

Gaddum Policy Front Sheet

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1. Introduction

1.1 It is always unacceptable for adults to experience abuse of any kind and Gaddum recognises its responsibility to safeguard the welfare of all adults, by a commitment to a practice which protects them. The aim of this policy is to ensure that Gaddum safeguards the welfare of adults by:

- Stopping abuse and neglect wherever possible
- Supporting adults in a way that supports them in making choices and having control about how they want to live
- Indicating that abuse will be taken seriously and acted upon
- Clearly outlining risk factors associated with abuse, enabling individuals to identify where abuse is happening
- Providing a clear framework for action wherever abuse is suspected, setting out how an investigation should be undertaken, and the responsibilities of key individuals involved
- Raising awareness about what abuse is, how to stay safe, and how to raise a concern about the safety or wellbeing of an adult.

2. Scope

2.1 This policy applies to all Gaddum employees, students, trustees, and volunteers (referred to in this policy as 'staff') whose work brings them into contact with adults that may be at risk of abuse or neglect. It sets out Gaddum's procedures for safeguarding which is supplemented by procedures from each Local Authority Adult Safeguarding Board.

2.2 Gaddum's services operate across all ten Greater Manchester local authorities. Each local authority has their own Local Safeguarding Partnerships procedures. Please see Appendix 1 for information on how to raise a safeguarding concern across localities.

3. Legislative Framework

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

4. Definitions: Who is an adult at risk?

4.1 Guidance issued under *Care Act 2014* states that: *"The safeguarding duties apply to an adult who has needs for care and support (whether or not the Local Authority is meeting any of those needs) is experiencing, or at risk of abuse or neglect and as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse or neglect"*

4.2 An adult at risk can present with the following:

- Learning or physical disability
- Physical or mental illness, chronic or otherwise, including addiction to alcohol or drugs
- A reduction in mental capacity
- A reduction in physical capacity
- Being substantially dependent upon others in performing basic self-care duties
- Impaired ability to communicate
- Incapable of protecting themselves from assault or other physical abuse
- There is a potential that the person's will or their moral wellbeing may be subverted or overpowered.

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

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

5. What is abuse?

5.1 Abuse can be something that is done to a person or omitted from being done that emotionally or physically harms someone. Abuse may consist of single or repeated acts and can be carried out by anyone, in any setting. It may result in significant harm to or exploitation of the individual. Repeated instances of poor care may be an indication of more serious problems and of what we now describe as organisational abuse. In order to see these patterns, it is important that information is recorded and appropriately shared.¹

5.2 Abuse may come in many forms:

- Sexual
- Financial or material
- Psychological or emotional
- Neglect and acts of omission
- Self-neglect
- Discriminatory

¹ Care Act 2014

- Institutional or organisational
- Domestic
- Modern slavery
- Radicalisation

5.3 A full description of the different forms of abuse is in **Appendix 3** and staff should ensure they are familiar with the signs of abuse listed here.

6. Who might abuse?

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

7. Principles for the prevention of abuse

7.1 Gaddum are guided by the principles set out in *The Care Act 2014* and aim to work within the following principles when developing and implementing service for adults.

7.1.1 Empowerment: We give individuals the right information about how to recognise abuse and what they can do to keep themselves safe. We give them clear and simple information about how to report abuse and crime and what support we can give. We consult them before we take any action wherever possible. Where someone lacks capacity to make a decision, we always act in their best interests.

7.1.2 Protection: We have effective ways of assessing and managing risk. Our complaints and reporting arrangements for abuse and suspected criminal offences work well. People understand how we work and how to make contact with the right people in our organisation. We take responsibility for dealing with any information we have and ensuring the information is provided to the right people.

7.1.3 Prevention: We help our community to identify and report signs of abuse and suspected criminal offences. We train staff to recognise signs and take action to prevent abuse occurring. In all our work, we consider how to make communities safer. Working with abuse demands a high level of skill and can be very stressful. Training and support for workers accused of or investigating potential abuse situations are a high priority.

7.1.4 Proportionality: We discuss with the individual and, where appropriate, with partner agencies what to do where there is risk of significant harm **before** we take a decision. Risk is an element of many situations and should be part of any wider assessment.

7.1.5 Partnership: We are good at sharing information locally. We have multi-agency partnership arrangements in place and staff understand how to use these. We foster a “one” team approach that places the welfare of individuals before the “needs” of the system.

7.1.6 Accountability: The roles of all people are clear, together with the lines of accountability. Staff understand what is expected of them and others involved. People at risk have the right to expect that staff working with them should have the appropriate level of skill. This principle is particularly important in relation to

extremely sensitive issues, such as suspected or alleged abuse. Staff working with adults at risk will be trained to recognise signs of abuse, and to recognise disclosure.

8. Safeguarding Adults at Risk in practice

8.1 We all have a duty to ensure that the services we deliver keep adults at risk safe. Gaddum has adopted a **Safeguarding Adults Statement which all staff are expected to be familiar with and embody (Appendix 2).**

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

- Recruitment Policy
- Recruitment of Ex-Offenders and DBS Policy
- Criminal Convictions policy

8.3 All Gaddum staff and volunteers receive a **mandatory induction**, in accordance with our Supervision, Appraisal and Training Policy. The mandatory induction covers group policies and procedures including this Safeguarding Adults at Risk Policy. The mandatory induction also includes local information specific to the service, including local variations to safeguarding procedures (**Appendix 1**) and the reporting concerns flowchart.

8.4 All Gaddum staff and volunteers receive **mandatory training** on joining the organisation; this includes the appropriate level of safeguarding training, including training on types of abuse; recognising signs of abuse; duty of report; their role in responding to suspected abuse; risk assessment and management. Managers should in addition to the above receive training in one-to-ones of risk assessment and management; internal disciplinary procedures; supporting staff through an investigation.

8.5 Those with responsibility for signing off the appointment of staff should receive training also in interviewing and investigation skills (also known as Safer Recruitment Training). All safeguarding leads will access Level 5 equivalent Safeguarding training to equip them with the skills to deal with enquiries and support staff through concerns and incidents. Some leads will also be trained to deliver the mandatory course for staff.

8.6 Safeguarding training is refreshed every year for all client facing staff.

8.7 There is also external training available for PREVENT, to increase awareness of radicalisation to terrorism for vulnerable groups and how to report any concerns. This training is mandatory.

8.8 Continued **learning** will be implemented through learning from reported safeguarding concerns, reviewing all submissions on a quarterly basis by our Quality and Governance panel, and relaying key points to the staff body via service managers.

8.9 All staff receive regular **one-to-ones** in accordance with the Supervision, Appraisal, and Training policy. The frequency of one-to-ones is determined by the role: for staff with

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extensive contact with adults at risk it will be at least every 4 - 6 weeks. Safeguarding is a mandatory agenda item in all one-to-one sessions.

8.10 These one-to-one supervisions provide an opportunity to raise concerns, although staff should be clear that they can speak to their line manager about safeguarding issues at any time and should not wait for a one-to-one session to do so. The one-to-one session also provides an opportunity to reflect on safeguarding practice and identify ways to improve individual performance in this area.

8.11 Gaddum's **Health, Safety, and Risk Policy** ensures all our work is thoroughly risk assessed and carried out in a safe manner.

8.12 **Sharing information** is an essential part of effective safeguarding practice. It allows multiple staff and / or agencies to build a complete picture of a situation where one individual or agency would be unable to do so. Often it is only when information from a number of sources is shared that it becomes clear that an adult is at risk of harm. This practice then enables early intervention and prevention work to be carried out.

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

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

- If there is evidence or reasonable cause to believe that an adult is suffering or at risk of suffering significant harm, or of causing significant harm to themselves or others.
- To prevent significant harm to children.
- If the person lacks capacity to consent and the decision to share confidential information is made in their best interests.

8.15 For further information, refer to the **Gaddum Information Governance Framework**, or **Gaddum's Confidentiality policy**.

9. Procedure for raising concerns and reporting

9.1 A step-by-step flowchart detailing the procedure to raise a concern about the welfare of an adult at risk is available alongside this policy in the Safeguarding folder on SharePoint. Safeguarding Adults Board details found in **Appendix 1**. Charitylog users should report any safeguarding concerns on the Charitylog system, where this should be logged as a new safeguarding case and allocated to a DSO for review. PCmis users should use the safeguarding adults at risk internal reporting form to report any concerns. This form should also be used if a concern is raised regarding an who is not a beneficiary of Gaddum but where concerns are raised by a third party.

9.2 If a person witnesses abuse taking place:

Initial action to be taken:

- Immediately challenge the person who is abusing the individual, even though this may be difficult to do, and try to persuade him or her to stop whilst ensuring that personal safety is not compromised.
- Report the incident to a senior manager straight away.

9.3 If the immediate risk to the individual has passed, the person must:

- Speak to the person affected
- Write down all the relevant facts
- Consider using the 4C's or Grievance procedure if relevant
- Consider the most appropriate senior manager to approach and contact them
- Take advice from the safeguarding lead
- Carry out a risk assessment
- Maintain confidentiality without compromising the need to report

9.4 If a manager or member of staff receives an accusation of abuse, they must:

- Support and reassure the person making the accusation, recording what is said and/or observed, but avoiding asking leading questions
- Carry out a risk assessment and ensure the safety of the individual and, if in immediate danger, contact the relevant emergency services
- Log the nature of the alleged abuse, any information given or witnessed, actions taken, who was present at the time, dates and times of incidents using the Adult safeguarding reporting form.
- Consider any other agencies who may need to be informed – i.e., agencies also working with the people involved, statutory agencies.
- Ensure all discussions and decisions are recorded
- Report immediately to your local Designated Safeguarding Lead
- Maintain confidentiality without compromising the need to report
- If an adult makes a new disclosure of historical sexual abuse, please review Gaddum's Disclosures of Historic Abuse Policy.

9.5 If a member of SLT receives a report of an accusation of abuse they must:

- Review what has been done so far, including any associated risk assessments
- Consider if there are any immediate safety/protection issues
- Consider if the police/social services need to be involved at this stage
- Examples of when to make contact with the police is if any physical or sexual abuse has taken place or theft of personal possessions. Social Services would be informed if the adult is known to have a designated social worker of accusation of any abuse. Any incident or allegation involving harm to a child must be reported immediately to social services.

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- Consider if there is a need to share information. If so, with whom: the alleged abused person, the alleged abuser.
- Consider if an investigation needs to be carried out by Gaddum, or by another agency. For instance, if the alleged abuser is another client, it will usually be appropriate to investigate this internally first. However, if the alleged abuser is a member of staff from another organisation, a relative or a member of the public, it will usually be appropriate to support the individual to report their complaint to another agency.
- Consider how vulnerable adults/the alleged perpetrator/other staff and concerned individuals are going to be involved. Consider if they need support.
- If the allegation is against a member of staff consult with the HR and Finance team, review Gaddum's LADO & PiPoT Policy, and consider whether external HR expertise is required from our provider.
- Consider contact with other agencies, ensuring that the individual alleged to be responsible for the abuse are not contacted at this point.
- Consider if there is a need to carry out cross checks with other agencies and if there is a need for joint investigation. Has there been any other allegations of abuse from this individual or against the alleged perpetrator in the past?
- Maintain confidentiality whilst not compromising on the need to report.
- Plan the investigative process. Are they able to carry out the investigation or do they need to pass to another senior manager? What information needs gathering? What evidence needs securing?
- If they are carrying out the investigation, they will need to plan interviews – who will be interviewed (this must include the alleged perpetrator and the alleged victim). Who will carry out the interviews and how - ensuring the interviewer has the necessary skills, training, and freedom from conflict of interest; and that the alleged perpetrator and alleged victim are supported to participate fully in this process. Repeated interviewing should be avoided.

9.6 If an allegation is made against a member of staff, the person must refer to the Duty of Candour Policy and the LADO & PiPoT Policy.

10. When does a safeguarding concern become an incident?

10.1 There may be times when a safeguarding concern is deemed to be an Incident.

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

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

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

10.2Local procedures: As already described, each service holds local versions of the reporting concerns flowchart, containing local variations to procedures (relating to LSAB procedures) and local Adult Social Care contact details. All staff and volunteers will receive induction and training on local procedures, as well as group procedures, as part of their mandatory induction. Please see **Appendix 5 for further details.**

10.3Safeguarding Adults Reviews: Safeguarding Adults Reviews are undertaken where a vulnerable adult has died as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked together more effectively to protect the adult. This is a statutory responsibility. There are other measures in place where there are cases of 'Domestic Homicides' in the form of Domestic Homicide Reviews. The purpose of the review is to:

- Find out if there are any lessons to be learned from the case about how local professionals and agencies work together to safeguard and promote the welfare of vulnerable adults.
- Identify what those lessons are, how they will be acted on, and what is expected to change as a result of the serious case review.
- Improve inter-agency working to better safeguard and promote the welfare of adults at risk.

10.4If required Gaddum provides an individual agency report for a serious case review and will always cooperate fully with implementing outcomes of the review including reviewing policy, practice, and procedures as required.

11. Safeguarding accountability, roles, and responsibilities

11.1Safeguarding is everyone's responsibility, and all Gaddum staff members must comply with these policies and procedures at all times.

11.2Gaddum has a clear and singular safeguarding escalation process that covers both children and adults. It must be followed at all times and, if a staff member is in doubt – they must speak to their line manager or designated safeguarding officer.

11.3It is the responsibility of every Gaddum staff member to follow the procedures within this policy if they are concerned about an adult. All safeguarding issues should be recorded and reported through the safeguarding reporting procedures for Gaddum.

11.4Strategic Leadership responsibility for safeguarding across Gaddum rests with Lily Huggins, Head of Community.

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11.5Gaddum has a Quality & Governance Subcommittee which meets on a quarterly basis and is chaired by the Programmes and Strategy Director. It oversees the risk management system and ensures services are delivered safely and to a high standard.

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Appendix 1: Local Authority Safeguarding Boards

Manchester

Children: [Manchester Safeguarding Partnership - CYP](#)

Adults: [Manchester Safeguarding Partnership - Adults](#)

Salford

Children: [Professionals | Salford Safeguarding Children Partnership](#)

Adults: [Safeguarding forms | Salford Safeguarding Adults Board](#)

Heywood, Middleton & Rochdale

Children: [Rochdale Safeguarding Partnership - CYP](#)

Adults: [Rochdale Safeguarding Partnership - Adults](#)

Stockport

Children: [Stockport Safeguarding Partnership - CYP](#)

Adults: [Stockport Safeguarding Partnership - Adults](#)

Bolton

Children: [Bolton Safeguarding Partnership - CYP](#)

Adults: [Bolton Safeguarding Partnership - Adults](#)

Bury

Children: [Bury Safeguarding Partnership - CYP](#)

Adults: [Bury Safeguarding Partnership - Adults](#)

Wigan

Children: [Wigan Safeguarding Partnership - CYP](#)

Adults: [Wigan Safeguarding Partnership - Adults](#)

Tameside

Children: [Tameside Safeguarding Partnership - CYP](#)

Adults: [Tameside Safeguarding Partnership - Adults](#)

Oldham

Children: [Oldham Safeguarding Partnership - CYP](#)

Adults: [Oldham Safeguarding Partnership - Adults](#)

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Trafford

Children: [Trafford Safeguarding Partnership - CYP](#)

Adults: [Trafford Safeguarding Partnership - Adults](#)

Appendix 2. Gaddum Safeguarding Adults Statement

Gaddum acknowledges the duty of care to safeguard, protect and promote the welfare of children and young people and vulnerable adults and is committed to ensuring our safeguarding policies and practice reflects statutory responsibilities, government guidance and complies with best practice. Our safeguarding policy has been developed in line with The Children's Act (1989), The Care Act (2014), and The Mental Capacity Act (2005).

Safeguarding is everyone's responsibility, and all Gaddum employees, volunteers, students, and Trustees must comply with our Safeguarding policies and procedures. At Gaddum, we value safeguarding, we know it's personal and we know it is everyone's responsibility.

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

It is the responsibility of every employee and volunteer to follow the procedures within our policies if they are concerned about a child. All safeguarding issues should be recorded and reported through the safeguarding reporting procedures for Gaddum.

We seek DBS certificates for all employees, volunteers, and students prior to joining Gaddum and everyone is provided with robust Safeguarding training.

Strategic Leadership responsibility for safeguarding across Gaddum rests with our Head of Operations, Lauren Edwards and Chief Executive, Ben Whalley. Gaddum has a Quality & Governance Subcommittee which meets every 3 months to review all safeguarding incidents. This subcommittee oversees the risk management system and ensures services are delivered safely and to a high standard.

Raising a safeguarding concern about a Gaddum employee, volunteer, or student

Gaddum will ensure that safeguarding concerns raised about employees, volunteers and students are dealt with thoroughly and responsibly.

To raise a concern, please contact the individual's line manager.

If you do not feel able to do this, please contact: Lauren.Edwards@gaddum.org.uk

If you have concerns about a member of Gaddum's Board, please contact:

Ben.Whalley@gaddum.org.uk

If you have concerns about a member of Gaddum's Senior Leadership Team, please contact: hr@gaddum.org.uk

If you would like to review our Safeguarding policies, you can request a copy by emailing info@gaddum.org.uk

Appendix 3: Different forms of Adult Abuse

Abuse can be in many forms:

a. Physical abuse

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

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

b. Sexual abuse

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

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

c. Financial or material abuse

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

Signs and indicators: This type of abuse may include not allowing a person to access to their money, not spending allocated allowance on the individual, denying access to their money, theft from the individual, theft of property, misuse of benefits. There may be an over protection of money, money not available, forged signatures, disclosure, inability to pay bills, lack of money after payments of benefits or other, unexplained withdrawals. An abuser may be evasive when discussing finances, goods purchased may be in the possession of the abuser, there may be an over keenness in participating in activities involving individual's money.

d. Psychological or Emotional abuse

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

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

e. Neglect and acts of omission

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

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

f. Self-neglect

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

g. Discriminatory Abuse

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

Signs and indicators: There may be a withdrawal or rejection of culturally inappropriate services e.g., food, mixed gender groups, or activities. Individuals may simply agree with the abuser for an easier life, there may be disclosure, or someone may display low self-esteem.

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An abuser may react by saying “I treat everyone the same,” have inappropriate nicknames, be uncooperative, use derogatory language, or deny someone social and cultural contact.

h. Institutional or Organisational Abuse

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

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

i. Domestic abuse

In 2013 the Home Office announced a change to the definition of domestic abuse to include psychological, physical, sexual, financial, emotional abuse. There can be an incident or pattern of incidents of controlling, coercive, or threatening behaviour, violence, or abuse by someone who is or has been an intimate partner or family member regardless of gender or sexuality and may include Female Genital Mutilation; forced marriage and so-called honour based violence. People can now ask for information from the police if they suspect a partner has committed domestic Violence in the past through **Clare’s Law** (see **Appendix 4** for further details)

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

j. Modern slavery

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

Signs and indicators: There may be signs of physical or psychological abuse, people may look malnourished or unkempt or appear withdrawn. People may rarely be allowed to travel on their own, seem under the control, influence of others, rarely interact or appear unfamiliar with their neighbourhood or where they work. They may be living in dirty, cramped, or overcrowded accommodation, and/or living and working at the same address. People may

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have no identification documents, have few personal possessions, and always wear the same clothes day-in-day-out. What clothes they do wear may not be suitable for their work. People may have little opportunity to move freely and may have had their travel documents retained, e.g. passports. They may be dropped off / collected for work on a regular basis either very early or late at night. People may avoid eye contact, appear frightened or hesitant to talk to strangers and fear law enforcers for many reasons, such as not knowing who to trust or where to get help, fear of deportation, fear of violence to them or their family.

k. Radicalisation to terrorism

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

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

Appendix 4: Clare's Law

- 11.6** Clare's Law came into effect in 2014 after Clare Wood was murdered by her ex-partner in 2009. The aim of this scheme is to give members of the public a formal mechanism to make enquires about an individual who they are in a relationship with or who is in a relationship with someone they know and there is a concern that the individual may be abusive towards their partner. The local police force will discuss any concerns and decide whether it is appropriate to be given more information to help protect the person who is in the relationship about an individual of concern.
- 11.7** The scheme aims to enable potential victims to make an informed choice on whether to continue the relationship and provides help and support to assist the potential victim when making that informed choice.
- 11.8** Anyone can make an application about an individual who is in an intimate relationship with another person and where there is a concern that the individual may harm the other person. Any concerned third party, such as a parent, neighbour, or friend can make an application not just the potential victim. However, a third party making an application would not necessarily receive the information about the individual concerned.
- 11.9** If you have concerns about a person you are working with and want to request a disclosure, please speak to your DSL about how to do this, following normal internal safeguarding reporting procedures.

Appendix 5: Descriptions of Training levels in induction and refresher training

Level 1
For those in contact with children and young people and with adults who are parents and carers. These people are in a position to identify concerns about the maltreatment of vulnerable adults. Therefore, as a minimum they need introductory training on how to work together to safeguard and promote the welfare of adults.
Level 2
The target audiences for these courses are those who work regularly with children and young people and with adults who are carers and who need a higher minimum level of expertise: a fuller understanding of how to work together to identify and assess concerns and to plan, undertake and review interventions.
Level 3
The target audiences for these courses are those with a particular responsibility for safeguarding children and adults at risk who need to have a thorough understanding of working together to safeguard and promote the welfare of children and adults at risk, including in complex and/or serious cases.
Level 4
The target audience for these courses are those with responsibility for assessing risk in safeguarding cases and managing complex work.
Level 5
The target audience for these courses are Designated Safeguarding Leads within the organisation.