



SAFEGUARDING ADULTS POLICY 2025 - 28

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“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 and Social Care 2016 – Updated 2020)

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 the 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, employees, contractors, partners and volunteers come into contact with adults on a regular basis. For example:

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

- 1.3 The 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). Employees from the 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 Council venues, proper systems must be in place to ensure that everyone is safe, particularly those who are less able to protect themselves. There is a need to be alert to signs of abuse and neglect and be prepared to raise concerns with Nottinghamshire County Council.

- 1.5 All those who come into contact with adults at risk in their everyday work, including employees 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 encounter 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 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, outlines 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 The 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;
<https://www.nottinghamshire.gov.uk/care/safeguarding/mash>
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
- Cuckooing
- 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 and to ensure the Council delivers the Safeguarding Duty.

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 or Police Vetting are completed, as determined by the 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 unclear in practice who was responsible for what. The Care Act 2014 aimed to put that 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 June 2020), which has been issued by the Department of Health & Social Care.

5.4 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". 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 2014 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 above 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, such as 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, cuckooing, 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 at the Council.

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/Assistant Directors,

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 employees, as well as developing and implementing appropriate procedures to ensure the wellbeing of adults in need of safeguarding to protect them from harm.

6.4 Designated Lead Officer

The Council has a Designated Lead Officer to ensure all reports of abuse or allegations against employees 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 responsible for:

- Writing, reviewing, and implementing the Council's Safeguarding Adults Policy
- Reporting to General Management Team and Councillors on the number of referrals received, and any changes to Policy or guidance.
- Representing the Council on formal investigations into allegations of abuse led by Social Care Services
- Providing advice to employees on cases and on referral of relevant cases to the Multi Agency Safeguarding Hub (MASH), the Multi Agency Childrens Sexual Exploitation Panel (MASE), the Child Criminal Exploitation Panel (CCEP), the Neighbourhood Safeguarding and Diversionary Panel (NSD) the County Council Serious Case Reviews (SARs), the Complex Cases Panel (CCP), and / or other appropriate specialist agencies
- Administration of the Complex Cases Panel
- 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 employees
- 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 employees training needs
- Receiving referrals from agencies and departments for the Complex Cases Panel
- Assessing and approving legal applications to lay aside the Data Protection Act for referrals to the CCP where consent has not been forthcoming

6.5 Departmental Safeguarding Leads

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

6.6 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, in accordance with national guidance, 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 employees of the Council.

6.7 Learning and Development Officer

The Learning and Development Officer will be responsible for working with the Designated Lead Officer to develop and monitor suitable training for employees and Members.

6.8 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 Designated Lead Officer or to their line manager. Employees of the Council are not, however, responsible for deciding on subsequent action after making a report. All employees 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 or employees 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.

6.9 Partner Organisations and Contractors

The 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 employees appropriately
- have adequate and appropriate reporting procedures in place
- ensure safeguarding adults Policy requirements are never contravened.

6.10 Broxtowe Complex Cases Panel

This is a multi-agency panel, facilitated by the 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 the MASH.

- Share information to increase the safety and well-being of vulnerable victims.
- 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.
- Improve agency accountability.
- Review cases and agree additional actions that can be put in place by partners to protect such people.

7.0 ACTIONS

7.1 Sharing Information

The 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 the Council's Information Governance Officer should be consulted where there is any concern as to whether or how to share information.

The Council stores and shares sensitive information on all vulnerable person and safeguarding cases through the Empowering Communities Inclusion and Neighbourhood Management System (E-CINs). E-CINs is a multinational multi agency secure information sharing system.

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 employees 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 employees' behaviour. The 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 employees undergoing an enhanced Disclosure and Barring Service check or Police Vetting
- 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 or employee at the 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 employees and can be organised through the Learning and Development Officer. All employees will undergo refresher training every three years.

The aim of the training is to make employees 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 employees 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. Employees must keep in mind that instances of anti-social 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, employees, 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 employees' 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 Designated Lead Officer
- Line managers are responsible for consulting the Designated Lead Officer.
- The Designated Lead Officer will then advise on the most appropriate referral pathway.
- In the absence of the Designated Lead Officer, the Line Manager is responsible for contacting MASH for advice by telephoning 0300 500 80 90. The Line Manager will then send the report to, and discuss the situation with, the Designated Lead Officer as soon as possible.
- In cases involving the Council's housing stock, the referrals should be discussed with the Retirement Living Manager or the Housing Operations Manager in the first instance.
- The Designated Lead Officer is responsible for logging all referrals.
- The Housing Operations Manager will follow the same process as set out in the appendices and ensure that the Designated Lead Officer is informed of any referrals and kept up to date.
- A brief guide for employees (Safeguarding Adults – Employees Guide) is available on the intranet under Corporate Documents / Safeguarding

9.0 OTHER RELEVANT ISSUES

9.1 Domestic violence and abuse

The 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*

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour. Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

The Government definition, which is not a legal definition, includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

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 Nottinghamshire 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 Juno Women's Aid - Tel: 0808 800 0340
- Broxtowe Women's Project – Tel: 01773 719111
- Midlands Women's Aid - Tel: 0774 8535 203
- Equation (guidance and support, including for men) - Tel: 0808 802 4040

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://www.gov.uk/government/collections/modern-slavery> 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, 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 causing harassment, alarm or distress
- Environmental damage including littering, dumping of rubbish and abandonment of cars
- Prostitution related activity
- Begging and vagrancy
- Fireworks misuse

Local Authorities do not have the powers to deal with all types of ASB. Some are matters for the Police. In Nottinghamshire the Police, PCC and local authorities have worked to produce a protocol determining the types of ASB

which Councils will enforce to reduce “post code lottery” and assist residents in reporting.

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 0300 500 80 80 80.

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. The 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. Employees 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 United Kingdom’s strategy for countering terrorism 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. The 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, displaying posters or distributing messages through social media that carry a violent extremist message
- Looking at violent extremist forums or websites, perhaps in internet cafes
- Extremist groups meeting in private or community centers
- 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 Index / Safeguarding

1. Action by members of the public

Any member of the public who contacts Broxtowe Borough Council with concerns should be advised that they must call Nottinghamshire County Council on **0300 500 80 80** or to complete the online form at the address below as soon as possible to discuss those concerns. They can report anonymously.

[Members of the public - report abuse or neglect | Nottinghamshire County Council](#)

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 Employees 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, if their wish is for the incident not to be reported however this is **NOT** a course of action which can be taken. 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 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 Designated Lead Officer, along with details of relevant referrals and outcomes

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

It should be noted that in some circumstances, employees will have concerns about an adult but will not be in a position to speak with them. In these circumstances, the member of employees 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
- Name and address of person
- D.O.B 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 Designated Lead Officer and the form at Appendix C should be completed and e-mailed to the Council's Designated Lead Officer spc@broxtowe.gov.uk The Designated Lead Officer 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:

- Advise that a referral to the Multi Agency Safeguarding Hub is made
- Advise that a referral to Nottinghamshire County Council is made
- Advise that a referral to another agency is made
- Advise that a referral to Broxtowe's Complex Cases Panel is made
- Request additional information to make a decision
- Take no action where there is insufficient information or grounds to take action.

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

4. Action by employees 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-ridden 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
- employees 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 Check list (Appendix C) to assist in collecting the information needed for a referral. Where advice is required the officer should contact the Designated Lead Officer or email the request to spc@broxtowe.gov.uk attaching the completed form and any other supporting information. The Designated Lead Officer will review the information and advise on the most appropriate course of action. This may be one or more of the following, however the list is not exhaustive:

- Advise to make a referral to the Multi Agency Safeguarding Hub
- Advise to make a referral to Nottinghamshire County Council Social Services
- Advise to make a referral to another agency
- Advise to make a referral to Broxtowe's Complex Cases Panel
- Advise to request additional information
- Take no action where there is insufficient information or grounds to take action

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 forward this to the Independent 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 Independent Living Manager will then ensure the details are passed to the Designated Lead Officer who will log all cases on a secure database.

If employees are unsure about how to handle the case, they should contact the Designated Lead Officer, on Ext 3492.

If the Designated Lead Officer is unavailable, children are involved, or located at the scene of suspected abuse, the matter should be reported directly to the Multi Agency Safeguarding Hub (MASH).

5 Allegations Against Employees

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 3552.

Employees 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 Housing Operations 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 Designated Lead Officer.

7 Referrals straight to the Complex Cases Panel

Some employees 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 D) should be completed and forwarded to the Retirement Living Manager or Tenancy and Estates Manager in Housing if it involves a Broxtowe Borough Council owned property and to the Designated Lead 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.gov.uk

Postal address:

MASH,

Piazza,

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 Communities and Community Safety

Tel 0115 917 3492

Human Resources Manager

Tel 0115 917 3552

Adult at Risk Check List

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

Details of Vulnerable Adult

Name	<input type="text"/>	Date of Birth	<input type="text"/>
Address	<input type="text"/>		

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

- | | | |
|--|---|--|
| <input type="checkbox"/> Black African | <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> Mixed White and Asian |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Chinese | <input type="checkbox"/> Mixed White and Black African |
| <input type="checkbox"/> Indian | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Mixed White and Black Caribbean |
| <input type="checkbox"/> White British | <input type="checkbox"/> White Irish | <input type="checkbox"/> Mixed White and Chinese |
| <input type="checkbox"/> Other Asian | <input type="checkbox"/> Other Black | <input type="checkbox"/> Other Mixed background |
| <input type="checkbox"/> Other White | <input type="checkbox"/> Other Ethnic group | |

Vulnerable Adults Client Group

- | | | |
|---|--|--|
| <input type="checkbox"/> Over 65s | <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Mental ill Health Issues | <input type="checkbox"/> Substance Misuse | <input type="checkbox"/> Deaf |
| <input type="checkbox"/> Blind | <input type="checkbox"/> HIV/Aids | <input type="checkbox"/> Carer |

Is the Vulnerable Adult known to other agencies:

<input type="checkbox"/> Yes	If yes please provide details:	<input type="text"/>
<input type="checkbox"/> 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"/>	<input type="checkbox"/>
<input type="checkbox"/> General Hospital	<input type="checkbox"/> Sheltered Accommodation
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Nursing Care Home	<input type="checkbox"/> Supported Accommodation
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Acute Hospital	<input type="checkbox"/> Day Centre/Service
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Public Place	<input type="checkbox"/> College/Adult Education/Work
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Vulnerable Adults' Own Home	<input type="checkbox"/> Vulnerable Adults' Parents Home
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Vulnerable Adults' Relatives Home	<input type="checkbox"/> Alleged Perpetrators' Home
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Specialist/Community Hospital	<input type="checkbox"/> Adult Placement Scheme
<input type="checkbox"/>	<input type="checkbox"/>
<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 employees (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 the Designated Lead Officer spc@broxtowe.gov.uk

BROXTOWE COMPLEX CASE PANEL REFERRAL FORM

Agencies with access to ECINs

1. Upload the completed referral form to a **Report** entitled **CCP REFERRAL** ensuring that the **ECINs consent form** **OR** the **CCP Data Sharing Form** sections are **completed and signed**.
2. Link the **Report** to the individuals **Case** and **Profile**
3. For referrals where they are a **victim of ASB** the **ASB Risk Assessment** (found in the Profile Assessments tab) **MUST** also be completed
4. Give **access** to both the **CASE** and **REPORT** to “**Broxtowe CCP Group**” in the team access section
5. Send a message through ECINs or an email including the **CASE NUMBER** to **Marice Hawley** and **Debby Griffiths** to inform them a case has been referred

Agencies without access to ECINs

6. EMAIL the completed form ensuring that the **ECINs consent form** **OR** the **CCP Data Sharing Form** sections are **completed and signed** to **spc@broxtowe.gov.uk** and **marice.hawley@broxtowe.gov.uk**

please note: referrals and updates from agencies with access to ECINs can only be accepted through the ECINs system

***ALL SECTIONS ARE MANDATORY ***

Date	BBC Case number
Name	ECINs Profile Number
DOB /approx. age	ECINs Case Number
Address	SIGNED CONSENT
Tenancy Type	YES
Name of RSL/Landlord	NO (CCP Data Sharing section has been completed)
Phone Number	
ASB Victim YES/NO	ASB Risk Assessment completed YES/NO
Referred by Officer/ Agency	Repeat Referral Yes/No
Risk Factors to Officers	

NATURE OF VULNERABILITY –

FULL INFORMATION OF PRE-EXISTING VULNERABILITY AND WHAT HAS HAPPENED RECENTLY TO INCREASE VULNERABILITY MUST BE PROVIDED

What does the person want to happen?

Agency Involvement (please add any agencies involved in the case and their contact details)

Contact

Tell Us About You

We want to make sure that our services are provided fairly and to those who need them. The information collected helps us get a picture of who contacts us, uses or does not access our services, so will help us improve what we provide and reduce potential barriers to access.

Gender

How would you best describe your gender?

☐ Male

☐ Female

☐ Another way

☐ Prefer not to say

Age

Which of the following age groups do you belong to?

- ☐ 18-24
- ☐ 25-29
- ☐ 30-44
- ☐ 45-59
- ☐ 60-64
- ☐ 65+

Ethnicity

White

- ☐ English/Welsh/Scottish/Northern Irish/British
- ☐ Irish
- ☐ Gypsy or Irish Traveller
- ☐ Any other White background

Mixed/multiple ethnic groups

- ☐ White and Black Caribbean
- ☐ White and Black African
- ☐ White and Asian
- ☐ Any other mixed/multiple ethnic background

Asian or Asian British

- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Chinese
- ☐ Any other Asian background

Black/African/Caribbean/Black British

- ☐ African
- ☐ Caribbean
- ☐ Any other Black/African/Caribbean background

Other ethnic groups

- ☐ Arab
- ☐ Any other ethnic group

Are your day to day activities limited because of a health problem which has lasted or is expected to last at least 12 months?

- ☐ Yes, limited a lot
- ☐ Yes, limited a little
- ☐ No

CONSENT TO SHARE WITH PARTNER AGENCIES

Any information disclosed and recorded within the context of this contact will be held in accordance with the Data Protection Act 1998.

This consent is to share with partner agencies for the purpose of keeping you and other people safe, supporting victims of crime, protecting your well-being, taking action against perpetrators and preventing further victimisation and offending.

Where there is a legal safeguarding duty towards children and vulnerable adults, appropriate referrals will be made regardless of consent.

The types of organisations that we will share information with are victims' services, relevant specialist crime services and support groups (e.g. hate crime support), local authorities, housing providers, social care providers, health services (including mental health services), criminal justice agencies including the Police and Prison services, restorative justice services, domestic abuse services, statutory public bodies such as the Fire Service, anti-social behaviour and community protection services and education providers (this is not an exhaustive list).

Consent from the person believed to be at risk or their parent/guardian should always be sought and recorded.

Consent can be withdrawn at any time and the process for doing so.

Is consent given for information to be shared with partner agencies?

Consent given Yes ☐ No ☐

Unable to consent ☐ **COMPLETE CCP DATA SHARING FORM**

Signature of person at risk -----	Date
---	---------------------

SENSITIVE PERSONAL DATA SHARING WITHOUT CONSENT APPLICATION

This form is to be completed prior to the sharing or disclosure of any personal data to third party agencies/organisations.

1. Information to be Shared	
1.1	<p>Who and why do we think we need to share this information with?</p> <p>1. General Practitioner <input type="checkbox"/></p> <p>2. Signatories to the Data Sharing Protocol <input type="checkbox"/></p>
1.2	<p>What information is to be shared?</p>
1.3	<p>Is the information sensitive personal data? Yes <input type="checkbox"/> No <input type="checkbox"/></p>

2. Legal Basis for Data Sharing Without Consent							
2.1	<p>Schedule 2:</p> <p>Which condition/s in Schedule 2 is met (please tick at least one)?</p>						
	<table border="1"> <tr> <td>(3) - The processing is necessary for compliance with any legal obligation to which the data controller is subject, other than an obligation imposed by contract.</td> <td><input type="checkbox"/></td> </tr> <tr> <td>(4) - The processing is necessary in order to protect the vital interests of the data subject.</td> <td><input type="checkbox"/></td> </tr> <tr> <td>(5) - The processing is necessary— (b) for the exercise of any functions conferred on any person by or under any enactment,</td> <td><input type="checkbox"/></td> </tr> </table>	(3) - The processing is necessary for compliance with any legal obligation to which the data controller is subject, other than an obligation imposed by contract.	<input type="checkbox"/>	(4) - The processing is necessary in order to protect the vital interests of the data subject.	<input type="checkbox"/>	(5) - The processing is necessary— (b) for the exercise of any functions conferred on any person by or under any enactment,	<input type="checkbox"/>
(3) - The processing is necessary for compliance with any legal obligation to which the data controller is subject, other than an obligation imposed by contract.	<input type="checkbox"/>						
(4) - The processing is necessary in order to protect the vital interests of the data subject.	<input type="checkbox"/>						
(5) - The processing is necessary— (b) for the exercise of any functions conferred on any person by or under any enactment,	<input type="checkbox"/>						
	<p>Explain how the selected condition is met:</p>						

3. Decision

Having carefully considered the available evidence the decision is taken to:-

3.1	Disclose the sensitive personal data	<input type="checkbox"/>
3.2	Not to disclose the sensitive personal data	<input type="checkbox"/>

4. Officer Details

4.1	Form completed by:- Print name: Job Title Signature: Date:	Chief Communities Officer Approval:- Print name: Signature: Date:
-----	--	---

5. Post Disclosure Information

5.1	Name of Meeting:
5.2	Date(s) of Meeting
5.3	Location:
5.4	Which agencies was the information disclosed to?

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</p>

	Reluctance to be alone with a known individual
Types of Financial or material abuse 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	Possible indicators of this abuse occurring 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
Types of Neglect and Acts of Omission Failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care Failure to provide care in the way the person wants	Possible indicators of this abuse occurring Poor environment – dirty or unhygienic Poor physical condition and/or personal hygiene Pressure sores or ulcers Malnutrition or unexplained weight loss Untreated injuries and medical problems Inconsistent or reluctant contact with medical and social care organisations

<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>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</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</p>

<p>Lack of leadership and supervision</p> <p>Insufficient employees or high turnover resulting in poor quality care</p> <p>Abusive and disrespectful attitudes towards people using the service</p> <p>Inappropriate use of restraints</p> <p>Lack of respect for dignity and privacy</p> <p>Failure to manage residents with abusive behaviour</p> <p>Not providing adequate food and drink, or assistance with eating</p> <p>Not offering choice or promoting independence</p> <p>Misuse of medication</p> <p>Failure to provide care with dentures, spectacles or hearing aids</p> <p>Not taking account of individuals' cultural, religious or ethnic needs</p> <p>Failure to respond to abuse appropriately</p> <p>Interference with personal correspondence or communication</p> <p>Failure to respond to complaints</p>	<p>Lack of personal clothing and possessions and communal use of personal items</p> <p>Lack of adequate procedures</p> <p>Poor record-keeping and missing documents</p> <p>Absence of visitors</p> <p>Few social, recreational and educational activities</p> <p>Public discussion of personal matters or unnecessary exposure during bathing or using the toilet</p> <p>Absence of individual care plans</p> <p>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</p> <p>Removing mobility or communication aids or intentionally leaving someone unattended when they need assistance</p> <p>Preventing someone from meeting their religious and cultural needs</p> <p>Preventing the expression of choice and opinion</p> <p>Failure to respect privacy</p> <p>Preventing stimulation, meaningful occupation or activities</p> <p>Intimidation, harassment, use of threats, humiliation, bullying, swearing or verbal abuse</p> <p>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</p> <p>Withdrawal or change in the psychological state of the person</p>

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