Safeguarding Adults at Risk

CCM is committed to creating a robust and effective safeguarding culture that embeds safeguarding in all our working practices and ensures our community feels...

Heard, safe, and valued

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For use by new placements yet to receive mandatory training, and as an aide memoire

SECTION 1: SUPPORTING ADULTS AT RISK POLICY

CCM's Safeguarding Mission, Vision and Values

Our mission is to safeguard and promote the health, wellbeing and rights of people affected by learning disability. We do this by creating a robust and effective safeguarding culture that embeds safeguarding in all our working practices. We are also committed to working in partnership to assess risk, prevent harm and report concerns appropriately and promptly.

Our vision is that all people affected by learning disability are seen and heard, and that they are respected and supported to participate in their communities safely, maximise their independence and fulfil their potential.

Our values:

- We work hard to create a welcoming atmosphere which meets individuals' social and emotional needs, values and nurtures everyone, and fosters a robust and effective safeguarding culture.
- We place our service users at the heart of our mission and our day-to-day practices.
- We listen to our community's worries, thoughts, wishes and opinions and address them in an environment of mutual respect.
- We actively promote self-awareness and recognition of group dynamics to avoid cliques and power differentials.
- We ensure that all our work and relationships are undertaken from a trauma informed perspective and an awareness of the challenging and adverse experiences of people affected by learning disability.
- We are open, honest and transparent in our work and actively seek and respond to feedback.
- We respect diversity and promote inclusion, equity and justice through our daily working practices and long-term development strategy.
- We develop, respect and value those who work with us as we strive for excellence in our services and practices.
- We work in partnership to empower people affected by learning disability to keep safe, recognise abuse and report concerns.

1 General Policy Statement

1.1 City of Chelmsford Mencap recognises that its first priority is to ensure the safety, well-being and protection of adults at risk in its direct care. This policy supports its discharge of this responsibility to protect the social and physical wellbeing of adults at risk and to promote their empowerment and welfare, through working practices in the organisation, in its partnership working and in its assurance framework. City of Chelmsford Mencap will fulfil this by supporting the following principles:

- Everyone has the right to live their life free from violence;
- All adults at risk have the right to be protected from harm and exploitation;
- All adults at risk have the right to independence that involves a degree of risk.

This policy sets out the responsibilities of all trustees, staff and volunteers in the recognition and prevention of abuse, and the actions to take when abuse is suspected or identified.

1.2 This policy and procedure must be used in conjunction with the Southend, Essex and Thurrock (SET) Safeguarding Adults Guidelines produced by the Essex Safeguarding Adults Board: https://www.essexsab.org.uk/guidance-policies-and-protocols

1.3 City of Chelmsford Mencap recognises that learning about or dealing with Safeguarding issues can cause distress, especially for those with past experience of abuse. Support will be offered by direct line managers (or trustees if appropriate), signposting offered and referrals made as required.

1.4 All staff have a responsibility to know and understand their responsibilities under the Mental Capacity Act (MCA) (2005) and Deprivation of Liberty Safeguards (DoLS) (2009) and apply the principles of this legislation to practice.

1.5 This policy endorses the six principles as issued by the Department of Health as follows:

- **Empowerment:** Presumption of person-led decisions and informed consent

- **Protection:** Support and representation for those in greatest need
- **Prevention:** It is better to take action before harm occurs
- **Proportionality:** Proportionate and least intrusive response appropriate to the risk presented
- **Partnership:** Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse
- **Accountability:** Accountability and transparency in delivering Safeguarding.

2. Rights and responsibilities

2.1 Every staff member and volunteer concerned about the wellbeing of an adult at risk to take appropriate action in line with the processes described in this document if they have any suspicion or evidence of abuse or neglect. **Ignoring abuse is not an option.**

2.2. People should be able to live as independently as possible and to make informed decisions about their own lifestyles, including the opportunity to take risks if they choose to do so, without fear of harm or abuse from others. It should be acknowledged that these decisions may be viewed as unsafe or unwise and must be heeded if a person has the capacity to make the specific decision. "A person is not to be treated as unable to make a decision merely because he makes an unwise decision" (MCA 2005).

3. Confidentiality

There are occasions when it will be necessary to share information with other agencies even without the permission of the alleged victim and these are as follows:

- If a criminal offence has occurred or is suspected
- If there is a significantly high risk to the individual
- If there are risks to children i.e. <18 yrs
- If there are risks to other adults

4. Definitions

Further definitions may be found in Section 2, and in the SET Safeguarding Adults Guidelines as agreed across Essex, May 2024.

4.1 Adult

Any person aged 18 years or over.

4.2 Adults at risk

By adults at risk we mean the definition in The Care Act 2014.
For further information see page 13.

4.3 Abuse

Abuse is a violation of an individual's human and civil rights by any other person or persons.

It may involve a single act or repeated act or omission. It may be physical, verbal, neglectful or psychological, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. It may occur within a personal or closed relationship where there is an expectation of trust, which causes harm to a vulnerable adult. (No Secrets, Department of Health 2000).

4.4 SET SAF 1

A SET SAF 1 form is the system used by City of Chelmsford Mencap to make a safeguarding referral in situations where alleged abuse has occurred or been reported. SET SAF is an abbreviation of the full title of Southend Essex Thurrock (SET) Safeguarding Adult Form (SAF). It is only necessary to have sufficient evidence that abuse may have occurred prior to completion of a SET SAF 1 and not necessary to have established if abuse has definitely taken place. The SET SAF 1 will initiate a full investigation into the concerns raised.

5.0 Safeguarding responsibilities within CCM

5.1 Board of trustees

The Chair of Trustees and/or trustee with responsibility for safeguarding is responsible for ensuring that all trustees of the Board are aware of and discharge their statutory responsibilities for safeguarding.

5.2 Staff

The Services Manager is the Designated Safeguarding Lead and is responsible for ensuring that receive appropriate training in Safeguarding Adults at Risk, and access to advice and support.

The Services Manager and Designated Safeguarding Lead is:
Grace Lidstone:
grace.lidstone@cityofchelmsfordmencap.co.uk
07910 339 099

5.3 Volunteers

The Services Manager and senior support staff are responsible for ensuring that volunteers have access to training in Safeguarding Adults at Risk, and are given advice, guidance and support as required.

5.4 All staff

Every member of staff and volunteer has a responsibility, regardless of grade or position, to take action if they become aware of Safeguarding concerns. This will include a duty to report actual or suspected abuse to a Senior Support Lead, or direct to the Services Manager if necessary; and the completion and submission of an Incident Reporting form and a SET SAF 1 form where appropriate, and notifying the Board of Trustees. **Or** as detailed in the next section (6.0), when required, the police.

6.0 CCM safeguarding adults procedures

How to report a safeguarding adult concern

Any member of staff working within the organisation who becomes aware of an allegation of abuse or actual abuse against an adult occurring outside the organisation *or* an allegation of abuse by a member of staff/volunteer must:

- Immediately raise these concerns with a Senior Support Lead (or direct to the Services Manager if necessary) and establish whether any further information is required: Documentation of facts, not opinion, is essential.

- In the event of a referral being required an Incident Reporting form and SET SAF 1 form will need to be completed. Since May 2024, the SET SAF 1 form needs to be completed via the electronic portal: https://www.essex.gov.uk/adult-social-care-and-health/report-concern-about-adult

- In all circumstances, the original SET SAF 1 must be kept on the Management drive and the Safeguarding concerns spreadsheet updated.

- For any safeguarding adult concerns raised by members of the public which may relate for example to a friend/neighbour/carer outside of City of Chelmsford Mencap - please refer them to the Essex Safeguarding Adults Board (ESAB) on 0345 603 7630.

If for any reason a member of staff cannot undertake these responsibilities, CCM's Whistle Blowing Policy provides an alternative route to raise concerns.

Is there a Person in a Position of Trust Involved?

In any instance of safeguarding, consideration must be given as to whether an allegation has been made against a person in a position of trust (PiPoT) and who may be a risk to others. This can be anyone from a formal employee or volunteer, to an informal carer. To raise a safeguarding concern about a person in a position of trust, please complete the Adult LADO Referral form and email it to adult.LADO@essex.gov.uk

In circumstances where the allegation is about a Senior Support Lead, the concern should be reported directly to the Services Manager. In circumstances where the allegation is about the Services Manager, the concern should be reported directly to the Safeguarding Lead Trustee.

In circumstances where a criminal offence is suspected/actual sexual or physical abuse, or an incident of domestic abuse where there is a perceived risk, the Police should be contacted **as a matter of urgency when that would warrant urgent forensic evidence (i.e. contact police before anyone else/before completing a SETSAF1 or Adult LADO referral form)**.

7.0 Record-keeping

7.1 All members of staff must keep accurate, contemporaneous records in accordance with the Record Keeping Policy.

7.2 Entries should provide factual information, timing of events and reasoning behind the decisions made.

7.3 All contact with the alleged victim in relation to the incident must be recorded in detail, noting exactly the words used.

7.4 Consultation with managers or others must be recorded, showing the date and time, and clearly indicating the reasoning behind the decisions made. When making contact with staff or other agencies, the nature of the questions asked and the information given should be recorded.

7.5 The original SET SAF 1 must be kept and detailed/recorded in the person's files.

8.0 Training and Supervision

8.1 All support staff within the organisation are required to complete mandatory training every two years in Level 2 Safeguarding Adults at Risk and PREVENT and courses on other specific safeguarding topics as deemed relevant to service delivery.

8.2 Senior support staff are required to complete bi-annual Level 3 Safeguarding Adults at Risk training.

8.3 Training in CCM's safeguarding policies and procedures is part of the organisation's staff induction procedures. New staff must complete safeguarding training within two weeks of commencing work.

8.4 Ongoing training is provided through daily briefings and debriefings attended by support staff.

8.5 CCM ensures everyone in direct work roles has regular supervision, that informal supervision opportunities are available but approached with the same rigour around recording and decision-making, and that lines of accountability are clear and effective. The supervision is designed to demonstrably improve the safety and welfare of service users, enhance staff skills, compliance and approach, and support staff with the emotional aftermath of working with trauma.

8.6 CCM is committed to educating and supporting its service users in how to keep themselves safe at home, online and in the community and how to exercise their rights, responsibilities, independence, choice and control in their daily lives. CCM does this through its lifelong learning service, its advocacy and community support service and workshops at its evening clubs.

8.7 CCM provides easy read leaflets and displays easy read information in its Centre to enable service users to understand safeguarding issues, their rights and how they can raise concerns.

9. Creating a safeguarding culture through working practices

CCM is committed to fostering a robust and effective safeguarding culture based on vigilance, communication and transparency. Our policies embed safeguarding in all our working practices and emphasise that safeguarding is everyone's responsibility. **Staff must fulfil the following working practices:**

9.1 Staff attend daily briefings and debriefings to share, discuss and record their observations of service users' health, wellbeing, mood, hygiene, engagement, social interactions, learning and demonstration of skills. Summaries are recorded in students' *Support and Learning Trackers*. Staff are also encouraged to report updates and concerns throughout the working day to ensure prompt action.

9.2 Unexpected absences by service users who travel independently are followed up by senior staff to ensure service users are safe. Carers will be contacted within 30 minutes of the session start time.

9.3 Throughout service hours, staff observations and incidents that provoke concern are acted upon by senior staff.

9.4 Senior staff liaise with carers/relatives, domiciliary care providers and statutory agencies to make enquiries, share concerns where appropriate and ensure service users receive the support they need.

9.5 Senior staff convene and/or attend multi-agency meetings (such as MARAC) as required.

9.6 CCM's culture of safeguarding is embedded and promoted with all stakeholders. We consistently work within the statutory guidance with a systemic and robust application of procedures. We are committed to working with external agencies including education, health and social

care partners to pursue the best support and outcomes for our service users. CCM recognises that a healthy safeguarding system has a culture of respectful, professional challenge both within and between organisations. All staff should feel able to challenge decision-making.

9.7 Staff are trained to develop their observation and communication skills, including awareness of group dynamics, power differentials and possible communication/sensory needs, and the use of alternative communication methods (e.g. Makaton) where appropriate. This includes effective communication with the different stakeholders, including service users, colleagues, professionals and in/formal carers. They are also expected to recognise and maintain professional boundaries, both with service users and families and with colleagues and professionals from other agencies.

9.8 There is a clear protocol for reporting concerns and a procedure for escalation of concern, with the Services Manager acting as Designated Safeguarding Lead, and senior management staff also trained to Level 3. Serious incidents are reported in line with the Charity Commission's guidelines.

9.9 Staff and volunteers adhere to CCM's *Confidentiality* policy, which is based on the Caldicott Principles. These state that using confidential information must be justified, for specific purposes, minimal, and on a need-to-know basis, while ensuring compliance with the law and the duty to share information in the best interests of service users.

9.10 Staff and volunteers adhere to CCM's *Social Media* policy, which states that staff and volunteers must not have contact with service users through social media platforms, and that all photos/videos taken of service users must be held securely on the CCM online system and deleted from devices after being uploaded.

9.11 Staff adhere to other policies associated with safeguarding, including *Intimate Care*, *Supporting Service Users with Finance*, and *GDPR*.

9.12 CCM's *Safe Recruitment* policy includes rigorous processes for the recruitment, onboarding and induction of staff and volunteers.

9.13 Staff and volunteers model safe behaviours at all times, including demonstrating respect, social skills and good communication. They base all interactions on the key principles of empathy, unconditional positive regard and congruence. Terms of endearment and physical contact with service users are kept to a minimum to ensure service users are treated

as adults and to model socially appropriate interactions and the right to consent.

9.14 Staff empower service users to exercise their individual choice, control and independence. They recognise beneficial risk and respect the right to make unwise decisions. Staff are trained to have a good understanding of the Mental Capacity Act and to be able to maximise and assess service users' capacity when required.

9.15 CCM's outreach work fosters an environment of safeguarding in the local community through advocating for all people affected by learning disability, identifying emerging needs in our population and promoting the abilities and achievements of people with a learning disability.

9.16 CCM is committed to ensuring the continued development of its safeguarding culture. To facilitate this, the Board of Trustees has a nominated Safeguarding Lead and trustees undertake *Safeguarding for Trustees* training upon appointment to the Board and every two years thereafter.

9.17 Safeguarding is a standing item on the agenda, with the Services Manager providing monthly updates on safeguarding issues among service users, and the Board's Safeguarding Lead compiling an annual update from external sources such as SCIE. The Board - working with the Services Manager - produce a Safeguarding Action Plan that is regularly reviewed and updated to ensure constant improvement in safeguarding practices.

SECTION 2: SUPPORTING INFORMATION

1. Definitions

1.1 Adults at risk

The Care Act 2014 uses the definition below. Within these guidelines we refer to people who fulfil this definition as "adults at risk".

The adult:

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

'Care and support' is the term used by the Care Act 2014 to describe the help some adults need to live as well as possible with any illness or disability they may have, which may include (but not limited to):

- Adults with care and support needs regardless of whether those needs are being met by the local authority
- Adults who don't have clearly identified needs, but who may still be vulnerable
- Adults who manage their own care and support through personal or health budgets
- Adults who fund their own care and support
- Children and young people in specific circumstances

Illnesses and types of disability include (but are not limited to):

- A mental health problem or mental illness (including dementia).
- A physical disability
- A sensory impairment
- A learning disability
- An acquired brain injury (ABI)
- Frailty and /or a temporary illness.

1.2 Disclosure

A disclosure occurs when the adult says or implies that they are being, have been, or are at risk of being abused or neglected. Disclosure may be direct, or may take the form of odd hints or veiled comments.

1.3 **Allegation**

An allegation is an assertion by the adult, or other person/s, that the adult is or has been a victim of abuse, and can include a statement regarding the alleged perpetrator.

1.4 **Concern**

A concern is a feeling of anxiety or worry that an adult may have been, is, or might be a victim of abuse. A concern may arise as a result of a disclosure, and incident, or other signs or indicators.

1.5 **Incident**

An occurrence or event that gives rise to a concern or allegation.

1.6 **Indicators**

An indicator is a sign, symptom or behaviour that should alert the person noting / observing it, that the adult may have been, is, or might be a victim of abuse.

1.7 **Significant harm**

Significant harm is defined as ill-treatment, (including sexual abuse and non-physical forms of ill-treatment); the impairment of, or an avoidable deterioration in physical or mental health and the impairment of physical, emotional, social or behavioural development. ("Who Decides" Lord Chancellor's Department 1997).

There are no absolute criteria to refer to when judging what constitutes significant harm. Consideration should be given to the severity of ill-treatment, which may include the degree and extent of the harm, the duration and frequency of abuse and neglect, the extent of the premeditation the susceptibility of the victim to be affected by the ill treatment, and the pressure or degree of threat or coercion. It is the adverse impact of the event on the individual(s) that has to be considered. Sometimes, a single traumatic event may constitute significant harm (e.g. assault). However, more often significant harm is a compilation of significant events that has an impact on the individual(s).

1.8 **A Perpetrator** is a person who abuses another person.

1.9 Mental capacity

Mental capacity is about empowering people in two different ways:

- Firstly, it is about not jumping to premature conclusions that a person lacks capacity. The practical assistance to help and understand and take decisions may come in various forms including various means of communication, timing, environment and reiteration (repeating things etc).

- When a person lacks capacity, the Mental Capacity Act (2005) states that the person must still be encouraged to participate in the decision and their past and present wishes taken into account. Although by definition, these wishes are not legally decisive (they do not have to be followed), nonetheless, they carry significant legal weight (Mental Capacity Act 2005, Section 1)

- A person lacks capacity if at the material time they are unable to make a decision for themselves in relation to a matter because of an impairment of, or a disturbance in, the functioning of the mind or brain.

- Evidence of capacity assessments must be documented on an MCA 2 form for all serious health decisions or a change of accommodation. If it is determined that a person lacks capacity then any decision taken on their behalf must be in line with their best interests (Mental Capacity Act 2005).

- Independent Mental Capacity Advocates (IMCA) should be appointed in order to support people who lack capacity and have no 'natural support', through the Safeguarding process.

1.10 Deprivation of Liberty Safeguards (DoLS)

A person may only be deprived of their liberty for the following reasons:

- in their own best interests to protect them from harm

- if it is a proportionate response to the likelihood and seriousness of the harm, **and**

- if there is no least restrictive alternative.

1.11 **Risk**

Risk is not, in itself, a safeguarding issue. Risks are hazards that could have a negative impact on an individual. Social Care has a strong focus on enabling adults to live independently by giving them a choice of services, such as individual budgets which enables them to take control of their life. This will inevitably involve a degree of risk, and whilst not all risk can be eliminated, it can be managed.

1.12 **Undue influence**

Undue influence occurs when –

The unduly influenced person has the mental capacity to make the decision in question but their will has been overborne not just by influence but by the undue influence of somebody else.

The person is influenced to enter into a transaction concerning a gift, or a will, in such a way that it is not of their own free will or that the person lacked capacity at the relevant time.

There are two types of undue influence –

(i) "Express", when there is evidence of coercion or undue pressure

(ii) "Presumed" when there is no such evidence but it has occurred when the relationship is of an unequal nature and one person is taking unfair advantage of another

2. Types of abuse and possible indicators

2.1 Abuse is a violation of individuals human and civil rights by other persons. Abuse may consist of single or repeated acts. It may be physical, verbal or psychological; it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial to sexual transaction to which he or she has not consented , or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subject to it.
(No Secrets, Department of Health 2000)

2.2 Abuse can take place in any setting; individual's private home, care home, hospital, day service, public transport, park, police station, college. This list is endless.

It is therefore, also important to recognise that abuse can consist of a single or repeated acts; that it can be intentional or unintentional or result from a lack of knowledge. Abuse can be an act of neglect or an omission or a failure to act. Abuse can cause temporary harm or exist over a period of time and can occur in any relationship. Abuse can be perpetrated by anyone, individually or as part of a group or organisation. Importantly, abuse can often constitute a crime.

Abuse is NOT an accident and nor is an accident abuse. For example, if someone who is usually able to drink independently is handed a cup of tea, which they then spill resulting in red marks to the top of their legs, then this would be an accident. Whereas, if a person who is known not to be able to drink independently with an adapted cup is handed a cup of tea in a standard cup and is left to try to drink it independently but subsequently spills it and sustains a scald then this may constitute negligence

2.3 Some forms of abuse are criminal offences, for example physical assault, sexual assault and rape, fraud, other forms of financial exploitation and certain forms of discrimination, whether on racial or gender grounds etc (DH and Home Office, 2000).

2.4 The list below outlines some of the types of abuse, it should be noted this list is by no means exhaustive:

Physical abuse	Assault, hitting, slapping, pushing, misuse of medication, restraint, inappropriate physical sanctions, unauthorised restraint, physical punishments, making someone purposefully uncomfortable, involuntary isolation and confinement.
Domestic violence	Physical or sexual abuse, violent or threatening behaviour, controlling or coercive behaviour, economic abuse, psychological, emotional or other abuse; so-called "honour" based violence and forced marriage. **See sections 3.4 – 3.7**
Sexual abuse	Rape, sexual assault, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, sexual acts to which the adult has not consented or was pressured into consenting.
Psychological	Emotional abuse, threats of harm or abandonment,

abuse	deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber-bullying, enforced social isolation, unreasonable and unjustified withdrawal of services or supportive networks.
Financial or material abuse	Theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits, misuse of power of attorney, rogue trading.
Modern slavery	Encompasses slavery, human trafficking, sex work, forced labour, sexual exploitation, debt bondage and domestic servitude. **See section 3.3**
Discriminatory abuse	Harassment, verbal abuse, denial of basic needs, unequal treatment based on age, race, gender and gender identity, married or civil partnership, pregnancy, disability, sex, sexual orientation or religion, listed as 'protected characteristics' under the Equality Act 2010
Neglect and acts of omission	Ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, withholding of the necessities of life, such as medication, adequate nutrition and heating.
Self-neglect (including hoarding)	A wide range of behaviour; neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. **See 2.5**
Organisational abuse	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 someone's own home.
Vulnerable to radicalisation	**See 3.8 'PREVENT and CHANNEL'**

2.5 Self-neglect, hoarding and self-harm/suicidal ideation

Self-neglect may or may not be a safeguarding issue, however agencies must assess concerns raised under their statutory duties; having

consideration for an individual's right to choose their lifestyle, balanced with their mental health or capacity to understand the consequences of their actions.

Once identified as a situation that cannot be managed through regular case management, high risk or self-neglect situations will be managed through the safeguarding process.

According to international classification of Diseases 11 (2018)2 hoarding disorder is characterised by:

• "Accumulation of possessions due to excessive acquisition of or difficulty discarding possessions, regardless of their actual value.
• Excessive acquisition is characterized by repetitive urges or behaviours related to amassing or buying items.
• Difficulty discarding possessions is characterized by a perceived need to save items and distress associated with discarding them.
• Accumulation of possessions results in living spaces becoming cluttered to the point that their use or safety is compromised.
• The symptoms result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning".

Hoarding disorder is distinct from the act of collecting and is also different from people whose property is generally cluttered or messy.

It is important to remember that over 90% of all people with hoarding behaviour have other mental health and physical health issues and therefore it is important to holistically assess social care and other needs.

Given the complex and diverse nature of self-neglect and hoarding, responses by a range of organisations are likely to be more effective than a single organisation response. SET's Hoarding Guidance provides further information.

Self-harm and suicidal ideation differ from Self Neglect and they are not listed as a type of abuse in the legislation. However, the Care and Support Statutory Guidance (DHSC, 2020, 14.16) is clear that the list of types of abuse/neglect in the Guidance is not exhaustive and in 14.17 that 'local authorities should not limit their view of what constitutes abuse or neglect, as they can take many forms and the circumstances of the individual case should always be considered'. There may be times when self-harm or suicidal ideation require a safeguarding response, and this will need to be decided on a case by case basis by the DSL. One key

consideration is whether abuse or neglect may be a factor in these circumstances. See for example the circumstances of Ms W set out in 14.164 of the Care and Support Statutory Guidance (DHSC, 2020). As in 6.0 (above) in the case of an immediate threat to life, the police should be immediately informed.

3. Forms of abuse requiring additional procedures

3.1 Hate crime

Hate crime is a term used to describe an offence committed against a person because of hate or prejudice. It affects such a range of people it is difficult to define but CCM describes it as, any incident, which may be a criminal offence, motivated by prejudice or hatred towards a particular social group because of their:

- Race, Colour, Ethnic origin and Nationality
- Religion and Faith
- Gender or Gender Identity
- Sexual Orientation
- Disability and Learning Difficulties
- Mental Health

Hate crimes can take many forms which can include:

- Physical attacks – physical assault, damage to property, offensive graffiti, neighbour disputes and arson
- Threat of attack or bullying – offensive letters, abusive telephone calls, malicious complaints
- Verbal insults or abusive gestures

3.2 Exploitation

Exploitation can be seen as taking advantage of a person in an unjust or unethical way for one's own gain, to the detriment of that person. For example, using someone's vulnerability in order to attain personal benefit at the expense of the person(s).

Exploitation includes 'Mate Crime' and 'Cuckooing':

Mate Crime is a form of hate crime and is defined as the exploitation, abuse or theft from any person at risk from those they consider to be their friends. Those that commit such abuse or theft are often referred

to as 'fake friends'. People with disabilities, particularly those with learning disabilities, are often the targets of this type of crime.

Types of Mate Crime:

- Theft/financial abuse - The abuser might demand or ask to be lent money and then not pay it back. The source of harm might misuse the property of the adult;
- Physical assault/abuse - The abuser might hurt or injure the adult;
- Harassment or emotional abuse - The abuser might manipulate, mislead and make the person feel worthless;
- Sexual assault/abuse - The abuser might harm or take advantage of the person sexually.

Cuckooing is the term used to describe the actions of gangs who travel to towns and take over the homes of people at risk in order to deal drugs Signs of cuckooing often include a rise in anti-social behaviour in places where cuckooing is taking place, including

- number of visitors to a property
- rubbish and litter nearby
- noise nuisance
- disturbances at the property

Alongside an increase in anti-social behaviour, the tenant is seen less often and in some cases is never seen alone.

3.3 Human trafficking / Modern slavery

Human trafficking / Modern slavery is defined as: All three of the following items must be present in order to meet the definition of trafficking, unless the person trafficked is under 18 years old, in which case only the ‘act’ and ‘purpose’ are required.

The Act (what is done): Recruitment, transportation, transfer, harbouring or receipt of persons.

The Means (how it is done): Threat or use of force, coercion, abduction, fraud, deception, abuse of power or vulnerability, or giving payments or benefits to a person in control of the victim.

The Purpose (why it is done): for the purpose of exploitation, this includes exploiting the prostitution of others, sexual exploitation, forced labour, slavery or similar practices and the removal of organs or body tissue.

3.4 Domestic violence and abuse

The definition of domestic abuse used by the Home Office and most agencies is:

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

- psychological
- physical
- sexual
- financial
- emotional

Controlling behaviour
Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour
Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

Domestic abuse is about the power and control of one person over another. The abuse can take many forms, but is sometimes classified under headings including:

- Making threats
- Intimidation
- Economic / financial abuse
- Using isolation
- Emotional abuse
- Taking domineering role in the partnership

- Using the children
- Minimising /denying own behaviour
- Physical / sexual violence

SET's Domestic Abuse Board website contains more information about domestic abuse including support and outreach services available in the local communities that are available locally.

MARAC (Multi Agency Risk Assessment Conference)

MARAC is a formal multi-agency meeting to consider and safety plan for the highest risk victims of domestic abuse, their children and vulnerable adults living in the household. The purpose of MARAC is for partners to attend and share relevant and proportionate information on those victims identified as being at a 'high' level of risk of serious harm or homicide and thereafter jointly constructing a management plan to provide professional support to all those at risk within the family.

3.5 Honour Based Abuse (HBA)

Forced Marriage Unit at the Home Office defines honour based violence in the following way:

"So-called honour based violence is a crime or incident, which has or may have been committed to protect or defend the honour of the family and/or community"

All practitioners working with victims of forced marriage and violence in the name of honour need to be aware of the "one chance" rule. That is, they may only have one chance to speak to the potential victim and thus they may only have one chance to save a life. This means that all practitioners working within statutory agencies needs to be aware of their responsibilities and obligations when they come across these cases. If the victim is allowed to walk out of the door without support being offered, that one chance might be wasted.

3.6 Forced marriage

The Home Office definition of forced marriage is:
'A marriage without the consent of one or both parties and where duress is a factor'.

The Court of Appeal clarified that duress is: '[when] the mind of the applicant has been overborne, howsoever that was caused'.

An arranged marriage is very different from a forced marriage. An arranged marriage is entered into freely by both people, although their families take a leading role in the choice of partner.

A forced marriage is where one or both people do not (or in some cases of people with learning or physical disabilities, cannot) consent to the marriage and pressure, coercion or abuse is used.

3.7 Female Genital Mutilation (FGM)

Female genital mutilation comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.

Female genital mutilation has no health benefits, and it harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue and interferes with the natural functions of girls' and women's bodies.

Procedures are mostly carried out on young girls sometime between infancy and adolescence, and occasionally on adult women.

Female genital mutilation has been a criminal offence in the UK since 1985. In 2003 it also became a criminal offence for UK nationals or permanent UK residents to take their child abroad to have female genital mutilation. Anyone found guilty of the offence faces a maximum penalty of 14 years in prison.

Regulated health and social care professionals and teachers in England and Wales must report ‘known’ cases of female genital mutilation in under 18s to the police.

3.8 PREVENT and CHANNEL

Individuals may be susceptible to exploitation into violent extremism by radicalists. Violent extremists often use persuasive rationale and charismatic individuals to attract people to their cause. The aim is to attract people to their reasoning, inspire new recruits and embed their extreme views and persuade vulnerable individuals of the legitimacy of their cause.

3.8.1 **PREVENT** is about safeguarding people and communities from the threat of terrorism and to stop people from becoming terrorists or supporting terrorism. The objectives of the strategy are to:

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

2. Prevent someone from being drawn into terrorism and ensure that they are given appropriate advice and support.

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

3.8.2 **CHANNEL** is a Home Office funded programme to utilise the existing partnership working and expertise between the police, local authority, other partner organisations and the local community in the form of a professional's panel to identify those at risk of being drawn into terrorism or violent extremism and to provide them with community-based safeguarding strategies and interventions. Prevent will address all forms of terrorism but continue to prioritise according to the threat posed to our national security. Guidance is available in SET's PREVENT policy and guidance.

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