



SAFEGUARDING POLICY & PROCEDURE

Version 10

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Abbreviations

The following abbreviations and acronyms are used in this document.

Acronym	Expanded title
ASB	Anti-Social Behaviour
Board	IG Board
Board Trustees	All Members of the IG Board
CAF	Common Assessment Framework
CEO	Chief Executive Officer
Clients	An individual receiving a service from IG
CPU	Child Protection Unit
CQC	Care Quality Commission
DBS	Disclosure & Barring Service
IAG	Information Advice and Guidance
IG	Inclusion Gloucestershire
LADO	Local Area Designated Officer
GSCE	Gloucestershire Safeguarding Children's Executive
GSAB	Gloucestershire Safeguarding Adults Board
NSPCC	National Society for the Prevention of Cruelty to Children (Registered Charity)
SLT	IG Senior Leadership Team

1. Introduction

- 1.1 The reason Inclusion Gloucestershire exists is to improve the quality of life for people with disabilities in the county. Central to that aim is keeping people safe from harm. That is why this policy is so important. Only by ensuring strict compliance with the contents of the policy will our staff, volunteers, members and clients be able to work together to reduce the risk of abuse. A policy will only be of benefit if it directly influences procedure and working practice. To this end the policy will be underpinned by safe recruitment practices, effective and regular training and supervision and a raft of awareness raising opportunities. Safeguarding is everyone's business; it's value cannot be understated.
- 1.2 There are six main elements to our policy:
- a) Ensuring Inclusion Gloucestershire practices safer recruitment in checking the suitability of staff and volunteers to work with adults with care and support needs.
 - b) Raising awareness of safeguarding issues and equipping everyone with the skills needed to keep them safe
 - c) Developing and then implementing procedures for identifying and reporting cases, or suspected cases, of abuse
 - d) Supporting adults with care and support needs who have been abused in accordance with their agreed protection/support plan
 - e) Establishing a safe environment in which people can get support, advice, advocacy, learning opportunities and develop their potential.
 - f) A commitment to participating in a multi-agency approach to all safeguarding arrangements.
- 1.3 IG fully recognises its responsibilities for safeguarding young people and adults with care and support needs who are accessing services.
- a) The adult safeguarding duties under the Care Act 2014 apply to an adult, aged 18 or over, who has needs for care and support (whether or not the local authority is meeting any of those needs) **and** is experiencing, or at risk of, abuse or neglect; **and** as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.
 - b) The term 'children' refers to younger children who do not have the maturity and understanding to make important decisions for themselves. The term 'young people' refers to older or more experienced children who are more likely to be able to make these decisions for themselves.
- 1.4 This policy is linked to the GSAB (Gloucestershire Safeguarding Adults Board), the GSCE (Gloucestershire Safeguarding Children's Executive) and the Gloucestershire Multi-Agency Policy and Procedures for the Protections of Adults with Care and Support Needs.
- 1.5 IG fully recognises its responsibilities for safeguarding children, young people and adults with care and support needs, IG will ensure that:
- a) It has a Safeguarding Lead and a Deputy Safeguarding Lead at least one of whom will be a member of the Senior Leadership Team and one of whom will be a manager. Both will undertake regular, appropriate training for this role.

- b) All staff and volunteers understand their responsibility for referring any concerns to the Safeguarding Lead/Deputy Safeguarding Lead in circumstances where there is risk of significant harm this must be immediately, or in other circumstances within one working day.
- c) The Safeguarding Lead/Deputy Safeguarding Lead will ensure that concerns about abuse are discussed with and reported to the relevant local authority in circumstances where there is risk of significant harm this must be immediately, or in other circumstances within one working day.
- d) Clients, members, carers, parents and partner agencies have an understanding of the responsibility placed on IG and its staff for safeguarding at risk groups by setting out its obligations in appropriate publications, induction paperwork and website.
- e) Effective links are developed with relevant agencies and IG co-operates as appropriate with their enquiries regarding safeguarding matters including: attendance at strategy meetings, initial case conferences, core group, CAF meetings and child-in-need review meetings, safeguarding adults conferences including responses for information by the GSCE and GSAB in Serious Case Reviews and Safeguarding Adult Reviews.
- f) The duty of care towards its members, service users and staff, is promoted by raising awareness of illegal, unsafe and unwise behaviour and assisting staff to monitor their own standards and practice.
- g) Where an allegation is made against a member of staff, student, sessional worker or volunteer it is aware of and follows procedures set out by the GSCE and GSAB and Community and Adult Care Directorate
- h) Safer recruitment practices are always followed for both paid and unpaid staff. (Please refer to Safer Recruitment Policy)

2. Procedures, Responsibilities and Awareness

- 2.1 IG's procedures will be reviewed every year and updated in accordance with changes to legislation.
- 2.2 When staff join IG, they will be informed of the safeguarding arrangements in place. They will be given access to this policy, given safeguarding training and told who the Safeguarding Lead/Deputy Safeguarding Lead is and who acts in their absence as part of their induction.
- 2.3 The induction programme will include basic safeguarding information, how to manage a disclosure, when and how to record a concern, to whom to report concerns and the management of allegations against staff.
- 2.4 Staff induction must be completed within 4 weeks of their start date.
- 2.5 Policy, procedures, visual guides and forms are kept in the one place so that all staff can access what they need when they need it.
- 2.6 The Senior Leadership Team (SLT) will be responsible for safeguarding and will liaise with the Safeguarding Lead/Deputy Safeguarding Lead on matters relating to safeguarding. It will ensure that safeguarding policies and procedures are in place, available to people who use the service, members of IG, carers, parents and partner agencies and reviewed every year.

2.7.1 The SLT will ensure that the safeguarding policies and procedures are fully implemented and followed by all staff and that sufficient resources are allocated to enable the Safeguarding Lead and other staff to discharge their responsibilities with regard to safeguarding.

2.6 The Safeguarding Lead will co-ordinate action on safeguarding and promoting the welfare of children, young people and adults within IG, ensuring that all staff know who the Safeguarding Lead is and who acts in their absence, they are aware of their responsibility to report and record any concerns.

2.7 The Safeguarding Lead will ensure that there is an appropriate method for staff to report concerns internally, in line with local arrangements for both children and adult services

2.8 IG will ensure that all staff and volunteers receive comprehensive safeguarding training, that they are fully aware of the types and indicators of abuse, and that they know what course of action to take if abuse is suspected.

2.9 IG will also ensure that our members and clients are made aware of the types and indicators of abuse, and the actions that they or the people who support them can take if they suffer or suspect abuse or neglect by a member of IG staff, a volunteer or any other person.

3 Information Sharing and Confidentiality

3.1 IG recognises that all matters relating to Adult and Child Protection are confidential.

3.2 The SL/DSL will disclose any information about concerns to other members of staff on a need-to-know basis only.

3.3 All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard adults, children and young people. The SL/DSL should be made aware of all concerns about safeguarding and will decide how the organisation will respond and with whom the information can be shared.

3.4 In the case of a serious concern for the immediate safety of the child or adult or where medical intervention is required the member of staff should contact emergency services straight away. A concern should still be reported to the SL/DSL who will coordinate adherence to this policy including external reporting.

3.5 All staff must be aware that they cannot promise service users or their families/carers confidentiality of any kind.

4 Record Keeping

4.1 Staff should follow the procedure in Section B. All concerns (whether reportable or not) should have a

- Individual Safeguarding Case Log (completed by the “team” with the Safeguarding Lead taking oversight and ownership)

4.2 Safeguarding cases that are reported to Adult Helpdesk should have a Safeguarding Report Form (an email copy of the online form submitted to the Adult Helpdesk, or if a report is made over the phone, details will be logged in the Safeguarding Case Log).

4.3 While the safeguarding concern or case is open, all are kept in a temporary (secure, permission only for SL/DSL and relevant team members) folder on the I drive. When the case is closed/resolved, the folder is moved to I:\Managers\Safeguarding Folder. If there is another incident or the issue re-emerges, then the folder can be moved back into the temporary location.

4.3 Staff are required to make notes as soon as possible after the event, writing down exactly what was said, using the person's own words as far as possible. All notes should be timed, dated and signed, with name printed alongside the signature. The case note should be used by the "team" for all interactions, and any emails or other relevant documents should be saved in this folder.

4.4 Recordings should be factual, He said "... " I saw x doing this, I heard y saying this and x replied " " etc. He said that this happened on x day at x time. I asked "....." he said "...." etc. Avoid speculating, making assumptions, guesses or inferences.

4.5 If the individual in question is a member of staff or an individual who has a client file, then a note should be saved in their staff folder/client file, referring to the Safeguarding Case Log for further details. Where concerns are about a sibling or child of a client, the concern should still be filed within the client to whom they are related file.

5. Supporting and Training Staff and Volunteers

5.1 We recognise that staff who are working with someone who has suffered harm, or appears to be likely to suffer harm, may find the situation stressful and upsetting. IG will support such staff by providing an opportunity to talk through their anxieties with their line manager or the SL/DSL and to seek further support, as appropriate.

5.2 The induction of all newly appointed staff will include an introduction to key IG policies, and these will include Health & Safety and initial Safeguarding training. This should include being made aware of the identity and specific responsibilities of those staff with designated safeguarding responsibilities.

5.3 New staff members should be provided with information about safe practice and given a full explanation of their role and responsibilities and the standard of conduct and behaviour expected.

5.4 They should also be made aware of the organisation's personnel procedures relating to disciplinary issues and the relevant Whistleblowing policy

5.5 Senior managers should ensure that their staff and volunteers are adequately and appropriately supervised and that they have ready access to advice, expertise and management support in all matters relating to safeguarding

5.6 Appropriate safeguarding controls must be in place for all staff and should be reviewed on a regular basis. Supervision of those undertaking supervised activities must take place "on a regular basis" and means that supervision must not, for example, be concentrated during the first few weeks of an activity and then tail off thereafter.

Training for Safeguarding.

Role	IG Level 1	Regular Meetings	SG Children – Level 2	Learnpro elearning intro to SG	SG Adults GCC Level 2	SG Adults GCC Level 3	Child Protection Inter-agency (CPIA) Level 3
Non-public facing staff/ Members/ volunteers	Annual	Team meetings/ one to ones	-	-	-	-	-
Project workers	Annual	Team meetings/ one to ones	-	-	-	-	-
Project workers and Coordinators involved in Youth Work	-	Team meetings/ one to ones	2yrs	-	-	-	-
Coordinators	-	Team meetings/ one to ones	-	At induction	3yrs	-	
Managers	-	Team meetings/ one to ones	-	At induction	3yrs	-	
SL/DSL	-	Team meetings/ one to ones	2yrs	At induction	3yrs	3yrs	2yrs

6. Managing Allegations Against Staff

6.1 IG understands that clients or those who support them may make an allegation against any adult, especially those in positions of authority over Children, Young People and Adults with care and support needs. If such an allegation is made, the member of staff receiving the

allegation will immediately inform their line manager. Where the line manager is the subject of such a concern the staff member will be expected to report directly to the SL/DSL.

6.2 IG will follow the Local Authority's Allegations Management Procedures for children and young people and follow the Gloucestershire Safeguarding Adults Position of Trust Procedures for adults with care and support needs.

6.3 On all such occasions, the line manager will discuss the content of the allegation with the SL/DSL immediately. If the allegation involves a child the SL/DSL will invoke the GSCE safeguarding arrangements in regard to 'Allegations Management' and the 'Designated Officer' will be informed. If the allegation involves an adult then the SL/DSL will report the allegations to the Community and Adult Care Directorate, CQC and/or the Police as appropriate. In both cases this will be immediately or where concerns are reported out of hours the next working day.

6.4 Concerns raised out of hours will need to be assessed in regard to immediate risk to Children, Young People or Adults with care and support needs; where immediate risk is considered to be a factor the SL/DSL will contact the police.

7. Whistleblowing

7.1 IG recognises that volunteers and clients, and those who support them cannot be expected to raise concerns in an environment where staff fail to do so. All staff should be aware of their duty to raise concerns, where they exist, about the attitude or actions of colleagues either employed by IG or from an external agency. See IG's Whistleblowing Policy.

8. Complaints or Concerns expressed by Members, Clients, Parents, Staff or Volunteers

8.1 IG recognises that listening to people is an important and essential part of safeguarding them against abuse and neglect. To this end, any expression of dissatisfaction or disquiet in relation to an individual will be listened to and acted upon in order to safeguard their welfare.

8.2 IG also seeks to ensure that the adult, child, young person or supporter who makes a complaint is informed not only about the action IG will take, but also the length of time that will be required to resolve the complaint. IG will also endeavour to keep the adult, young person, child or parent/carer regularly informed as to the progress of their complaint. See IG's Complaints Policy.

9 Prevention

9.1 IG recognises that it plays a significant part in the prevention of harm to adults, children and young people by providing them with good lines of communication with trusted staff, supportive friends and an ethos of protection.

9.2 IG will therefore:

- a. Establish and maintain an environment where children, young people and adults feel secure, are encouraged to talk and are always listened to.
- b. Ensure everyone knows that there are staff in the organisation whom they can approach if they are worried or in difficulty.
- c. Include opportunities that equip children, young people and adults with the skills they need to recognise and stay safe from abuse.

10 Physical Intervention

10.1 This policy acknowledges that staff must only ever use physical intervention as a last resort and that at all times it must be the minimal force necessary to prevent injury to adults, children, young people, staff and visitors.

10.2 IG understands that physical intervention of a nature that causes injury or distress to an adult, child or young person may be considered under safeguarding adults with care and support needs, criminal justice or disciplinary procedures.

11 Abuse of Trust

11.1 IG recognises that adults working in the organisation are in a relationship of trust with the children, young people and adults with care and support needs who receive our services and acknowledge that it is a criminal offence to abuse that trust.

11.2 IG acknowledges that the principle of equality embedded in the legislation of the Sexual Offenders Act 2003 applies, irrespective of sexual orientation; neither homosexual nor heterosexual relationships are acceptable within a position of trust.

11.3 IG recognises that the legislation is intended to protect young people who are over the age of consent, but less than 18 years of age and adults with care and support needs. However, any relationship with any IG client is deemed to be inappropriate and an abuse of trust, regardless of age or vulnerability. Refer to IG's Professional Boundaries Policy and Guidance for Safer Working Practices.

11.4 Relationships between an IG employee and any child up to age 18

11.4.1 It is illegal for a person in a position of power to groom or have a sexual relationship with a child under 18yrs of age. Any IG employee would be deemed to be in a position of power because of their position and the work that they undertake.

11.4.2 IG staff are deemed to be in a position of authority. Any action which causes doubt to be cast in regard to their suitability to undertake such a role will be a breach of this policy. Such acts could be: (the list is not exhaustive):

- a. Grooming any child under 18 even if they are not an IG employee
- b. Having what is deemed to be an inappropriate relationship with a child regardless of whether they are an IG service user or client or not
- c. Be convicted, reprimanded or cautioned for an offence against a child or as a perpetrator of domestic abuse or violence
- d. Supplying any child under 18 with alcohol or drugs (illegal or controlled) regardless of whether they are an IG client or not
- e. Supplying prescription medication where the staff member is not trained or authorised to do so
- f. Supplying any child under 18 with tobacco products
- g. Be deemed to have inappropriate relationships with any child under 18 through social media sites or similar
- h. Behave in a way towards a child under 18 that calls into question their suitability to work in a position where they support adults with care and support needs or children, regardless of whether they are an IG client or not.

11.4.3 The SL/DSL must be informed by the line manager if this is suspected and the Safeguarding Procedures which will run parallel to IG's disciplinary procedures will be invoked.

11.5 Relationships between an established member of staff and a potential new client.

11.5.1 IG would always ensure that a service is provided to a potential service user. Equally, IG would aspire to protect the interests of the employee.

11.5.2 IG would have to consider the individual dynamics of any given case and act accordingly. IG have a policy that staff must disclose any relationship with other staff or members/clients so that any conflict of interest can be appropriately assessed and managed. In some circumstances, it will be deemed that with appropriate professional boundaries, the staff member(s) and client/member can still work together. In other circumstances, IG may refer/signpost on to another provider, if appropriate.

11.5.3 IG may have to consider ways to mitigate and manage conflict of interest or contact with staff providing the service and the service user/member.

11.5.4 Work on managing relationships at work would also need to be considered to avoid any coercion or pressure on employees to discuss details of cases.

11.6 Relationships between an employee and at risk adult client

11.6.1 IG regards as wholly unacceptable any inappropriate personal relationship between an employee and an adult client whom they meet as a result of their employment. If this type of relationship exists/develops, the situation can be regarded as:

- a. an abuse of the employee's position of trust
- b. a breach of the standards of propriety expected in the post
- c. a compromise of professional standards/code of conduct.

11.6.2 This type of relationship will be treated as potential gross misconduct with the employee being suspended on full pay pending an investigation. The line manager will invoke the disciplinary procedure without delay.

11.6.3 IG recognises that occasionally staff, in particular peers with lived experience, may develop friendships with members or clients. This needs to be carefully managed to ensure that the friendship is appropriate, not breaching positions of trust, the managers are aware, professional boundaries are in place in work settings and there are no conflicts of interest/favouritism as a result.

11.6.4 Use of social networking sites. Employees are not permitted to 'make friends' with clients or close relatives or friends of clients on social networking websites. Where this has taken place inadvertently the staff member MUST remove the client, close relative or friend of clients from their personal social media Friends List.

11.6.5 Where a member of staff either refuses to comply or where inappropriate social media contact has been undertaken by IG staff this may result in disciplinary action that may lead to gross misconduct.

11.6.6 IG also recognises that staff working at IG may have an existing relationship with a service user prior to support being offered by IG. This will be dealt with on an individual basis and as circumstances dictate to ensure both the service user and the staff member are supported.

12 Racist Incidents and Discriminatory Abuse

12.1 IG acknowledges that racist incidents or episodes of discriminatory abuse, or a single serious incident, may lead to consideration under safeguarding procedures. See IG's Anti-Social Behaviour and Bullying Policies.

13 Communication with children, young people and adult service users (including the use of technology)

13.1 In order to make best use of the many social benefits of new and emerging technologies, IG's members and clients need opportunities to use and explore the digital world. E-safety risks are posed more by behaviours and values than the technology itself.

13.2 Staff should ensure that they establish safe and responsible online behaviours, working to local and national guidelines and IG's acceptable use policy which detail how new and emerging technologies may be used.

13.3 Communication with children, young people and adults with care and support needs, or any adult that is an IG service user both in the 'real' world and through web based and telecommunication interactions should take place within explicit professional boundaries. This includes the use of:

- a. computers,
- b. tablets,
- c. phones,
- d. texts,
- e. e-mails,
- f. instant messages,
- g. social media such as Facebook and Twitter, chatrooms, forums, blogs, websites, gaming sites,
- h. digital cameras,
- i. videos,
- j. webcams and other handheld devices.
- k. (Given the ever-changing world of technology it should be noted that this list gives examples only and is not exhaustive.)

13.4 Staff should not request or respond to any personal information from IG members or clients other than which may be necessary in their professional role. They should ensure that their communications are open and transparent and avoid any communication which could be interpreted as 'grooming behaviour'

13.5 Staff should not give their personal contact details to IG members or clients for example, e-mail address, home or mobile telephone numbers, details of web-based identities. If IG members or clients locate these by any other means and attempt to contact or correspond with the staff member, the staff member should not respond and must report the matter to their manager. The IG member or client should be firmly and politely informed that this is not acceptable.

13.6 In any communication with IG members or clients all staff have a responsibility to maintain public confidence in their ability to safeguard the welfare and best interests of children, young people and adults with care and support needs. They should adopt high standards of

personal conduct in order to maintain confidence and respect of the general public and those with whom they work.

13.7 This means that staff should:

- a. not seek to communicate/make contact or respond to contact with IG members or clients outside of the purposes of their work
- b. not give out their personal details
- c. follow IG's Acceptable Use policy
- d. ensure that their use of technologies could not bring IG or associated partners into disrepute

14 Procedure for Responding to a Safeguarding Concern

IG works with people across different settings and environments. Safeguarding concerns can arise in different ways. This may be where a Quality Check is taking place, and staff feel that there is a safeguarding concern regarding someone being supported. Or it may take place in the course of conversations with individuals attending the HUBS or meeting with us as part of another project. IG is in the unique position to observe behaviour over time and often develop close and trusting relationships with adults, children and young people.

I know or think someone is being abused or is at risk of harm

Is the person in immediate danger? Yes or No?

- Do they need emergency medical treatment?
- Do you think a crime has been committed?
- Could anyone else be harmed?

If Yes - Call Emergency Service

999 or 101 ask for Police, Ambulance or Fire

If No (or after calling Emergency Services) Call Safeguarding Lead or Deputy Immediately

Safeguarding Lead - Emily Luckham 07590 809353

Deputy Safeguarding Lead - Vicci Livingstone-Thompson 07590 111847

Safeguarding Lead or Deputy will do the following:

- Decide whether to report to Adult Helpdesk
- Identify what more information needed
- Decide with you and line manager who does what
- Set up casenote and file on I drive

All - recording is vital - everything should go in the one casenote:

- What was said and by whom, when
- what was done, by whom, when
- what decisions were made and when.
- What actions to take

Remember confidentiality - need to know only, ask for support from lead/line manager, leads and managers should offer support/debriefs, Don't worry about things alone! Always ask if you are worried.

Useful Numbers

- GCC Adult Help Desk 01452 426868
 - Out of Hrs Emergency Duty Team 01452 614194
 - GCC Children and families Services Helpdesk 01452 426565
 - GCC Disability Quality Team 01452 328463
 - Inclusion Gloucestershire Office 01452 334008
- CC Safeguarding Policy and Procedure V10

If someone discloses directly to a member of staff, the following procedures will be followed:

14.1 Managing the disclosure

- a. Listen carefully to what is said
- b. Avoid expressing your own views.
- c. Tell the person they have done the right thing by telling someone
- d. To find out what has happened, ask only open questions.
- e. How did this happen?
- f. Who was there?
- g. What was happening at the time?
- h. Is there anything else you want to tell me?"
- i. Do not ask leading questions which may be considered to suggest what might have happened, or who has perpetrated the abuse e.g., "did your dad hit you?"
- j. Do not force someone to repeat what he/she said in front of another person.
- k. Do not promise to keep the disclosure secret. At no time should you promise confidentiality.
- l. Explain what you will do next.

14.2 Notify and Get Help

- a. If it is clear that someone is in immediate danger, or needs medical assistance, or there is danger that someone else is at risk of harm, or a crime has been committed, then call 999 and ask for the police or ambulance immediately.
- b. Then follow the next steps.
- c. If it is not an emergency follow the next steps.
- d. Stay with the person.
- e. Contact your line manager and or the Safeguarding Lead/Deputy immediately.
- f. Respect and maintain the person's privacy and confidentiality.
- g. *Where the abuse is in relation to a child, assess risk of further abuse or jeopardising the investigation if the parent/carer is made aware. Assuming that the child is not placed in further risk of abuse and there is no risk to the investigation, ensure the parent/carer is aware of your concerns and make sure that they are aware that you have an obligation to report your concerns to the local authority*

14.3 Recording

- a. The Safeguarding Lead will set up a dedicated secure folder on the I drive that the SL and DSL have access to, to record all communications and actions relating to this safeguarding concern. As soon as this is in place, all individuals involved in the safeguarding concern must send updates to the SL/DSL to record everything to do with the case in the Individual Case Log.

14.4 Action

- a. The staff member, their line manager and the safeguarding lead should act as a team, with guidance and direction being given by the Safeguarding Lead.
- b. Depending on the situation, the staff member or the line manager or the Safeguarding Lead will find out more information, speak to key people.
- c. No one should be working in isolation when a Safeguarding concern arises, and it is key that staff members are supported throughout, as are line managers.
- d. The Safeguarding Lead will decide on whether or not to make a referral to the Safeguarding Team at Gloucestershire County Council via the Adult Helpdesk.
- e. The principle of keeping the individual at the centre of the process is vital. For this reason, it is important that the person is consulted before raising a Safeguarding Referral.
- f. You do not need to have the client's consent to make an initial call to Adult Social Care for advice but capacity to consent and consent itself will be explored if it is felt that a referral needs to be made.
- g. The person may ask you not to tell anyone else about the abuse. Always be honest and never make promises you can't keep. Explain that you may need to share what you are told, but only to people who need to know. Never promise to keep anything confidential.
- h. If the person has not agreed, and the referral is still made, the person's views should be recorded clearly both in the referral and in the case note.
- i. The Line Manager (or Coordinator) who has the clearest information, and is confident and experienced enough, can complete the report form with the SL support and guidance, the referral should always be checked with the SL before sending.
- j. The form is saved in the folder, and then emailed to socialcareenq@gloucestershire.gov.uk via the secure platform Egress.
- k. Once the referral is made, if no further update is provided, the referrer may need to follow up to find out what has happened to the referral (see Follow Up section below).
- l. At GCC the referrals go via the Adult Helpdesk initially where they are triaged. This means that they may go to the Safeguarding Team for consideration, or they may be directed to an Adult Care team for a review of needs as there may be other ways of supporting the individual in response to the incident.

14.5 Follow up

- a. It is good practice for IG to follow up to find out where the referral has gone. There may be continued support that we can provide as part of the actions in response to the Safeguarding.
- b. IG will often be in the position of supporting an individual if it is a member of staff or an individual who uses one of our services. There may also be implications for other members or staff depending on where the issue took place and who was involved.

- c. All Safeguarding concerns are logged on a safeguarding log by the Safeguarding Lead.
- d. These are reviewed at SLT meetings and form part of a system for reviewing policies and processes to ensure our services and workplaces are as safe as we can reasonably make them.

Appendix i

Abuse, Types of Abuse and Indicators of Abuse

1 Abuse may be a single act or one that happens repeatedly. It may be planned or reactive as well as intentional or unintentional. It can also happen due to ignorance or due to the abuser needing help themselves.

1.1 Who can abuse?

The abuser is usually well known to the person being abused. They may be:

- a partner, child or relative
- a friend or neighbour
- a paid or volunteer care worker
- a health or social worker, or other professional
- older people may also be abused by a person they care for

Often, the people who abuse older people are exploiting a special relationship. They are in a position of trust, whether through family bonds, friendship or through a paid caring role, and they exploit that trust.

Sometimes however abuse is not intentional. It can be because someone lacks the skills or external support necessary to adequately care for another person. We call this passive abuse because it is unintentional. That does not mean that the impact on the person with care and support needs is any less, but it can help us to understand how best to address the abuse.

1.2 Where does abuse occur?

Abuse can occur anywhere:

- a) in someone's own home
- b) in a carer's home
- c) in a day centre
- d) in a residential home, or a nursing home
- e) in a hospital

1.3 Abuse normally occurs when a child, young person or adult who is in some way vulnerable is faced with a person or a set of circumstances with a potential for harm. Some factors that may place people at particular risk of being abused are described in the list below.

However, the presence of one or more of these factors does not automatically imply that abuse has or may occur.

- a) Poor communication or a breakdown of communication
- b) Immobility
- c) Urinary or faecal incontinence
- d) An inappropriate or dangerous physical or psychological environment e.g. lack of personal space
- e) Living in the same household as a known abuser or a person who has a history of mental health problems, alcohol or drug misuse or sexual offending
- f) Mental health challenges
- g) Learning disabilities
- h) Physical disabilities
- i) Dependence on others or vice-versa
- j) Unequal power relationships
- k) Considerable change in carer's lifestyle
- l) Emotional and social isolation
- m) Caring needs in excess of carer's ability to meet them
- n) Financial problems

People can be abused in different ways. Below are some of the different types of abuse and the indicators of abuse.

2 Physical Abuse

Any physical pain, suffering or injury which is inflicted by a person who has responsibility, charge, care or custody of, or who has a position of or expectation of trust to an individual, constitutes physical abuse. This includes but is not limited to assault, physical restraint, hitting, slapping, burning, pushing, kicking, misuse of medication, rough handling, deprivation of care and necessities.

Physical abuse includes injuries that are not explained satisfactorily where there is concern that the injury was inflicted intentionally.

Physical abuse can also include situations where people are caused unreasonable physical discomfort through the deliberate withholding of care, or the application of inappropriate techniques or treatments. Deprivation of food and water and involuntary isolation and confinement e.g. at risk adult is locked in their room and not allowed visitors or being subject to inappropriate drugs or the deprivation of prescribed drugs. An overlap with neglect can be a feature of physical abuse.

2.1 Possible Indicators of Physical Abuse

- a. The signs of physical abuse are often evident but can also be hidden by the abuser or the victim. Evidence to look out for include:

- b. Any injury not fully explained by the history given
- c. Self-inflicted injury
- d. Unexplained bruises and welts in various stages of healing or not properly treated
- e. Unexplained burns, especially on soles of feet, palms and back
- f. Immersion burns, rope burns, electrical appliance burns
- g. Unexplained fractures to any part of the body
- h. Broken eyeglasses or frames
- i. Lack of personal care and hygiene
- j. Inadequate or inappropriate clothing
- k. Soiled clothing or bed
- l. Dehydration and/or malnourished without illness-related cause
- m. Inappropriate use of medication, overdosing or under-dosing

3 Psychological or Emotional Abuse

Psychological abuse or emotional abuse is one of the most common types of abuse. It constitutes any behaviour by another that results in psychological harm to an individual. It invariably involves identifying something - a person or an object - that matters to an at risk adult and then threatening to endanger it unless the at risk adult complies with demands. Common examples are threatening access to grandchildren (if someone lives at home) or denying access to family visits (if someone lives in a residential home). Psychological abuse does not usually occur in isolation and often it is linked to financial abuse.

Psychological abuse includes but is not limited to harassing, ignoring, blaming, humiliating, threatening harm or abandonment, contact deprivation, controlling, intimidation, harassment; coercion, verbal abuse/insults, racial slurs, lack of privacy, lack of respect of cultural diversity, denial of dignity.

3.1 Possible indicators of Psychological or Emotional Abuse

Psychological abuse can have a profound impact on someone's mental health; they can feel trapped, threatened, humiliated, used or a combination of all these. Most signs therefore relate to someone's mental state, and changes in behaviour:

- a) Implausible stories
- b) Hesitation to talk openly
- c) Helplessness
- d) Confusion or disorientation
- e) Anger without apparent cause
- f) Sudden change in behaviour

- g) Emotionally upset or agitated
- h) Unusual behaviour (sucking, biting, or rocking)
- i) Unexplained fear
- j) Denial of a situation
- k) Extremely withdrawn and non-communicative or non-responsive

4 Financial / Material Abuse

- a) This involves the individual's resources being inappropriately used or manipulated to the advantage of another person. It is often justified by the abuser by thinking that they deserve the money because they have earned it, that it is their rightful inheritance or by thinking that the at risk adult just 'doesn't need it'.
- b) It includes the withholding of money or inappropriate or unauthorised use of a person's money or property to the disadvantage of the adult to whom it belongs. It can include but is not limited to, theft, fraud, forgery, embezzlement, exploitation, misuse of funds / property / possessions.

4.1 Possible Indicators of Financial Abuse

- a) Signatures on cheques etc., that do not resemble the at risk adult's signature, or signed when the at risk adult cannot write.
- b) Sudden changes in bank accounts, including unexplained withdrawals of large sums of money by a person accompanying the at risk adult.
- c) The inclusion of additional names on an at risk adult's bank account.
- d) Numerous unpaid bills, or overdue rent, when someone else is supposed to be paying the bills.
- e) Abrupt changes to, or the sudden establishment of, wills
- f) The sudden appearance of previously uninvolved relatives claiming their rights to an at risk adult's affairs or possessions
- g) The unexplained sudden transfer of assets to a family member or someone outside the family.
- h) Unusual concern by someone that an excessive amount of money is being expended on the care of the at risk adult.
- i) Power of Attorney obtained when person is unable to comprehend.
- j) Person lacks belongings or services, which they can clearly afford
- k) The unexplained disappearance of funds or valuable possessions such as art, silverware, or jewellery.
- l) Deliberate isolation of an at risk adult from friends and family, resulting in the caregiver alone having total control.

5 Sexual Abuse

Any sexual act that a person takes part or is forced to take part in without their informed consent constitutes sexual abuse. This is defined as the involvement of adults in sexual activities which either:

- a) they do not want and have not consented to
- b) they cannot understand
- c) take place where the other party is in a position of trust, power or authority
- d) It includes but is not limited to rape, sexual harassment, fondling, inappropriate touching, use of sexual or offensive language.
- e) This can include being asked to provide photos, videos or perform via video link.
- a) This can include images being shared with others via social media without consent.

5.1 Possible Indicators of Sexual Abuse

- a) As with other forms of abuse, the behaviour of the at risk adult, even if they have confusion will indicate that something is wrong.
- b) Full or partial disclosure or hints of sexual abuse
- c) Wetting/soiling
- d) Torn, stained or bloody clothing
- e) Love bite
- f) Marked changes in behaviour
- g) Person reporting that they have bruises around the breasts or genital area

If you suspect sexual abuse

- a) do not wash the at risk adult or their clothing
- b) call the police immediately as they have the skills, expertise and equipment to respond appropriately and sensitively

6 Neglect and Acts of Omission

- a) Neglect is the deprivation of help to perform activities of daily living. It can also be the failure to intervene in behaviour which is dangerous to the individual or to others. Not all neglect is intentional. It can occur when the caregiver cannot cope or does not have the necessary resources or support.
- b) It may include but is not limited to failing to provide basic necessities such as food, heat, comfort, clothing, hygiene, medical treatment, mental stimulation. Also failing to provide access to health or social care and failing to recognise or be aware of a person's cultural needs and norms.

6.1 Possible Indicators of Neglect or Omission to Act

Neglect will often manifest in the physical, social or health circumstances of the at risk adult and can include:

- a) Dirt, faecal or urine smell, or other health and safety hazards and unsanitary and unclean conditions in at risk adult's living environment

- b) Rashes, sores or lice on the body
- c) An untreated medical condition
- d) Inadequate heating
- e) Clothing is inadequate or in bad condition, smelling of staleness and urine
- f) Evidence of malnutrition or dehydration
- g) Poor personal hygiene
- h) Failure to ensure appropriate privacy and dignity
- i) There is evidence of the withholding of medication or over-medication
- j) There is evidence of a lack of assistance with eating and drinking.
- k) In considering neglect it is also important to recognise that there are occasions when someone will choose a particular lifestyle that is considered by others to be poor. There is a difference between a chosen pattern of behaviour and neglect by others that causes deterioration in an at risk adult's circumstances and condition. If there is doubt, employees should refer to the Mental Capacity Act 2005, where it recognises the right to make unwise decisions at times.

7 Child Sexual Exploitation

The definition of child sexual exploitation is as follows:

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity.

- (a) in exchange for something the victim needs or wants, and/or
- (b) for the financial advantage or increased status of the perpetrator or facilitator.

The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

Child sexual exploitation - Definition and a guide for practitioners, local leaders and decision makers working to protect children from child sexual exploitation - February 2017

7.1 Vulnerabilities

- a. Living in a chaotic or dysfunctional household
- b. History of abuse
- c. Recent bereavement or loss
- d. Gang association
- e. Attending school or being friends with young people who are sexually exploited
- f. Learning disabilities
- g. Unsure about sexual orientation
- h. Homeless

- i. Lacking friends from the same age group
- j. Living in a gang neighbourhood
- k. Living in residential care
- l. Living in hostel, bed and breakfast accommodation or a foyer
- m. Low self-esteem or self-confidence
- n. Young carer

7.2 Possible Indicators of Child Sexual Exploitation:

- a. Missing from home or care
- b. Physical injuries
- c. Drug or alcohol misuse
- d. Involvement in offending
- e. Repeat sexually transmitted infections, pregnancy and terminations
- f. Absent from school
- g. Change in physical appearance
- h. Evidence of sexual bullying and/or vulnerability through the internet
- i. Estranged from their family
- j. Receipt of gifts from unknown sources.
- k. Recruiting others into exploitative situations
- l. Poor mental health
- m. Self-harm
- n. Thoughts of or attempts at suicide

8 Modern Slavery

Modern Slavery encompasses slavery, servitude, forced or compulsory labour and human trafficking. Criminals coerce, deceive and force individuals against their will into a life of abuse, servitude and inhuman treatment.

The Home Office has estimated that there are between 10,000 and 13,000 potential victims of slavery in the UK.

The Modern Slavery Act 2015 came into force on 31st July 2015 which encourages agencies to work together to safeguard victims and prosecute perpetrators.

9 Self-Neglect

9.1 The Care Act statutory guidance 2014 defines self-neglect as; "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" 'Self-neglect is defined as 'the inability (intentional or non-intentional) to maintain a socially and culturally accepted standard of self-care with the

potential for serious consequences to the health and well-being of the self-neglecters and perhaps even to their community.’ (Gibbons, S. 2006. ‘Primary care assessment of older people with self-care challenges.’ Journal of Nurse Practitioners, 323-328.)

9.2 The Care Act 2014 places specific duties on the Local Authority in relation to self-neglect

a. Assessment

The Local Authority must undertake a needs assessment, even when the adult refuses, where it appears that the adult may have needs for care and support and is experiencing, or is at risk of, self-neglect.

This duty applies whether the adult is making a capacitated or incapacitated refusal of assessment.

b. Enquiry

The Local Authority must make, or cause to be made, whatever enquiries it thinks necessary to enable it to decide what action should be taken in an adult’s case, when the Local Authority has reasonable cause to suspect that an adult in its area has needs for care and support is experiencing, or is at risk of, self-neglect, and as a result of those needs is unable to protect himself or herself against self-neglect, or the risk of it.

10 Domestic Abuse

Domestic Abuse is a pattern of controlling and aggressive behaviours from one adult towards another within the context of an intimate relationship.

It can be physical, sexual, psychological or emotional abuse. Financial abuse and social isolation are also common features. The violence and abuse can be actual or threatened and can happen once every so often or on a regular basis.

It can happen to anyone, and in all kinds of relationships - heterosexual, lesbian, gay, bisexual and transgender. People suffer domestic violence regardless of their gender, social group, class, age, race, disability, sexuality or lifestyle. The abuse can begin at any time - in new relationships or after many years spent together.

11 Organisational Abuse

Organisational abuse is the mistreatment, abuse or neglect of an adult at risk by a regime or individuals. It can take place within settings and services that adults at risk live in or use, and it violates the person’s dignity, resulting in a lack of respect for their human rights.

Organisational abuse occurs when the routines, systems and regimes of an institution result in poor or inadequate standards of care and poor practice. It can take the form of an organisation failing to respond to or address examples of poor practice brought to their attention.

It can take place in day care, care homes, hostels, hospitals and sheltered and supported housing. It can be difficult to identify the difference between a poor service and organisational abuse.

12 Discriminatory abuse

Discriminatory abuse is when someone picks on or treats someone unfairly because something about them is different; for example, it may be:

- a. Their clothes
- b. Their weight

- c. Their ethnicity or skin colour
- d. Their religion or culture
- e. Being a man or a woman
- f. Being a gay man or a lesbian woman
- g. Their age
- h. Their health or disability
- i. Being a transgender individual

13 **Harassment**

Harassment covers a wide range of offensive behaviour. It is commonly understood as behaviour intended to disturb or upset. In the legal sense, it is behaviour which is found threatening or disturbing.

Sexual harassment refers to persistent and unwanted sexual advances, typically in the workplace, where the consequences of refusing are potentially very disadvantageous to the victim.

Harassment can include antisocial behaviour targeted at adults with care and support needs in the community, by neighbours or others, because the victims are different; this links closely with discriminatory abuse.

14 **Radicalisation & Prevent**

Radicalisation is considered by the NSPCC to be a child protection issue and a form of abuse.

Radicalisation is defined as causing someone to become an advocate of radical political or social reform by supporting terrorism and violent extremism.

Radicalisation of children and young people may include encouraging them to undertake violent activities on the grounds of religious belief. This may include attacks on others including suicide attacks.

There is no obvious profile of a person likely to become involved in extremism or a single indicator of when a person might move to adopt violence in support of extremist ideas.

Children and young people are vulnerable to exposure to or involvement with groups or individuals who advocate violence as a means to a political or ideological end, including family members or friends, religious schools or groups, or through social media and the internet. This creates risk of a child or young person being drawn into criminal activity and exposure to significant harm.

Examples of extremist causes that have used violence to achieve their ends include animal rights, the far right and international terrorist organisations. For lists of current terrorist organisations please consult the Home Office website.

The following factors may make people vulnerable to exploitation by radicalisers:

- a. Identity crisis
- b. Personal crisis
- c. Personal circumstances

- d. Unemployment or under-employment
- e. Criminality
- f. The following behavioural signs may indicate radicalisation:
- g. Use of inappropriate language
- h. Possession of violent extremist literature
- i. Behavioural changes
- j. Expression of extremist views
- k. Advocating violent actions and means
- l. Association with known extremists
- m. Seeking to recruit others to an extremist ideology

The 'Prevent' strategy

There is a cross-Government strategy to stop people becoming terrorists, known as 'Prevent'. The aim of Prevent is to stop people from becoming terrorists or supporting terrorism. Three national objectives have been identified for the Prevent strategy:

Objective 1: respond to the ideological challenge of terrorism and the threat we face from those who promote it.

Objective 2: prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support.

Objective 3: work with sectors and institutions where there are risks of radicalisation which we need to address.

If you believe that someone at risk is being exploited or radicalised, use the established safeguarding or duty of care procedures to escalate the concerns to the appropriate leads.