

Safeguarding adults at risk policy

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Applies to:	All staff and volunteers				
Owner:	Joy Milliken	Approver:	Joy Milliken	Date reviewed:	March 2022
Reviewed by:	Clare Marks, Amanda Wilkins, Phil Edwards, Sarah Ireland				
Summary of changes:	Significant changes made to policy.				

Statement

St. Margaret's has a specific role and responsibility in relation to safeguarding and a duty to safeguard and promote the welfare of all adults at risk, with whom they have contact.

Safeguarding means protecting a person'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 (Care and Support Statutory Guidance DoH March 2016).

Although not all staff and volunteers have direct contact with adults within their role it is important that they have an understanding of safeguarding issues should a particular concern be brought to their attention and to be able to identify a person who is at risk of abuse and know how to respond accordingly.

The policy provides the information required to ensure staff and volunteers are alert to different forms of and indications of abuse and are able to take appropriate action to prevent it from occurring or reporting concerns. Any adult is potentially vulnerable if they need support from others to meet their basic human needs.

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Making a Safeguarding referral:

If you are worried about a vulnerable adult, then to do nothing is not an option.

Ensure you are aware of the safeguarding policy and procedures and discuss with the safeguarding lead, your line manager, or manager on call.

1. Contacts

Safeguarding@st-margarets-hospice.org.uk

Adult Social Care Tel: 03001 232 224 or email: adults@somerset.gov.uk

Out of office hours safeguarding people concerns can be discussed with the Somerset County Council Emergency Duty Team (EDT) on 01458 253241.

Somerset Safeguarding Adults Board: <http://ssab.safeguardingsomerset.org.uk/>

Somerset Domestic Abuse Service: [Somerset Survivors](#) or email: ParagonSIDAS@theyoutrust.org.uk

In an emergency always contact the police by dialling 999.

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2. Definitions

Adults

An adult at risk is someone who is aged 18 years or over who is or may be in need of care and support by reason of mental or other disability, age or illness.

The aims of adult safeguarding are to:

- Stop abuse or neglect wherever possible
- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
- Safeguard adults in a way that supports them in making choices and having control about how they want to live
- Promote an approach that concentrates on improving life for the adults concerned
- Raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect
- Provide information and support in accessible ways to help adults understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult
- Address what has caused the abuse.

Categories of abuse (*see Appendix 1*)

The DoH Care Act (2014) statutory guidance lists 10 types of abuse, but states that local authorities should not limit their view of what constitutes abuse or neglect to those types, or the different circumstances in which they can take place. These are:

- Physical abuse
- Domestic abuse
- Sexual abuse
- Psychological/emotional abuse
- Financial or material abuse
- Modern slavery
- Discriminatory abuse
- Organisational or institutional abuse
- Neglect and acts of omission
- Self-neglect

This is not an exhaustive list but a guide to the sort of behaviour which could give rise to a safeguarding concern, as set out in the Care and Support Statutory Guidance document (DoH 2016).

Appendix 1 provides a definition of each type of abuse.

Related hospice documents

- [Whistleblowing policy](#)
- [Complaints and concerns policy](#) and [Complaints and concerns procedure](#)
- [Consent policy](#) and [Consent procedure](#)
- [Data Protection Policy](#)
- [Safeguarding adults at risk procedure](#)
- [Safeguarding adults at risk assessment form \(non-patient\)](#)
- [Social Media Policy](#)
- [DoLS policy.docx](#)

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3. Responsibility/Accountability

Head of Human Resources	<ul style="list-style-type: none"> • Ensure relevant post holders and volunteers new to the organisation are checked through the Disclosure and Barring Service (DBS) process in line with employment policies • Ensure that where staff members are implicated as alleged perpetrators of abuse that correct disciplinary procedures and reporting processes are followed
Safeguarding Lead	<ul style="list-style-type: none"> • Keep updated with legislative and local/national policy changes or developments in relation to safeguarding • Ensure all staff and volunteers undertake relevant safeguarding training • Keep careful confidential notes of the concern, including all that has happened, date, times and what was said by whom. This information may be needed later • Undertake an initial investigation to establish facts • Refer to Adult Social Care without delay if there are concerns regarding the safety and wellbeing of an adult at risk • Ensure CQC informed appropriately of any safeguarding concerns raised.
Education	<ul style="list-style-type: none"> • Ensure relevant training is available and completion monitored • Ensure staff and volunteers undertake relevant safeguarding training as part of the induction programme and in line with the mandatory and statutory training policy • Ensure on-going training and access to operational guidelines are available to support staff in practice
Line Managers	<ul style="list-style-type: none"> • Ensure staff attend relevant mandatory training sessions and are released from duties to do so • Use supervision and appraisal meetings to ensure staff attend and understand the training offered in relation to safeguarding • Inform the education team of further development and training needs of staff with regard to safeguarding • Ensure staff understand issues of consent and confidentiality and recognise the principle of sharing information on a 'need to know basis' only • Ensure concerns raised are reported to the safeguarding lead or most senior member of staff
All Staff and volunteers	<ul style="list-style-type: none"> • Attend training provided • Read and understand the policy and discuss with the line manager or a senior manager if they do not understand what is expected of them • Follow the safeguarding procedure and raise <u>any</u> suspicion or concern about safeguarding with the line manager or the most senior member of staff on duty/ manager on call and the safeguarding lead. Maintain a professional curiosity where there is any level of concern • <u>Not to</u> undertake an investigation. All incidents of suspected or actual harm of vulnerable adults must be reported to Adult Social Care/Children's Social Care to investigate. This is with the agreement of the safeguarding lead or most senior manager on duty. • Keep careful confidential notes of the concern, including all that has happened, date, times and what was said by whom. This information may be needed later. • Ensure that any actions and plan are documented on Crosscare contemporaneously

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4. Compliance with statutory requirements

CQC KLOE:

S3: Are there reliable systems, processes and practices in place to keep people safe and to safeguard them from abuse and neglect?

E6: Is people's consent to care and treatment always sought in line with legislation and guidance?

Safeguarding Adults – Multi agency policy (June 2019):

[Joint Safeguarding Adults Policy FINAL June 2016 \(safeguardingsomerset.org.uk\)](https://www.safeguardingsomerset.org.uk)

Charity Commission

Care Quality Commission

5. Scope

Risk occurs as a result of abuse, threat of violence, exploitation, or when there is some significant and avoidable lack of care and support. The aim is to create a framework of procedures for reducing risk of abuse and dealing with incidents of abuse.

The Care Act 2014 sets out the local authority's responsibility for protecting adults with care and support needs from abuse or neglect. The Care and Support Statutory Guidance (revised March 2016) Chapter 14 "Safeguarding" replaces the previous statutory guidance relating to adult safeguarding ("No Secrets" Department of Health 2000). The Care Act 2014 is vital to ensure clear accountability, roles and responsibilities for helping and protecting adults with care and support needs who are experiencing, or at risk of, abuse or neglect as a result of those needs.

Local authorities are given a lead role in coordinating local safeguarding activity and St Margaret's Hospice has a legal and moral duty to work in partnership with other agencies in safeguarding adults at risk.

The Act sets out a clear legal framework for how local authorities and other parts of the system (including health providers) should protect adults at risk of abuse or neglect.

The following six key principles, as set out in many national Safeguarding Adults documents - most recently the Care and Support Statutory Guidance (2014), must underpin all adult safeguarding work:

- **Empowerment** – People being supported and encouraged to make their own decisions and informed consent.
- **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. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- **Accountability** – Accountability and transparency in delivering safeguarding.

Adults at Risk

An adult at risk may be unable to take care of themselves or protect themselves from significant harm or serious exploitation. A person with capacity may also be at risk. A person's vulnerability depends on their circumstances and environment and each case must be considered individually.

Potential abusers

Anybody can abuse. Mutually abusive relationships involving two or more adults also exist. The abuser is frequently, but not always, known to the adult they abuse and can include spouses/partners, other family

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members, neighbours or friends, acquaintances, paid staff or professionals, volunteers and strangers, or people who deliberately exploit adults they perceive as vulnerable to abuse. This can include staff members

Abuse can happen anywhere and, in any setting, including those in which care is being delivered.

6. Somerset Multi-agency Risk Threshold Tool

The Somerset Safeguarding Adults – Multi agency policy (June 2019) clearly describes the risk settings, reasons abuse can occur, and other factors that influence abuse and neglect occurring. It set out the aims of making safeguarding personal, ensuring a person led and outcome focus.

The full updated (2019) Somerset multi-agency policy can be found on the link below:

[Joint Safeguarding Adults Policy FINAL \(safeguardingsomerset.org.uk\)](https://safeguardingsomerset.org.uk)

Reporting Concerns

Staff and volunteers have a duty to report any allegation or suspicions of abuse, current or historical and should follow the [Safeguarding adults at risk procedure](#)

This may include concerns regarding care within the hospice, in the patient's home or other institutions that have become apparent during the course of assessment or during conversations with outside contacts such as family, carers or the primary health care team.

Accurate and full documentation must take place in a contemporaneous manner, avoiding the use of abbreviations.

The Adults safeguarding Risk Decision Making Tool (2019) from the Somerset Safeguarding Adults Board should be referred to for guidance: [Microsoft Word - Draft SSAB Risk Threshold Tool](#)

Where abuse, current or historical, has been alleged or is suspected, St Margaret's safeguarding lead or most senior member of staff must be notified and will identify who will report to Adult Social Care/Children's Social Care after an initial investigation to collect the facts. Initial contact may be by telephone but must be followed up by encrypted email or in writing within two working days. Where there is doubt regarding the capacity of a vulnerable adult, please refer to the [Consent policy](#) and [Consent procedure](#).

Where intervention by an agency is not required, the situation is monitored by staff with regular assessments of patient and contact with the family and others involved in the care of the patient, if appropriate and reported to the safeguarding lead. All information must be appropriately documented on the Crosscare safeguarding risk assessment window with an update on actions put in place and other agencies involved.

There is a legal requirement for all allegations of abuse to be reported to the Care Quality Commission by means of a statutory notification under Outcome 20 (Regulation 18).

7. Consent

The Care and Support Statutory Guidance advises that the first priority in safeguarding should always be the safety and well-being of the adult. Making Safeguarding Personal is a person-centred approach which encourages adults to make their own decisions and be provided with support and information that empowers them to do so. The approach recognises that adults have a general right to independence,

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choice and self-determination including control over information about themselves. Staff should strive to deliver effective safeguarding consistently within these principles.

It is essential in adult safeguarding to consider whether the adult is capable of giving consent in all aspects of their lives. If they are able, their consent should be sought.

Adults may not give their consent to the sharing of safeguarding information for a number of reasons. For example, they may be unduly influenced, coerced or intimidated by another person, they may be fearful of reprisals, they may fear losing control, they may lack trust in statutory services, or fear their relationship with the abuser will be damaged.

Reassurance and appropriate support can help to change their view on whether it is best to share information, and staff should consider the following approaches:

- Explore the reasons for the adult's objections – what are they concerned about;
- Explore the concern and why you think it is important the information is shared;
- Tell the adult with whom you may be sharing the information with and why;
- Explain the benefits, to them or others, of sharing information – could they access better help and support;
- Discuss the consequences of not sharing the information – could someone come to harm;
- Reassure them that the information will not be shared with anyone who does not need to know;
- Reassure them that they are not alone and that support is available to them.

If, after this, the adult refuses intervention to support them with a safeguarding concern, or requests that information about them is not shared with other safeguarding partners, in general their wishes should be respected. However, there are a number of circumstances where staff can reasonably override such a decision, including:

- Whether the adult has the mental capacity to make that decision – this must be properly explored and recorded in line with the Mental Capacity Act;
- Emergency or life-threatening situations may warrant the sharing of relevant information with the emergency services without consent;
- If there is an aspect of public interest (e.g. not acting will put other adults or children at risk);
- Sharing the information could prevent a serious crime;
- If there is a duty of care on a particular agency to intervene (e.g. the police if a crime has been/may be committed);
- The risk is unreasonably high;
- Staff are implicated;
- There is a court order or other legal authority for taking action without consent.

It is important to keep a careful record of the decision-making process and what, if any, information was shared in such situations. Staff should seek advice from managers in line with their organisation's policy before overriding the adult's decision, except in emergencies. Managers should make decisions based on whether there is an overriding reason which makes it necessary to take action without consent, and whether so is proportionate because there is no less intrusive way of ensuring safety. Legal advice should be sought where appropriate. If the decision is to take action without the adult's consent, then unless it is unsafe to do so, the adult should be informed that this is being done and of the reasons why.

If none of the above apply and a decision is taken not to share safeguarding information with other safeguarding partners, or not to intervene to safeguard the adult:

- Support the adult to weigh up the risks and benefits of different options;

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- Ensure that they are aware of the level of risk and possible outcomes;
- Offer to arrange for them to have an advocate;
- Offer support for them to build confidence and self-esteem, if necessary;
- Agree on and record the level of risk the adult is taking;
- Record the reasons for not intervening or sharing information;
- Regularly review the situation;
- Seek to build trust to enable the adult to better protect themselves.

Staff should also be alert to the potential abuse of an adult at risk by an attorney or deputy. If staff have concerns about the actions of an attorney acting under a registered Enduring Power of Attorney (EPA) or Lasting Power of Attorney (LPA), or a Deputy appointed by the Court of Protection, they should contact the ASC Safeguarding team and follow the [Safeguarding adults at risk procedure](#).

8. Mental Capacity and Safeguarding

The presumption in the Mental Capacity Act 2005 (MCA) is that adults have the mental capacity to make informed choices about their own safety and how they live their lives.

Issues of mental capacity and the ability to give informed consent are central to decisions and actions in adult safeguarding. All interventions need to take into account the ability of adults to make informed choices about how they wish to live their lives and the risks they are wanting to take. This includes their ability to understand the implications of their situation and to take action themselves to prevent abuse, and to participate fully in decision-making about interventions.

The MCA provides a statutory framework to empower and protect people who may lack capacity to make decisions for themselves and establishes a framework for making decisions on their behalf. It applies to anyone over 16 who is unable to make some or all decisions for themselves. All decisions taken in the adult safeguarding process must comply with the Act. It is essential that in any level of safeguarding enquiry the mental capacity of those involved is clarified at the outset.

The MCA outlines five statutory principles that underpin the work with adult who may lack mental capacity:

1. A person must be presumed to have capacity unless it is established that they lack capacity;
2. A person is not to be treated as unable to make a decision unless all practicable steps to help them do so have been taken without success;
3. A person is not to be treated as unable to make a decision merely because they make an unwise decision;
4. An act done, or decision made, under the Act for or on behalf of a person who lacks capacity must be done, or made, in their best interests;
5. Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

Learning from Safeguarding Adults Reviews continues to reveal that staff working with adults who lack mental capacity are not fully complying with the principles of the act. The majority of adults requiring additional safeguards are likely to be people who lack the mental capacity to make decisions about their care and support needs.

It is always important to establish the mental capacity of an adult who is at risk of abuse or neglect should there be concerns over their ability to give informed consent to:

- Planned interventions and decisions about their safety;

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- Their safeguarding plan and how risks are to be managed to prevent future harm.

The MCA says that ‘...a person lacks capacity in relation to a matter if at the material time he/she is unable to make a decision for him/herself in relation to the matter because of an impairment of, or disturbance in the functioning of the mind or brain. Further a person is unable to make a decision if they are unable to:

- Understand the information relevant to the decision;
- Retain that information long enough for them to make the decision, or
- Use or weigh that information as part of the process of making the decision, or
- Communicate that decision (whether by talking, using sign language or by any other means such as muscle movements, blinking an eye or squeezing a hand). ‘

Where there are disputes about a person’s mental capacity or the best interests of an adult deemed to be at risk, and these cannot be resolved locally, legal advice should be sought about whether an application to the Court of Protection is required.

If a person has capacity but is deemed to not be able to make, informed decisions because of high levels of coercion and control and are deemed to be at high levels of harm that consideration should be given to the inherent jurisdiction of the Court of Protection.

9. Deprivation of Liberty Safeguards (DoLS) and Safeguarding

Staff need to consider whether DoLS applies to patients they care for. DoLS applies when a patient has a mental disorder, is 18 years or over and does not have the capacity to make decisions. It is possible for a deprivation of liberty to occur in a domestic setting, where neither the DoLS nor The Mental Health Act may apply. Please refer to the DoLS policy: [DoLS policy](#).

10. Domestic Abuse and Safeguarding

Staff have a duty to ensure the safety of anyone suspected of experiencing domestic abuse. Staff must ensure they undertake specific risk assessments and make appropriate referrals. For further advice and guidance staff should contact the SCC Safeguarding Team on tel: 03001 232 224.

Domestic abuse typically involves:

- Controlling, coercive or threatening behaviour
- Violence
- Physical, sexual, financial or emotional abuse of adults over 16 years old who are, or have been, intimate partners or family members.

It can happen to anyone of any age, gender, ethnicity or sexuality.

The procedural steps to follow if there is a concern regarding domestic abuse are set out below:

Contact Somerset Domestic Abuse Service via secure email: ParagonSIDAS@theyoutrust.org.uk

Step 1: Identify

- Injuries without explanation, concealed or minimised by client
- A partner who is unwilling to allow a client to be alone with professionals
- A patient or client who appears passive and dominated by their partner
- Change in behaviour, for example appearing anxious

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Step 2: Ask

If you have a concern, always try to find out more from the person themselves. Make sure the person you are concerned about is on their own. If you are talking through an interpreter, make sure they are independent of the family and the community.

Ways to start the conversation:

- Are you happy?
- How are things in your relationship?
- Is anybody hurting you? *Don't refer to 'partner' as it could be someone else*
- Are you or your children scared or upset?

Step 3: Act

If the situation is urgent, visible injury is evident or children are at risk, phone 999 or Somerset County Council's Children's Services (0300 123 2224)

Always complete the [Domestic Abuse Risk Assessment \(DASH\)](#) even if the victim is not in immediate danger to help inform your decision and determine escalation routes. **If the DASH scores 14 points or more this is considered high risk and should be referred for a Multi-Agency Risk Assessment Conference (MARAC).** If a lower score is reached, professional judgement may be applied by speaking directly to the Somerset Integrated Domestic Abuse Service who will consider the referral. Discuss with your MARAC representative for more support. Ensure the victim knows about sources of help and support that are available.

Key points to remember

- Risk Assess: Complete a [Domestic Abuse Risk Assessment \(DASH\)](#)
- Think Family – be mindful of any other factors that impact on the individual and/or their families
- Never advise the person to leave their home or relationship
- Use your professional judgement – if you sense something is wrong, you should act on it
- Use everyday language
- Note what has been said to you, including the time, date and injuries

See Appendix 3 for Referral pathway to Somerset Domestic Abuse Service

Contact Somerset Domestic Abuse Service via secure email: ParagonSIDAS@theyoutrust.org.uk

11. Prevent and Channel

Prevent is the multi-agency set of arrangements aimed at preventing individuals and groups from engaging in violent extremism.

The Channel Panel is the multi-agency mechanism that oversees and co-ordinates Prevent interventions in Somerset. The Panel has a statutory basis under the terms of the Counter Terrorism and Security Act 2015.

The **Somerset PREVENT / CHANNEL procedure** for reporting a concern of a vulnerable adult at risk of becoming radicalised or engaging in violent extremism

[Amended-Prevent-and-Channel-Referral-Guide.pdf \(safeguardingsomerset.org.uk\)](#)

Multi-Agency Public Protection Arrangements (MAPPA) and Safeguarding

MAPPA is designed to ensure that there is a co-ordinated approach to the management of dangerous offenders and sexual offence offenders. For further advice and guidance staff should contact the SCC Safeguarding Team adults@somerset.gov.uk

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Whole Service Concerns

This relates to care settings where there are safeguarding concerns for more than one individual. Whole Service Concerns are managed by Somerset County Council Safeguarding Team. For Whole Service Concerns please contact the SCC Safeguarding Adults Lead.

12. Training requirements

It is mandatory for all staff to undertake safeguarding adult training on induction and then annually. Senior clinical staff (line managers, leads and heads of clinical services) to undertake level 3 adult safeguarding training as per intercollegiate recommendations.

Staff are encouraged to access the monthly safeguarding supervision, provided to St Margaret's by Safeguarding team within Somerset FT.

References

1. Safeguarding Vulnerable Groups Act 2006
2. Department of Health –Care Act 2014 -
<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>
3. Department of Health Care and Support Statutory Guidance March 2016
4. [DoLS policy](#)
5. Prevent Duty Guidance England and Wales
<https://www.gov.uk/government/publications/prevent-duty-guidance>
6. <https://www.proceduresonline.com/swcpp/somerset/index.html>
7. [Statement on the CQCs roles and responsibilities in safeguarding children and adults 2015](#)

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Appendix 1: Categories of abuse

Physical abuse – including assault, hitting, slapping, pushing, misuse of medication restraint or inappropriate physical sanctions.

Domestic abuse – HM Government definition of domestic abuse (March 2013) which is: “A incident or pattern of incidents of controlling, coercive or 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 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 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.”

This definition includes so called ‘honour’ based violence, female genital mutilation (FGM) and forced marriage (see 4.14 and 4.15 for further information) and is clear that victims are not confined to one gender or ethnic group.

The Serious Crime Act 2015 creates a new offence of controlling or coercive behaviour in intimate or familial relationships (section 76). The offence carries a maximum sentence of 5 years’ imprisonment, a fine or both.

The Adoption and Children Act 2002 extended the definition of significant harm to include ‘impairment suffered from seeing or hearing the ill-treatment of another’. This recognises the fact that witnessing domestic violence can have serious implications for children’s development. Therefore, staff must consider the wider impact of domestic abuse within a family setting and refer accordingly

Sexual abuse – including 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 and relationships where people receive ‘something’ (e.g. accommodation, alcohol, affection, money) as a result of them performing, or others performing on them, sexual activities. Key features include coercion and control, disclosures and retractions.

Psychological abuse – including 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.

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

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

Discriminatory abuse – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.

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

Neglect and acts of omission – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating

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.

Further information regarding types of abuse and possible indicators can be found using the following link: <http://www.scie.org.uk/publications/ataglance/69-adults-safeguarding-types-and-indicators-of-abuse.asp>

Hate Crime

A hate crime is any criminal offence that is motivated by hostility or prejudice based upon the victim's:

- disability
- race
- religion or belief
- sexual orientation
- transgender identity

Hate crime can take many forms including:

- physical attacks such as physical assault, damage to property, offensive graffiti and arson
- threat of attack including offensive letters, e-mails, abusive or obscene
- verbal abuse, insults or harassment, taunting, offensive leaflets and posters, abusive gestures, dumping of rubbish outside homes or through letterboxes, and bullying at school or in the workplace
- the use of electronic media to abuse, insult, taunt or harass

Forced marriage

Forced marriage is a term used to describe 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 their parents or a third party in identifying a spouse.

In a situation where there is concern that an adult at risk is being forced into a marriage they do not or cannot consent to, there will be an overlap between action taken under the forced marriage provisions and the Safeguarding Adults process. In this case action will be co-ordinated with the police and other relevant organisations.

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This scenario must always be discussed with the Safeguarding service. The police must also always be contacted in such cases as urgent action may need to be taken.

Female Genital Mutilation (FGM)

FGM is a procedure where the female genital organs are injured or changed and there is no medical reason for this. It is frequently a very traumatic and violent act for the victim and can cause harm in many ways. The practice can cause severe pain and there may be immediate and/or long-term health consequences, including mental health problems, difficulties in childbirth, causing danger to the child and mother, and/or death.

FGM is a criminal offence – it is child abuse and a form of violence against women and girls and should be treated as such. It is illegal in England and Wales under the Female Genital Mutilation Act 2003. As amended by the Serious Crime Act 2015, the Female Genital Mutilation Act 2003 now includes:

- An offence of failing to protect a girl from the risk of FGM
- Extra-territorial jurisdiction over offences of FGM committed abroad by UK nationals and those habitually (as well as permanently) resident in the UK
- Lifelong anonymity for victims of FGM
- FGM Protection Orders which can be used to protect girls at risk, and
- A mandatory reporting duty which requires specified professionals to report known cases of FGM in under 18s to the police.

All cases of identified FGM should be reported to the Somerset Safeguarding service who will provide advice, guidance and signposting to relevant specific support agencies. This information will also need to be reported to the police.

PREVENT – Preventing radicalisation to extremism

The Prevent strategy forms part of the UK's [Counter Terrorism and Security Act \(2015\)](#).

The Government's revised *Prevent* strategy was launched in June 2011 with its key objectives being to challenge the ideology that supports terrorism and those who promote it, *prevent* people from being drawn into terrorism, and work with 'specified authorities' where there may be risks of radicalisation.

<https://www.gov.uk/government/publications/prevent-duty-guidance>

The scope of the *Prevent* Duty covers terrorism and terrorist related activities, including domestic extremism and non-violent extremism. The aim is to work with partner agencies, primarily the police, to divert people away from what could be considered to be linked to terrorist activity.

Prevent defines extremism as: *“vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces”*

Radicalisation is defined by the UK Government within this context as *“the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.”*

Channel is a multi-agency programme which provides support to individuals who are at risk of being drawn into terrorism. Channel provides a mechanism at an early stage, for assessing and supporting people who may be targeted / or radicalised by violent extremists.

All Prevent related issues should be discussed with the Safeguarding lead and the procedure attached followed:

<http://ssab.safeguardingsomerset.org.uk/wp-content/uploads/2016/03/Amended-Prevent-and-Channel-Referral-Guide.pdf>

Safeguarding adults at risk policy

Criminal Exploitation (including Cuckooing)

Criminal exploitation of children and vulnerable adults is a geographically widespread form of harm that is a typical feature of county lines activity. It is a harm which is relatively little known about or recognised by those best placed to spot its potential victims.

County lines is the police term for urban gangs supplying drugs to suburban areas and market and coastal towns using dedicated mobile phone lines or “deal lines”. It involves child criminal exploitation (CCE) as gangs use children and vulnerable people to move drugs and money. Gangs establish a base in the market location, typically by taking over the homes of local vulnerable adults by force or coercion in a practice referred to as ‘cuckooing’.

County lines is a major, cross-cutting issue involving drugs, violence, gangs, safeguarding, criminal and sexual exploitation, modern slavery, and missing persons; and the response to tackle it involves the police, the National Crime Agency, a wide range of Government departments, local government agencies and VCS (voluntary and community sector) organisations. County lines activity and the associated violence, drug dealing and exploitation has a devastating impact on young people, vulnerable adults and local communities.

Like other forms of abuse and exploitation, county lines exploitation:

- can affect any child or young person (male or female) under the age of 18 years
- can affect any vulnerable adult over the age of 18 years;
- can still be exploitation even if the activity appears consensual;
- can involve force and/or enticement-based methods of compliance and is often accompanied by violence or threats of violence;
- can be perpetrated by individuals or groups, males or females, and young people or adults; and
- is typified by some form of power imbalance in favour of those perpetrating the exploitation.

Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, cognitive ability, physical strength, status, and access to economic or other resources. One of the key factors found in most cases of county lines exploitation is the presence of some form of exchange (e.g. carrying drugs in return for something). Where it is the victim who is offered, promised or given something they need or want, the exchange can include both tangible (such as money, drugs or clothes) and intangible rewards (such as status, protection or perceived friendship or affection).

It is important to remember the unequal power dynamic within which this exchange occurs and to remember that the receipt of something by a young person or vulnerable adult does not make them any less of a victim.

It is also important to note that the prevention of something negative can also fulfil the requirement for exchange, for example a young person who engages in county lines activity to stop someone carrying out a threat to harm his/her family.

For further information refer to Home Office guidance on the Criminal exploitation of children and vulnerable adults (update Feb 2020):

<https://www.gov.uk/government/publications/criminal-exploitation-of-children-and-vulnerable-adults-county-lines>

Safeguarding adults at risk policy

Appendix 2: Adult Safeguarding Risk Decision Making Tool
[Microsoft Word - Draft SSAB Risk Threshold Tool \(safeguardingsomerset.org.uk\)](https://safeguardingsomerset.org.uk)

Appendix 3: Referral pathway to Somerset Domestic Abuse Service

