



Broxtowe
Borough
COUNCIL

SAFEGUARDING ADULTS POLICY

Section 1	Introduction
Section 2	Scope
Section 3	Policy Aim
Section 4	Objectives
Section 5	Background
Section 6	Roles and responsibilities
Section 7	Corporate Actions
Section 8	Dealing with incidents and concerns
Section 9	Other relevant issues
	Appendices

“Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect”

(Chapter 14 of the Care and Support Statutory Guidance, Department of Health 2016 – Updated 2018)

1.0 INTRODUCTION

1.1 This policy has been produced to detail how Broxtowe Borough Council (the Council) will meet its duties and obligations with respect to adults at risk. It builds on numerous Government policies that reflect changes in the philosophy and language of adult health and social care.

It is part of this Council’s ethos to want to serve everyone in our community so they can live happy, healthy, safe and fulfilled lives. Our Corporate Plan and other policy documents outline how we do this in terms of service provision, improvement and community leadership.

1.2 Although Broxtowe Borough Council does not have primary responsibility for the role of safeguarding adults, as an organisation it does provide a range of services directly or indirectly for adults. It is through these services that our Councillors, staff, contractors, partners and volunteers come into contact with adults on a regular basis. For example:

- Council housing
- Housing and council tax benefit
- Disabled adaptations
- Retirement living
- Tenancy and estates
- Housing maintenance
- Housing options
- Leisure centres and recreation grounds
- Environmental health

1.3 Broxtowe Borough Council has a statutory duty to assist Nottinghamshire County Council in making whatever enquiries it thinks necessary to enable it to decide if and what kind of action should be taken to protect an adult at risk from suspected abuse, neglect or exploitation (including financial and sexual exploitation). Staff from Broxtowe Borough Council must work closely with officers from Nottinghamshire County Council, who will follow-up on safeguarding concerns and determine the best course of action.

1.4 When delivering services in people’s homes or at our venues, proper systems must be in place to ensure that everyone is safe, particularly those who are less able to protect themselves. We need to be alert to signs of abuse and neglect and be prepared to raise our concerns with Nottinghamshire County Council.

1.5 All those who come into contact with adults at risk in their everyday work, including staff who do not have a specific role in relation to adult safeguarding,

have a duty to safeguard and promote the welfare and wellbeing of those adults. It is vital that every person who has contact with adults at risk should be able to recognise when such adults are, or may be, at risk of harm and to report all incidents or concerns they may have

- 1.6 The adoption of a Safeguarding Adults Policy brings with it the requirement to regulate many of our services, including specific recruitment, selection, training and vetting procedures. This policy highlights the need for ongoing training in safeguarding at all levels of the organisation so as to ensure that it is adhered to in a consistent manner.

2.0 SCOPE

- 2.1 This policy covers all activities, areas and services provided by the Council and its agents, contractors or partners, and includes all Council employees, volunteers, agency workers, contractors and partners acting for and on behalf of the Council who come into contact with adults covered by the policy whilst going about their daily duties. The policy is also considered to be an appropriate reference guide for use by those Councillors whose particular roles may involve them coming into contact with adults at risk.
- 2.2 This policy aims to provide a brief introduction to the law in relation to safeguarding, and offers practical guidance for best practice about safeguarding adults to all employees, partner agencies and other professionals working with the Council.
- 2.3 It highlights the main themes and issues in adult safeguarding, defines key terms, delineates some of the possible indicators of abuse, and recommends what action to take when dealing with a suspected or actual case of abuse against an adult at risk. It also includes a list of contacts of organisations which can provide help and support to both adults at risk and practitioners.
- 2.4 A detailed outline of procedures to follow when dealing with safeguarding concerns and disclosures is included at Appendix A.
- 2.5 This policy complements the Council's Safeguarding Children Policy.
- 2.6 Broxtowe Borough Council has signed up to the Nottinghamshire Safeguarding Adults Board Multi-agency Safeguarding Vulnerable Adults Guidance. This Multi-agency Guidance is published by the Board on the web pages at <http://site.nottinghamshire.gov.uk/thecouncil/plans/councilplansandpolicies/policy-library/?entryid100=556386&q=0~safeguarding>
It covers all aspects of how to respond to concerns in relation to safeguarding adults and how to protect them and can be used in conjunction with this policy document.
- 2.7 There is a link between some legislation, procedures and guidance which may mean there is a need to follow more than one process at the same time. Where an adult at risk, as defined later in this document, is subject to any of the following, the safeguarding adult at risk procedures in this policy must be considered in addition to any other procedures:
- Domestic violence and abuse
 - Modern slavery
 - Honour based abuse, forced marriage, and female genital mutilation
 - Hate crime and mate crime
 - Anti-social behaviour
 - Unlawfully depriving someone of their liberty
 - Human trafficking
 - Extreme radicalisation
 - Violent extremism
- Further information and contact details are contained in Section 9.0 below.

3.0 POLICY AIM

To enable Broxtowe Borough Council to meet the moral and legal responsibilities necessary to safeguard and promote the welfare of adults with care and support needs in order to keep them safe from abuse or neglect.

4.0 OBJECTIVES

4.1 To achieve its aim, Broxtowe Borough Council has set the following objectives:

- Implement and maintain systems of working practice to safeguard vulnerable adults during council activities
- To fully assist Nottinghamshire County Council and other relevant agencies in the safeguarding and promotion of the welfare of adults with care and support needs who are experiencing, or at risk of, abuse or neglect.
- To develop and implement appropriate procedures to ensure the well-being of adults in need of safeguarding to protect them from harm
- To provide employees, Councillors and volunteers (working on behalf of the Council) with training, guidance and support to assist them in recognising and responding to indicators of possible abuse or neglect
- To ensure that all employees working with adults with care and support needs can identify the signs and symptoms of the ten types of neglect and abuse
- To ensure that all employees understand and follow the relevant procedures when they have concerns about adult abuse or neglect.
- To ensure that any appropriate Disclosure and Barring Service (DBS) checks are completed, as determined by Broxtowe Borough Council's Recruitment and Selection Policy, for employees that work with, or have significant access to, adults at risk of abuse or neglect.
- To facilitate the Complex Cases Panel in Broxtowe. This is a multi-agency forum which meets to share intelligence on known adults at risk and other adults who may be considered vulnerable (including medium risk victims of domestic violence and abuse), to ensure all appropriate help and support can be provided.

5.0 BACKGROUND

5.1 The Care Act 2014 and the Statutory Guidance

Although upper tier local authorities have been responsible for safeguarding adults for many years, there was never a clear set of laws behind it. As a result, it was often very unclear in practice who was responsible for what. The Care Act 2014 aimed to put this right by creating a legal framework so key organisations and individuals with responsibilities for adult safeguarding could agree on how they must work together and what roles they must undertake to keep adults at risk safe.

- 5.2** When the Human Rights Act 1998 came into force in 2000, the Department of Health issued statutory guidance, called *No Secrets*. This provided guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse. This led, among other things, to local authority adult social services setting up safeguarding procedures to try and protect adults from abuse and neglect, and to deal with abuse when it occurred.
- 5.3** *No Secrets* has now been replaced and the new law on adult safeguarding which was introduced by the Care Act 2014 (specifically in sections 42 to 46 and Schedule 2), is explained and elaborated in chapter 14 of the Care and Support Statutory Guidance 2016 (updated October 2018), which has been issued by the Department of Health. It is interesting to note that there has been a conscious shift away from the term “vulnerable adult” which was defined in *No Secrets* as “*a person who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation*”.
- 5.4** The word “vulnerable” is not used at all in the Care Act 2014, and is predominantly applied to a situation or a witness in the Statutory Guidance.
- 5.5** The new legislation defines who may need safeguarding (Section 42), and also requires upper tier local authorities to set up a Safeguarding Adults Board (Section 43) and carry out Safeguarding Adult Reviews in certain circumstances (Section 44),
- 5.6** The Act also requires that an upper tier local authority must co-operate with each of its relevant partners, and each relevant partner must co-operate with the upper tier local authority in relation to relevant functions, one of which is specifically stated as protecting adults with care and support needs who are currently experiencing or at risk of abuse or neglect. It is this part of the legislation which places the requirement on a district council to act in cases of suspected neglect or abuse.

5.7 Who does the law set out to protect?

People who may need safeguarding are defined under section 42 of the Care Act 2014 as adults (persons aged 18 or over) who:

- have care and support needs;
- are experiencing, or are at risk of abuse or neglect; and
- because of their care and support needs cannot protect themselves against actual or potential abuse or neglect

5.8 What is abuse or neglect?

The Statutory Guidance states that local authorities should not limit their view of what constitutes abuse or neglect, as they can take many forms and the circumstances of the individual case should always be considered; although the legal criteria at paragraph 5.7 will need to be met before the issue is considered as a safeguarding concern. Exploitation, in particular, is a common theme in the following list of the types of abuse and neglect.

- Physical abuse – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
- Domestic violence and abuse – including psychological, physical, sexual, financial, emotional abuse and so called ‘honour’ based abuse, forced marriage, and female genital mutilation.
- Sexual abuse – including 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.
- Psychological abuse – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
- 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.
- 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.
- Discriminatory abuse – including forms of harassment, slurs or similar treatment because of race, gender and gender identity, age, disability, sexual orientation or religion.

- Organisational (Institutional) abuse – including 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.
- Neglect and acts of omission – including 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
- Self-neglect – this covers a wide range of behaviour around neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding.

5.9 Other adults who may need assistance

It is recognised that some adults may not fit the legal definition of an “adult at risk”, but for whatever reason, may be in a situation where they are not coping or are in need of support from statutory and/or other agencies. It is important therefore that such individuals are identified and any appropriate action taken. Any individual who is suspected of being in this category but may not be classified “at risk” should still be reported using the procedures in this policy.

6.0 ROLES AND RESPONSIBILITIES

6.1 Nottinghamshire Safeguarding Adults Board

The Nottinghamshire Safeguarding Adults Board (NSAB) is made up of representatives from organisations including Nottinghamshire Police, Crown Prosecution Service, National Health Service, local councils and the voluntary sector. Its main responsibility is to ensure organisations work together to help adults who may have been abused and to help prevent adults being abused.

6.2 Elected Members

Elected members are responsible for the monitoring and review of this policy, as well as adhering to best practice, participating in relevant training and reporting any disclosure, concern, incident or allegation to the Head of Public Protection or the Chief Communities Officer.

6.3 General Management Team and Heads of Service

The General Management Team, led by the Chief Executive, will lead the authority with regard to safeguarding adult responsibilities. The General Management Team in conjunction with Heads of Service, will ensure that this policy and the associated procedures are properly implemented to ensure the Council's duties and responsibilities with respect to safeguarding adults are properly discharged. In particular, Heads of Service whose areas of work are heavily involved with adults who may become "at risk" (for example, Housing Services) will ensure that appropriate extra training is provided for relevant staff, as well as developing and implementing appropriate procedures to ensure the well-being of adults in need of safeguarding to protect them from harm

Broxtowe Borough Council's Chief Executive is currently the district councils' representative on the Nottinghamshire Safeguarding Adults Board.

6.4 Designated Lead Officer

The Council has a Designated Lead Officer to act as employee champion for the authority with regard to the safeguarding adults agenda and to ensure all reports of abuse or allegations against staff are dealt with promptly in accordance with this policy and the Joint Nottingham and Nottinghamshire Multi-agency Safeguarding Procedure for Raising a Concern.

The Designated Lead Officer is the Head of Public Protection. That officer is responsible for:

- Writing, reviewing, and implementing the Council's Safeguarding Adults Policy
- Reporting to General Management Team and the Chair of Community Safety Committee on the number of referrals received, training, and any changes to policy or guidance.
- Championing training with regard to safeguarding adults and the dissemination of this policy and associated guidance across the Council
- Supporting and working with the Safeguarding Coordinator
- Representing the Council on formal investigations into allegations of abuse led by Social Care Services

6.5 Safeguarding Co-ordinator

The Safeguarding Co-ordinator works with the Designated Lead Officer. The Safeguarding Co-ordinator is the Chief Communities Officer and is responsible for:

- Ensuring the effective implementation of the Safeguarding Adults Policy throughout Broxtowe Borough Council
- Administration of the Complex Cases Panel
- Forwarding relevant cases to the Multi Agency Safeguarding Hub (MASH), the County Council, Complex Cases Panel, and / or other appropriate specialist agencies
- Taking appropriate action if Adult Social Care advise they will not action the referral
- Managing reporting forms and recording systems
- Working to assess and reduce risks in relation to safeguarding adults
- Raising awareness of safeguarding issues amongst staff
- Monitoring all reports to the County Council in relation to Safeguarding Adults
- Establishing and maintaining effective multi-agency working with Adult Social Care, the police, other district councils, the Nottinghamshire Safeguarding Adults Board and other relevant statutory and non-statutory agencies
- Identifying and providing for staff training needs.
- Receiving referrals from agencies and departments for the Complex Cases Panel

6.6 Departmental Safeguarding Officers

Some divisions within the Council (for example, Housing) will have designated Departmental Safeguarding Coordinators. Their role is to liaise with the Designated Lead Officer and Safeguarding Coordinator, as well as officers within their own division, on specific cases and general issues.

6.7 Human Resources Manager

The Human Resources Manager is responsible for ensuring safe recruitment and employment practices are in place in accordance with the Safeguarding Adults agenda and for ensuring that appropriate checks are carried out on all employees who have regular contact with adults who are likely to be subject to abuse or neglect. The Human Resources Manager is also responsible for receiving and acting on all concerns of abuse allegedly being perpetrated by staff

6.8 Learning and Development Officer

The Learning and Development Officer will be responsible for working with the Safeguarding Coordinator to develop and monitor suitable training for staff and Members.

6.9 All Employees

All employees have a responsibility to report any concerns about adults who they are concerned may be suffering from neglect or abuse to the Safeguarding Coordinator or to their line manager. Employees of the Council are not, however, responsible for deciding on subsequent action after making a report.

All staff are responsible for participating in relevant training and in particular, will complete the e-learning package made available via the Broxtowe Learning Zone. For new members of staff this will be a compulsory part of their induction and for other officers, there will be a requirement to undertake refresher training on a three yearly basis.

6.10 Partner Organisations and Contractors

Broxtowe Borough Council requires that all its partner organisations and contractors who work with adults at risk have appropriate safeguarding policies and procedures in place which complement this document.

Officers responsible for negotiating and monitoring contracts are required to ensure that all contractors and partner organisations:

- have relevant policies and procedures in place
- have robust recruitment procedures in places
- train their staff appropriately
- have adequate and appropriate reporting procedures in place
- ensure safeguarding adults policy requirements are never contravened

6.11 Broxtowe Complex Cases Panel

This is a multi-agency panel, facilitated by Broxtowe Borough Council, which has the following objectives:

- Ensure agencies are aware of individuals considered to be in need of support but who may not meet the threshold for intervention by a partner agency.
- Share information to increase the safety and well-being of victims of anti-social behaviour, victims of medium risk domestic violence and abuse, and other persons at risk.
- Identify all support available and ensure agencies are tasked with providing support and signposting information.
- Ensure agencies are aware of the support and activity being provided, and any other agency involvement.
- Reduce repeat victimisation.
- Improve agency accountability.
- Review cases and agree additional actions that need to be put in place by partners to protect such people from harassment and anti-social behaviour considered likely to have a disproportionately negative impact upon them.

7.0 ACTIONS

7.1 Sharing Information

Broxtowe Borough Council has signed up to share information in accordance with the Nottinghamshire Information Sharing Protocol. This is the overarching agreement which underpins information sharing between agencies in Nottinghamshire. The protocol and Broxtowe's Data Protection Officer should be consulted where there is any concern as to whether or how to share information.

7.2 Recruitment

All employers must be alert to the possibility that any person may pose a risk of harm to an adult at risk. Employers of staff or volunteers who have access to adults at risk must guard against the potential abuse, through a rigorous selection process, Disclosure and Barring Service checks, supervision, training and ongoing awareness of staff behaviour.

Broxtowe Borough Council has specific recruitment procedures in place to ensure that adults at risk are protected from potential harm. These include:

- Risk assessments of all posts
- Relevant job descriptions and person specifications being issued with an application form
- Qualifications and details of competence being requested and checked
- References being requested and followed up
- Relevant staff undergoing an enhanced Disclosure and Barring Service check
- The Council's annual appraisal system and review procedure ensuring that posts and their responsibilities are regularly tracked

7.3 Training and Support

Every new member of staff at Broxtowe Borough Council is given a brief introduction to safeguarding adults and children during their induction and is required to complete e-learning courses. Further, more comprehensive safeguarding training, is available to all staff and can be organised through the Learning and Development Officer. All staff will undergo refresher training every three years.

The aim of the training is to make staff aware of:

- Their responsibility to act when concerns about an adult at risk arise
- The respective roles and responsibilities of the different professionals
- Ways to identify adults at risk
- Ways to recognise risks and situations where abuse might be occurring
- The appropriate way to accurately record facts, including concerns about abuse and neglect and actions taken as a result
- Appropriate inter-agency working

It will be the responsibility of each Head of Service to identify if any individuals or groups within their division require further training in any aspect of safeguarding adults and to arrange for this to be implemented.

8.0 DEALING WITH INCIDENTS AND CONCERNS

8.1 Identifying an Adult at Risk

An adult at risk is a person aged 18 or over who:

- has care and support needs;
- is experiencing, or is at risk of abuse or neglect; and
- because of their care and support needs cannot protect themselves against actual or potential abuse or neglect

An adult at risk may, therefore, be an individual who:

- is elderly, with poor health, a physical disability or cognitive impairment
- has a learning disability
- has a physical disability and/or a sensory impairment
- has mental health needs including dementia or a personality disorder
- has a long-term illness/condition
- misuses substances or alcohol
- is unable to demonstrate the capacity to make a decision as defined by the Mental Capacity Act 2005 and is in need of care and support

8.2 Identifying Abuse and Neglect

Signs of abuse can often be difficult to detect. People with communication difficulties can be particularly at risk because they may not be able to alert others. Sometimes people may not even be aware that they are being abused, and this is especially likely if they have a cognitive impairment.

Abusers may try to prevent access to the person they abuse. It is vital that staff who come into contact with people with care and support needs are able to identify abuse and recognise possible indicators.

People may be subjected to a number of different types of abuse, including physical, financial, sexual, psychological, discriminatory, institutional, professional, or acts of neglect. The list of possible indicators and examples of behaviour can be found in Appendix G but the list is not exhaustive.

Staff must keep in mind that instances of antisocial behaviour, harassment, bullying and hate crime may feed into safeguarding concerns. Recording instances of the latter in full and dealing with them adequately when they arise will help to prevent cases and safeguarding concerns developing.

8.3 Specific procedures

The procedures for dealing with safeguarding incidents and concerns are listed in Appendix A of this policy.

Allegations made by others, even where anonymous, must always be taken seriously and must not be assumed to be malicious in the first instance. Officers informed of a concern by a member of the public, employee, or colleague, must act in accordance with this policy.

It is not the responsibility of employees to decide whether or not abuse has taken place. They have a duty to report concerns and must not assume someone else has. It is an employee's responsibility to act on any disclosures, suspicions, or allegations as follows:

- All employees are responsible for discussing any disclosure, suspicions or allegations immediately with their line manager or directly with the Safeguarding Coordinator.
- Line managers are responsible for referring the disclosure, suspicions, or allegations to the Safeguarding Coordinator.
- The Designated Lead Officer or the Safeguarding Coordinator will then make a decision on the most appropriate referral pathway
- In the absence of the Designated Lead Officer or the Safeguarding Coordinator, the Line Manager is responsible for making the referral to the County Council by telephoning 0300 500 80 80. The Line Manager will then send the report to, and discuss the situation with, the Designated Lead Officer or the Safeguarding Coordinator as soon as possible
- In cases involving Broxtowe Borough Council's housing stock, the referrals should be discussed with the Retirement Living Manager in the first instance.
- The Safeguarding Coordinator is responsible for logging all referrals
- A brief guide for staff (Safeguarding Adults – Staff Guide) is available on the intranet under Document Central / Policies and Procedures/ Safeguarding Policy and Procedures

9.0 OTHER RELEVANT ISSUES

9.1 Domestic violence and abuse

The cross-government definition of domestic violence and abuse is:

“any incident or 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.”

The abuse can encompass, but is not limited to:

- psychological
- physical
- sexual
- financial
- emotional

The Council is committed to highlighting the issues of domestic abuse and working to reduce it and the problems it causes. To that end, the Council has signed up to the White Ribbon Campaign to help reduce male violence against women.

Domestic violence and abuse can be reported to the Police on 101 (or 999 in an emergency). Further information and help is available from the following:

- Freephone Nottinghamshire 24 Hour Domestic and Sexual Abuse Helpline run by Women's Aid Integrated Services (WAIS) - Tel: 0808 800 0340
- Broxtowe Women's Project –
Tel: 01773 719111
- Midlands Women's Aid (South Broxtowe) - Tel: 0115 925 7647
- Equation (guidance and support for men) - Tel: 0115 960 5556

9.2 Modern slavery

Modern slavery encompasses slavery, servitude, forced and compulsory labour and human trafficking. Traffickers and slave drivers coerce, deceive and force individuals against their will into a life of abuse, servitude and inhumane treatment. A large number of active organised crime groups are involved in modern slavery. But it is also committed by individual opportunistic perpetrators.

The scale of modern slavery in the UK is significant. Modern slavery crimes are being committed across the country and there have been year on year increases in the number of victims identified.

Concerns about modern slavery can be reported using the form at <https://modernslavery.co.uk/contact.html> Alternatively, the Modern Slavery Helpline can be contacted on 0800 0121 700.

9.3 Honour based abuse and forced marriage

There is no specific offence of "honour based crime". It is an umbrella term to encompass various offences covered by existing legislation. Honour based abuse can be described as 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 abuse can occur when perpetrators perceive that a relative has shamed the family and/or community by breaking their honour code.

Honour based crime may not always involve violence but includes psychological abuse, written or verbal threats, abusive phone calls, emails and messages. Crimes committed in the name of honour may include assaults, disfigurement, versions of sati (burning), sexual assault and rape, forced marriage, dowry abuse, female genital mutilation, kidnap, false imprisonment and stalking. In the most extreme cases, people are killed because their actions are thought to be dishonourable.

It is a violation of human rights and may be a form of domestic and/or sexual violence. There can never be any honour or justification for abusing the human rights of others.

A forced marriage is a marriage conducted without the valid consent of one or both parties and where duress is a factor. Forced marriage is now a specific offence under s121 of the Anti-social Behaviour, Crime and Policing Act 2014. However, a clear distinction must be made between a forced marriage and an arranged marriage. In arranged marriages, the families of both spouses take a leading role in arranging the marriage but the choice whether or not to accept the arrangement remains with the intended spouses. In forced marriages, one or both spouses do not consent to the marriage and some element of duress is involved. Duress includes both physical and emotional pressure.

Any concerns about honour based abuse and / or forced marriage should be reported to the Police on 101 if it is not considered an emergency. In cases of emergency, ring 999.

9.4 Hate crime and hate crime

A hate crime is *'any criminal offence which is perceived, by the victim or any other person, to be motivated by a hostility or prejudice based on a person's difference or perceived difference'*.

A hate incident is *'any non-crime incident which is perceived, by the victim or any other person, to be motivated by a hostility or prejudice based on a person's difference or perceived difference'*.

Hate incidents can feel like crimes (although no crime has been committed) to those experiencing them. For example, a launderette refuses to let a member of the gypsy or travelling community use their facilities.

“Mate crime” is the relatively new term used for the phenomenon where vulnerable people (e.g. elderly people or those with learning disabilities) are befriended and then taken advantage of. Mate crime is not a nationally monitored category but is most likely to be included under disability hate crime.

Nottinghamshire Police define hate crime as *“any incident (which may or may not constitute a criminal offence) which is perceived by the victim or any other person as being motivated by prejudice or hate.”* As such, all hate crime and hate incidents reported to the Police in Nottinghamshire are given a crime number but are categorised separately.

Broxtowe Borough Council has a specific Hate Crime Policy

Any incident of hate crime should be reported to the Police on 101 (or 999 if an emergency). An online reporting facility called “True Vision” is available at http://www.report-it.org.uk/your_police_force This allows for the reporting of hate crimes online.

9.5 **Anti-social behaviour**

Anti-social behaviour is defined in the Anti-social Behaviour Crime and Policing Act 2014 as *“conduct that has caused, or is likely to cause, harassment, alarm or distress to any person”*.

Examples of anti-social behaviour include:

- Nuisance, rowdy or inconsiderate neighbours
- Vandalism, graffiti and fly-posting
- Street drinking
- Environmental damage including littering, dumping of rubbish and abandonment of cars
- Prostitution related activity
- Begging and vagrancy
- Fireworks misuse

The Council has its own separate Anti-social Behaviour Policy.

Concerns about anti-social behaviour should be referred to the Police on 101. If the situation is considered an emergency, ring 999.

9.6 Unlawfully depriving someone of their liberty

The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The safeguards should ensure that a care home, hospital or supported living arrangement only deprives someone of their liberty in a safe and correct way, and that this is only done when it is in the best interests of the person and there is no other way to look after them.

Any concerns in respect of potential deprivation of liberty should be reported to Nottinghamshire's Deprivation of Liberty Standards Team on 0115 8040 128.

9.7 Human trafficking

Trafficking involves the transportation of persons in the UK in order to exploit them by the use of force, violence, deception, intimidation, coercion or abuse of their vulnerability. Broxtowe Borough Council recognises that local authorities have specific responsibilities under the Council of Europe's 2006 'Declaration on the Fight Against Trafficking of Human Beings' to which the UK is a signatory. While trafficking mainly involves adults, children can be involved. Staff should discuss concerns they may have with the Designated Lead Officer. Also, the United Kingdom Human Trafficking Centre (UKHTC), now part of the National Crime Agency, is a national organisation that can provide advice.

<http://www.nationalcrimeagency.gov.uk/>

9.8 Violent extremism

The UK Counter-Terrorism Strategy is known as Contest.

The strategy involves many organisations and people working together across the UK and the world to protect the public.

The Contest Strategy has four key elements:

- Pursue - to stop terrorist attacks
- Prevent - to stop people becoming terrorists or supporting terrorism
- Protect - to strengthen our protection against terrorist attack
- Prepare - where an attack cannot be stopped, to lessen its impact

The aim of Prevent is to stop people becoming or supporting terrorists or violent extremists, as well as supporting vulnerable members of our communities by helping to turn them away from violent extremism. Prevent in Broxtowe is delivered in partnership with Nottinghamshire Police and a wide range of organisations. Together, these organisations recognise that the best long term solution to preventing terrorism is to stop people becoming terrorists in the first place. We will aim is to support local communities and institutions to challenge and reject the message of extremism.

As the UK faces a continuing threat from both international and domestic terrorism, no one is better placed than members of the public to notice extremist activity within their own community.

Violent extremist activity can be recognised in a variety of forms and just a few of them include:

- Giving out leaflets or displaying posters that carry a violent extremist message
- Looking at violent extremist forums or websites, perhaps in internet cafes
- Extremist groups meeting in private or community centres
- Watching terrorist or violent extremist promotional videos.

If violent extremism is seen or suspected, it should be reported by phoning the confidential Anti-Terrorist Hotline on 0800 789 321 or email:

Prevent@nottinghamshire.pnn.police.uk

For immediate threats, such as a suspicious package or vehicle **always call 999.**

ACTIONS TO TAKE WHERE POTENTIAL ABUSE OR NEGLECT IS DISCLOSED OR SUSPECTED

All relevant forms are available on the intranet at Document Control/Forms and applications/Standard-Other Forms

1. Action by members of the public

Any member of the public who contacts Broxtowe Borough Council with concerns should be advised to call Nottinghamshire County Council on **0300 500 80 80** as soon as possible to discuss those concerns. They can be reported anonymously.

However, if their concerns relate to a case of hoarding, details should be recorded and passed on in accordance with Item 6 in this Appendix.

2. Action by staff in cases of emergency

When you are first made aware of, or witness, a concern of abuse or neglect, your initial response must always be to the immediate health, safety and welfare of the adult at risk and anyone else at risk. Remember, this may include the alleged perpetrator.

In an emergency, you should contact the relevant emergency services (police, ambulance, and fire and rescue service) by dialling **999**.

Wherever possible, establish with the adult at risk the action they wish you to take. Do not question the alleged victim any more than you need to in order to clarify what possible abuse has taken place.

Once the emergency services have been contacted, ensure that you inform the Council's Safeguarding Coordinator or the Designated Lead Officer giving full details using the form at Appendix C as soon as possible.

All cases will be logged on a secure database by the Safeguarding Coordinator, along with details of relevant referrals and outcomes

3. Action by staff in cases of non-emergency where there is no direct involvement

It should be noted that in some circumstances, staff will have concerns about an adult but will not be in a position to speak with them. In these circumstances, the member of staff should carry out the following procedure:

Record all relevant details including

- Reason for concern
- Date, time and place of the incident or reason for concern
- Address of person
- Appearance and behaviour of the adult at risk
- Any injuries observed
- Any other relevant information

The matter should be discussed with a Line Manager or the Safeguarding Coordinator who will complete the form at Appendix C. If the Line Manager has completed the form, they will then e-mail the form to the Council's Safeguarding Coordinator spc@broxtowe.gov.uk. The Safeguarding Coordinator will assess the situation and decide on the most appropriate course of action. This may be one or more of the following, however the list is not exhaustive:

- Make a referral to the Multi Agency Safeguarding Hub
- Make a referral to Nottinghamshire County Council
- Make a referral to another agency
- Make a referral to Broxtowe's Complex Cases Panel.

All cases will be logged on a secure database by the Safeguarding Coordinator, along with details of relevant referrals and outcomes

4. Action by staff in cases where they become aware of potential abuse or neglect and are in a position to work with the adult at risk OR an adult discloses information

If the case is not an emergency, check with the adult at risk whether other agencies are aware of them. Clarify the situation, but do not conduct an investigation; Adult Social Care are responsible for this.

Provide the adult at risk with information about the safeguarding process and how it could help to make them safer.

Obtain the views of the adult at risk about what has happened and what they want done about it.

Do not make any promises in respect of actions which may be taken.

Do not promise confidentiality – in some cases, as outlined below, other agencies will need to be informed about the situation, even if you have not been able to obtain the adult at risk's consent to do so.

If the adult at risk refuses to consent to the information being shared, this can be over-riden if:

- the case is very high risk
- there is coercion involved
- there are other individuals at risk (including other adults at risk or children)
- the alleged abuser is an adult at risk
- the victim appears to lack the mental capacity to act. If the adult at risk does not have the capacity to make decisions for themselves, any actions taken or decisions made on their behalf must be made in their best interests
- a serious crime has been committed
- staff are implicated (in which case the information will only be shared with the Human Resources Team).

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 safeguarding them;

Reassure them that they will be involved in decisions about what will happen;

Explain that you will try to take steps to protect them from further abuse or neglect;

If they have specific communication needs, provide support and information in a way that is most appropriate to them;
Do not be judgemental or jump to conclusions;
Do not discuss the concern with the person alleged to have caused harm or anyone else, unless the immediate welfare of the adult at risk makes this unavoidable (or you are Whistleblowing – see 5 below).

Make an accurate record at the time, or immediately after, including:

- Name, address, date of birth (if known), gender.
- Details of person's General Practitioner (if known)
- Date, time and place of the incident
- 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
- Appearance and behaviour of the adult at risk
- Any injuries observed
- Name and signature of the person making the record
- If you witnessed the incident, write down exactly what you saw.

It is vital that a written record of any incident or allegation of crime is made as soon as possible after the information is obtained, and made available to the referrer. Written records must reflect, as accurately as possible, what was said and done by the people initially involved in the incident either as a victim, alleged perpetrator or potential witness. The notes must be kept safe as it may be necessary to make records available as evidence and to disclose them to a court.

If the person is not living in a property owned by Broxtowe Borough Council, the officer should complete an Adults at Risk Referral Form (Appendix C). Ideally, a Risk Assessment Matrix (Appendix D) should also be completed. The completed forms and any other supporting information should then be e-mailed, with a heading "Safeguarding Adults Referral", to the Safeguarding Coordinator at spc@broxtowe.gov.uk who will review the information and decide on the most appropriate course of action. This may be one or more of the following, however the list is not exhaustive:

- Make a referral to the Multi Agency Safeguarding Hub
- Make a referral to Nottinghamshire County Council Social Services
- Make a referral to another agency
- Make a referral to Broxtowe's Complex Cases Panel.

If the person is living in a property owned by Broxtowe Borough Council, the officer should complete an Adults at Risk Referral Form (Appendix C), and a Risk Assessment Matrix (Appendix D), and forward these to the Retirement Living Manager at hlc@broxtowe.gov.uk who will decide on and take the most appropriate course of action. This may be one or more of the following, however the list is not exhaustive:

- Make a referral to the Multi Agency Safeguarding Hub
- Make a referral to Nottinghamshire County Council Social Services
- Make a referral to another agency
- Make a referral to Broxtowe's Complex Cases Panel

The Retirement Living Manager will then ensure the details are passed to the Safeguarding Coordinator who will log all cases on a secure database.

If staff are unsure about how to handle the case, they should contact the Chief Communities Officer, who is the Council's Safeguarding Coordinator, on Ext 3492. Alternatively, they can contact the Head of Public Protection, who is the Council's Safeguarding Designated Lead Officer, on Ext 3504.

If children are involved, or located at the scene of suspected abuse, the matter should be reported directly to the Multi Agency Safeguarding Hub (MASH) or either of the two officers above.

5 Allegations Against Staff

Adults at risk are particularly vulnerable to the actions of employees who wilfully or otherwise disregard legislative guidance or regulations, local Safeguarding Board decisions or Borough Council guidance and policy. Every individual has a responsibility for raising concerns about unacceptable practice or behaviour, including when a colleague is the source of concern. If this is the case, the procedure in the Council's Whistleblowing Policy should be followed. Further advice can be obtained from the Council's Human Resources Manager on Ext 3345.

Staff should voice their concerns, suspicions or uneasiness as soon as they feel they can. The earlier a concern is expressed, the easier and sooner action can be taken.

6 Cases of hoarding

Cases of hoarding should be referred by e-mail to the Senior Private Sector Housing Officer at health@broxtowe.gov.uk if the adult is a private tenant or an owner occupier, or to the Neighbourhood Services Manager at hlc@broxtowe.gov.uk if the adult is a council tenant. These officers will take appropriate action under the agreed Hoarding Protocol, as well as advising the Council's Safeguarding Coordinator.

7 Referrals straight to the Complex Cases Panel

Some staff will be more familiar with details of procedures than others and be fully aware of when a referral should go straight to the Complex Cases Panel as it is not a safeguarding issue. In such cases, the Complex Cases Panel referral form (Appendix E) along with the Risk Assessment Matrix (Appendix D) should be completed and forwarded to the Retirement Living Manager in Housing if it involves a Broxtowe Borough Council owned property and to the Chief Communities Officer in other cases.

CONTACTS

Multi Agency Safeguarding Hub (MASH)

Monday to Thursday 8.30am to 5.00pm
Friday 8.30am to 4.30pm
Tel: 0300 500 80 90
E mail: mash.safeguarding@nottscc.gcsx.gov.uk
FAX: 01623 483 295

Postal address:
MASH,
Mercury House,
Little Oak Drive,
Sherwood Business Park,
Annesley,
Nottinghamshire
NG15 0DR

Nottinghamshire County Council Referrals
0300 500 80 80

Police

Tel: 999 (emergencies)
101 (non-emergencies)

Broxtowe Borough Council

Safeguarding Adults Designated Lead Officer
Head of Public Protection
Tel 0115 917 3504

Safeguarding Adults Coordinator
Chief Communities Officer
Tel 0115 917 3492

Human Resources Manager
Tel 0115 917 3345

Adult at Risk Referral Form
Details required when making a referral

This pro forma is to assist you in gathering all of the relevant details prior to making a referral to the Safeguarding Coordinator. If answers to any of the questions are not known, simply enter N/K

Details of Vulnerable Adult

Name Date of Birth
Address

Service User ID/
Episode ID Gender M F

Date of Referral

Has a referral been made about this vulnerable adult before? Y N

Has a referral been made about this service/provider before? Y N

Has a referral been made about the alleged perpetrator before? Y N

Clients Ethnic Origin

- Black African Black Caribbean Mixed White and Asian
- Bangladeshi Chinese Mixed White and Black African
- Indian Pakistani Mixed White and Black Caribbean
- White British White Irish Mixed White and Chinese
- Other Asian Other Black Other Mixed background
- Other White Other Ethnic group

Vulnerable Adults Client Group

- Over 65s Learning Disability Physical Disability
- Mental ill Health Issues Substance Misuse Deaf
- Blind HIV/Aids Carer

Is the Vulnerable Adult known to other agencies:

Yes If yes please provide details:

No

Is the Vulnerable Adult from another District / Authority:

Yes If yes please provide details:

No

Details about the Allegation of Abuse

Source of Alert

- | | | |
|-------------------------------------|---|--|
| <input type="checkbox"/> Partner | <input type="checkbox"/> Main Family Carer | <input type="checkbox"/> Other Family Member |
| <input type="checkbox"/> Paid Carer | <input type="checkbox"/> Other Service User | <input type="checkbox"/> Vulnerable Adult themselves |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Formal Advocate | <input type="checkbox"/> Acute Hospital (including A&E) |
| <input type="checkbox"/> GP | <input type="checkbox"/> Service Provider | <input type="checkbox"/> Independent Healthcare Provider |
| <input type="checkbox"/> Volunteer | <input type="checkbox"/> General Hospital | <input type="checkbox"/> Healthcare Commission |
| <input type="checkbox"/> Police | <input type="checkbox"/> Social Services | <input type="checkbox"/> Specialist/Community Hospital |
| <input type="checkbox"/> Other PCT | <input type="checkbox"/> Neighbour | <input type="checkbox"/> Alleged Perpetrator |
| <input type="checkbox"/> Complaints | <input type="checkbox"/> Prison/Probation | <input type="checkbox"/> Domestic Violence Unit |
| <input type="checkbox"/> CSCI | <input type="checkbox"/> Voluntary Agency | <input type="checkbox"/> Counsellor/Therapist |
| <input type="checkbox"/> Anonymous | <input type="checkbox"/> Member of Public | <input type="checkbox"/> Other (please specify): |

Location of Abuse

<input type="checkbox"/>	Residential Home	<input type="checkbox"/>	Independent Healthcare
<input type="checkbox"/>	General Hospital	<input type="checkbox"/>	Sheltered Accommodation
<input type="checkbox"/>	Nursing Care Home	<input type="checkbox"/>	Supported Accommodation
<input type="checkbox"/>	Acute Hospital	<input type="checkbox"/>	Day Centre/Service
<input type="checkbox"/>	Public Place	<input type="checkbox"/>	College/Adult Education/Work
<input type="checkbox"/>	Vulnerable Adults' Own Home	<input type="checkbox"/>	Vulnerable Adults' Parents Home
<input type="checkbox"/>	Vulnerable Adults' Relatives Home	<input type="checkbox"/>	Alleged Perpetrators' Home
<input type="checkbox"/>	Specialist/Community Hospital	<input type="checkbox"/>	Adult Placement Scheme
<input type="checkbox"/>		<input type="checkbox"/>	Other (please specify):
<input type="checkbox"/>		<input type="checkbox"/>	

Type of Abuse

- Discriminatory
 Psychological
 Sexual
 Financial
 Physical
 Neglect and Acts of Omission

Date and time of Incident:

Brief description of the allegation / abuse:

Details about the alleged perpetrator

Name Telephone

Address

Age

<input type="checkbox"/> -18	<input type="checkbox"/> 18-30	<input type="checkbox"/> 31-40	<input type="checkbox"/> 41-50	<input type="checkbox"/> 51-60	<input type="checkbox"/> 61-70	<input type="checkbox"/> 71-80	<input type="checkbox"/> 80+
------------------------------	--------------------------------	--------------------------------	--------------------------------	--------------------------------	--------------------------------	--------------------------------	------------------------------

Gender M F

Alleged Perpetrator

- Partner Main Family Carer Other Family Member
- Friend Stranger Other Service User
- Neighbour Unknown Volunteer/Befriender
- Institution staff (residential home, domiciliary, nursing home, prison, secure units etc) Other Professional (Nurse, GP, Social Worker etc)

Actions against the alleged perpetrator (suspension etc):

Details of the Referrer

Name Telephone

email

Job title:

I agree to the above information being shared by Broxtowe Borough Council, both internally and with appropriate partner agencies, in order that appropriate referrals can be made in respect of my care and support needs.

.....
Signature of adult thought to be at risk

Forward the completed form to Marice Hawley, Chief Public Protection Officer
spc@broxtowe.gov.uk

RISK ASSESSMENT FORM

RISK ASSESSMENT MATRIX (RAM)		
Name:	Incident No:	
Address:	File/Case No:	
Tel No:	Score	Scoring options

History	1. Other than this occasion - how often do you have problems?	5 - Daily. 3 - Most days. 2 - Most weeks. 1 - Most months. 0 - Only occasionally.
	2. Do you think the current incident is linked to previous incidents? If scored yes, why?	2 - Yes 0 - No
	3. Do you think that incidents are happening more often and/or are getting worse?	2 - Yes 0 - No
	4. Do you know the offender/ s?	2 - They know each other well. 1 - They are 'known' to each other. 0 - They do not know each other
	5. Has the perpetrator intimidated you or anyone you know, in the past?	6 - Perpetrator or their associates are currently harassing the complainant 4 - Perpetrator or their associates have harassed the complainant in the past 2 - Perpetrator or their associates have not harassed the complainant, but have a history or reputation for harassment or violent behaviour 0 - Perpetrator or their associates have no history or reputation for harassment or intimidation
	6. Have you informed any other agencies about what has happened? If yes, are you happy for us to discuss this problem with them? Details:	0 - Yes 1 - No

Vulnerability	7. Which of the following do you think that this incident deliberately targeted. Specify:	4 - You. 3 - Your family. 1 - Your community. 0 - None.
	8. Do you feel that this incident is associated with your faith, nationality, ethnicity, sexuality, gender or disability? Details:	3 - Yes 0 - No
	9. In addition to what has happened, do you feel that there is anything that is increasing you or your household's personal risk (e.g. because of personal circumstances) Details:	3 - Yes 0 - No
	10. How affected do you feel by what has happened? Details:	0 - Not at all. 1 - Affected a little. 2 - Moderately affected. 3 - Affected a lot. 5 - Extremely affected.

Officer's Personal Assessment	
Reasons:	

Support	11. Has yours or anyone's health been affected as a result of this and any previous incidents? Details:	3 - Physical health 3 - Mental health
	12. Do you have a social worker, health visitor or any other type of professional support? Can we speak to them about this? Details:	0 - No 1 - Yes
	13. Do you have any friends and family to support you?	3 - Complainant lives alone and is isolated 3 - The complainant is isolated from people who can offer support 1 - The complainant has a few people to draw on for support 0 - The complainant has a close network of people to draw on for support
	14. Apart from any effect on you, do you think anyone else has been affected by what has happened? Details:	1 - Your family 3 - Local community 0 - Other

SCORE:	SCORE: 0-20 STANDARD 20+ RAISED (requires supervisor review)	OVERALL RISK ASSESSMENT: STANDARD / RAISED
Officer completing assessment: Name: Rank/Collar Number: Signature:		Officer supervising: Name: Rank/Collar Number: Signature:

CONSENT TO INFORMATION SHARING I consent to agencies obtaining and sharing information (including the "internet cloud based IT systems") as part of the multi-agency work to help and secure my safety and that of my family. Please note: If there are child protection concerns, information will be shared regardless of whether this form is signed.		
SIGNATURE:	PRINT NAME:	Date:

This scorecard is designed to help you identify vulnerable victims, witnesses, and complainants. It should be used as a guide, and in combination with your own judgement (and that of your neighbourhood partnership) to help ascertain what support and protection is required in any given situation. All action taken as a result of your assessment should be discussed with the witness to ensure it meets their needs.

Opening a case

- Outline what will happen so that the citizen knows what to expect
- Put together an action plan that's been agreed and understood by the complainant – agreed timescales, lead contact number.
- Elicit information by listening and assessment and ask the 5 Ws – Who, what, where, when and why
- Maintain witness confidentiality
- Seek permission to speak to aggrieved party
- Be honest and realistic with the plan
- Be aware of the support and other partners involved
- Keep in constant communication with the complainant, tailored to the needs of the individual, how do they want you to keep in touch?
- Complainants need to have co-ownership of the action plan, make sure you get it signed.

Closing a case

- Easier if you're communicating with complainant regularly
- Try to contact complainant again after case closure – after 3 months, by email, phone call
- If you are the first responder on the job, link with anything that the Neighbourhood Police Team is doing in terms of call backs – joint responsibility after case closes.
- Ensure that each case is managed and monitored locally via the local neighbourhood partnership – ensure links to local tasking – not good getting a result at court if local partnership aren't aware of it – work at this and inform partners of active tools such as ASBO or other court order in each NPT area
- Record why the case has been closed – keep on file.

Communicate with witness / complainant regularly

COMPLEX CASES PANEL REFERRAL FORM

***MANDATORY FIELDS**

<p>* A WORD version of this form MUST be sent by EMAIL to spc@broxtowe.gov.uk and marice.hawley@broxtowe.gov.uk A signed consent form MUST be submitted <u>or</u> the CCP Data Sharing form submitted to be assessed All documents should be uploaded to ECINs</p>	
Date *	Matrix Score *
Name *	ECINs Profile Number *
DOB /approx. age *	ECINs Case Number * BBC Case number
Address *	SIGNED CONSENT YES / NO *
Tenancy Type *	If Consent to Share Information has not been gained a Data Sharing Form MUST be completed
Name of RSL/Landlord *	
Phone Number *	
Referred by Officer/ Agency *	Repeat Referral
Risk Factors to Officers *	
NATURE OF VULNERABILITY - full information of pre-existing vulnerability and what has happened to increase this MUST be provided *	
What does the person want to happen *	
Agency Involvement and Updates (please add others as necessary)	Contact
Housing •	BBC
Private Sector Housing •	BBC
Health/Mental Health •	Social Care (Mental Health)
Notts Healthcare NHS (CMHT)	Notts Healthcare NHS – Community Mental Health Team

Fire •	Fire
Social Care •	NCC
Police •	Police
Public Protection •	BBC
Probation •	Probation – DLNR CRC
CAB •	Beeston Eastwood
Victim Care •	Victim Care
Other •	
ACTION: •	

TYPES AND POSSIBLE INDICATORS OF ABUSE

<p>Types of physical abuse</p> <p>Hitting, slapping, punching, kicking, hair-pulling, biting, pushing Rough handling Scalding and burning Physical punishments Inappropriate or unlawful use of restraint Making someone purposefully uncomfortable (e.g. opening a window and removing blankets) Involuntary isolation or confinement Misuse of medication (e.g. over-sedation) Forcible feeding or withholding food Restricting movement (e.g. tying someone to a chair)</p>	<p>Possible indicators of this abuse occurring</p> <p>No explanation for injuries or inconsistency with the account of what happened Injuries are inconsistent with the person's lifestyle Bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps Frequent injuries Unexplained falls Subdued or changed behaviour in the presence of a carer Signs of malnutrition Failure to seek medical treatment or frequent changes of GP</p>
<p>Types of sexual abuse</p> <p>Any sexual activity that the person lacks the capacity to consent to Inappropriate touch anywhere Sexual penetration or attempted penetration Inappropriate looking, innuendo or sexual harassment Rape, attempted rape or sexual assault Sexual photography or forced use of pornography or witnessing of sexual acts Indecent exposure</p>	<p>Possible indicators of this abuse occurring</p> <p>Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck Torn, stained or bloody underclothing Bleeding, pain or itching in the genital area Unusual difficulty in walking or sitting Infections or sexually transmitted diseases Pregnancy in a woman who is unable to consent to sexual intercourse The uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude Incontinence not related to any medical diagnosis Self-harming Poor concentration, withdrawal, sleep disturbance Excessive fear/apprehension of, or withdrawal from, relationships Fear of receiving help with personal care Reluctance to be alone with a known individual</p>

<p>Types of professional abuse</p> <p>Lack of individualised care Inappropriate use of rules, custom and practice No flexibility Misuse of medical procedures</p>	<p>Possible indicators of this abuse occurring</p> <p>Dirty clothing or bed linen Lack of personal possessions or clothing Deprived environment or lack of stimulation Punitive responses to challenging behaviours Denying adults at risk access to professional support and services</p>
<p>Types of Financial or material abuse</p> <p>Theft of money or possessions Fraud Preventing a person from accessing their own money or assets Employees taking a loan from a person using the service Undue pressure, duress, threat or undue influence put on the person in connection with loans, wills, property, inheritance or financial transactions Arranging less care than is needed to save money to maximise inheritance Denying assistance to manage/monitor financial affairs Denying assistance to access benefits Misuse of personal allowance in a care home Someone moving into a person's home and living rent free without agreed financial arrangements False representation, using another person's bank account, cards or documents Exploitation of a person's money or assets, e.g. unauthorised use of a car Misuse of a power of attorney, deputy, appointeeship or other legal authority</p>	<p>Possible indicators of this abuse occurring</p> <p>Missing personal possessions Unexplained lack of money or inability to maintain lifestyle Unexplained withdrawal of funds from accounts Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity Failure to register an LPA after the person has ceased to have mental capacity to manage their finances, so that it appears that they are continuing to do so The person allocated to manage financial affairs is evasive or uncooperative The family or others show unusual interest in the assets of the person Signs of financial hardship in cases where the adult at risk's financial affairs are being managed by a court appointed deputy, attorney or LPA Recent changes in deeds or title to property Rent arrears and eviction notices A lack of clear financial accounts held by a care home or service Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person Disparity between the person's living conditions and their financial resources, e.g. insufficient food in the house</p>

<p>Types of Neglect and Acts of Omission</p> <p>Failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care</p> <p>Failure to provide care in the way the person wants</p> <p>Failure to administer medication as prescribed</p> <p>Refusal of access to visitors</p> <p>Not taking account of individuals' cultural, religious or ethnic needs</p> <p>Not taking account of educational, social and recreational needs</p> <p>Ignoring or isolating the person</p> <p>Failure to allow choice and preventing people from making their own decisions</p> <p>Failure to allow use of glasses, hearing aids, dentures, etc</p> <p>Failure to ensure appropriate privacy and dignity</p>	<p>Possible indicators of this abuse occurring</p> <p>Poor environment – dirty or unhygienic</p> <p>Poor physical condition and/or personal hygiene</p> <p>Pressure sores or ulcers</p> <p>Malnutrition or unexplained weight loss</p> <p>Untreated injuries and medical problems</p> <p>Inconsistent or reluctant contact with medical and social care organisations</p> <p>Accumulation of untaken medication</p> <p>Uncharacteristic failure to engage in social interaction</p> <p>Inappropriate or inadequate clothing</p>
<p>Types of Discriminatory Abuse</p> <p>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)</p> <p>Verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic</p> <p>Denying access to communication aids, not allowing access to an interpreter, signer or lip-reader</p> <p>Harassment or deliberate exclusion on the grounds of a protected characteristic</p> <p>Denying basic rights to healthcare, education, employment and criminal justice relating to a protected characteristic</p> <p>Substandard service provision relating to a protected characteristic</p>	<p>Possible indicators of this abuse occurring</p> <p>The person appears withdrawn and isolated</p> <p>Expressions of anger, frustration, fear or anxiety</p> <p>The support on offer does not take account of the person's individual needs in terms of a protected characteristic</p>

<p>Types of Domestic Violence.</p> <p>Psychological Instilling or attempting to instil fear</p> <p>Physical Inflicting or attempting to inflict physical injury Withholding access to resources necessary to maintain health</p> <p>Sexual Coercing or attempting to coerce any sexual contact without consent Attempting to undermine the victim' sexuality</p> <p>Financial Making or attempting to make the victim financially dependent</p> <p>Emotional Undermining or attempting to undermine victim sense of worth</p>	<p>Possible indicators of this abuse occurring</p> <ul style="list-style-type: none"> • Having low self-esteem; being extremely apologetic and meek • Referring to the partner's temper but not disclosing the extent of the abuse • Having a drug or alcohol abuse problem • Having symptoms of depression such as sadness or hopelessness, or loss of interest in daily activities • Talking about suicide, attempting suicide, or showing other warning signs of suicide • Bruises or injuries that look like they came from choking, punching, or being thrown down. Black eyes, red or purple marks at the neck, and sprained wrists are common injuries in violent relationships. • Attempting to hide bruises with make-up or clothing • Making excuses like tripping or being accident-prone or clumsy. Often the seriousness of the injury does not match up with the explanation. • Having few close friends and being isolated from relatives and coworkers and kept from making friends • Having to ask permission to meet, talk with, or do things with other people • Having little money available; may not have credit cards or even a car
---	--

<p>Types of Institutional Abuse</p> <p>Discouraging visits or the involvement of relatives or friends Run-down or overcrowded establishment Authoritarian management or rigid regimes Lack of leadership and supervision Insufficient staff or high turnover resulting in poor quality care Abusive and disrespectful attitudes towards people using the service Inappropriate use of restraints Lack of respect for dignity and privacy Failure to manage residents with abusive behaviour Not providing adequate food and drink, or assistance with eating Not offering choice or promoting independence Misuse of medication Failure to provide care with dentures, spectacles or hearing aids Not taking account of individuals' cultural, religious or ethnic needs Failure to respond to abuse appropriately Interference with personal correspondence or communication Failure to respond to complaints</p>	<p>Possible indicators of this abuse occurring</p> <p>Lack of flexibility and choice for adults using the service Inadequate staffing levels People being hungry or dehydrated Poor standards of care Lack of personal clothing and possessions and communal use of personal items Lack of adequate procedures Poor record-keeping and missing documents Absence of visitors Few social, recreational and educational activities Public discussion of personal matters or unnecessary exposure during bathing or using the toilet Absence of individual care plans Lack of management overview and support</p>
<p>Types of psychological or emotional abuse</p> <p>Enforced social isolation – preventing someone accessing services, educational and social opportunities and seeing friends Removing mobility or communication aids or intentionally leaving someone unattended when they need assistance Preventing someone from meeting their religious and cultural needs Preventing the expression of choice and opinion Failure to respect privacy Preventing stimulation, meaningful occupation or activities Intimidation, harassment, use of threats, humiliation, bullying, swearing or verbal abuse Addressing a person in a patronising or infantilising way</p>	<p>Possible indicators of this abuse occurring</p> <p>An air of silence when a certain person is present Withdrawal or change in the psychological state of the person</p>

Types of self neglect	Possible indicators of this abuse occurring
<p>Living in grossly unsanitary conditions</p> <p>Suffering from an untreated illness, disease or injury</p> <p>Suffering from malnutrition to such an extent that, without an intervention, the adult's physical or mental health is likely to be severely impaired.</p> <p>Creating a hazardous situation that will likely cause serious physical harm to the adult or others or cause substantial damage to or loss of assets (for example, hoarding)</p> <p>Suffering from an illness, disease or injury that results in the adult dealing with his or her assets in a manner that is likely to cause substantial damage to or loss of the assets.</p>	<p>Weight Loss</p> <p>Incontinence</p> <p>Infected Sores</p> <p>Skin Integrity compromised</p> <p>Missed health appointments, health professionals unable to gain access,</p> <p>Failure to follow treatment plans, medication regimes.</p> <p>Repeated injuries as a result of falls, accidents in the kitchen etc</p> <p>Fire Hazards, alerts raised by fire service, unsafe electrical appliances.</p> <p>Alerts raised by police, ambulance, re concerns for safety.</p> <p>Extreme clutter</p> <p>Windows/Locks broken</p> <p>No heating, water, electricity</p> <p>Little or no sign of food in the home</p> <p>Infestations</p>