



Charity No. 1120869

## NEW HEIGHTS WARREN FARM COMMUNITY PROJECT

### SAFEGUARDING ADULT POLICY AND PROCEDURE

#### 1. INTRODUCTION

- 1.1 This policy and procedure has been introduced to take account of the Care Act 2014 which came into effect from 1<sup>st</sup> April 2015. The Care Act 2014 has placed 'Safeguarding Adults' on a statutory footing and sets out a clear legal framework for how Local Authorities works with other agencies and individuals to protect adults with care and support needs who may be at risk of abuse and neglect. It is the most significant legislation on care and support in England for over fifty years and replaces the former "No Secrets" guidance. The basic values underpinning The Care Act 2014 are that of promoting the 'wellbeing' of adults and making safeguarding 'personal' for the adult involved.
- 1.2 "Wellbeing" is a broad concept, and relates to the following areas in particular:
- Personal dignity (including treatment of the individual with respect);
  - Physical and mental health and emotional wellbeing;
  - Protection from abuse and neglect;
  - Autonomy by adults over day-to-day life (including over care and support provided and the way it is provided);
  - Participation in work, education, training or recreation;
  - Social and economic wellbeing;
  - Domestic, family and personal relationships;
  - Suitability of living accommodation;
  - The adult's individual's contribution to society.
- 1.3 There are six core principles outlined in the Care Act 2014. The principles inform the ways in which we will work with adults, all share equal importance.
- **Empowerment** – This means adults will be supported and encouraged to make their own decisions and give informed consent in respect of any action being taken involving them.
  - **Prevention** – This means it is better that we take positive action with an adult before any harm occurs.
  - **Proportionality** – This means that we consider taking the least intrusive response appropriate to the risk presented.
  - **Protection** – This means we support and represent those adults in greatest need to 'have a voice' and participate in safeguarding processes to the extent in which they want.

- **Partnership** – This means that we will work with our community to find local solutions. Communities have a part to play in preventing, detecting and reporting the neglect and abuse of adults with care and support needs.
- **Accountability** – This means we will be responsible for and transparent in the way we promote and engage in safeguarding processes.

- 1.4 As a charity who regularly comes into contact with adults, we are committed to providing services that incorporate the above principles. Whilst recognising that each adults needs are different, all staff have a duty to safeguard adults with care and support needs who at risk of abuse and neglect. This document will:
- Provide staff with clear and specific guidelines to deal with adult safeguarding concerns.
  - Ensure, as far as possible, that all staff representing New Heights Warren Farm Community Project (NHWFCP) are fit to work with adults with care and support needs.
- 1.5 The term 'staff' refers to all employees, volunteers and anyone involved in paid or unpaid work on behalf of NHWFCP. It also includes all board members, trustees or management committee members, whether voluntary or remunerated and facilitators of services using NHWFCP premises or funded through NHWFCP.

## 2. LEGISLATION/EXTERNAL POLICY AND RELATED GUIDANCE:

- 2.1 Department of Health (October 2014) Care and Support Statutory Guidance issued under the Care Act 2014

[Care Act 2014: statutory guidance for implementation - Publications - GOV.UK](#)

Department of Health (May 2013) *Statement of Government policy on Adult Safeguarding*

[Adult safeguarding: updated statement of government policy - Publications - GOV.UK](#)

ADASS (March 2013) Safeguarding Adults: Advice and Guidance to Directors of Adult Social Services

[Key Documents | ADASS](#)

ADASS (April 2013) Adult Safeguarding and Domestic Abuse

[Key Documents | ADASS](#)

Safeguarding and the Care Act 2014 (Cornerstone Barristers)

[safeguarding and the care act 2014 cornerstone barristers - Bing](#)

Mental Capacity Act 2005

[Mental Capacity Act 2005](#)

There is a presumption that adults have the mental capacity to make informed decisions about their lives. If someone has been assessed as not having mental capacity to make safeguarding decisions, those decisions will be made in their best

interests as set out in the Mental Capacity Act 2005 (MCA) and the MCA Code of practice. The MCA covering England and Wales, provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they may lack capacity in the future. These can be small decisions – such as what clothes to wear – or major decisions, such as where to live or what happens if abuse has occurred. The Act sets out who can take decisions, in which situations, and how they should go about this. The Mental Capacity Act 2005 includes a criminal offence of wilful ill treatment or neglect.

Human Rights Act 1998

[Human Rights Act 1998](#)

Adult Safeguarding: Multi-agency policy & procedures for the protection of adults with care & support needs in the West Midlands

[Birmingham Safeguarding Adults Board | Policy, Procedures and Guidance](#)

Birmingham Safeguarding Adults Board : Section 15 Local Practice Guidance

[Birmingham Safeguarding Adults Board | Section 15 Birmingham's Local Practice Guidance](#)

The West Midlands region has produced a draft Multi- Agency Adult Safeguarding Policy and Procedure setting out the approach to Adult Safeguarding. Birmingham Adult Safeguarding Board has produced Section 15 - Local Practice guidance which will assist staff in implementing processes to support adults at risk of abuse, neglect and exploitation. These documents should be read in conjunction with this policy/ procedure for all adult safeguarding incidents occurring at NHWFCP.

### 3. THE SCOPE OF ADULT SAFEGUARDING ISSUES WITHIN NHWFCP

- 3.1 All adults using our services have the right to expect safety and security, including safety and security of their emotional, financial, physical and sexual well-being. We will work to actively promote an abuse free environment within our organisation and uphold the right of all adults to live a life free from abuse and exploitation.
- 3.2 NHWFCP staff may come across adult safeguarding issues in several ways including:
- Providing direct legal welfare services to families.
  - Providing domestic abuse services.
  - Disclosure by clients
  - Where concerns are raised about the conduct or behaviour of people working with adults within our premises.
  - Working within the wider community.
  - Directly observing incidents of concern within the community, including our café.
  - Through our Recruitment and Selection processes.
- 3.2 NHWFCP recognises that it must consider safeguarding issues within all aspects of our work and ensure that we work to prevent and reduce the risk of significant harm to adults from abuse or other types of exploitation, whilst supporting individuals in maintaining control over their own lives and in making informed choices without

coercion. This will ensure that our response to safeguarding adults fully supports and achieves our aims and objectives.

#### 4. OVERALL AIMS AND OBJECTIVES

4.1 We consider the abuse of adults with care and support needs to be extremely serious and wholly unacceptable. We are committed to minimising the potential for abuse to occur and addressing abuse when it does occur.

4.2 NHWFCP recognises that the abuse of adults with care and support needs occurs across all socio-economic class structures, race, cultures, ethnicities, religions and professions.

We will:

- Promote a multi-agency approach by alerting appropriate statutory services to suspected abuse in accordance with local guidance in order that cases may be investigated by the appropriate agency.
- In delivering services, actively work together within an inter-agency framework to promote the well-being of adults who are thought to be at risk from abuse.
- ‘Make Safeguarding Personal’ , by working alongside adults and acting in a way that supports their right to lead an independent life based on empowerment and personal choice, recognising that they may be ‘the expert’ in their own lives .
- Ensure that when the right to an independent lifestyle and choice is at risk, the adult concerned receives appropriate help, including advice, protection and support from relevant agencies.
- Aim to recognise adults who are unable to take their own decisions and/or protect themselves, their assets and bodily integrity.

4.3 In applying these aims and objectives, we will balance the requirements of confidentiality with the consideration that, to protect persons thought to be at risk of abuse, it may be necessary to share information.

4.4 While individuals have the right to confidentiality, any information about exploitation and abuse will be shared on a need-to-know basis. Information shared for the health or protection of the individual, or the protection of others is not a breach of confidentiality or professional ethics.

#### 5. DEFINITIONS

5.1 Under the Care Act 2014, Adult Safeguarding duties apply to:

Any adult, **aged 18 or over**, who:

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

5.2 The need for **care and support** includes a mixture of practical, financial and emotional support for adults who need extra help to manage their lives and be independent. Care and support includes assessment of people’s needs, provision of services and the allocation of funds to enable a person to purchase their own care

and support. It could include care home, home care, personal assistants, day services, or the provision of aids and adaptations.

5.3 Although the following list is not exhaustive, an adult who has care and support needs may well access services provided by NHWFCP. They may include adults who are:

- Frail due to age, ill health, physical disability or cognitive impairment, or a combination of these
- Learning disabled
- Physically disabled and or have a sensory impairment
- Mentally ill and have dementia or a personality disorder
- Diagnosed with a long-term illness/condition
- Misusing substances or alcohol
- Unable to demonstrate the capacity to make a decision and in need of care and support
- Carer's who have care and support needs of their own
- Domestic abuse victims

5.4 The term “**abuse**” can be subject to wide interpretation. It may be physical, verbal or psychological, it may be an act of neglect, or occur where a person is persuaded to enter into a financial or sexual transaction to which they have not, or cannot consent. Many instances of abuse will constitute criminal offences, involving intent, recklessness, dishonesty or negligence by the perpetrator. Exploitation can be a common theme in the experience of abuse or neglect. We also recognise that abuse can include self-harm by the adult concerned.

5.5 Abuse may be caused by anyone who has power or control over the person. The person responsible for the abuse is very often well known to the person being abused and could be; a spouse; partner; son; daughter; relative; friend; carer with their own care and support needs or neighbour; a paid carer or volunteer; a health worker; social care or other worker; another client; an occasional visitor or someone who is providing a service. It can be caused by a person deliberately intending to harm, failing to take the right action or through their ignorance. Incidents of abuse may be one-off or multiple, and it can involve one or a number of people.

#### 5.6 **Location of Abuse**

Abuse may be deliberate or be caused by poor standards of care, lack of knowledge, understanding or training and may involve more than one category of abuse. Abuse can happen anywhere. For example a person may be abused in:

- Their own home, whether they live alone, with relatives or with others
- Housing settings
- Day services
- Work settings
- Colleges, places of education
- Hospitals, clinics, treatment centres
- Other places in the community

#### 5.7 **Who might Abuse**

Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the individual. A wide range of people may abuse adults.

These include:

- A member of staff, owner or manager of a residential setting.
- A professional worker such as a nurse, social worker or GP.
- A volunteer or member of a community group such as a place of worship or a social club.
- Another client.
- A spouse, partner, relative or a friend.
- An adult with their own care and support needs.
- A neighbour, member of the public or a stranger.
- A person who deliberately targets vulnerable people in order to exploit them.

## 5.8 Patterns of abuse

Patterns of abuse vary and include:

- Serial abusing in which the perpetrator seeks out and 'grooms' individuals. Sexual abuse sometimes falls into this pattern as do some forms of financial abuse;
- Long-term abuse in the context of domestic abuse between spouses or generations or persistent psychological abuse; or
- Opportunistic abuse such as theft occurring because money or jewellery has been left lying around.

## 5.9 Categories of abuse

Whilst it is acknowledged that abuse or neglect can take different forms, The Care Act specifically identifies the following types of abuse or neglect: The definitions and indicators of these forms of abuse can be found at **Appendix A** of this document.

- Physical abuse;
- Domestic Abuse;
- Sexual abuse;
- Psychological abuse;
- Financial or material abuse;
- Modern slavery;
- Discriminatory abuse;
- Organisational abuse;
- Neglect and acts of omission including Self Neglect
- Radicalisation and Extremism
- Hate Crime

## 6. KEY STAFF ROLES

### 6.1 Designated Safeguarding Adult Manager

The Designated Safeguarding Adult Manager (DASM) for NHWFCP is the Project Manager Anna Freeman, who has overall responsibility and accountability to ensure that this policy and procedure are carried out. In her absence, the Chairman of the Board of Trustees, Mr. Sean Flynn, has accountability for ensuring compliance.

- 6.1.2 The DASM is responsible for supporting workers in dealing with safeguarding adults and abuse issues and will act as the first point of contact within the project for case discussions related to adults with care and support needs at risk of harm. The DASM has a responsibility to meet regularly with staff to provide support and guidance until the adult safeguarding incident has been resolved.
- 6.1.3 The DASM will ensure that the initial disclosure of abuse is properly recorded by the member of staff receiving the concern/allegation and will ensure that they also record any concerns about the welfare of adults in a safeguarding log. These records will be stored confidentially and securely. The DASM is responsible for reaching clear and explicit agreements about what action will be taken and who specifically will take what action.
- 6.1.4 In an emergency situation, where an adult is at immediate risk of serious harm, the DASM will contact the police on 999.

Where it is unclear whether or not a crime has been committed, the DASM will inform the local police who can advise her on criminal law matters and make a decision on police involvement.

**Contact telephone number: West Midlands Police 0345 113 5000 or 101**

- 6.1.5 In non-emergency situations, the DASM will seek telephone advice from Adults Social Care via the Adults and Communities Services Access Point (ACAP). The DASM will advise Social Services that there are concerns about the abuse of an adult with care and support needs and establish whether the adult has an allocated social worker or care co-ordinator in their own right. ACAP can signpost the DASM to the right person to talk to which may include staff within hospital social work teams, mental health social work teams and/or the Birmingham Institute for the Deaf (BID).

**Contact telephone number: 0121 303 1234** and press option1 on the keypad.

E mail: [ACAP@birmingham.gov.uk](mailto:ACAP@birmingham.gov.uk)

**Outside office hours**, (namely 5.15pm to 8.45am - Monday to Thursday and 4.15pm to 08.45am -Friday to Monday) the Emergency Adults Social Care Duty Team should be contacted on:

**Contact telephone number: 0121 675 4806.**

Where there is an enquiry about a person in a 'Position of Trust', the DASM should contact: **0121 303 6906.**

- 6.1.6 Where the DASM has sufficient professional concern and/or is advised to do so, they are responsible for ensuring that a written referral is made to Adult Social Care on a safeguarding adults Multi-Agency Alert form, known as form ACF0030. This referral will be posted to or faxed to the appropriate Adult Social Care department within 12 hours of contacting ACAP.
- 6.1.6 The DASM will ensure that the Chairman of the Board of Trustees, Mr. Sean Flynn, is informed of all Adult Safeguarding issues arising within the service on the same working day and immediately should an allegation or concern involve any member of staff. Form ACF0030 can be accessed at:

<http://www.bsab.org/media/safeguardingadultsmultiagencyalertform.pdf>

6.1.6. The DASM has specific responsibility for ensuring that the Adult Safeguarding Policy is reviewed and where necessary updated every year.

6.1.7 The DASM will have the appropriate level of skill, knowledge and experience to fulfil her role.

## 6.2 **All Staff**

Minor breaches of an adults rights occur inevitably throughout daily life, resulting in little harm or distress. It is not the purpose of policy and procedures to control every detail of behaviour towards adults who have care and support needs, but rather to draw a line beyond which any further violation of rights becomes unacceptable in a civilised society.

6.2.1 Policy and procedure should be reserved for the abuse of adults who are unable to act to protect themselves and which cross a **significant** threshold of seriousness. If an adult is able to take action to protect themselves, and they do not wish for outside help, then that is their right as an adult. However, staff should consider the following points is assessing seriousness:

- The person may not able to make a free and informed choice about wanting assistance, either because they lack mental capacity or because their freedom of choice is restricted in some way.(for example - domestic abuse victims)
- There may be risks to others or a threat to the public interest which warrant intervention even when the adult at risk does not wish this.(For example - child protection issues)

## 7. **PROCEDURES FOR STAFF RESPONDING TO ADULT SAFEGUARDING CONCERNS**

7.1 If a member of staff suspects, observes or is informed that an adult with care and support needs is being abused or neglected they have a professional duty to report it to the DASM. A decision will then be taken on whether the matter needs to be reported to the Police or relevant department within Adult Social Care. If an allegation relates to a DASM, staff will report their concerns directly to The Chairman of the Board of Trustees, Mr. Sean Flynn.

Staff must always refer the following incidents to the DASM:

- The alleged victim considers the actions against them to be abusive;
- The alleged victim or carer is distressed, fearful or feels intimidated by the incident;
- Staff believe there is a deliberate attempt to cause harm or distress;
- A crime has been committed;
- The incident involves a member of staff.

7.2 In the event of a disclosure of abuse/suspected abuse, staff will:

- Listen carefully and ensure that the individual knows that their disclosure is being taken seriously;
- Reassure them that they are right to disclose what happened and that the abuse is not their fault;



- Stay calm, express sympathy and concern, do not be judgemental or jump to conclusions;
- If the person has specific communication needs, provide support and information in a way that is most appropriate to them;
- Explain that the information will need to be shared with a DASM, who will decide on what action will be taken, thus absolute confidentiality cannot be guaranteed;
- Explain what immediate action will be taken as a result of the disclosure;
- Ensure safety of the client;
- If urgent medical help is required, call emergency services;
- Let the individual know that they will be kept involved at every stage and they will be involved in decisions about what will happen;
- Write a factual and chronological account on a safeguarding incident recording form, **attached at Appendix B**, which should be signed, timed and dated and include the following:-
  1. Name of individual making the allegation;
  2. Alleged abuser's name, address and contact number (if known);
  3. Any other witness details including other clients and staff;
  4. Details of the alleged abuse as reported by the client, keeping it factual and not interpreting what you saw or heard;
  5. The views and wishes of the adult;
  6. The appearance and behaviour of the adult/person making the disclosure;
  7. Any injuries observed;
  8. Details of immediate actions taken to safeguard including immediate support, protection and/ health needs of the client;
  9. Actions and decisions taken at this point;
  10. Any other relevant information, for example, previous incidents that have caused concern.
- Report to the DASM as soon as possible;

7.3 Staff should not begin to investigate alleged or suspected abuse by asking questions that relate to the detail, or circumstances of the alleged abuse, beyond initial listening and expressing concern.

7.4 If, following consultation with the DASM, a decision is taken not to refer the incident to Adult Social Care or to the Police, the DASM will record details and the reason why no referral has been made in the safeguarding log, together with details of any action that has been taken. Staff will continue to monitor the ongoing situation.

7.5 If a referral to Adult Social Care is deemed necessary, the staff member receiving the disclosure will assist the DASM in completing Form ACF0030.

## 8. **Role of Adult Social Care**

- 8.1 The appropriate Adult Social Care team will assess every reported incident that is reported to them, to determine an appropriate course of action. This assessment will take place either through telephone consultations with other agencies/professionals (strategy discussion) or by holding a formal strategy meeting to plan an assessment strategy.
- 8.2 The relevant Adult Social Care Team Manager will decide whether or not the reported incident should be accepted as a safeguarding referral. If the decision is not to accept the referral as a safeguarding incident, the DASM should record the reason for the decision, as outlined by the Adult Social Care Team Manager, on the safeguarding log.
- 8.3 It is recognised that our staff may be subsequently asked to participate in a strategy or meeting and/or in a safeguarding assessment/safeguarding case conference, especially if they are well known to the person thought to be at risk. They will be supported through this process by the DASM.

## 9. **INFORMING FACILITATORS OF SERVICES ABOUT SAFEGUARDING POLICIES AND CONFIDENTIALITY**

- 9.1 Facilitators of services using NHWFCP premises will be made aware of this policy/procedure through published information and a copy of this policy will be made available to all facilitators of service at the point they sign their terms and conditions of hire agreement.
- 9.2 A summary of this policy/procedure and the name of the DSL will be displayed for the information of all visitors to NHWFCP premises. ***Attached at Appendix C.***

## 10. **SAFEGUARDING ADULTS THROUGH RECRUITMENT, SELECTION AND DEPLOYMENT**

- 10.1 NHWFP recognises that during recruitment and selection processes some applicants may have already shown themselves to be unfit to care for adults in need of care and support. The lead for Safeguarding Adults through recruitment is Mr. Sean Flynn. In the process of recruiting staff and volunteers we will:
- Require the applicant to provide details of all previous names used and residential addresses covering the last 5 years, and to provide evidence of identify and their current address.
  - Require the applicant to provide the names of at least two referees. If the applicant is currently working with adults at risk in a paid capacity, or has previously done so, one of the referees should be the current or most recent employer and the other should also be a person who can comment on their work with adults.
  - If the applicant is seeking to volunteer, or seeking paid work with adults, for the first time, both references should be from people who can provide information that is relevant to their character, attitudes, behaviour etc. towards adults, especially those who have care and support needs.
  - Not permit any new staff member or volunteer to work unsupervised unless at least one satisfactory reference has been received. When previous references relating to

similar organisations are not available, the selection criteria and the induction process must take account of this.

- Seek information about the level of contact between the applicant and their referees. If the referees are not suitable, it may be appropriate to invite the applicant to nominate different referees.
- We will ask for evidence of any qualifications the applicant claims to hold.
- Interview the applicant in person. At the interview we will discuss with the applicant the details of the job/task that they have applied for – what is to be done, where and when.
- Identify what relevant experience the applicant has, how long ago this was and what were the circumstances, including the circumstances in which they left any relevant employment.
- Enquire into an applicant's background which will include enquiries into any criminal convictions they may have via the Disclosure and Barring Service.
- When we accept students on placement, confirm with the training establishment that an appropriate criminal records check has taken place.
- Conduct comprehensive induction processes to ensure all new staff members have the knowledge and confidence to apply the Safeguarding Adult Policy.

11.1 With reference to our existing workforce, we will:

- Complete three yearly Disclosure and Barring Checks.
- Notify the Disclosure and Barring Service if we dismiss a member of staff or a volunteer because they have harmed an adult in our services.
- Ensure staff and volunteers have clear job descriptions including a clear statement that they are expected to abide by our Safeguarding Adult Policy.
- Provide training, support and regular supervision to staff providing services, to ensure they are clear about their roles and responsibilities in relation to safeguarding practice.
- Operate within confidentiality policies and procedures that allow for the reporting of abuse.
- Ensure that when concerns are raised by a client about their ability to protect themselves from risk or undue influence we support them fully, increasing their capacity to self-protect by exploring practical steps that can be taken.
- Take action against staff or other clients who use their position or any influence power or authority they may have to abuse others or the organisation.
- Provide advice and support to staff and visitors to ensure they meet good practice in relation to safeguarding adults.
- Challenge policy and practice that compromises the safety of adults.
- Reviewing adult safeguarding procedures at yearly intervals to ensure their effectiveness.
- Promote a response to domestic abuse that recognises and responds to the increased risk of the abuse of adults.

## **12. TRAINING**

- 12.1 Staff members and volunteers recruited by NHWFCP will receive training on Safeguarding Adult policy and procedure and will receive refresher training every three years.
- 12.2 The DASM will access BSAB training in order to carry out their role and will attend refresher training updates every two years to maintain their level of competence.
- 12.3 A record of staff training will be maintained in their personnel file.
- 12.4 As part of the terms and conditions of hire agreement, Facilitators of activities using NHWFCP will be required to work within the guidelines of their own appropriate safeguarding policy framework, a copy of which will be retained on their client file Facilitators will also be issued with and required to read NHWFCP Safeguarding Adult Policy and Procedure.

## **APPENDIX A**

### **PHYSICAL ABUSE**

Physical abuse is violence resulting in bodily harm or mental distress. It includes hitting, slapping, pushing, kicking, misuse of medication, inappropriate methods of restraint, and unlawfully depriving a person of their liberty. In some instances it can be difficult to confirm, as injuries can be sustained through frailty and other medical conditions. Medical opinion may be required as not all physical signs of bruising are due to abuse.

**Potential Indicators of Physical Abuse** include unexplained or inappropriately explained injuries; Adult exhibiting untypical self-harm; Unexplained cuts or scratches to mouth, lips, gums, eyes or external genitalia; Unexplained bruising to the face, torso, arms, back, buttocks, thighs, in various stages of healing. Collections of bruises that form regular patterns which correspond to the shape of an object or which appear on several areas of the body; Unexplained burns on unlikely areas of the body (e.g. soles of the feet, palms of the hands, back), immersion burns (from scalding in hot water/liquid), rope burns, burns from an electrical appliance; Unexplained or inappropriately explained fractures at various stages of healing to any part of the body; Medical problems that go unattended; Sudden and unexplained urinary and/or faecal incontinence. Evidence of over/ under-medication; Adult flinches at physical contact; Adult appears frightened or subdued; Adult may repeat what the person causing harm has said (e.g. 'Shut up or I'll hit you'); Person wears clothes that cover all parts of their body or specific parts of their body.

## **DOMESTIC ABUSE**

In 2013 The Home Office changed the definition of domestic abuse as follows:

Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse:

- 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.

This 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.

**Family Members** defined as: mother, father, son, daughter, brother, sister and Grandparents, whether directly related, in-laws or step-family.

**Forced marriage** is a term used to describe a marriage in which one or both of the parties are married without their consent or against their will. A forced marriage differs from an

arranged marriage, in which both parties consent to the assistance of their parents or a third party in identifying a spouse.

**Honour-based violence** may be committed when families feel that dishonour has been brought to them. Women are predominantly (but not exclusively) the victims and the violence is often committed with a degree of collusion from family members and/or the community.

### **SEXUAL ABUSE**

Sexual abuse includes 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. It includes penetration of any sort, incest and situations where the person causing harm touches the abused person's body (e.g. breasts, buttocks, genital area), exposes his or her genitals (possibly encouraging the abused person to touch them) or coerces the abused person into participating in or looking at pornographic videos or photographs. Denial of a sexual life to consenting adults is also considered abusive practice. Any sexual relationship that develops between adults where one is in a position of trust, power or authority in relation to the other (e.g. day centre worker/social worker/residential worker/health worker etc.) may also constitute sexual abuse.

Sexual exploitation can occur through the use of technology without the person's immediate recognition. This can include being persuaded to post sexual images or videos on the internet or a mobile phone with no immediate payment or gain, or being sent such an image by the person alleged to be causing harm. In all cases those exploiting the adult have power over them by virtue of their age, gender, intellect, physical strength, and/or economic or other resources.

**Potential Indicators of Sexual Abuse** include being withdrawn; withdrawal from communal activities and communal areas; avoidance or fear; pain, bruising or bleeding in the genital, vaginal or anal areas; blood-stained underclothing; difficulty in sitting or walking; frequency of urine; other discharges; venereal disease; oral bruising or ulceration; inappropriate relationships; overt sexual behaviour or language; love bites; change in personality or behaviour; sexual behaviour or language which is not in keeping with the level of sexual knowledge. This can also take the form of abuse based on a person's sexual orientation.

### **PSYCHOLOGICAL ABUSE**

This includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, rejection, blaming, controlling, intimidation, coercion, indifference, harassment, verbal abuse (including shouting or swearing), cyber bullying, isolation or withdrawal from services or support networks.

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

It includes preventing the adult from using services that would otherwise support them and enhance their lives. It also includes the intentional and/or unintentional withholding of information (e.g. information not being available in different formats/languages etc.), unwanted or unsolicited disclosure of personal information, deprivation of contact, humiliation, name-calling, intimidation, coercion, verbal or racial abuse, isolation or withdrawal from services or support networks. It also includes denial of basic rights, inclusive of choice, opinion or privacy.

**Potential Indicators of Psychological Abuse include:** appearing anxious or withdrawn, low self-esteem, withdrawal from communal activities and communal areas; agitated or fearful behaviour; isolation; inappropriate or improper dress, unkempt or unwashed; overt subservience, anxious to please; uncooperative, aggressive behaviour; change in personality or behaviour, lacks purposeful activity over prolonged periods; Bullying via social networking internet sites and persistent texting.

### **FINANCIAL OR MATERIAL ABUSE**

This includes theft, fraud, internet scamming, coercion or exploitation in relation to an adults financial affairs including pressure in connection with wills, property, inheritance, or financial transactions or the misuse or misappropriation of property, possessions or benefits.

**Potential Indicators of Financial/Material Abuse include:** being withdrawn; withdrawal from communal activities and communal areas; unpaid bills and lack of food/clothing; lack of money after qualifying income has been paid into bank accounts, unkempt appearance; unexplained withdrawal of money from accounts; disparity between assets and satisfactory living conditions; inappropriate interest by family members or others in assets; recent changes of deeds/title of house or will.

### **MODERN SLAVERY**

Modern Slavery encompasses slavery, human trafficking, forced and compulsory 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. Organised crime groups are involved in modern slavery, but it can be committed by individual opportunistic perpetrators. Slavery takes various forms and affects people of all ages, gender, races and nationalities.

**A person is defined as being in Slavery** if they are:

Forced to work - through mental or physical threat;

Owned or controlled by an 'employer', usually through mental or physical abuse or the threat of abuse;

Dehumanised, treated as a commodity or bought and sold as 'property';

Physically constrained or has restrictions placed on their freedom of movement.

**Human trafficking** involves an act of recruiting, transporting, transferring, harbouring or receiving a person through a use of force, coercion or other means, for the purpose of exploiting them. Victims can be any age, gender, race or nationality.

**Potential Indicators of Human Trafficking include:** Adult is not in possession of their legal documents (passport, identification and bank account details), old or serious untreated injuries and they are vague, reluctant or inconsistent in explaining how the injury occurred, malnourishment, unkempt appearance, appears withdrawn, adult has few personal possessions and often wear the same clothes, unable to answer questions directed at them or speak for themselves,. If they do speak, they are inconsistent in the information they provide, including basic facts such as the address where they were living, appear under the control/influence of others, rarely interacting with staff. Many victims will not be able to speak English, fear of authorities, the adult perceives themselves to be in debt to someone else or in a situation of dependence.

**Potential environmental indicators which will be of particular relevance to staff participating in outreach support** are: bars covering the windows of the property or windows permanently covered on the inside. Curtains are always drawn. Windows have reflective film or coatings applied to them. The entrance to the property has CCTV cameras installed. The letterbox is sealed to prevent use. There are signs the electricity may have been tacked on from neighbouring properties or directly from power lines. Inside the property- access to the back rooms of the property is restricted or doors are locked. The property is overcrowded and in poor repair.

### **DISCRIMINATORY ABUSE**

This includes discrimination on the grounds of race, faith or religion, age, disability, gender, sexual orientation and political views, along with racist, sexist, homophobic or ageist comments or jokes, or comments and jokes based on a person's disability or any other form of harassment, slur or similar treatment. Hate crime can be viewed as a form of discriminatory abuse, although will often involve other types of abuse as well. It also includes not responding to dietary needs and not providing appropriate spiritual support. Excluding a person from care or support on the basis they are 'not liked' is discriminatory abuse.

**Potential Indicators of Discriminatory Abuse include** an adult rejecting their own cultural background and/or racial origin or other personal beliefs, sexual practices or lifestyle choices or an adult making complaints about the service not meeting their needs. Discriminatory Abuse may also be linked to other categories of abuse, so the indicators already highlighted may be evident.

### **ORGANISATIONAL ABUSE.**

This includes neglect and poor practice within an organisation. This may range from one off incidents to on-going ill-treatment. One end of the spectrum is when staff become desensitised and accept poor practice, with pervasive ill treatment or gross misconduct at the other. Organisational abuse is the mistreatment, abuse or neglect of an adult by a regime or individuals in a setting or service where the adult lives or that they use. Such abuse violates a person's dignity and represents a lack of respect for their human rights. Organisational abuse occurs when the routines, systems and regimes of an organisation result in poor or inadequate standards of care and poor practice which affect the whole setting and deny, restrict or curtail the dignity, privacy, choice, independence or fulfilment of adults with care and support needs.

**Potential Indicators of Organisational Abuse include:** Inappropriate staff behaviour, such as the development of groups taking sides in negative behaviours, failure to account for incidents or accidents; poor record keeping, unsatisfactory response to complaints; lack of individual support and safety plans (properly implemented and reviewed); lack of flexibility in terms of clients choice especially as regards outcomes; punitive methods, lack of appropriate amenities; clients appear anxious, depressed or frightened; lack of stimulation; clients are reluctant or fearful to talk about support or services; visitors are not able to see clients alone.

### **NEGLECT AND ACTS OF OMISSION.**



These include ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, social care or educational services, and the withholding of the necessities of life such as medication, adequate nutrition and heating. Neglect also includes a failure to intervene in situations that are dangerous to the person concerned or to others, particularly when the person lacks the mental capacity to assess risk for themselves.

Neglect and poor professional practice may take the form of isolated incidents or pervasive ill treatment and gross misconduct. Repeated instances of poor care may be an indication of more serious problems. Neglect can be intentional or unintentional.

**Potential Indicators of Neglect and Acts of Omission Include:** inadequate heating and/or lighting; poor physical condition/appearance, malnourishment, Adult is not supported in accessing appropriate medication or medical care; adult is not afforded appropriate privacy or dignity; adult and/or a carer has inconsistent or reluctant contact with health and social services; Professionals are refused access to the person; adult is exposed to unacceptable risk.

### **SELF-NEGLECT.**

Self-neglect covers a wide range of behaviour; neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. Self-neglect is also defined as the inability (intentional or non-intentional) to maintain a socially and culturally accepted standard of self-care with the potential for serious consequences to the health and well-being of the individual and sometimes to their community. Concerns may also arise from the person thought to be at risk due to their own lack of self-care or risky behaviour, including self-harm. Individuals have the right to choose their lifestyle or take risks. However, staff should ensure that individuals have the capacity to understand the risk implications of the decisions they make. In some circumstances a Mental Capacity assessment may need to be undertaken.

**Potential Indicators of Self-Neglect include** living in very unclean, sometimes verminous, circumstances; poor self-care leading to a decline in personal hygiene; poor nutrition; poor healing/sores; poorly maintained clothing; isolation; failure to take medication; hoarding, portraying eccentric behaviour/lifestyles.

### **RADICALISATION AND EXTREMISM**

Although not specifically catered for in the C A 2014, the current threat from terrorism in the United Kingdom may include the exploitation of vulnerable people, including adults with care and support needs, to involve them in terrorism or in activity in support of terrorism. The normalisation of extreme views may also make some adults vulnerable to future manipulation and exploitation. The aim of radical extremists is to attract people to their reasoning, inspire new recruits, embed their extreme views and persuade vulnerable individuals of the legitimacy of their cause. We view exploitation and radicalisation as a safeguarding issue. Further guidance in respect of this issue is available in our Safeguarding Children Policy. ***The same guidance should be followed in respect of adults with care and support needs as defined in this policy.***

### **HATE CRIME**

A hate crime is any criminal offence that is motivated by hostility or prejudice based upon the following personal characteristics:

- disability;
- race;
- religion or belief;
- gender;
- age;
- sexual orientation;
- transgender identity.

Hate crime can take many forms including:

- physical attacks such as physical assault;
- verbal abuse or conduct that ridicules a person based on one of the personal characteristics such as , insults or harassment taunting, abusive gestures or mimicking a person's accent speech or mannerisms;
- platforms which incite racial disharmony;
- provoking hatred;
- Display or distribution of derogatory materials relating to the personal characteristics, including offensive graffiti or correspondence;
- damage to property;
- threat of attack including offensive letters, abusive or obscene telephone calls;
- groups or individuals hanging around to intimidate;
- unfounded, malicious complaints;
- bullying.

### **OTHER FORMS OF ABUSE**

In addition to the above categories of abuse, abusive behaviour may be any behaviour, deliberate or otherwise, which is offensive to an individual or a group and which may threaten an individual or a group or create an intimidating environment. That behaviour becomes unacceptable if it is unwanted, unreasonable and offensive to the recipient. It is not the motive of the perpetrators(s) but the act and its impact on the individual which determines whether the behaviour is a form of abuse. If one form of abuse is identified, the possibility of other types of abuse occurring should always be considered.

Some instances of abuse will constitute a criminal offence. Adults with care and support needs who use our services are entitled to the protection of the law in the same way as any other member of the public. Examples of actions which constitute a criminal offence are assault, theft, fraud, or other forms of financial exploitation, rape, sexual assault and certain forms of discrimination, whether on racial or gender grounds.

## APPENDIX B

**INCIDENT RECORDING FORM**  
**Safeguarding Concerns**

DATE/TIME	<p><b>Include the following:</b> Actual words used by the Adult/Description of injuries or marks/  /Details of witnesses/ Spontaneous statements made by other witnesses.</p>
	<p>Name and Signature of person reporting:</p> <p>Name and Signature of DSL:</p>

## APPENDIX C

### SUMMARY OF SAFEGUARDING ADULT INFORMATION FOR VISITORS AND FACILITATORS OF SERVICES TO NEW HEIGHTS

New Heights is committed to Safeguarding Adults who have care and support needs but who may not be able to look after themselves or protect themselves from others who want to abuse, neglect or harm them in some way.

In Safeguarding we actively promote the 'wellbeing' of adults and aim to make safeguarding 'personal' for the adult involved.

We follow the principles of the Care Act 2014 and these principles inform the way we work with adults using our services.

- **Empowerment** – This means we will support and encourage adults to make their own decisions and enable them to give informed consent in respect of anything they wish to become involved in.
- **Prevention** – This means that we will take positive action to work with adults in protecting them from harm before harm occurs.
- **Proportionality** – This means that we will take the least intrusive response appropriate to any risk presented by the adults situation.
- **Protection** – This means we will support and represent adults in the greatest need to 'have a voice' and participate in safeguarding processes to the extent in which they want.
- **Partnership** – This means that we will work with our community to find local solutions to adults at risk of harm. Communities have a part to play in preventing, detecting and reporting the neglect and abuse of adults with care and support needs.
- **Accountability** – This means we will be responsible for and transparent in the way we promote and engage in safeguarding processes.

**If you have a concern that an adult is being harmed, or is at risk of harm you should contact the Designated Safeguarding Lead for New Heights.**

DSL is Anna Freeman, Project Manager.

Mobile:07753 229347



If Anna is not available contact Mr. Sean Flynn, Chairman to the Board of Trustees

Mobile:07867 783204

#### **STILL WORRIED ABOUT AN ADULT WHO HAS CARE AND SUPPORT NEEDS AND IS UNABLE TO LOOK AFTER THEMSELVES**

If you still have any concerns you can also contact the following:

**In an emergency**, contact the Police on 999

**In Non- emergency situations**, contact Adults and Communities Services Access Point (ACAP). **Contact telephone number: 0121 303 1234 and press option 1 on the keypad.**

**Outside office hours**, (the Emergency Adults Social Care Duty Team should be contacted Telephone number 0121 675 4806