

Safeguarding Adults Policy

Enfield Carers Centre (hereinafter “the Centre”) recognises its responsibility to make a positive contribution to safeguarding adults at risk in Enfield. This policy applies to Trustees, employees and volunteers of the Centre and is also for the information and advice of all users of the Centre in whatever capacity.

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1.0 POLICY STATEMENT

1.1 The organisation:

- recognises that all adults have the right to live in safety, free from abuse or harm and that by being and feeling safe, their wellbeing and quality of life is improved.
- recognises that everyone involved in services for adults at risk has a role to play in protecting and promoting their welfare and that everything possible must be done to prevent, report and tackle abuse
- is committed to fostering an honest, open, transparent safeguarding culture for staff at all levels, ensuring they feel empowered to raise concerns in potential or actual abusive situations involving service users, fully recognising that abuse can be carried out by friends, family or strangers as well as by those providing care.

1.2 The organisation also recognises that people who lack mental capacity are particularly vulnerable to abuse, harm and exploitation. In this context, it is committed to following the principles and practice guidance of the Mental Capacity Act 2005 and Mental Capacity (Amendment) Act 2019, including where appropriate, signposting to the advocacy support to which all service users are entitled.

1.3 The organisation seeks to comply with the six principles of safeguarding, as set out in the Care Act 2014, namely:

- **Empowerment** - people supported and encouraged to make their own decisions.
- **Prevention** - it is better to take action before harm occurs.
- **Proportionality** - the least intrusive response appropriate to the risk presented.
- **Protection** - support and representation for those in greatest need.
- **Partnership** - local solutions through services working with their communities.
- **Accountability** - accountability and transparency in safeguarding practice.

2.0 Carer/User Conflict of Interest

Sometimes Carers and the people they look after can have different views on what is best for each of them. In fact what appears to be best for one can conflict with what appears to be best for the other. Maximising choice and control is the guiding principle for both carer and cared for. A member of the Centre's staff may find that they are sometimes in the position of helping facilitate discussion around such issues. The Centre staff member's priority will always be to help the carer express their views and exercise choice and control in relation to their caring role and their life as a whole.

If the Centre staff member feels that this might conflict with the best interests of the person looked after or conflict with the preferences and choices of the person looked after, this should be discussed with the carer. If there is potential for a significant impact on the cared for person, this should be discussed with the Centre staff member's manager before further action, if appropriate, is taken. The Centre will always draw attention to instances where it is felt that a carer or a cared for person is subject to abuse as defined in this policy.

Any Trustee or member of the Centre's staff who suspects any risk of harm or abuse as defined in this document will follow the procedures detailed below.

3. Our Responsibilities to Carers

Research suggest that the following circumstances can lead to people caring for dependent people to not provide them with the best quality care, and sometimes abuse them, for example where:

- The dependent person is very dependent on their carer and may be difficult to care for or may be openly aggressive
- The dependent person has difficult behaviour which causes high levels of stress for carers
- The person being cared for is self-centred and does not consider the needs of the carer and other family members
- The family is under stress because of poor income or housing conditions.
- Carers are showing signs of physical or mental illness or are becoming dependent on alcohol or drugs
- Carers have other responsibilities e.g. work and family and are not getting enough time to rest and relax.
- Carers have no private or personal space
- Physical or emotional isolation; carers may lack the necessary practical and emotional support
- Carers may not have a thorough understanding of the dependent person's condition and may be unable to offer appropriate and effective care.
- If carers do not feel valued for the care they give, feelings of guilt, resentment anger can develop and contribute to abuse.
- If a carer has frequently requested help from professionals and problems have not been solved

If a member of the Centre's staff finds themselves working with a Carer in any of these circumstances and is concerned about their capacity to go on caring for a service user, they should raise the matter as soon as possible, in confidence, with their manager.

4. What is Safeguarding?

Safeguarding' means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted, including where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances (Care and Support Statutory Guidance).

An adult at risk

A person aged 18 or over who:

- a) has needs for care and support (whether or not a local authority is meeting any of those needs)
- b) is experiencing, or is at risk of, abuse or neglect, and
- c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

Definition of adult at risk: TAKEN FROM LONDON MULTI AGENCY ADULT SAFEGUARDING POLICY & PROCEDURE DOCUMENT

Harm

"Harm includes ill treatment (including sexual abuse, exploitation and forms of ill treatment that are not physical); the impairment of health (physical or mental) or development (physical, intellectual, emotional, social or behavioural); self-harm and neglect; unlawful conduct which adversely affects a person's property, rights or interests (for example financial abuse)." Care Certificate Framework (2015). Harm may also include the intentional misuse of medication.

The abuser

To best protect their service users from abuse, staff should be alert to potential as well as actual risk situations across all service user contacts. Abuse can take place by any of a wide range of people and no-one can be excluded. Examples include:

- friends, relatives, family members, neighbours and those in a person's social network
- professional paid staff or volunteers (including colleagues) in an institutional or community setting, including a person's own home
- other service users
- someone known to the person or by strangers
- by 'befriending'.

5.0 SCOPE

- 5.1 The organisation's approach to safeguarding adults aged 18 and over is set out in the following documents:
- Safeguarding policy
 - Procedure for managers
 - Guidance for staff and Volunteers
 - Abuse of adults; factors, types and indicators.
- Their content is relevant to all staff throughout the organisation and to its volunteers. Where reference is made to policies specific to regulated services, please refer to CSW Handbook and Carers Trust Operational Framework, for further details.
- 5.2 The intended outcome of these documents is to protect adults at risk from experiencing abuse or harm, to promote their wellbeing and to respond promptly and effectively to any concerns.
- 5.3 As staff who work primarily with adults may also encounter children and young people in the course of their work, they are required to read the safeguarding and child protection documents.
- 5.4 The following documents relate to Regulated Homecare Services and are contained in the Operational Policy Framework produced by The Carers Trust.
- adults' personal care (B01) - including duty of candour
 - adults' medication (B02) - including medicines-related safeguarding
 - behaviour management (D03) - including use of restraint
 - autonomy and independence (D04) – including consent, Mental Capacity Act, Deprivation of Liberty Safeguards / Liberty Protection Safeguards ¹
 - financial protection (D07)
 - missing person policy (AT18 - to be adapted by organisation as necessary).
- 5.5 Within this document:
- the term 'service user' refers to carers as well as to people with care needs
 - the term 'staff' includes volunteers.

¹ Replacement of Deprivation of Liberty Safeguards by Liberty Protection Safeguards as set out in the Mental Capacity (Amendment) Act 2019 is delayed until April 2022.

6.0 LEGISLATION

6.1 The organisation seeks to comply in all respects with:

- Human Rights Act 1998
- Mental Capacity Act and Code of Practice 2005
- Equality Act 2010
- Protection of Freedoms Act 2012
- Health and Social Care Act (2008) Regulations 2014
- Care Act 2014
- Counter-Terrorism and Security Act 2015 (Prevent Agenda)
- General Data Protection Regulation (GDPR) 2018²
- Data Protection Act 2018
- Mental Capacity (Amendment) Act 2019
- Domestic Abuse Act (29 April 2021)

7.0 RESPONSIBILITIES OF TRUSTEES

7.1 Safeguarding is a key governance concern for all charities. The Charity Commission states that trustees 'must put safeguards in place to protect those who come into contact with your charity.

7.2 The organisation's trustees have a personal responsibility to familiarise themselves with the content of the safeguarding adults policy and to be aware of the associated procedure and guidance documents. Responsibility for having detailed knowledge of the procedure and guidance and monitoring the organisation's compliance to them may be carried out by a nominated board member or delegated to an appropriate member of the management team. *See details on page 13*

7.3 Trustees are responsible for ensuring managers have safe and effective systems in place whereby staff at all levels of the organisation:

- work according to the adults' safeguarding policy documents
- receive training in safeguarding that is relevant to/at a suitable level for their role
- are clear about their responsibilities and accountability in relation to preventing, identifying and reporting abuse
- receive appropriate supervision and support, including following a safeguarding incident.

7.4 Specifically, trustees have a responsibility to:

- promote a culture of openness and candour at all levels of the organisation
- ensure senior managers are fully committed to safeguarding adults at risk

² GDPR and the Data Protection Act are not a barrier to sharing information in relation to safeguarding, but rather provide a framework to ensure that personal information about living persons is shared appropriately. See also the Social Care Institute of Excellence [Safeguarding adults: sharing information](#).

- ensure their organisation operates zero tolerance to all forms of abuse, including unlawful discrimination, degrading or inhuman treatment, excessive or inappropriate use of restraint or restrictions on movement and activities
- provide an adequate level of scrutiny within their organisation
- ensure robust systems are in place to monitor and review safeguarding practice on an ongoing basis across the organisation, to inform continued development, quality assurance and improvement
- oversee performance and risk in relation to safeguarding adults
- ensure adequate support for staff who raise concerns (whistle-blowers).

7.5 In addition, trustees will ensure managers establish and operate robust systems to:

- liaise with and report safeguarding issues to the appropriate local safeguarding authority within the geographical area/s in which they operate
- work in accordance with local safeguarding arrangements as set out by the relevant local Safeguarding Adults Board/s (SAB)
- implement local authority inter-agency agreements, including information sharing³ protocols
- work with other agencies in the statutory, voluntary and independent sectors
- select/ recruit/ vet staff in compliance with legal requirements and good practice
- make checks against and referrals to the Disclosure and Barring Service
- deal with allegations against, and concerns about, staff who may have harmed an adult at risk or behaved in a way that indicates they may pose a risk of harm, in line with local authority protocols (see also page 13 below)
- follow reporting requirements of safeguarding incidents as set out in the accompanying procedure

7.6 Trustees are responsible for ensuring that:

- a senior staff member (suitably trained and competent to handle safeguarding issues) is appointed as the organisation's designated safeguarding adult's officer
- the designated person maintains an up-to-date knowledge of national changes and developments in adults' safeguarding policy and disseminates this information across the organisation in a format that is relevant to the intended audience, as appropriate
- service users are informed of their right to independent professional advocacy under the Care Act 2014.

7.7 It is recommended good practice to appoint to the organisation's board of trustees a person who is suitably trained / experienced in safeguarding to act as adults' safeguarding lead, to:

- work with the organisation's Designated Safeguarding Adults Officer, ensuring all necessary safeguarding protocols are in place

³ Organisations must be transparent and accountable in relation to information shared and must also record all decisions about whether they are sharing information, what they are sharing, with whom and why.

- bring to the board's attention where safeguarding protocols need revision following any issue / incident that identifies weaknesses or has policy implications.

In the absence of such an appointment, these duties fall by default to the chair of the organisation's board of trustees, who will require appropriate training and access to ongoing support to carry out the role.

8.0 RECOGNISING ABUSE AND RAISING SAFEGUARDING CONCERNS

- 8.1 Staff will be trained to be vigilant regarding the welfare of adults at risk, to recognise the early signs of abuse and to understand the importance of taking speedy action to prevent problems escalating.
- 8.2 The organisation will ensure safeguarding training stresses that abuse may be prevented or diminished by good staff vigilance at all levels, from a staff team that is open to raising an alert in all potential as well as actual risk situations to best protect their service users. See accompanying procedure for managers and staff and volunteers.

9.0 ALLEGATIONS OF ABUSE AGAINST STAFF - Appendix 1

- 9.1 Trustees will ensure managers have systems in place whereby allegations that a member of staff may have abused a service user are listened to, taken seriously, handled in line with local authority protocols and reported, as necessary, to:
- adult social care
 - the Care Quality Commission
 - the police if a crime has been or is suspected of being committed
 - the organisation's board of trustees (details anonymised)
 - the organisation's insurers
 - the Disclosure and Barring Service (DBS)
 - Charity Commission

10.0 LEARNING AND DEVELOPMENT -Appendix 2

- 10.1 Managers are responsible for assessing the roles undertaken by:
- staff **not** directly involved in providing care and support to those with care needs
 - volunteers within their organisation
- to determine the level of briefing / induction / training they require in relation to safeguarding adults.

- 10.2 For staff involved in the provision of regulated care and support services, general learning and development requirements relating to safeguarding adults are contained in the learning and development policy documents (E13).
- 10.3 Staff who work only with adults may still encounter children or young people in the course of their work. Therefore, all staff involved in the planning or provision of services to adults will also receive training in the safeguarding and protection of children. In addition, the local authority has a statutory duty to consider the needs of any children and young people in a household where adult safeguarding issues have been raised and this will be highlighted in both adults' and children's safeguarding training.

11.0 ADOPTION - Appendix 3

- 11.1 To formally adopt this policy, the organisation's board of trustees will document in the minutes of the appropriate board meeting its name, reference number and date it was adopted. The minutes will be signed by the chair of the trustees on behalf of the board.

12 Recruitment and selection - Appendix 4

Safer Recruitment Statement

Enfield Carers Centre (ECC) is committed to protecting all children and young adults by making sure that we employ the right people (on a paid and/or voluntary basis).

Safeguarding the children, young adults who ECC have contact with is considered at the recruitment stage. All staff, volunteers and trustees are required to attend interviews and provide references, as detailed in ECC's recruitment, selection and induction procedures.

A Disclosure and Barring Service (DBS) check will also be obtained for staff, volunteers and trustees recruited to all positions. Certain positions will require an Enhanced DBS check, and this should be established and specified prior to recruitment. A repeat DBS check will be obtained every three years for all eligible employees, volunteers and trustees.

During interview all candidates will be questioned regarding their understanding of safeguarding and how that might be a consideration in the role they are applying for.

The organisation's DSO are responsible for ensuring that all ECC's Managers are adhering to all Safer Recruitment Procedures.

Appropriate training in safeguarding will be provided as part of the induction process, and then as an ongoing part of staff development. See *Recruitment Policy for full details*.

ENFIELD CARERS CENTRE SAFEGUARDING ADULTS PROCEDURE

13. What to Do If You Suspect Abuse. Listen, Inform & Record – Appendix 5

IMMEDIATE ACTION BY THE PERSON RAISING THE CONCERN

The person who raises the concern has a responsibility first and foremost, to safeguard the adult at risk but it is not our role to investigate, only to report and protect.

- a. Listen carefully to what is being said. Stay calm and do not promise confidentiality. Explain that you may have a duty to report your concern to your manager.
- b. Assess if there is any immediate and ongoing danger and contact a senior manager immediately.
- c. Arrange any medical treatment. (Note that offences of a sexual nature will require expert advice from the police)
- d. If a crime is in progress or life is at risk, dial emergency services – 999
- e. Encourage and support the adult to report the matter to the police if a crime is suspected and not an emergency situation.
- f. Take steps to preserve any physical evidence if a crime may have been committed, and preserve evidence through recording
- g. Ensure that other people are not in danger
- h. Inform your manager.
- i. Record the information received on the central Safeguarding log, attach the notes of the incident or concern to the Carer's S/F record. *See Note keeping guidance for staff below.*

14. Notes and Record Keeping Guidance for staff - Appendix 6

- 1.** All carers /clients/HR notes to be kept up to date at all times
- 2.** Clear and precise language always to be used
- 3.** When logging Safeguarding concerns exact words spoken by the child or person reporting the concern are to be logged and dated
- 4.** All Safeguarding concerns are to be logged on the central S/G spreadsheet on Salesforce.
- 5.** Always record facts, not opinion, for example it is a fact that somebody may appear agitated by a situation, it is an opinion that they are aggressive, always be aware of the difference.
- 6.** Any interpretation or inference drawn by the professional from what was observed or disclosed should be clearly recorded as such.
- 7.** All staff should be mindful that Carers /YC /staff records may be shared at any stage, for example when making a referral to a statutory agency, or as evidence in court proceedings.
- 8.** Notes should be signed and dated in full, particular when in relation to a welfare or safeguarding concern.
- 9.** Staff supervision notes must always be signed by the supervising manager and the member of staff being supervised and both should retain a copy.
- 10.** Minutes and notes from any staff meetings should also be signed by staff and manager this includes all training and induction records.

15. Appendix 7

THE SAFEGUARDING LEAD/MANAGER SHOULD REVIEW ACTION TAKEN, AND:

- a. Clarify that the adult at risk is safe, that their views have been clearly sought and recorded and that they are aware what action will be taken.
- b. Check that issues of consent and mental capacity have been addressed.
- c. In the event that a person's wishes are being overridden, check that this is appropriate, and that the adult understands why.
- d. Make a referral to the Enfield Council Safeguarding Team if appropriate.
- e. Contact the MASH Team if a child or young person is also at risk.
- f. Ensure that all relevant information available to ECC, including details of other possible adults at risk, is passed to the appropriate team.
- g. Take any action in line with disciplinary procedures; including whether it is appropriate to suspend staff or move them to alternative duties.
- h. If a criminal offence has occurred or may occur, contact the Police force where the crime has / may occur.
- k. Preserve any forensic evidence and consider a referral to specialist services.
- l. Ensure that all information is documented on the central Safeguarding log and that all staff involved have followed the correct procedure.

What Happens Next?

The DSO's will usually lead on decision making. Where such support is unavailable, consultation with other members of the management team, or in the absence of the DSO's, the designated trustees may be approached. If these are unavailable, seek the advice of the Local Authority.

Staff should also act without the immediate authority of a line manager if:

- Discussion with the manager would involve delay in an apparently high-risk situation.
- The person has raised concerns with their manager and they have not taken appropriate action (whistleblowing).

Decisions need to consider all relevant information that is available, including the views of the adult in all circumstances where it is possible and safe to seek their views. If the adult does not want to pursue matters through safeguarding action, staff should be sure that the adult is fully aware of the consequences of their decisions, and that all options have been explored and that not proceeding further is consistent with legal duties.

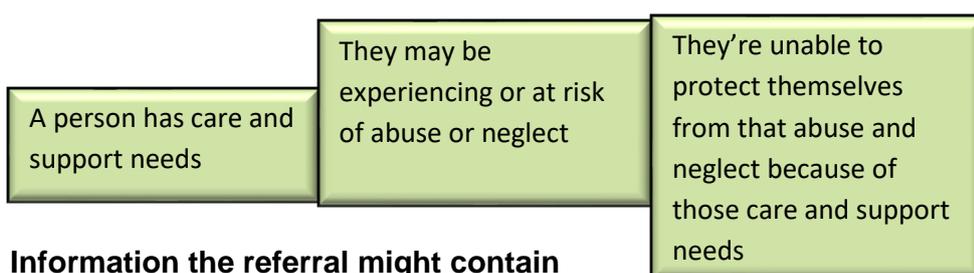
There may be some occasions when the adult at risk does not want to pursue a referral to the Local Authority. Where it is a personal matter and may cause family disharmony, wherever possible the adult at risk's wishes should be respected and other ways of ensuring the adult's safety explored. Where there is a potentially high -risk situation, staff should be vigilant of possible coercion and the emotional or psychological impact that the abuse may have had on the adult.

Dependant on the severity of the case, staff and managers may be required to give evidence and work in tandem with external agencies such as The Police or The Local Authority to assist with the investigation and be prepared to co -operate with the inquiry .

If appropriate the adult reporting their concern (s) will be offered additional info on other sources of assistance/support, e.g. Solace Women's Aid/Domestic Violence unit.

16. Referral to the Local Authority

If, on the basis of the information available, it appears that the following three steps are met a referral **must** be made to the Local Authority.



Information the referral might contain

- Demographic and contact details for the adult at risk, the person who raised the concern and for any other relevant individual, specifically carers and next of kin.
- Basic facts, focussing on whether the person has care and support needs including communication and on-going health needs.
- Factual details of what the concern is about; what, when, who, where.
- Immediate risks and action taken to address risk.
- Preferred method of communication.
- If reported as a crime - details of which police station/officer, crime reference number etc.
- Whether the adult at risk has any cognitive impairment which may impede their ability to protect themselves.
- Any information on the person alleged to have caused harm.
- Wishes and views of the adult at risk, in particular consent.
- Advocacy involvement (includes family/friends);
- Information from other relevant organisations for example, the Care Quality Commission.
- Any recent history (if known) about previous concerns of a similar nature or concerns raised about the same person, or someone within the same household.

Referral to the Local Authority contact Information:

Tel: 020 8379 3196 and E-mail TheMASHteam@enfield.gov.uk

Dedicated phone line which is available day or night: Tel: 020 8379 5212

To report abuse in Enfield from a textphone

Tel: 18001 020 8379 5212

Enfield Carers Centre (Designated Safeguarding Officers DSO's)

Pamela Burke – Chief Executive 0208 366 3677 Ext 301

Fiona Jones – Operational Director 0208 366 3677 Ext 303

Nominated Safeguarding Trustees

Tim Hellings – Chair c/o 0208 366 3677

Patience Wilson – Trustee c/o 0208 366 3677

Appendix 8: Additional Carers Information

Carers have a wealth of information and knowledge about the person that they support. As well as raising concerns, carers can support safeguarding enquiries by sharing information and are valued partners in such enquiries. Their views may hold the key to protecting people. If a carer speaks up about abuse or neglect, it is essential that they are listened to and appropriate enquiries made. Carers may identify and mitigate risk and act as advocates.

Where the adult at risk lacks capacity, carers may reasonably provide professionals with the outcome they consider the adult at risk would want, as they know the person's likes and dislikes, what relationships are important to them and what relationships they may find difficult. Consideration for the carer and adult in safeguarding plans, for example, family conferences that have their own dynamics need to take into account conflicting views as carers may not want the same outcome as the adult they are supporting.

Support

'If a carer experiences intentional or unintentional harm from the adult they are supporting, or if a carer unintentionally or intentionally harms or neglects the adult they support, consideration should be given to whether, as part of the assessment and support planning process for the carer and, or, the adult they care for, support can be provided that removes or mitigates the risk of abuse.' (Statutory Guidance 14.35).

One vehicle for assessing individual need is a carer's assessment which is distinct from a needs assessment. Safeguarding should always be at the forefront of assessments. ECC staff need to be candid with carers about the risks that a carer's assessment may identify for either preventing the need for safeguarding to them, or preventing the risk of the carer abusing the person that they are caring for.

Information and Advice

Carers need to know how they can find support and services available in their area, and be able to access advice, information. The Carers Centre provides carers with a safe environment where they can raise concerns and be confident that their concerns will be acted upon. It might be that people are unaware that the actions that they take could be perceived by others as abusive. For example, someone with a learning disability entitled to state benefits to meet their living expenses, and to have money as part of their access to leisure and other personal requirements may have this controlled by a family member.

Families, who view individual benefits as part of the family income, may not view their actions as abusive, but where the adult they are supporting has little or no choice about how their money is spent, this could be seen as financial abuse by others.

Where carers may have acted in a way that constitutes abuse staff should respond according to adult safeguarding procedures so that the adult is safeguarded appropriately. Whilst there may be mitigating circumstances to take into consideration the wellbeing and safety of the adult should be paramount.

Carers should have access to information and advice in a way that is meaningful to them and may themselves need care and support and need to know how they can access services.

APPENDIX 9

What is Abuse?

Abuse is a violation of an individual's human and civil rights by any other person or persons. It can happen anywhere that people interact with other people, in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.

The specific circumstances of each individual case will always be considered and so Enfield Carers Centre does not limit its view of what constitutes abuse. The table that follows identifies what forms of abuse are considered in The Care Act guidance documents.

TYPE OF ABUSE	DESCRIPTION OR SUPPORTING GUIDANCE
Disability hate crime	The Police monitor five strands of hate crime, Disability; Race; Religion; Sexual orientation; Transgender.
Discriminatory abuse	Discrimination on the grounds of race, faith or religion, age, disability, gender, sexual orientation and political views, along with racist, sexist, homophobic or ageist comments or jokes, or comments and jokes based on a person's disability or any other form of harassment, slur or similar treatment. Excluding a person from activities on the basis they are 'not liked' is also discriminatory abuse
Domestic abuse	This can encompass but is not limited to the following types of abuse: Psychological; Physical; Sexual; Financial; Emotional. Domestic Abuse includes controlling and coercive behaviour. The statutory definition of domestic abuse is set out in the Domestic Abuse Act 2021
Female genital mutilation (FGM)	The Female Genital Mutilation Act (2003) makes it illegal to practise FGM in the UK or to take girls who are British nationals or permanent residents of the UK abroad for FGM whether or not it is lawful in another country.
Financial or material abuse	Theft, fraud, internet scamming, postal and doorstep scams, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
Forced marriage	A marriage in which one or both of the parties are married without their consent or against their will. A forced marriage differs from an arranged marriage, in which both parties' consent to the assistance of a third party in identifying a spouse.

Honour-based violence	Will usually be a criminal offence and referring to the police must always be considered. It has or may have been committed when families feel that dishonour has been brought to them. Women are predominantly (but not exclusively) the victims, and the violence is often committed with a degree of collusion from family members and/or the community.
Human trafficking	This problem has a global reach covering a wide number of countries. It is run like a business with the supply of people and services to a customer, all for the purpose of making a profit. Traffickers exploit the social, cultural, or financial vulnerability of the victim and place huge financial and ethical obligations on them. They control almost every aspect of the victim's life, with little regard for the victim's welfare and health.
Modern Slavery	Modern slavery is the severe exploitation of other people for personal or commercial gain. Modern slavery is all around us, but often just out of sight. People can become entrapped making our clothes, serving our food, picking our crops, working in factories, or working in houses as cooks, cleaners, or nannies.
Mate crime	A 'mate crime' is 'when vulnerable people are befriended by members of the community who go on to exploit and take advantage of them. It may not be an illegal act but still has a negative effect on the individual.' Mate Crime is carried out by someone the adult knows and often happens in private.
Neglect and acts of omission	Ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, social care or educational services, and the withholding of the necessities of life such as medication, adequate nutrition and heating. Neglect also includes a failure to intervene in situations that are dangerous to the person concerned or to others, particularly when the person lacks the mental capacity to assess risk for themselves.
Organisational abuse	Is the mistreatment, abuse, or neglect of an adult by a regime or individuals in a setting or service where the adult lives or that they use. Such abuse violates the person's dignity and represents a lack of respect for their human rights.
Physical abuse	Assault, hitting, slapping, pushing, misuse of medication, restraint, or inappropriate physical sanctions.

Psychological abuse 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.

Restraint Unlawful or inappropriate use of restraint or physical interventions. In extreme circumstances unlawful or inappropriate use of restraint may constitute a criminal offence. Someone is using restraint if they use force, or threaten to use force, to make someone do something they are resisting, or where an adult's freedom of movement is restricted, whether they are resisting or not.

Restraint covers a wide range of actions. It includes the use of active or passive means to ensure that the person concerned does something, or does not do something they want to do, for example, the use of key pads to prevent people from going where they want from a closed environment.

Sexual abuse 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.

Sexual exploitation Involves exploitative situations, contexts and relationships where adults at risk (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. It affects men as well as women. People who are sexually exploited do not always perceive that they are being exploited.

Review Date: Sept 2021

Reviewed by: F Jones

Date Ratified by Board: 20th September 2021

Appendix - 10

