

Legislative Framework

The main legislative framework covering safeguarding adults is The Care Act 2014. The Care Act is a law about the care and support for adults in England, outlining what care people are entitled to, the key principles for supporting adults who have been or are at risk of abuse or neglect and making local authorities accountable for investigating concerns of abuse or neglect. It sets out a clear legal framework for how local authorities and other parts of the health and care system should protect adults at risk of abuse or neglect.

Safeguarding is a term that refers to our duty to protect an adult's right to live in safety, free from abuse and neglect. It 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 making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action^[1].

^[1] Care Act Statutory Guidance 2018

Definitions: Who is an adult at risk?

Guidance issued under *Care Act 2014*¹ states that

“The safeguarding duties apply to an adult who has needs for care and support (whether or not the Local Authority is meeting any of those needs) is experiencing, or at risk of abuse or neglect 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 or neglect”

An adult at risk can present with the following:

- Learning or physical disability
- Physical or mental illness, chronic or otherwise, including addiction to alcohol or drugs
- A reduction in physical or mental capacity
- Being substantially dependent upon others in performing basic physical functions
- Impaired ability to communicate: or
- Incapable of protecting themselves from assault or other physical abuse
- There is a potential that his/her will or his/her moral wellbeing may be subverted or overpowered.

People can be abused in any setting; they may be considered at risk if they receive:

- Accommodation and nursing or personal care in a care home, or
- Personal care in his own home through a domiciliary care agency, or
- Services provided in an establishment catering for a person with learning difficulties
- In consequence of any one or any combination, of the following factors, namely:
 - A substantial learning or physical disability, or
 - A physical or mental illness, chronic or otherwise, including an addiction to alcohol or drugs or
 - A substantial reduction in physical or mental capacity due to advanced age

What is abuse?

Abuse can be something that is done to a person, or omitted from being done.

Abuse may consist of single or repeated acts and can be carried out by anyone, in any setting. It may result in significant harm to or exploitation of, the individual.

Repeated instances of poor care may be an indication of more serious problems and of what we now describe as organisational abuse. In order to see these patterns it is important that information is recorded and appropriately shared.

Abuse may come in many forms:

- Sexual
- Financial or material

¹ Care Act guidance can be found at

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366104/43380_23902777_Care_Act_Book.pdf

- Psychological or emotional
- Neglect and acts of omission
- Self neglect
- Discriminatory
- Institutional or organisational
- Domestic
- Modern Slavery
- Radicalisation

A full description of the different forms of abuse is in **Appendix 2** and staff should ensure they are familiar with the signs of abuse listed here.

Who might abuse?

Abuse of vulnerable adults may be perpetrated by a wide range of people including relatives, family members, professional staff, paid care workers, volunteers, other service users, neighbours, friends and associates, people who deliberately exploit vulnerable people and strangers.

Principles for the prevention of abuse

Age UK Bolton are guided by the principles set out in *The Care Act 2014*, the values of the organisation, and the specific principles below, should be used to inform and support all our safeguarding activity.

Empowerment - We will empower adults who need care and support to make decisions about their own lives and to achieve the outcomes that they want.

Protection - We will give people information and advice to enable them to protect themselves. Where an adult is not able to protect themselves, or others may be at risk, we will take reasonable and appropriate action to promote their safety and well-being.

Prevention - We aim to prevent abuse happening by raising awareness and providing information. We will recruit, support and treat staff and volunteers safely and fairly.

Proportionality - We will act and respond in a way which is proportionate to the presenting concern. We will aim to promote individual rights and secure positive outcomes in any actions that we take and any information that we provide.

Partnership - We will work co-operatively with adults who need care and support, those who support them and relevant agencies to secure good outcomes.

Accountability - We will take responsibility for adult safeguarding by being aware of abuse, understanding how we can play a part in preventing and ending abuse, sharing concerns appropriately, learning from experience and monitoring our progress.

Safeguarding Adults at Risk in practice

We all have a duty to ensure that the services we deliver keep adults at risk safe. Age UK Bolton has adopted a **Safeguarding Adults Quick Guide** which should be displayed in all settings. See **Appendix 1**.

Safe recruitment

Safe recruitment is ensured through the rigorous application of the following policies and procedures:

- Recruitment and Selection Policy
- Volunteer Policy
- Induction procedure
- DBS checks for relevant roles

All Age UK Bolton staff and volunteers receive an induction which covers policies and procedures including the policies on safeguarding and the reporting concerns flowchart.

Age UK Bolton has a range of other Policies and Procedures in place to support staff in safeguarding. These include:

- Safeguarding Children and Young People Policy
- Health and safety Policy
- Privacy Policy
- Internet and Social Media Policy
- Lone Working
- Recruitment and Selection Policy
- Risk Management Policy
- Supervision, Training and Appraisal Policy
- Volunteering Policy
- Whistleblowing Policy
- Compliments, Comment and Complaints, Policy
- Serious Incident Reporting Policy

Sharing information

Sharing information is an essential part of effective safeguarding practice. It allows multiple staff and / or agencies to build a complete picture of a situation where one

individual or agency would be unable to do so. Often it is only when information from a number of sources is shared that it becomes clear that an adult is at risk of harm. This then enables early intervention and prevention work to be carried out.

Confidentiality and consent are key issues to be considered when sharing information. Confidential information is information which is personal, sensitive, not already lawfully in the public domain, and shared in confidence or the reasonable expectation of confidence. Confidential information may be shared with the consent of the person who provided it or to whom it relates.

Confidential information may also be shared without consent under the following circumstances:

- If there is evidence or reasonable cause to believe that an adult is suffering or at risk of suffering significant harm, or of causing significant harm to themselves or others.
- To prevent significant harm to children.

For further information, refer to the Privacy Policy or contact the Corporate Services Manager

Procedure for raising concerns and reporting

A step by step flowchart detailing the procedure to raise a concern about the welfare of an adult at risk is available in **Appendix 1**. Each service should have a copy of this flowchart including local contact details and Safeguarding Adults Board procedures.

Green level	Actions
<p>Concerns are raised which appear to be matters of complaint, dissatisfaction or indicate a need to obtain general information about money matters, health and care services etc. There are no indications that significant distress or harm has occurred as a result of abuse.</p>	<p><i>Establish what outcomes the person wants to achieve and provide information as required:</i></p>
<p><i>And/or</i></p>	<p>Signpost to Age UK Bolton I & A line for factsheets and other information.</p>
<p>There are no allegations of abuse taking place due to the actions or inactions of a third party.</p>	<p>Signpost to I & A for further advice and information</p>
<p><i>And/or</i></p>	<p>Signpost to local authority/council Adult Social Services for further information about support that may be available.</p>
<p>The concerns raised do not relate to an adult who needs, or may need, care and support.</p>	<p>Signpost to relevant complaints department and/or Care Quality Commission for issues relating to care or health services</p>

	<p>Clearly record all discussions, decisions and actions as soon as possible (see 'Confidentiality & Consent' below).</p> <p>Seek advice from the Designated Person for Safeguarding if required</p>
--	--

<p>Amber level</p> <p>An adult who needs care and support or a third party discloses concerns that indicate that they, or other adults who need care and support, are experiencing abuse.</p> <p><i>And/or</i></p> <p>The concerns appear to indicate a need for action to prevent or end the abuse.</p> <p><i>And</i></p> <p>The person raising the concern is, or appears, able to decide on the course of action they wish to take and is, or appears, able to take this action themselves, or obtain support to do so.</p>	<p>Actions</p> <p>Remain calm and listen to what the person is telling you.</p> <p>Establish the basic facts</p> <p><i>Establish what outcomes the person would like to achieve</i></p> <p>Signpost to the Police or adult Social Services in their area where they can report, and have appropriate action taken, in response to their concerns.</p> <p>Signpost to the Age UK Bolton Information & Advice Line for information on local support services</p> <p>Clearly record all discussions, decisions and actions as near to the time as possible (see 'Confidentiality & Consent' below).</p> <p>Seek advice from the Designated Person for Safeguarding if required</p>
---	--

<p>Red level</p> <p>An adult who needs care and support or a third party discloses that they or other adults who need care and support are experiencing abuse and that they and/or others in their environment, are at risk of significant harm.</p> <p><i>And</i></p> <p>The person disclosing this information:</p>	<p>Actions</p> <p><i>If there appears to be an immediate and significant risk to life, health or public safety.</i></p> <p>Remain calm & obtain relevant factual information.</p> <ul style="list-style-type: none"> ➤ Where is the abuse happening? ➤ Who is affected? ➤ What is the impact of the abuse?
--	---

<p>Is unwilling to give consent for the information to be shared.</p> <p>Or</p> <p>Is unwilling to contact relevant sources of support themselves</p> <p>Or</p> <p>Appears to lack mental capacity to make a decision about their own safety or getting support (see 10.4)</p> <p>Is unable to access support either because they lack the mental capacity to keep themselves safe or because they are not physically able to</p>	<p>➤ Who is alleged to be causing the harm?</p> <p><i>Establish what outcomes the person is seeking by sharing this with you.</i></p> <p>Advise the person that it is best that the person with the most information makes contact with the Police or adult Social Services.</p> <p>If the person is still unwilling, or appears unable, to pass the information on and you remain concerned contact the Emergency services on 999 and explain your concerns.</p> <p>Inform your manager and the Designated Person for Safeguarding</p> <p><i>If the risk is not immediate:</i> Obtain relevant factual information.</p> <p>Discuss the concern with your manager.</p> <p>You/your manager must contact the Designated Person for Safeguarding for further advice.</p> <p>The Designated Person for Safeguarding will support you to assess the situation (including any need for onward disclosure - see 10.3).</p> <p>The Designated Person for Safeguarding will make a record of their actions, discussions and outcomes.</p>
---	--

If an allegation is made against a member of staff or a volunteer:

- Allegations that staff or volunteers have abused an adult at risk must be managed in a timely, effective and fair manner that balances the rights and need for protection for all those involved.

- There is an assumption of innocence for staff and volunteers who are alleged to have abused an adult who needs care and support, until the allegations against them have been investigated.
- The allegation should be instantly escalated to the Chief Executive as the Designated Person for Safeguarding or in their absence the Safeguarding Adviser.
- The Designated Person for Safeguarding & Safeguarding Adviser will immediately consider the wishes of the adult who needs care and support (where known), and the need for protective action, including referral to the following agencies:
 - **Police:** For any actions which may constitute criminal activity or where there are concerns for the immediate safety of an adult at risk or other members of the public.
 - **Local Authority Social Services in the area where the abuse is alleged to have taken place:** In some cases initial fact finding (but not full investigation) will be required in order to determine whether the alleged action or inaction of a member of staff is, or can reasonably be determined to be, an abuse of an adult who needs care and support.
 - **Disclosure & Barring Service (DBS):** Referrals are made to the DBS when an employer or organisation, has concerns that a person has caused harm, or poses a future risk of harm to 'vulnerable groups', including adults who need care and support. In these circumstances the employer must make a referral to the DBS (usually following the outcome of an investigation process). Advice on all potential DBS referrals should always be sought from the Designated Person for Safeguarding and if necessary from Age UK People & Performance Advisers and the Age UK Designated Person for Safeguarding.
 - *A referral to a relevant authority will only ever be delayed in order to ensure that relevant information can be gathered, and where we determine that any such delay is unlikely to result in further harm to adults who need care and support.*
- The Designated Person for Safeguarding will consider, in addition to any investigation under Age UK Bolton disciplinary procedures, whether temporary suspension or a change of duties may be appropriate. At this stage any such action will be considered to be a neutral act.
- The member of staff or volunteer should be kept informed of the progress of any case, except where it is determined that this may cause further harm to an adult who needs care and support. Where a statutory agency takes the lead role in a safeguarding process the mechanisms for communication with all parties should be agreed with them at the outset.

- Records will be kept in accordance with the guidance in ‘Sharing Information’ above.
- If an allegation or concern arises about a member of staff, outside of their work with Age UK Bolton, and this may indicate a risk of harm to adults who need care and support, the general principles outlined in these procedures will still apply. Advice should be sought from the Age UK Head of Safeguarding.
- Where a person tenders his/her resignation, or ceases to provide their services to Age UK Bolton, this must not prevent an allegation being followed up. It is important that every effort is made to reach a conclusion in all cases of allegations relating to the safety or welfare of adults who need care and support, including those where the person concerned refuses to co-operate with the process. ‘Compromise agreements’ - whereby a person agrees to resign, the employer agrees not to pursue disciplinary action, and both parties agree a form of words to be used in any future reference - will not be used by Age UK Bolton in these cases.

Where things do go wrong Age UK Bolton will strive to be open about what has happened, conduct thorough investigations, cooperate with relevant agencies, provide support for those involved and learn lessons, so as to avoid future repetition.

Allegations against agency staff placed at Age UK Bolton will be responded to in the same way as any other member of staff. However the following additional steps should be taken.

The placing agency should be informed of any allegations relating to staff that they have placed. This information will usually be passed on by the Chief Executive. This is in order to ensure that the agency can support those that they have placed, be aware of any concerns about staff that they have placed and take part in any investigation, disciplinary process or referral to the DBS. This may affect future commissioning arrangements for those services.

When does a safeguarding concern become an incident?

There may be times when a safeguarding concern is deemed to be a Serious and Untoward Incident (SUI).

An incident

An incident is defined as an event that caused harm or had the potential to cause harm to clients/children, volunteers or staff or members of the public. This could include verbal or physical aggression or a breach of policy or procedure (such as confidentiality or data protection), whether by accident or intentionally.

An SUI is ‘something out of the ordinary or unexpected, with the potential to cause serious harm. This may be because it involves a large number of service users, it involves poor professional or managerial judgement, a service has failed, a service user has died under unusual circumstances or there is a perception that any of these has occurred.

Under such circumstances then both Safeguarding and SUI reporting processes must be followed in parallel and adhered to. If you require any guidance or support you must speak to your line manager.

Whistleblowing

All staff should be aware of Age UK Bolton's whistle-blowing policy². If a member of staff believes that an adult safeguarding allegation or concern is not being dealt with appropriately, and they have exhausted all other reasonable approaches, this policy can be used to escalate those concerns.

Media interest

It can be helpful to have a planned media response (e.g. an agreed press release) in case of a breach in confidentiality and consequent media interest. The Chief Executive is designated as the first point of contact for all enquiries from the media concerning Age UK Bolton, its staff, volunteers, policies and business. Where it appears that media interest may result from any adult safeguarding issues connected to Age UK Bolton this should be raised in the first instance with the Chief Executive.

The Chief Executive will assess the nature of the enquiry, identify any areas of concern and if necessary prepare an appropriate response in conjunction with relevant senior managers, the Safeguarding Adviser and other organisations (such as social services and the police), where appropriate.

Learning Lessons

Where things do go wrong, and our staff are involved, Age UK Bolton will strive to be open about what has happened, conduct thorough investigations, cooperate with relevant agencies, provide support for those involved and learn lessons so as to avoid future repetition.

Where an allegation has been substantiated, the managers of the relevant service should consider the wider lessons of the case and how they should be acted on to reduce the risk of repetition. This should include consideration of any organisational issues that may have contributed to, or failed to prevent, abuse occurring.

In some cases a Serious Case Review may be arranged by the Local Safeguarding Adult's Board - this is where the case is reviewed by all agencies involved - to consider whether there are any lessons to be learnt and actions to be taken that should be shared more widely, to improve adult safeguarding practice.

Aftercare - Adults who need care and support

Age UK Bolton has an important role to play in supporting adults who need care and support who have previously experienced abuse. We can play a part in helping people to regain their confidence and get the services and support that they need to aid their recovery.

Where an adult who needs care and support discloses abuse that is historical, rather than current, support should always be offered via signposting to adult social services, the police, the National Information & Advice Service and Age UK Bolton's I & A support.

Aftercare - Staff and volunteers

Receiving a disclosure of abuse, or witnessing abuse, can be a troubling and stressful experience. Where staff are concerned about the impact of such events they can seek support from their manager.

Safeguarding accountability, roles and responsibilities

Safeguarding is everyone's responsibility, and all Age UK Bolton employees, volunteers and trustees must comply with these policies and procedures at all times.

Age UK Bolton has a clear and singular safeguarding escalation process that covers both children and adults. It must be followed at all times and, if an employee or volunteer is in doubt – they must speak to their line manager or next safeguarding escalation lead.

It is the responsibility of every employee and volunteer to follow the procedures within this policy if they are concerned that an adult may be vulnerable and that they are at risk of neglect or abuse.

Strategic Leadership responsibility for safeguarding across Age UK Bolton rests with the following:

Safeguarding Lead contact details

The Safeguarding Lead for Age UK Bolton is: Suzanne Hilton Chief Executive

Telephone: 01204 382411 or 07790 817454

Email: suzannehilton@ageukbolton.org.uk

**In the absence of the Lead cover for the role is provided by: Pat Kitchen
Commercial Services Director**

Telephone: 01204 382411 or 07904 266252

Email: patkitchen@ageukbolton.org.uk

**In the absence of the cover lead, this is provided by: Paul Davies Corporate
Services Manager**

Telephone: 01204 382411

Email: pauldavies@ageukbolton.org.uk

Useful Contacts

- **Age UK Bolton Information & Advice Service:** This service can provide valuable information and put people in touch with a range of local and national resources: **01204 382411 (9.30am - 3pm Mon - Fri)**
- **Age UK Information & Advice Line:** This service can provide valuable information and put people in touch with a range of local and national resources: **0800 678 1602**
- **Emergency Services (Police, Fire, Ambulance):** For situations where an emergency response is required: **999**
- **Police - non-emergency:** To report concerns that do not require an emergency response: **101**
- **Police (Greater Manchester Police Area) Neighbourhood Policing Teams:** Safer Neighbourhoods Teams are dedicated to the needs of each specific neighbourhood, with the policing priorities for that area. Local teams can be found via: <https://www.gmp.police.uk/a/your-area/greater-manchester/bolton/bolton-town-centre/>
- **Local Authorities/Local Councils Adult Social Services:** The easiest way to get in touch with a local adult safeguarding team is via the main contact number for the council in the locality in which the abuse is alleged to have happened.
- **Care Quality Commission (CQC):** Concerns about the quality of registered health and social care services can be raised with the CQC: **03000 616161**

Appendix 2

Different forms of Adult Abuse

Abuse can be in many forms:

a. Physical abuse

The physical mistreatment of one person by another which may or may not result in physical injury, this may include slapping, burning, punching, unreasonable confinement, pinching, force-feeding, misuse of medication, shaking.

Signs and indicators

Over or under use of medication, burns in unusual places; hands, soles of feet, sudden incontinence, bruising at various healing stages, bite marks, disclosure, bruising in the shape of objects, unexplained injuries or those that go untreated, reluctance to uncover parts of the body.

b. Sexual abuse

Any form of sexual activity that the adult does not want and or have not considered, a sexual relationship instigated by those in a position of trust, rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

Signs and indicators

Signs of being abused may include recoiling from physical contact, genital discharge, fear of males or female, inappropriate sexual behaviour in presence of others, bruising to thighs, disclosure, and pregnancy. Abusers may take longer with Personal care tasks, use offensive language, work alone with clients, or show favouritism to clients.

c. Financial or material abuse

Financial or material abuse – including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits

Signs and indicators

This may include not allowing a person to access to their money, not spending allocated allowance on the individual, denying access to their money, theft from the individual, theft of property, misuse of benefits. There may be an over protection of money, money not available, forged signatures, disclosure, inability to pay bills, lack of money after payments of benefits or other, unexplained withdrawals. An abuser may be evasive when discussing finances, goods purchased may be in the

possession of the abuser, there may be an over keenness in participating in activities involving individuals money

d. Psychological or Emotional abuse

This abuse may involve the use of intimidation, indifference, hostility, rejection, threats of harm or abandonment, humiliation, verbal abuse such as shouting, swearing or the use of discriminatory and or oppressive language. A deprivation of contact, blaming, controlling, coercion, harassment, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks. There may be a restriction of freedom, access to personal hygiene restricted, name calling, threat to withdraw care or support, threat of institutional care, use of bribes or threats or choice being neglected

Signs and indicators

Stress and or anxiety in response to certain people, disclosure, compulsive behaviour, reduction in skills and concentration, lack of trust, lack of self-esteem, someone may be frightened of other individuals, there may be changes in sleep patterns

e. Neglect and acts of omission

Behaviour by carers that results in the persistent or severe failure to meet the physical and or psychological needs of an individual in their care. This may include ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating wilful failure to intervene or failing to consider the implications of non-intervention in behaviours which are dangerous to them or others, failure to use agreed risk management procedures, inadequate care in residential setting, withholding affection or communication, denying access to services,

Signs and indicators

There may be disclosure. Someone being abused may have low self-esteem, deterioration, depression, isolation, continence problems, sleep disturbances, pressure ulcers. There may be seemingly uncertain attitude and cold detachment from a carer, denying individuals request, lack of consideration to the individuals request, denying others access to the individual health care professionals

f. Self-neglect

This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

g. Discriminatory Abuse

This includes forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation, and religion or health status and may be the motivating factor in other forms of abuse. It can be personal, a hate crime or institutional

Signs and indicators

There may be a withdrawal or rejection of culturally inappropriate services e.g. food, mixed gender groups or activities. Individual may simply agree with the abuser for an easier life, there may be disclosure, or someone may display low self-esteem. An abuser may react by saying “ I treat everyone the same”, have inappropriate nick names, be uncooperative, use derogatory language, or deny someone social and cultural contact.

h. Institutional or Organisational Abuse

Neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one’s own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Signs and indicators

This may include a system that condones poor practice, deprived environment, lack of procedures for staff, one commode used for a number of people, no or little evidence of training, lack of staff support/one to ones, lack of privacy or personal care, repeated unaddressed incidents of poor practice, lack of homely environment, manager implicated in poor practice. There may be a lack of personal clothing, no support plan, lack of stimulation, repeated falls, repeated infections, unexplained bruises/burns, pressure ulcers, unauthorised deprivation of liberty. Abusers may have a lack of understanding of a person’s disability, misuse medication, use illegal controls and restraints, display undue/inappropriate physical intervention, and inappropriately use power/control.

i. Domestic abuse

In 2013 the Home Office announced a change to the definition of domestic abuse to include psychological, physical, sexual, financial, emotional abuse. There can be an incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse by someone who is or has been an intimate partner or family member regardless of gender or sexuality and may include Female Genital Mutilation; forced marriage and so called honour based violence. People can now ask for information from the police if they suspect a partner has committed domestic Violence in the past through **Clare’s Law**

Signs and indicators

Will include all those include under previous categories in this document, including unexplained bruising, withdrawal from activities, work or volunteering. Not being in control of finances, having options and making decisions.

j. Modern slavery

Encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane

treatment.

Signs and indicators

There may be signs of physical or psychological abuse, people may look malnourished or unkempt, or appear withdrawn. People may rarely be allowed to travel on their own, seem under the control, influence of others, rarely interact or appear unfamiliar with their neighbourhood or where they work. They may be living in dirty, cramped or overcrowded accommodation, and / or living and working at the same address. People 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. People may have little opportunity to move freely and may have had their travel documents retained, e.g. passports. They may be dropped off / collected for work on a regular basis either very early or late at night. People 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 family³

k. Radicalisation to terrorism

The Government through its PREVENT programme has highlighted how some adults may be vulnerable to radicalisation and involvement in terrorism. This can include the exploitation of vulnerable people and involve them in extremist activity. Radicalisation can be described as a process, by which a person to an increasing extent accepts the use of undemocratic or violent means, including terrorism, in an attempt to reach a specific political/ideological objective. Vulnerable individuals being targeted for radicalisation/recruitment into violent extremism is viewed as a safeguarding issue.

Signs and indicators

May include being in contact with extremist recruiters. Articulating support for violent extremist causes or leaders. Accessing violent extremist websites, especially those with a social networking element. Possessing violent extremist literature. Using extremist narratives to explain personal disadvantage. Justifying the use of violence to solve societal issues. Joining extremist organisations. Significant changes to appearance and/or behaviour.

³ <https://modernslavery.co.uk/spot-the-signs.html>