

Safeguarding Adults at Risk Policy

SUER-03

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Roles and Responsibilities

Registered Manager	Overall policy ownership and compliance
Senior Staff	Implementation and monitoring
All Staff	Following policy procedures
CQC Compliance Officer	Regulatory adherence

Contact Information

Manager Name	The manager
Position	Registered Manager
Email	
Phone	

1. Statement of Purpose

This policy and the accompanying procedure and guidance outline the approach of The Organisation to the safeguarding of adults at risk and the prevention of abuse and neglect. Information on child safeguarding and protection information and guidance is also given within this policy and accompanying procedure.

The Organisation recognises that it is the human right of all adults and children to live a life that is free from abuse and neglect. The Organisation is committed to taking immediate action to keep people safe from abuse and neglect, working collaboratively with partners across Barking and Dagenham, Havering, and Newham to ensure swift and appropriate response to safeguarding concerns. Adults at risk and children are more likely to be subjected to various forms of abuse, which can be committed by anyone and there is a duty to do everything possible to prevent, report and tackle abuse wherever it is found.

The Organisation's policy of zero tolerance towards abuse, maltreatment or neglect of any kind requires everyone who is employed or engaged with The Organisation to accept a personal responsibility to ensure that any action, by anyone, which may be considered to be abusive is reported without delay in order that it may be properly investigated, and appropriate action taken.

Person-Centred Safeguarding Approach

The Organisation adopts a person-centred approach to safeguarding that:

- Recognises that safeguarding means different things to different people
- Ensures that service users are supported to understand what being safe means to them personally
- Involves service users in developing their own safety plans and risk assessments
- Respects individual choices while balancing safety considerations
- Promotes independence and empowerment rather than unnecessary restriction
- Acknowledges the diverse communities we serve across Barking and Dagenham, Havering, and Newham

The aim of this policy, which includes guidance and procedures, is that our staff can:

- Recognise the signs and symptoms of harm and abuse
- Prevent and reduce the likelihood of abuse or other forms of exploitation of service users who may be at risk of harm
- Take prompt action to respond to risks and concerns and make sure that service users are safe and that their rights are protected
- Support service users to maintain control over their lives and to make their own choices as far as possible
- Work collaboratively with service users to understand their individual safety needs and preferences
- Ensure that safeguarding interventions are proportionate and least restrictive

This policy is based on:

- The Care Act 2014
- Equality Act 2010
- Human Rights Act 1998
- Mental Capacity Act 2005
- Mental Capacity (Amendment) Act 2019 (Liberty Protection Safeguards)
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Care Quality Commission Fundamental Standards
- Safeguarding Vulnerable Groups Act 2006
- Sexual Offences Act 2003
- Protection of Freedoms Act 2012
- Public Interest Disclosure Act 1998
- Domestic Abuse Act 2021
- Modern Slavery Act 2015
- Counter-Terrorism and Security Act 2015 (Prevent Duty)
- Data Protection Act 2018
- UK GDPR 2018
- Female Genital Mutilation Act 2003
- Criminal Justice and Courts Act 2015 (Section 20-25)

The Organisation will:

- Actively promote the empowerment and well-being of any adult at risk through sensitive and responsive service provision across our diverse communities
- Support the autonomy and independence of the individual, including the recognition that such rights can involve risk, which is understood by all concerned and minimised wherever practicable
- Work with people to understand and manage risks by thinking holistically so that care meets their needs in a way that is safe and supportive and enables them to do the things that matter to them
- Ensure that staff are aware of statutory requirements relating to adults at risk and that they behave accordingly
- Implement procedures that recognise and manage 'risk factors' associated with the abuse of individuals
- Work in accordance with local arrangements and systems for safeguarding adults and children across Barking and Dagenham, Havering, and Newham

- Ensure immediate action is taken to keep people safe from abuse and neglect, including collaborative working with partners
- Implement appropriate procedures for the recruitment and selection of staff
- Ensure all staff working with vulnerable children and adults have Enhanced DBS checks with Adults' Barred List clearance
- Ensure that all staff are trained to fully understand their responsibilities and their duty to escalate allegations or suspicions of abuse and neglect
- Ensure ongoing monitoring of DBS status through the DBS Update Service where staff are subscribed
- Regularly monitor staff performance and conduct
- Make the dignity, privacy and safety of service users paramount. Respect their choices as far as possible and only take action that is in their best interests
- Keep written records of any allegation of abuse, neglect or other harm, and the action taken in response following local guidelines
- Identify lessons to be learned from incidents where any person supported has experienced abuse or neglect
- Provide mandatory Oliver McGowan Training on Learning Disability and Autism where applicable
- Ensure that safeguarding systems, processes and practices uphold people's human rights and protect them from discrimination
- Support people to understand their rights, including their human rights, rights under the Mental Capacity Act 2005 and their rights under the Equality Act 2010

Trauma-Informed Practice

The Organisation adopts a trauma-informed approach to safeguarding that:

- Recognises the prevalence and impact of trauma on individuals
- Understands how trauma affects behaviour and decision-making
- Ensures that responses to safeguarding concerns do not re-traumatise individuals
- Provides appropriate support and referrals for trauma-related issues
- Trains staff to recognise and respond appropriately to trauma

On completion of training, responsibility for following the Safeguarding Adults at Risk Policy rests with the individual staff member. Failure to comply with policy, procedure or guidance may lead to disciplinary proceedings.

Detailed procedures and guidelines which must be followed by staff are provided alongside this policy document that all staff must also read.

1. Policy

What is Safeguarding Adults?

Safeguarding adults is defined in the Care Act 2014 as 'protecting an adult's right to live in safety and free from abuse and neglect'.

Safeguarding duties apply to any adult who:

- Has care and support needs, and
- Is experiencing, or is at risk of, abuse and neglect, and
- Is unable to protect themselves from either the risk of, or the experience of abuse or neglect, because of those needs

Safeguarding Children

Safeguarding children is defined in The Working together to Safeguard Children 2018 guidance by HM Government as: "Safeguarding children - the action we take to promote the welfare of children and protect them from harm - is everyone's responsibility. Everyone who comes into contact with children and families has a role to play"

Child Protection and Safeguarding

Child protection and safeguarding is everyone's responsibility. It is not only childcare workers that have a duty to promote the welfare of children and protect them from harm.

The Organisation employees will not directly care for children or young children, however, if any employee comes into contact with children in their day-to-day work settings across Barking and Dagenham, Havering, and Newham, it is their responsibility to ensure that their wellbeing is safeguarded and rights are respected.

The Organisation recognises specific safeguarding risks for children including:

- Child Sexual Exploitation (CSE)
- Child Criminal Exploitation (CCE) including County Lines
- Female Genital Mutilation (FGM) - with mandatory reporting requirements
- Honour-based violence
- Radicalisation and extremism
- Online safety and cyberbullying
- Modern slavery and trafficking

All staff must be aware of mandatory reporting requirements for FGM and understand the Prevent duty in relation to radicalisation. Staff are to follow the reporting procedures and guidelines as set out alongside this policy if there are any concerns relating to a child.

Please see Appendix 2 for other categories of abuse that relate more to children.

Safeguarding Duties Apply To:

Section 42 of The Care Act 2014 sets out that adult safeguarding duties apply to any adult who:

- Has care and support needs, and
- Is experiencing, or is at risk of, abuse and neglect, and
- Is unable to protect themselves from either the risk of, or the experience of abuse or neglect, because of those needs

Definition

The term 'adult at risk' has replaced 'vulnerable adult'. The term 'adult at risk' is detailed in the Care Act 2014 and focuses on the situation causing the risk, rather than the characteristics of the adult concerned.

'Abuse' is "a violation of an individual's human and civil rights by any other person or persons." (The Care Act 2014). It can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.

Abuse may:

- Consist of a single act or repeated acts
- Be physical, verbal or psychological
- Be an act of neglect or omission to act
- Occur when an 'adult at risk' is persuaded to enter into financial or sexual transaction to which he or she has not consented or cannot consent

Categories of Abuse

All The Organisation staff will be vigilant regarding the welfare of fellow staff and people we support. Staff involved in any way with care provision will be trained to recognise the signs of abuse when they occur. Within the Care Act 2014 there are 10 elements of abuse:

- Physical abuse
- Sexual abuse
- Psychological abuse
- Financial and Material abuse
- Organisational abuse
- Domestic abuse
- Discriminatory abuse
- Modern slavery
- Self-neglect and acts of omission
- Neglect
- Digital and online abuse

Please view Appendix 1 for the description of the different categories of abuse and the signs and symptoms of each, and also further definitions of harm and abuse.

Adult Exploitation

Exploitation is the deliberate manipulation or abuse of power. Exploitation is usually linked to some form of vulnerability in another person, their vulnerability is taken advantage of and used for another person's gain. This can be for a range of reasons including personal, financial or sexual gain. Exploitation is rooted into certain types of abuse and behaviours, such as:

- Human trafficking
- Sexual violence and abuse
- Domestic violence and abuse
- Forced labour, domestic servitude and slavery
- Radicalisation
- Cuckooing and county lines
- Scamming, fraud and blackmail

Who Abuses and Neglects Adults and Children?

Abuse can happen anywhere, even in somebody's own home. Most often abuse takes place by others who are in a position of trust and power. It can take place whether the person lives alone or with others. Anyone can carry out abuse or neglect, including:

- Spouse/Partner
- Other family members
- Neighbours
- Friends
- Acquaintances
- People who deliberately exploit adults they perceive as 'vulnerable' to abuse
- Paid staff or professionals
- Volunteers and strangers

The Role and Accountability of Staff in Relation to Abuse

The Organisation insists that all staff have a responsibility to:

- Provide service users with the best possible care
- Support people to understand what being safe means to them personally
- Empower individuals to take action and raise concerns
- Recognise when there is a safeguarding concern and always take action whenever abuse is suspected, including when a legitimate concern has not been acted upon by the appropriate staff
- Take immediate action to keep people safe from abuse and neglect

- Not act in any way that may be abusive or harmful to others
- Report anything they witness which is or might be abusive or harmful within a timely manner
- Understand that safeguarding concerns must be shared quickly and appropriately
- Complete documents to evidence concerns
- Record accurate, factual and clear information
- Co-operate in every possible way in any investigation into alleged abuse
- Reassure the individual and make sure they are not in any immediate danger
- Participate in training activities relating to abuse and harm and protection from harm
- Follow internal procedures for reporting of concerns
- Understand and respect human rights, including rights under the Mental Capacity Act 2005 and Equality Act 2010
- Support service users to access advocacy services when needed

Professional Curiosity and Escalation

All staff must demonstrate professional curiosity by:

- Asking appropriate questions when something doesn't seem right
- Not accepting explanations that don't add up
- Persisting with concerns even if initially dismissed
- Recognising patterns of behaviour or incidents
- Escalating concerns through appropriate channels when not satisfied with initial response

The Role and Accountability of the Registered Manager & Management Team

- Make arrangements to safeguard service users and employees against abuse or neglect
- Encourage a culture and ethos that is hostile to any sort of abuse or harm
- Ensure that all staff are trained to fully understand their responsibilities and their duty to report allegations or suspicions of abuse
- Produce and review policies and procedures to prevent and deal with abuse or harm
- Prioritise safeguarding concerns and report without delay
- Investigate any evidence of abuse/harm speedily and sympathetically
- Make referrals to the statutory safeguarding leads in the local area
- Liaise with the relevant safeguarding adults/children authority teams and follow their guidance and instructions where applicable, including the issues arising from multi-agency involvement

- Make the dignity, privacy and safety of service users paramount. Respect their choices as far as possible and only take action that is in their best interests
- Keep written records of any allegation of abuse, neglect or other harm, and the action taken in response
- Notify the Care Quality Commission of all instances of abuse, alleged or suspected abuse
- Create person-centred care and support plans
- Review care plans and risk assessments regularly

Specific Responsibilities of the Designated Safeguarding Lead (DSL)

The Designated Safeguarding Lead for The Organisation is The manager

- Provide information and advice to the management team and all staff on all safeguarding matters
- Ensure all staff working with adults at risk fully understand this safeguarding policy and how to respond to concerns for any child's or adult's welfare
- Work with the management team to ensure all staff receive safeguarding training as part of their induction and on an ongoing basis
- Ensure staff receive mandatory Oliver McGowan Training on Learning Disability and Autism where applicable
- Ensure all people who receive support under The Organisation are provided with information and guidance around who they can talk to if they have any welfare concerns and what The Organisation will do in response to such concerns
- Managing referrals/cases reported and working with management to ensure prompt resolutions
- Carrying out referrals to the relevant local authority social care team where abuse of a child or adult at risk is reported or suspected
- Ensure referrals are made same day where possible, and certainly within 24 hours
- Be familiar with issues relevant to child and adult protection and abuse, keeping up to date with new developments in the area
- Maintain awareness of local safeguarding procedures and multi-agency working arrangements across Barking and Dagenham, Havering, and Newham
- Attend regular training and share knowledge and any new practice with the team
- Monitoring the implementation of this policy
- Liaise with local safeguarding boards and participate in safeguarding adult reviews when required
- Ensure compliance with mandatory reporting requirements (e.g., FGM, Prevent referrals)

The DSL has responsibilities for deciding whether to refer any reported matters onto the police or to the relevant local authority (e.g. Local Safeguarding Children or Adult Social Services).

Where possible, referrals should be made on the same working day and certainly within 24 hours. It is the responsibility of the DSL to decide whether the family or representatives (if applicable) of the individual should be informed of that referral.

Principles

The Organisation and all employees have a responsibility to follow the 'six principles' enshrined within the Care Act 2014. These key principles underpin all adult safeguarding work and they aim to reduce the likelihood of abuse occurring and to promote service users' rights when responding to allegations.

Principle	Description in the Care Act	How we will implement
Empowerment	"Personalisation and the presumption of person-led decisions and informed consent. Adults are encouraged to make their own decisions and are provided with support and information."	<ul style="list-style-type: none"> • Ensure service users are given clear information about our service and what to do if they have any concerns or a complaint • Create detailed care and support plans with each service user that focuses on their individual goals, needs and preferences. This includes an assessment of risks and the agreed actions to manage this • Ensure our staff are trained to respect service users' dignity, privacy and wishes when providing care and support • Assume that service users have the mental capacity to make informed decisions about their lives. If someone has been assessed as not having capacity, The Organisation will work as part of a multi-disciplinary team to act in their best interests
Prevention	"It is better to take action before harm occurs. Strategies are developed to prevent abuse and neglect and promotes resilience and self-determination."	<ul style="list-style-type: none"> • Follow rigorous recruitment procedures to make sure that all of our staff are suitable to work with our service users • Make sure that our staff are competent to carry out their roles effectively and follow our procedures for delivering care and support and for reporting concerns • Provide regular support and supervision for all staff so that they can share concerns and discuss issues as they arise • Regularly seek feedback from our service users to make sure that they are satisfied with the service that we provide and that it meets their needs • Only use restraint if it is legally and ethically

		justified, the least restrictive intervention and in the service users' best interests. This will always be agreed with other professionals and documented in the service users' care plan • Use information from safeguarding concerns to improve our services
Proportionality	"A response that is proportionate, least intrusive and appropriate to the risk presented."	<ul style="list-style-type: none"> • Take account of our service users' preferred outcomes, however, we will always refer safeguarding concerns to the local authority safeguarding teams and follow our multi-agency adult safeguarding procedures to protect individuals • Balance the rights of our service users to take risks with the need to safeguard them where necessary
Protection	"Support and representation for those greatest in need. Adults are offered ways to protect themselves."	<ul style="list-style-type: none"> • Support service users to report abuse and to be involved in the safeguarding process as far as they are able • Provide clear and accessible complaint procedures • Ensure staff are fully trained to recognise if a service user is at risk of being/or has been abused and to respond appropriately • Take into account the different beliefs and values of our service users when responding to safeguarding concerns • Have clear reporting procedures for employees where they can pass on any concerns and seek advice • Support staff to understand they are required to report any concerns about abusive practice under our 'Whistleblowing' Policy and procedures and are made aware of their rights in line with the Public Interest Disclosure Act 1998 • Provide our service users with information about advocacy services • Actively work with other organisations to protect adults in the multi-agency framework
Partnership	"Local solutions through services working with communities. Communities have a part to play in	<ul style="list-style-type: none"> • Work with our service users and statutory agencies to find the best response to any situation to ensure the best outcome for service users • Ensure sensitive information is shared on a 'need to know' basis to maintain confidentiality

	preventing, detecting and reporting neglect and abuse."	and work in the best interest of our service users
Accountability	"Accountability and transparency in delivering safeguarding."	<ul style="list-style-type: none"> • Ensure that the care team fully understands their role and responsibility towards safeguarding adults at risk • Ensure management and staff are clear with service users on how their disclosed reports of abuse and neglect will be handled and by whom • Complete ongoing assessments and audits to identify areas of improvements in service delivery • Ensure care and treatment decisions are based on a fair and objective assessment of individual needs, in partnership with the service users, and not on assumptions about age or disability • Inform service users, their family or other representatives when things go wrong and what will be done to prevent a recurrence

Wellbeing within the Care Act

'Wellbeing' is described within the Care Act as relating 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
- Control by the individual 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
- Suitability of living accommodation
- The individual's contribution to society

The Care Act acknowledges that 'wellbeing' is an incredibly broad concept, and will mean something different to each individual. Therefore The Organisation recognises the need to identify what is important to each individual in order to effectively promote their wellbeing. This often involves providing holistic care which encompasses more than just the individual's physical health.

Confidentiality and Information Sharing

The Organisation expects all staff to maintain confidentiality at all times. In line with Data Protection Act 2018 and UK GDPR, The Organisation does not share information if not required.

However, information must be shared when:

- A child or adult is deemed to be at risk of immediate harm
- There are mandatory reporting requirements (e.g., FGM, Prevent)
- There is a court order requiring disclosure
- There is a statutory duty to share information

Information sharing principles:

- Share the right information, at the right time, with the right people
- Information shared should be necessary, proportionate, relevant, adequate, accurate, timely and secure
- Record decisions about information sharing
- Seek consent where appropriate, but don't let lack of consent prevent sharing when necessary for safety

Please view the 'Safeguarding Adults at Risk Procedure' for guidance on how we will comply with Data Protection, Confidentiality and the Caldicott Principles in relation to safeguarding.

Prevent Duty

The Organisation has a statutory duty under the Counter-Terrorism and Security Act 2015 to prevent people from being drawn into terrorism.

This includes:

- Training staff to recognise signs of radicalisation
- Making referrals to the Channel programme when appropriate
- Working with local authorities and police when concerns arise
- Ensuring IT policies prevent access to extremist material
- Promoting British values of democracy, rule of law, individual liberty and mutual respect

Signs of radicalisation may include:

- Changes in behaviour, appearance or language
- Increased secrecy or isolation
- New circle of friends
- Access to extremist materials online or offline
- Expression of extremist views
- Travel to areas of concern

Modern Slavery

The Organisation recognises that modern slavery is a serious crime and human rights abuse. Staff must be alert to signs of:

Human trafficking:

- Movement of people for exploitation
- Control through debt bondage
- Confiscation of documents
- Restricted freedom of movement

Forced labour:

- Working excessive hours for little or no pay
- Living in poor conditions
- Unable to leave employment
- Fear of consequences of leaving

Domestic servitude:

- Working in private households
- Treated as property
- Little or no pay
- Restricted freedom

Sexual exploitation:

- Forced involvement in sexual activities
- Control through fear and violence
- Movement between locations
- Young people in care particularly vulnerable

The Organisation will report suspected cases of modern slavery to the police and National Referral Mechanism.

Closed Cultures

The Organisation is committed to preventing closed cultures that could enable abuse to occur.

Warning signs of closed cultures include:

- Lack of transparency in care practices
- Resistance to external scrutiny
- Staff reluctance to raise concerns
- Service users afraid to complain
- Excessive control over service users

- Lack of family/friend involvement

Prevention measures include:

- Open door policies for families and professionals
- Regular unannounced visits and inspections
- Encouraging whistleblowing and speaking up
- Service user and family feedback systems
- Staff training on recognising closed cultures
- Clear escalation procedures for concerns

Making Safeguarding Personal and Risk Enablement

In adult social care, alongside the Care Act 2014, there is the 'Making Safeguarding Personal' initiative led by the Association Directors of Adult Social Services and the Local Government Association.

Making safeguarding personal means it should be person-led and outcome-focused. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety.

The Organisation aims to empower our service users and provide them with the information they need to make decisions around how to be safe from abuse and reduce risks.

We encourage and support our service users to identify and assess their own risks, enabling them to take the risks they choose. This is a key part of person-centred care and puts the individual at the centre of all decisions.

We recognise that adults may make decisions that might be perceived as risky or unwise. Adults must be assumed to have capacity to make their own decisions and be given all practicable help before anyone treats an individual as not being able to make their own decisions. Where an adult is found to lack capacity to make a decision then any action taken, or any decision made for, or on their behalf, must be made in their best interests.

Please view additional information and guidance around Advocacy in Appendix 4

Risk Assessment & Management

It is vital as part of devising a person-centred support plan to achieve a balance between individual rights and preferences and ensuring adequate protections are in place to safeguard individuals. This can be challenging tasks at times. The assessment of the risk of abuse, neglect and exploitation of adults at risk, will be integral in all assessments and planning processes.

Assessments of risks are dynamic and ongoing, and must be reviewed throughout. This is to ensure that where adjustments are required, these can be completed in response to changes on the levels of or nature of risk.

All assessments and details of how to protect safety and wellbeing will be documented within the service user's person-centred support plan.

Mental Capacity Act 2005

The MCA applies to individuals who are 16 years and over. Mental capacity is present if a person can understand information given to them, retain the information given to them long enough to make a decision, can weigh up the advantages and disadvantages of the proposed course of care and treatment in order to make a decision, and can communicate their decision. The deprivation of liberty safeguards within the Mental Capacity Act 2005 (MCA) do not apply to under 18s.

Five Key Principles of the Mental Capacity Act that everyone must follow when using the act:

1. Start off by thinking that the individual can make their own decisions
2. Give all practicable support to enable the person to make their own decisions
3. Never say someone cannot make their own decisions just because someone else thinks it's bad or wrong
4. When an individual can't make their own decisions someone has to make it in the best way for them
5. When someone makes a decision for an individual they must consider whether there is a less restrictive option i.e. one that does not limit their rights or freedom more than necessary

Please view additional information and guidance from the 'Mental Capacity & Best Interest Policy and Procedure'.

Deprivation of Liberty Safeguards (DoLS) / Liberty Protection Safeguards (LPS)

The Mental Capacity Amendment Act (2019) has now replaced the DoLS with the Liberty Protection Safeguards (LPS). The Organisation ensures:

- Staff understand when LPS may apply to people in their care
- Proper assessments are conducted before any deprivation of liberty
- LPS is only used when it is in the best interest of the person
- Regular reviews of any authorisations are conducted
- People and their families are involved in LPS processes where appropriate

Best Interest Decision Making: The Organisation ensures that when decisions are made on behalf of adults who lack capacity:

- All relevant factors are considered
- The person's past and present wishes are taken into account
- Family members and advocates are consulted appropriately
- The least restrictive option is chosen
- Decisions are regularly reviewed

Reporting

All staff at The Organisation have a responsibility to safeguard and promote the wellbeing of all service users, by being responsible for the quality, efficiency and effectiveness of their work.

It is important for The Organisation and all employees to share safeguarding information to:

- Prevent death or serious harm
- Coordinate effective and efficient responses
- Enable early interventions to prevent the escalation of risk
- Prevent abuse and harm that may increase the need for care and support
- Maintain and improve good practice in safeguarding adults
- Reveal patterns of abuse that were previously undetected and that could identify others at risk of abuse
- Identify low-level concerns that may reveal people at risk of abuse
- Help people to access the right kind of support to reduce risk and promote wellbeing
- Help identify people who may pose a risk to others and, where possible, work to reduce offending behaviour
- Reduce organisational risk and protect reputation

All contact details can be viewed at the end of this policy, whom staff will need to contact in the event of any suspicions or allegations of abuse and neglect has taken place.

Staff are required to complete a 'Safeguarding Incident Log' when they have concerns or when a safeguarding incident has occurred.

Please read the safeguarding procedures alongside this policy for the steps to take when reporting information.

Any employee who knows or believes that abuse or neglect is occurring has an obligation to report it without delay, to:

- The Registered Manager
- The Designated Safeguarding Lead (DSL)
- Out of Hours emergency services where appropriate

If the concern is with the Registered Manager, then the concern **MUST** be reported directly to external authorities including the Local Authority Safeguarding Team, the Care Quality Commission (CQC) and, where a criminal act is suspected, the Police. An appropriate course of action will then be taken in line with Local Authority and National procedures and guidance.

If staff report a concern but are not satisfied that it has been dealt with properly, then staff have a duty of care and a responsibility to raise the matter again using the 'Whistleblowing Policy & Procedure'.

False allegations: If The Organisation concludes that a 'whistle-blower' has made a false allegation maliciously or with a view of personal gain, the whistle-blower may be subject to disciplinary action.

Consent

When reporting information that directly concerns the safety of an adult at risk of harm, consent from the service user is not required. However, informing the service user of the concerns and the referral is good practice unless it would put the staff member or colleagues at risk or it would place the person supported at further risk.

When reporting to local authorities of any allegations or concerns about any service user, the Local Authority must be informed whether the person being supported is aware of the report. In reporting all suspected or confirmed cases of harm, an employee has the responsibility to act in the best interest of the service user at all times, but still operate within relevant legislation and within the codes and standards of practice.

Behaviour Management

All service users have the right to be treated with respect and dignity, including in those circumstances where they display behaviours that challenge. The Organisation ensures that robust assessments are undertaken and person-centred support plans are in place to enable service users to make positive choices and ensure safety.

Please view further information and guidance around promoting positive behaviour within the Positive Behavioural Support & Restrictive Intervention Policy & Procedure.

Personal Care

All staff are expected to be sensitive, responsive and maintain service users' dignity when supporting personal care tasks. This includes taking into account the service users' cultural and religious needs, as well as physical and emotional ones. Personal care involves physical care or treatment that is an invasion of bodily privacy and that may be a potential source of exposure or embarrassment to the individual receiving the care.

Personal care tasks can include:

- Washing
- Dressing
- Oral care
- Toileting
- Assisting with eating and drinking
- Administration of medication
- Catheter or Stoma Care
- Treatments such as enemas and suppositories
- Supervision of a person involved in intimate care

On the initial assessment of a new service user, the Registered Manager will discuss the arrangements regarding the provision of personal care with the service user (if appropriate). The care plan will detail at what level of support staff should assist, when and how these tasks are to be carried out, the number of staff required for that service user, their communication needs

and whether the staff member is to be male or female depending on the preferences of the service user.

Please view additional information and guidance from the 'Personal Care & Hygiene Policy & Procedure'.

Pressure Ulcers

Pressure ulcers represent a major burden of sickness and reduced quality of life for individuals, their carers and families. It is believed many pressure ulcers can be prevented when the right interventions are utilised and could be avoided through simple actions by staff, individuals and their carers.

Where concerns are raised regarding skin damage as a result of pressure there is a need to raise it as a safeguarding concern within The Organisation . However, where it is believed that a pressure ulcer has been caused by neglect, it must be reported as an adult safeguarding concern. This is whether the pressure ulcer was acquired in a hospital setting, care setting or in the service user's own home.

The Organisation must ensure that all staff are aware of each service user who may be at risk of developing pressure ulcers and the interventions in place in the prevention of such skin damage and deterioration. This information will be documented in service user care and support plans.

Staff are to record any skin changes or the development of pressure ulcers within The Organisation 's Body Map, care and support plan notes and reported to the Registered Manager as soon as possible.

The Organisation will refer to and follow the Safeguarding Adults Protocol Pressure Ulcers and Interface with a Safeguarding Enquiry: <https://www.gov.uk/government/publications/pressure-ulcers-safeguarding-adults-protocol> to seek advice and further guidance where required.

Self-Neglect & Refusal of Care

The Organisation must ensure that staff understand the importance of delivering care as detailed within the person-centred support plans. Where any person we support refuses care, this must be respected and always documented.

Where refusal occurs repeatedly, it must be escalated by The Organisation as a safeguarding concern and a request for a review of the support plan will be instigated.

All individuals have the right to take risks and to live their life as they choose. These rights including the right to privacy will be respected and weighed up when considering duties and responsibilities towards them.

Where it appears that the person may meet criteria for an assessment under the Mental Health Act, appropriate referral processes must be followed. Where the individual's ability to make informed/relevant decisions appears to be questioned, the principles of the Mental Capacity Act must be followed.

If there are circumstances which indicate a capacity assessment is appropriate, all methods of support should be provided to maximise the individuals' decision making, highlighting the risks directly associated with their behaviour.

Please see Appendix 3 for additional information and Guidance Self-neglect & Hoarding.

Abuse in Positions of Trust

People can be considered to be in a 'position of trust' where they are likely to have contact with children and adults at risk as part of their employment or voluntary work, and

- Where the role carries an expectation of Trust; and
- The person is in a position to exercise authority, power or control over a children or adult(s) at risk (as perceived by the child or adult at risk)

Abuse of trust can occur in a number of settings, for example, in an education establishment, a residential establishment, a foster home, a social club or other activity;

- Relates to all relationships where one person is in a position of responsibility (and power) in relation to another person, who is either under 18 years or is a vulnerable adult, whether the relationship is of a heterosexual or homosexual nature
- Relates to paid employees, ex-employees, unpaid staff (for example trainees and students), volunteers, foster carers, consultants and contractors
- Occurs where the person in a position of trust betrays the trust and enters into a relationship, particularly a sexual relationship, but also other abusive relationships, with a child/young person or vulnerable adult (referred to as service user), for whom they have responsibility

Basic Principles:

- The need to safeguard and promote the welfare of vulnerable adults and protect them from sexual activity from those supporting them within a relationship of trust is paramount
- All staff have a duty to raise concerns about behaviour by staff, managers, volunteers or others which may be harmful to a child or adult, without prejudice to their own position
- This applies to all staff, regardless of gender, race, religion, sexual orientation or disability

Please view the accompanying procedure alongside this policy for actions to be taken in the event of Abuse of Trust.

Sexual Safety

The Organisation recognises that culture, environment and processes can support the service user's sexuality and keep them and staff safe from sexual abuse. As such, The Organisation will encourage service users to discuss their sexuality, as part of their plan of care and support. All discussions around sexuality will be treated with sensitivity and are addressed positively to support people to raise concerns where necessary.

The Organisation will refer to the Care Quality Commission (CQC) publication on sexuality and sexual safety for further guidance in this area.

This resource can be found here:

https://www.cqc.org.uk/sites/default/files/20200225_sexual_safety_sexuality.pdf

Medication Errors and Neglect

A medication error is any preventable event that may cause or lead to inappropriate medication use or harm, therefore it is classed as an example of physical abuse.

Any medication error must be reported without delay to the Registered Manager or Out of Hours for appropriate action to be taken to ensure the safety and welfare of the service user.

Errors which are deliberately withheld or 'covered up' will be immediately dealt with under the disciplinary procedure.

Medication errors include:

- Failing to give appropriate medication at the required time
- Giving the wrong medication and/or failing to follow correct medication protocols
- Failing to complete the required administration processes correctly, which directly or indirectly leads to an error occurring

Indications of medication abuse may include:

- Medical conditions not responding to treatment
- Chronic medical conditions failing to stabilise
- Lack of pain relief
- Over medication may result in drowsiness, or accidental poisoning

Please view additional information and guidance within the 'Medication Administration Policy & Procedure'.

Clinical Treatment Safeguarding Considerations

As The Organisation provides both personal care and treatment of disease, disorder or injury, additional safeguarding considerations apply to clinical services:

Clinical Abuse Recognition:

- Inappropriate clinical procedures
- Withholding or delaying necessary treatment
- Administering inappropriate treatments
- Failure to obtain proper consent for procedures
- Professional boundary violations in clinical settings

Medication-Related Safeguarding:

- Enhanced monitoring for medication errors in treatment services
- Recognition of deliberate medication misuse or withholding
- Safeguarding concerns related to controlled drugs
- Reporting requirements for clinical medication incidents

Professional Registration Safeguarding:

- Ongoing monitoring of professional registration status
- Reporting concerns about professional conduct to relevant bodies (NMC, HCPC)
- Enhanced supervision requirements for clinical staff
- Regular competency assessments and reviews

Complaints Procedure

The Organisation is registered with the Care Quality Commission and therefore all staff have a legal 'Duty of Candour' to give a full and honest explanation to people about when things go wrong.

If staff are unhappy with The Organisation 's decisions or wish to raise a complaint, they should be referred to organisation's 'Grievance Policy & Procedure'.

The Organisation 'Compliments & Complaints Policy & Procedure' is for the service users, their family/representatives or any other persons and professionals to raise their complaints towards The Organisation , give their suggestions or provide compliments.

The Mental Capacity Act 2005 is to be used when decisions on behalf of those adults with care and support needs who are unable to make some decisions for themselves. The Organisation will need to involve an advocate if the person lacks capacity to make decisions about the safeguarding concern.

Any complaint or expression of concern by any staff member, service user or their representatives will be listened to and acted upon to safeguard the wellbeing of a service user.

Disclosure & Barring Service (DBS) Referral

There is a statutory requirement for providers of support to refer workers to the DBS for inclusion on the DBS Vetting and Barring scheme list if it is considered that the worker is guilty of misconduct, such that a vulnerable adult or child was harmed or placed at risk of harm. This requirement covers both existing employees and those who leave their employment, and whose conduct comes to light at a later date.

It is illegal for anyone barred by the DBS to work or apply to work with the sector (children or adults) from which they are barred. It is also illegal for an employer to knowingly employ a barred person in the sector from which they are barred.

Safe Recruitment

All workers involved in the provision of care must be checked against the Enhanced DBS with Adults' Barred List for both adults and children, prior to their employment commencing (or prior to them taking up the relevant duties if the worker is already employed in some other capacity).

Please view additional information and guidance within the 'Recruitment & Selection Policy & Procedure and the Recruitment of Ex-offender Policy & Procedure'.

Equality & Diversity

The Organisation is committed to providing employment opportunities for our employees and services to our service users on an equal and fair basis, and commits to following the codes of practice published by the Equality and Human Rights Commission in respect of its legal

obligations. These obligations protect people from unlawful behaviour, such as discrimination, harassment, or victimisation on the grounds of:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion and belief
- Sex
- Sexual orientation

The above are defined as "protected characteristics", and The Organisation will seek to establish and maintain fair treatment for everyone who works for The Organisation and those to whom The Organisation provides services to. The Organisation expects everyone associated with The Organisation to behave entirely within the law, and gives zero tolerance to inappropriate behaviour. Everyone must be treated fairly, with dignity and with respect.

Please view additional information and guidance within the 'Equality, Diversity & Inclusion Policy & Procedure' & Equal Opportunities & Diversity Policy & Procedure.

Please view additional information and guidance within the 'Anti-Harassment & Bullying Policy & Procedure'.

Allegations Against The Organisation Employees

Allegations that a The Organisation employee has abused or harmed a service user will be taken very seriously. Such allegations will be thoroughly investigated and appropriate action taken. Such action may include:

- Suspension of the worker pending completion of the investigation
- Referral to social services
- Referral to CQC
- Reporting the matter to the police (where a criminal act is suspected)
- Referral to professional bodies (NMC, HCPC) where applicable
- Disciplinary action and/or instant dismissal without notice

Further information and guidance around procedures to be taken in the event of an allegation are provided within the 'Safeguarding Adults at Risk Procedure' document alongside this policy.

General Rules for Social Media Use

Online abuse is any type of abuse that happens on the web, whether through social networks, such as playing online games or using mobile phones. Children and any adults at risk, in

particular, may experience cyberbullying, grooming, sexual abuse, sexual exploitation or psychological abuse.

The Organisation considers any staff member involved in such activities as gross misconduct, which will ultimately lead to possible dismissal and referral for police investigation.

All staff should take care when communicating with others online, particularly when identifying themselves as The Organisation staff members.

Basic Principles & Responsibilities of Staff:

- Ensure they keep data safe and secure
- Always conduct themselves professionally online
- Never take pictures of any service user without their permission and the authorisation of the manager
- Never view or possess inappropriate or indecent images of any service user. If a person discloses or alleges a concern, do not encourage the person to show you the image. A description will be adequate, and the device will need to be handed over to the Police. Additionally, the gender of the person should be a serious consideration. For example, a female making a disclosure will likely feel more at ease with a female member of staff
- Not allow people to access their data through social networking sites such as Facebook (Staff are advised to decline "friend requests" from all service users as this is not appropriate)
- Inform a senior member of staff of any issues of concern
- Report any illegal or suspicious internet activity to the Police

Please view additional information and guidance within the 'Social Media Policy & Procedure'.

Whistleblowing

Whistleblowing is an important aspect of the support and protection of adults at risk of harm. The Organisation always encourages staff to report poor practice, safeguarding concerns or concerns around a fellow colleague's behaviour. This includes concern of practice towards a member of the management team or The Organisation .

The Organisation has clear whistleblowing policies and procedure in place, which staff are frequently reminded about and with which they must be familiar. This includes how to escalate and report concerns.

Please view further information and guidance within The Organisation 's Whistleblowing Policy & Procedure.

Training and Competencies

All staff will complete The Organisation 's induction programme, which will include the completion of The Care Certificate that provides Standard 10 Safeguarding adults and Standard 11 Safeguarding Children.

Staff will be trained in recognising abuse and in carrying out their responsibilities under this policy and the accompanying procedure and guidance.

Specialist roles require additional training:

- Designated Safeguarding Lead - advanced training and annual updates
- Senior staff - safeguarding supervision training
- Clinical staff - additional clinical safeguarding competencies including professional conduct requirements

Training will be updated at least annually and Safeguarding will be discussed regularly during staff Supervision and Annual Appraisal meetings.

Partnership Working

The Organisation is committed to effective multi-agency working to safeguard adults and children across Barking and Dagenham, Havering, and Newham.

This includes:

- Active participation in safeguarding adult reviews
- Cooperation with police investigations
- Working with local authority safeguarding teams
- Sharing information appropriately with health services
- Engaging with advocacy services
- Supporting coroner investigations where relevant
- Participating in local safeguarding boards where appropriate

Quality Assurance and Monitoring

The Organisation monitors the effectiveness of safeguarding through:

Regular auditing of:

- Safeguarding referrals and outcomes
- Training compliance and effectiveness
- Policy implementation
- Staff confidence and competency
- Service user feedback on safety
- Recruitment and DBS checking processes

Performance indicators include:

- Number and types of safeguarding concerns raised
- Timeliness of referrals to local authority
- Training completion rates
- Staff confidence in recognising and responding to abuse

- Service user satisfaction with safety measures
- Compliance with mandatory reporting requirements

Annual review includes:

- Analysis of safeguarding data and trends
- Learning from serious case reviews
- Updates to policies and procedures
- Staff feedback on policy effectiveness
- Service user and family input on improvements

Emergency Procedures

Immediate response to safeguarding emergencies:

- 24/7 access to safeguarding advice through local authority emergency services
- Clear protocols for urgent referrals
- Interface with emergency services (999 for immediate danger)
- Out of hours contact arrangements for management

Contact Information for Emergencies:

Immediate Danger: 999 (Police, Fire, Ambulance)

Registered Manager/DSL: The manager

Out of Hours Safeguarding:

- Barking and Dagenham Emergency Duty Team: 020 8594 8356
- Havering Emergency Duty Team: 01708 433999
- Newham Emergency Duty Team: 020 8430 2000

Audit & Compliance

It is essential that the implementation of this policy and associated procedures is audited to ensure that The Organisation is constantly doing all that it can to safeguard those receiving its services. The audit of this policy will be completed through a systematic audit of:

- Recruitment procedures and DBS checks
- Audit of incident reporting, frequency and severity
- Audit of training processes, including reviews of uptake of training and supervisions
- Audits of Complaints and grievances relating to safeguarding issues or concerns

Safeguarding concerns and incidents will be reviewed by the Registered Manager as part of the root cause analysis with the following terms of reference:

- Review incident themes

- Reports from the DSL responsible for safeguarding within The Organisation
- Look in detail at specific cases to determine staff development or organisational learning
- Ensure the consistent implementation of this safeguarding policy and procedures

This policy should be read in conjunction with the several other policies of The Organisation which relate to aspects of abuse or protection of individuals. These include:

- Whistleblowing Policy & Procedure
- Positive Behavioural Support & Restrictive Interventions Policy & Procedure
- Duty of Candour Policy & Procedure
- Equality, Diversity and Inclusion Policy & Procedure
- Anti-Harassment & Bullying Policy & Procedure
- Pressure Care Policy & Procedure
- Code of Conduct Policy & Procedure
- Medication Administration & Management Policy & Procedure
- Grievance Policy & Procedure
- Compliments & Complaints Policy & Procedure
- Recruitment & Selection Policy & Procedure
- Recruitment of Ex-offender Policy & Procedure
- Social Media Policy & Procedure

Contact Information

Internal Contacts:

Name & Job Title	Contact Details
The manager, Director and Registered Manager (Designated Safeguarding Lead)	

External Safeguarding Contacts:

Organisation	Contact Details
Barking and Dagenham Adult Social Care	Phone: 020 8227 2915 Email: adultsocialcare@lbdd.gov.uk Emergency: 020 8594 8356
Havering Adult Social Care	Phone: 01708 434343 Email: adultsocialcare@haverling.gov.uk Emergency: 01708 433999

Organisation	Contact Details
Newham Adult Social Care	Phone: 020 8430 2000 Email: adultsocialcare@newham.gov.uk Emergency: 020 8430 2000
Care Quality Commission (CQC)	Phone: 03000 616161 Email: enquiries@cqc.org.uk
Police (Emergency)	999
Police (Non-Emergency)	101

Relevant Legislation

- Care Act 2014
- Human Rights Act 1998
- Mental Capacity Act 2005
- Mental Health Act 1983
- Mental Health Act 2007
- Equality Act 2010
- Safeguarding Vulnerable Groups Act 2006
- Children and Young Persons Act 2008
- Data Protection Act 2018
- General Data Protection Regulation 2018
- Public Interest Disclosure Act 1998
- The Criminal Justice and Courts Act 2015- Section 20-25
- Protection of Freedoms Act 2012
- Female Genital Mutilation Act 2003
- Modern Slavery Act 2015
- Counter-Terrorism and Security Act 2015
- Domestic Abuse Act 2021

Quality Statements

Under the CQC Assessment Framework, relevant quality statements include:

- We have a proactive and positive culture of safety based on openness and honesty, in which concerns about safety are listened to, safety events are investigated and reported thoroughly, and lessons are learned to continually identify and embed good practices

- We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services
- We work with people to understand what being safe means to them as well as with our partners on the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately
- We work with people to understand and manage risks by thinking holistically so that care meets their needs in a way that is safe and supportive and enables them to do the things that matter to them
- We make sure there are enough qualified, skilled and experienced people, who receive effective support, supervision and development. They work together effectively to provide safe care that meets people's individual needs

Relevant Regulations

- Regulation 12: Safe care and treatment
- Regulation 13: Safeguarding service users from abuse and improper treatment
- Regulation 19: Fit and proper persons employed

Appendix 1: Types of Abuse and Alerting Signs and Symptoms

(This is not an exhaustive list)

Physical Abuse

Definition: This is defined as pain or injury which is either caused deliberately or through lack of care.

Physical injury can include:

- Hitting, slapping, pushing, kicking, shaking
- Force feeding
- Forcible administration of medication
- Misuse of medication
- Involuntary isolation or confinement
- The use of inappropriate moving and handling techniques
- The use of inappropriate methods of restraint

Signs/Indicators may include, but are not limited to:

- A history of unexplained falls or minor injuries

- Bruising in well protected areas, such as on the inside of the upper arms or thighs, behind the ears, on face, buttocks, breasts, lower abdomen, genital or rectal area, in the shape of hand or object
- Markings from pinching, gripping, biting
- Clusters of bruises from repeated injury (different discolouration of bruises in the same area may indicate ongoing abuse)
- Unexplained burns and/or scalds particularly to feet, back or palms of the hands
- Unexplained fractures or broken bones
- Signs of over or under use of medication, for example over-sedation
- Rope or cigarette burns
- Pressure sores, ulcers, bed sores (which may indicate neglect)
- Lacerations
- Unexplained loss of clumps of hair

Sexual Abuse

Definition: Is when a person becomes involved in sexual relationships or activities that they do not want to be involved in. They may have said that they do not want to be involved or they may be unable to give consent. 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 to.

Signs/Indicators may include, but are not limited to:

- A change in usual behaviour
- Torn, stained or bloody underclothing
- Bleeding abrasion or pain in the genital/rectal area
- Disturbed sleep pattern
- Overt sexual behaviour/language
- Sexually transmitted diseases
- Unexplained pregnancy

Domestic Abuse

Definition: Is any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality. It includes psychological, physical, sexual, financial and emotional abuse, and so-called 'honour-based' violence. Female genital mutilation (FGM) will also come under this category.

Signs/Indicators may include:

- Lack of friends and social interaction
- Lack of money
- Fear of partner
- Unexplained injuries
- Controlling behaviour
- Feeling of helplessness
- Constantly watching what you say and who you talk to

Psychological Abuse

Definition: Results in a person feeling worthless, unloved or uncared for. It includes 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.

Signs/Indicators may include, but are not limited to:

- Anxiety
- Low self-esteem
- Lack of confidence
- Changes to normal sleep patterns, for example insomnia
- Change in appetite
- Unusual weight gain/loss
- Tearfulness
- Appearing withdrawn, agitated or anxious
- Appearing fearful of making choices or expressing their wishes
- Unexplained paranoia

Financial and Material Abuse

Definition: Is the use of a person's funds and belongings without their permission. This could be theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection to wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Signs/Indicators may include, but are not limited to:

- Unexplained/sudden inability to pay bills
- Unexplained withdrawal from bank or building society accounts
- Unexplained disappearance of financial documents
- Disparity between assets and living conditions and/or services

Organisational Abuse

Definition: Happens where services provided are focused on the needs of The Organisation . For example, not providing choice over meal times or bed times because this is easier for The Organisation . It includes neglect and poor care practice within an institution or specific care setting such as a hospital or care home or in relation to care provided in one's own home. This may range from one-off incidents to ongoing ill-treatment. It can be through neglect or poor professional practice as a result of the structure, processes, policies and practices of The Organisation .

Signs/Indicators may include:

- Poor communication between individuals and staff
- Poor training and understanding of policies/procedures
- Lack of awareness of rights
- Individuals unable to exercise choice and no use of advocate

Discriminatory Abuse

Definition: Refers to an individual or group being treated unequally because of characteristics identified in the Equality Act 2010. It involves ignoring a person's values, beliefs and culture and includes forms of harassment, slurs or similar treatment because of race, sex, gender reassignment, age, disability, sexual orientation, religion or similar belief, marital or civil partnership status, pregnancy or maternity.

Signs/Indicators may include:

- Poor service that does not meet the person's needs
- Verbal abuse and disrespect
- Exclusion of people from activities and/or services

Modern Slavery

Definition: This encompasses slavery, human trafficking, and 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/Indicators may include:

- Individuals may show signs of physical or psychological abuse
- May be malnourished or unkempt
- Can appear withdrawn
- Never on their own
- Poor living conditions
- Few or no personal effects

Self-neglect and Acts of Omission

Definition: Is a person's failure or refusal to take care of their own basic needs. Neglecting to care for one's personal hygiene, health or surroundings can include a wide range of behaviours such as hoarding.

Indicators of neglect by others and of self-neglect are similar. They include:

- Malnutrition
- Dehydration
- Bed sores
- Dirty clothing and bedding
- Taking the wrong dosage of medication
- Not receiving treatment

Neglect

Definition: This can include:

- Deliberate refusal to meet basic needs including withholding food and fluids, heating or medication
- Ignoring medical or physical care needs
- Deprivation of nutrition resulting in impairment of health or bodily functions
- Failing to provide access to appropriate health, social or educational services

Signs/Indicators may include, but are not limited to:

- Hunger
- Poor physical condition including weight loss and malnutrition
- Soreness/chafing due to lack of assistance with personal hygiene
- Pressure sores, ulcers, bed sores
- Clothing in poor condition or wet
- Wet bedding

Digital and Online Abuse

Definition: This can include:

- Cyberbullying and online harassment
- Financial fraud through digital means
- Grooming and exploitation through social media
- Identity theft and misuse of personal information
- Coercive control through technology

Signs/Indicators may include, but are not limited to:

- Sudden changes in online behaviour - becoming withdrawn or anxious around technology
 - Fear of using devices when certain people are present
 - Unexplained knowledge of things they shouldn't know online
 - Receiving unexplained gifts from online contacts
-

Appendix 2: Child-Specific Abuse Categories

Although it is not the case that all of following forms of abuse are exclusively associated with children, they often are:

Child Sexual Exploitation

Child sexual exploitation (CSE) is a type of sexual abuse. Children in exploitative situations and relationships receive something such as gifts, money or affection as a result of performing sexual activities or others performing sexual activities on them.

Grooming

Grooming is when someone builds an emotional connection with a child to gain their trust for the purposes of sexual abuse, sexual exploitation or trafficking. Children and young people can be groomed online or face-to-face, by a stranger or by someone they know - for example a family member, friend or professional.

Child Trafficking and Modern Slavery

Child trafficking and modern slavery are child abuse. Children are recruited, moved or transported and then exploited, forced to work or sold.

Children are trafficked for:

- Child sexual exploitation
- Benefit fraud
- Forced marriage
- Domestic servitude such as cleaning, childcare, cooking
- Forced labour in factories or agriculture
- Criminal activity such as pickpocketing, begging, transporting drugs, working on cannabis farms, selling pirated DVDs and bag theft

Female Genital Mutilation (FGM)

FGM is a criminal offence, as it is a form of violence against girls and women. It involves removing, constricting or otherwise disfiguring a girl's labia or clitoris for non-medical reasons. In most cases FGM is usually carried out on young girls between infancy and the age of 15, most commonly before puberty starts.

Radicalisation

This is where children and young people are taught extreme, often violent ideas based on political, social or religious beliefs. Signs of exposure to radicalisation could be behaviour changes, changes in the way they speak with others or having a new circle of friends, use of extremist terminology, reading material or messages.

Bullying and Cyberbullying

Bullying is behaviour that hurts someone else – such as name calling, hitting, pushing, spreading rumours, threatening or undermining someone. Bullying that happens online, using social networks, games and mobile phones, is often called cyberbullying.

Honour Based Violence

Honour based violence is a violent crime or incident which may have been committed to protect or defend the honour of the family or community. It is often linked to family members or acquaintances who mistakenly believe someone has brought shame to their family or community.

Appendix 3: Self-Neglect and Hoarding

Hoarding

Hoarding is the excessive collection and retention of any material to the point that living space is sufficiently cluttered to preclude activities for what they are designed for. Hoarding disorder is a persistent difficulty in discarding or parting with possessions because of a perceived need to save them.

Significant Harm

- Ill-treatment including physical, emotional and sexual abuse and other forms of exploitation
- The impairment of, or an avoidable deterioration in, physical or mental health, and the impairment of physical, intellectual, emotional, social or behavioural development
- The individual's life could be or is under threat
- There could be a serious, chronic and/or long-lasting impact on the individual's health physical/emotional/psychological wellbeing

Indicators Associated with Self-neglect/Hoarding:

(This list is not exhaustive)

- Living in very unclean, sometimes verminous circumstances
- Neglecting household maintenance, creating hazards within and surrounding the property
- Portraying eccentric behaviour/lifestyles
- Excessive and/or obsessive hoarding
- Poor diet and nutrition

- Declining or refusing prescribed medication and/or other community healthcare support
- Refusing to allow access to health and/or social care staff
- Refusing to allow access to other organisations with an interest in the property
- Repeated episodes of anti-social behaviour
- Being unwilling to attend external appointments
- Poor personal hygiene, poor healing/sores, long toenails
- Isolation

Appendix 4: Advocacy

At every stage of the safeguarding process consideration must be given to whether the person at risk would benefit from the support of an independent advocate, including an Independent Mental Capacity advocate to express their views.

There are two types of non-statutory advocacy that can be commissioned:

Instructed advocates take instructions directly from the person and can support at meetings and with communication. If the person decides they do not require the support of an advocate then support will be withdrawn.

Non-instructed advocates work with people who may lack capacity or have severe communication challenges. A non-instructed advocate will work with the person and those around them. An independent report will be produced that will ask relevant questions and can support the safeguarding decision-making process.

Throughout the safeguarding procedure the decision to instruct an advocate must be considered and recorded.

It is important that people involved in the safeguarding adult's process are aware of which type of advocate is representing the person and supporting them to express their views.

Policy Approved by: The manager, Registered Manager

Date: September 2025

Signature: _____

This policy will be reviewed annually or sooner if required by changes in legislation, guidance, or organisational need.