

## SAFEGUARDING AND PROTECTION FROM ABUSE (ADULTS)

If you require assistance in order to read or understand this policy, please let your manager or HR know as translation, interpretation, Braille or a signing service can be made available.

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Approved by:	Performance Committee		
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### Change History

Version	Issue Date	Originator/Modifier	Reason for Change
1	09.11.21	Angelo Fernandes	Annual Review
2	09.11.22	Louise Packer	Revision to include clarity on roles and responsibilities, process and authority contact details
3			
4			

### Contents

	Pg.
1. Policy Statement, Aims and Scope	2
2. Roles and Responsibilities	3
3. Principles	3
4. Definitions	5
5. Process	7
6. Staff Conduct and Training	12
7. Compliance	13
8. Other Legislation and Guidance	14
9. Review	15
10 Appendices	
• 10.1 Definitions of Abuse	15
• 10.2 New Contactor Checklist	21

## **SAFEGUARDING AND PROTECTION FROM ABUSE (ADULTS)**

### **1. Policy Statement, Aims and Scope**

#### **This policy applies to anyone who has reached their 18th birthday**

Response's mission is to enable people with mental health problems and complex needs to live their lives to the fullest extent. Response is therefore committed to safeguarding the welfare of adults who utilise or visit its services and to ensure seamless working in partnership to protect adults at risk from abuse. Response has a legal responsibility to prevent adults from abuse, harm or neglect (including self-neglect) and to act positively to report concerns. We will take all reasonable steps to prevent harm, to protect people and to respond appropriately when harm does occur.

Response is committed to providing a service delivery environment which is free from abuse. Response will therefore:

- Provide a setting where adults with care and support needs feel listened to, safe, secure, valued and respected
- Appoint a Designated Safeguarding Lead and ensure a clear line of accountability with regards to safeguarding concerns
- Ensure all those in a position of trust have been provided with up to date and relevant information, training, support and supervision to enable them to fulfil their role and responsibilities in relation to safeguarding
- Provide a clear procedure to follow when safeguarding concerns arise. All new staff will sign to confirm they have read the procedure as part of their induction.
- Ensure effective and appropriate communication between all individuals in a position of trust
- Build strong partnerships with other agencies to promote effective and appropriate multi-agency working, information sharing and good practice.
- Raise all safeguarding concerns with the relevant Local Authority, Social Care and Safeguarding Team within your Area
- Maintain a log, detailing investigations and outcomes and action taken, which is reviewed by trustees and senior managers quarterly
- The Performance Committee will review both the policy itself and the effectiveness of the policy on an annual basis.
- Assess the full range of risks faced and minimise those risks
- Undertake checks on all staff and volunteers as per the Recruitment Selection and Appointment Policy at the recruitment stage, including professional references and the Disclosure and Barring Service
- Ensure that staff, volunteers, Trustees and clients maintain appropriate boundaries at all times.
- Operate confidential reporting systems so that anyone who suspects that abuse is taking place or is concerned about it can follow the procedures set out in Responses whistleblowing procedures.

Take action against staff, volunteers, management committee members or clients who use their positions, or any influence, power or authority they may have to abuse others or the organisation. In upholding this commitment to an abuse-free environment, Response will provide suitable induction, training, support and supervision to staff along with clear policies and procedures to which they must work. Response will ensure "Safeguarding" is placed on every supervision and team meeting agenda

In turn, staff will provide the necessary support to clients, their relatives and visitors to assist them to uphold an abuse-free environment. This will include providing information at sign up, encouraging disclosures in key work sessions and using posters, flyers etc. to promote both internal routes for reporting concerns and the contact details for the relevant Safeguarding team for your area.

This policy covers staff, agency workers, students, volunteers, contractors and Board Members.

Safeguarding duties apply to "adults at risk" as defined under section 42 of the Care Act 2014 and also apply to family carers experiencing intentional or unintentional harm from the adult they are supporting or from professionals and organisations that they are in contact with.

## **SAFEGUARDING AND PROTECTION FROM ABUSE (ADULTS)**

### **2. Roles and Responsibilities**

**2.1 The Board of Trustees:** Trustees should promote an open and positive culture and ensure all involved feel able to report concerns, confident that they will be heard and responded to. They carry the overall responsibility for ensuring that people are protected and that safeguarding responsibilities are met through this policy. This overall responsibility has been delegated to the Performance Committee.

**2.2 Designated committee:** Performance Committee is responsible for the sign-off of this policy and providing necessary scrutiny of management reports.

**2.3 Lead Executive Director:** Director of Corporate Governance and Compliance is the identified Executive lead for this policy and responsible for ensuring that safeguarding issues are managed and internal reporting and monitoring is in accordance with the policies and expectations laid out in any associated procedures. Whilst responsibility is retained with the Director of Corporate Governance and Compliance, day to day responsibility is delegated to the Head of Corporate Governance and Compliance.

**2.4 Directors & Heads of Department:** Are responsible for ensuring they review and revise policies and procedures as needed and in support of the Director of Corporate Governance and Compliance, have overarching understanding of serious issues, themes, trends and patterns, and relevant monitoring systems are in place to support best practice. They provide the first approval of this policy prior to approval from the Performance Committee. **Designated Safeguarding Leads** have been identified in departments as follows:

- Head of Adult Service
- Director of Children, Young People and Families
- Director of Housing and Property

**2.5 Operations Managers, Registered/Service/Area/Deputy Managers are responsible for:**

- ensuring the policy is accessible, read, understood, and adhered to by all staff within their teams/departments
- day to day operational decisions and escalating issues as required and in line with this policy and associated procedures
- ensuring all safeguarding issues are managed in accordance with this policy and in line with the incident threshold matrix
- providing relevant management reports to their Director and/or Head of Service to support continuous improvement and development

**2.6 All Staff** must comply with the requirements set out in this policy and associated procedures

**Where there are safeguarding issues that fall outside these services, or where there is any query, the final determination of who has lead responsibility for implementing this policy will be made on a case-by-case basis by the Director of Corporate Governance and Compliance/Head of Corporate Governance and Compliance.**

### **3. Principles**

As a part of our commitment, Response will adhere to the 6 key principles of safeguarding outlined in the Care Act 2014:

- Empowerment
- Prevention
- Proportionality
- Protection
- Partnership
- Accountability

## **SAFEGUARDING AND PROTECTION FROM ABUSE (ADULTS)**

### **3.1 Empowerment**

Empowerment is the principle that adults should be in control of their lives and consent is needed for decisions and actions designed to protect them.

The purpose of safeguarding is to enable people to live a life free from abuse and neglect. It is, therefore, vital that if an individual has mental capacity and can make their own decisions that they maintain control of their life and that professionals support their decision-making throughout the process. This includes:

- Working towards the outcomes the individual wants.
- Listening to the individual and ensuring their voice is heard.
- Taking actions with an individual's consent, unless there is a clear justification for acting contrary to their wishes, such as for reasons of public interest or a lack of mental capacity.
- Ensuring the individual receives support to participate in all decisions about them (e.g., with the support of friends/family/advocacy, personal assistants, translators etc.) and due regard is given to issues of accessibility and equality and diversity. Taking into account the individual's ability to
  - protect themselves or the ability of their networks to increase the support they offer when assessing risk.
  - Enabling individuals to make informed decisions (e.g., sharing assessments of risk, sharing information on available support options to reduce those risks and providing support to weigh up risks and solutions).
- Respecting the choices and decisions that individuals make.
- Allowing individuals to change their mind if their views or circumstances change or simply if they just change their mind.

### **3.2 Prevention**

Prevention of abuse is the primary goal, and members of the public, agencies, service providers, individual employees, Trustees, volunteers and communities all have a role in preventing abuse from occurring. Prevention involves promoting awareness and understanding and supporting people to safeguard themselves from the risk of abuse. This includes helping people to identify and make informed decisions about risks and develop forward plans that keep them safe.

Prevention also refers to the actions of organisations to ensure they have systems in place that minimise the risk of abuse. Prevention is associated with a broad range of responsibilities and initiatives, each associated with making safeguarding adults a core responsibility within the context of providing high quality services.

If an individual is without the mental capacity to make a particular decision for themselves, a Best Interests Meeting should take place and a decision should be made in the best interest of the individual and within the framework of the Mental Capacity Act 2005 and Code of Practice. The individual should continue to be fully involved possible in the decision-making process and any decisions made must recognise their wishes, feelings, beliefs and values and ensure that they are appropriately represented.

### **3.3 Proportionality**

The principle of proportionality relates to the responsibility to ensure that responses to safeguarding concerns are proportional to assessed risk and the nature of the allegation/concern. Proportionate decisions need to consider the principles of empowerment and protection.

This principle of proportionality is also encompassed within the Mental Capacity Act; where an individual lacks mental capacity to make a particular decision, decisions must be made in the individual's best interests. This includes the responsibility to consider if the outcomes can be achieved in a way that is 'less restrictive of the person's rights and freedoms'.

### **3.4 Protection**

Safeguarding Adults procedures provide a framework by which adults can be supported to safeguard themselves from abuse, or are supported and protected, where they are unable, for reasons of mental capacity, to make decisions about their own safety.

## **SAFEGUARDING AND PROTECTION FROM ABUSE (ADULTS)**

Assessments of mental capacity and best interest decisions, in relation to those without mental capacity, must always be within the legal framework of the Mental Capacity Act and Code of Practice. Protection encompasses every person's duty of care and/or moral responsibility to act upon suspicions of abuse, within the context of this procedure, and ensure that adults at risk as citizens receive the protection afforded them in law.

### **3.5 Partnership**

Partnership means working together to prevent and respond effectively to incidents or concerns of abuse, to support the adult at risk in making informed decisions about identified risks of harm and helping them to access sources of support that keep them safe. It means working cooperatively with other agencies to prevent, investigate and end abuse.

Statutory, private, voluntary and specialist or mainstream services and their representatives should be considered partners within this procedure. Partnership also includes working with relatives, friends, unpaid carers or other representatives, such as advocates.

### **3.6 Accountability**

The principle of accountability involves transparency and decision making that can be accounted for. This involves each individual and organisation fulfilling their duty of care, making informed defensible decisions, with clear lines of accountability. It involves organisations, staff (and volunteers) understanding what is expected of them, recognising and acting upon their responsibilities to each other, and accepting collective responsibility for safeguarding arrangements.

To meet our commitment, we will:

- ensure that everyone that works with us, for us or on our behalf is familiar with this policy and has access to the required documents
- monitor the implementation of this policy and take any steps that are required to improve our practices
- ensure that effective procedures are in place for responding to complaints, concerns and allegations of suspected or actual abuse
- ensure that there are appropriate risk assessments in place
- ensure safe recruitment procedures including ID Checks, references and DBS checks are followed for every position we recruit to
- all individuals that work for us now or in the future, in any capacity, will be trained to Level 1 in Safeguarding, with front line delivery staff being trained to Level 2 and the Safeguarding Leads being trained to Level 3.

## **4. Definitions**

### **4.1 Safeguarding**

Safeguarding is everybody's responsibility and includes measures to prevent or minimise the potential for abuse occurring.

### **4.2 Protection**

Protection is a statutory responsibility in response to individual cases where risk of harm has been identified.

### **4.3 Safeguarding under the Care Act 2014**

"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." *Care Act Statutory Guidance*

Adults are eligible for a section 42 enquiry under the Care Act where that adult:

1. Has needs for care and support (whether, or not, the local authority is meeting any of those needs)

## **SAFEGUARDING AND PROTECTION FROM ABUSE (ADULTS)**

2. Is experiencing, or at risk of, abuse or neglect
3. As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect

### **4.4 Concerns**

Concerns in this context relate specifically to questions of potential abuse or neglect relating to an adult who has care and support needs as described above. This is distinct from complaints which are generally expressions of dissatisfaction or concern that may relate to the delivery of a service by a team or individual. A complaint may also be an expression of dissatisfaction about procedures or policy or the way procedures and policies are implemented by any team, staff member or the organisation.

### **4.5 Abuse**

Abuse is the violation of an individual's human and civil rights. Abuse can be self-inflicted or inflicted by another person or persons. In the context of safeguarding, it is used to refer to any knowing, intentional or negligent act by another that causes harm or a serious risk of harm to another. The Care Act recognises the following ten categories of abuse experienced by adults:

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

NB detailed definitions are provided in **Appendix 1 (10.1)**

### **4.6 Mental Capacity Act 2005**

All actions taken under this Policy and the Safeguarding Adults Policy and Procedure relevant to your local authority area must have full regard to the Mental Capacity Act 2005 and the accompanying Code of Practice.

The Act sets out 5 key statutory principles:

- The presumption of capacity – every adult has the right to make his/her own decisions and must be assumed to have capacity to do so unless it is proved otherwise
- The right of individuals to be supported to make their own decisions – people must be given all appropriate help before anyone concludes that they cannot make their own decisions. If a lack of capacity is established, it is still important to involve the person as far as possible in making decisions.
- Unwise decisions – a person is not to be treated as unable to decide merely because it is considered to be unwise
- Best interests – anything done for or on behalf of a person without capacity must be in their best interests, and
- Least restrictive alternative – anything done for or on behalf of a person without capacity should be the least restrictive of their basic rights and freedoms including how they would have chosen to live if they could still have made this specific decision

All decisions and actions taken directly affecting the person at risk must, where possible, take full account of their wishes. Where decisions must be made on behalf of a person who lacks capacity full account must be taken of their best interests and the least restrictive option as outlined within the Act.



## **SAFEGUARDING AND PROTECTION FROM ABUSE (ADULTS)**

Response will seek the adult's consent before raising a section 42 safeguarding concern with the relevant Local Authorities safeguarding team or the police. Concerns may be raised with the safeguarding team/police where the adult lacks capacity to make this decision.

If an adult with capacity does not want a concern to be passed to the statutory authorities their wishes should be honored unless:

- Other people are, or may be, at risk, including adults with care & support needs or children
- A serious crime has been committed or sharing could prevent a crime
- The alleged abuser has care/support needs and is also at risk
- Staff or volunteers are implicated
- The alleged victim is under duress or being coerced
- The risk is unacceptably high (vital interest) e.g., meets M.A.R.A.C. (Multiagency Risk Assessment Conference) referral criteria
- A court order or other legal authority has requested the information

For further guidance see: *Safeguarding adults: sharing information (SCIE)* or refer to response Mental Capacity Act Policy.

### **4.7 Information Sharing**

Any sharing of information between agencies for the purposes of safeguarding adults at risk of harm as a result of abuse must comply with the requirements of the Data Protection Act 1998 and any local Confidentiality and Information Sharing Agreement.

## **5. Process**

### **5.1 Step 1: Raising a Concern Internally**

Anyone who suspects or knows that abuse is taking place must raise their concerns within 24 hours. Concerns should be raised with your immediate manager or your manager's manager (if the direct manager is unavailable) in the first instance.

If you are a contractor, contact a member of staff or the Project Manager as soon as possible, **If the police need to be contacted urgently use 999, do not delay.**

In Adults Services, the matter occurs out of hours, please contact **senior operations on-call number: 07990811557**

When a safeguarding concern is prompted by an incident occurring in a Response service, the Project Manager is responsible for ensuring that the Response Incident Form is completed, relevant people are informed and the form is forwarded to their manager.

The full Safeguarding Procedure should only be initiated if either the delegated safeguarding lead (or their deputy in their absence) or the corporate safeguarding lead for Response confirms that this is necessary. Decisions will be made in line with Responses Incident Threshold Matrix.

The leads will make this decision in consultation with the relevant project manager (in liaison with the Operations Manager if this is within Adults' Services). This may be done in conjunction with the relevant staff at the relevant Local Authority as appropriate. Colleagues in the relevant NHS Foundation Trust may also be consulted as appropriate in cases where a client's care is shared with that organisation. If this is not the case, then the Trust safeguarding lead may still be contacted for advice on a "no names" basis.

It is the responsibility of Response staff and managers to make sure that the relevant delegated safeguarding lead, or their designated deputy in their absence, is informed promptly of concerns about potential abuse so that they have the necessary facts to make this decision. However, please note that staff have the right to raise an alert directly with the Safeguarding team or with the Corporate Safeguarding Lead should they feel the need to do so, following the procedure set out in the Response Whistleblowing Policy.

## **SAFEGUARDING AND PROTECTION FROM ABUSE (ADULTS)**

If professional disagreement occurs internally about whether to raise a concern or not, or any aspect of safeguarding as set out in this policy, this should be escalated as a matter of urgency to the Corporate Safeguarding Lead for resolution. Again, staff have the right to raise an alert directly with the local authority safeguarding team at any point.

If professional disagreement occurs externally about whether to raise a concern or not, or any aspect of safeguarding as set out in this policy, this should also be escalated as a matter of urgency to the Corporate Safeguarding Lead for resolution.

### **5.2 Our Approach to Dealing with a Concern**

Where an individual believed to be at risk of abuse is encountered or if an individual discloses or discusses potential abuse with you, it should be recognised that the individual may be describing abuse, albeit not explicitly. You should stay calm and show empathy, reassuring them that the information is being treated seriously.

Following the identification of a safeguarding concern, staff are responsible for:

- assessing the situation and determining whether emergency intervention is required
- ensuring the safety and wellbeing of the individual
- establishing the individual's views and wishes on the safeguarding issue
  - taking into account and acknowledging the potential impact on important relationships for the individual (but not being distracted by this)
- maintaining evidence and clear documentation
- reporting the incident(s)/risk(s) to the Project Manager or Safeguarding Lead
- remaining calm and not showing any shock or disbelief
- listening carefully and with understanding, by acknowledging regret and concern over what has happened
- informing the individual that information will be shared and why.

**DO NOT attempt to prompt or encourage the individual to make a statement, however it is important to write down as soon as possible anything that is disclosed when offering safety and general support.**

It is essential to ensure that the individual at risk of abuse remains at the center and involved in the safeguarding process, accounting for their views wishes, feelings and beliefs and individuals should be offered to have a family member, friend or advocate, if appropriate and desired, to be present during any discussions on safeguarding.

Any assessment of any safeguarding concern should be holistic and thorough considering the individual's emotional, social, psychological and physical presentation as well as the identified clinical need. There should be a balance struck between the principles of empowerment and protection. When discussing/assessing a safeguarding issue with an individual:

- be open and honest and do not promise to keep a secret
- seek consent to share information if the individual has capacity and if this does not place you, them or others at an increased risk
- share information without consent if it is in the public interest in order to prevent a crime or protect others from harm (consult first with your manager or the delegated Safeguarding Lead)
- make a clear and concise referral
- do not delay unnecessarily
- concerns about a colleague should be raised through the Whistleblowing Policy.

**NB: When and alleged crime has been committed, we are duty bound to make a report to the police. This information should be sensitively shared with the individual at risk. The decision to proceed**



## SAFEGUARDING AND PROTECTION FROM ABUSE (ADULTS)

**and press charges will remain with the individual or with the court of protection or other responsible person should issues of capacity be found.**

Be aware of the possibility of forensic evidence if the disclosure refers to a recent incident. If there is a possibility that forensic evidence exists, preserve the evidence. Do not clean it up.

Staff will have been considered to have reasonably met their duty of care when:

- all reasonable steps have been taken
- reliable assessment methods have been used
- information has been collated and thoroughly evaluated
  - the risks of an intervention/action to an individual or others have been balanced with the risks of non-intervention or alternative action
  - the risk of increasing risk to the individual or others over time have been assessed
- decisions have been recorded, communicated, and thoroughly evaluated
- policies and procedures have been followed
- actions are proactive, and facts are confirmed.

### **5.3 Step 2: Raising a Concern with the Safeguarding Team**

Once the relevant lead has confirmed that the full safeguarding procedure should be initiated, the next step is for the relevant safeguarding team to be notified. The lead will determine who in the organization who should take this forward.

For **Oxfordshire** the Alert should be completed and submitted to Oxfordshire County Council (OCC)'s within 1 working day by completing the on-line alert form found at:

<https://www.oxfordshire.gov.uk/cms/content/raising-safeguarding-concern-professional>

Alternatively, the OCC Safeguarding Team can be contacted on 0845 050 7666 (office hours) or by email on: [socialandhealthcare@oxfordshire.gov.uk](mailto:socialandhealthcare@oxfordshire.gov.uk)

No-names consultation line: 01865 328232

Out of hours contact the Emergency Duty Team on 0800 833408.

For **West Berkshire** the Alert should be completed and submitted within 1 working day to:

West Berkshire Council's Safeguarding Adults Team

[safeguardingadults@westberks.gov.uk](mailto:safeguardingadults@westberks.gov.uk)

01635 519056

For Buckinghamshire contact the Adults Safeguarding Team

#### **During Office Hours:**

9am – 5.30pm Monday to Thursday or 9am – 5pm on Friday

Tel: 0800 137 915

#### **Outside office hours**

Emergency Out of Hours

Tel: 0800 999 7677

For **Buckinghamshire** the Alert should be completed and submitted within 1 working day via:

<https://adultsportal.buckinghamshire.gov.uk/web/portal/pages/home>

#### **During Office Hours:**

9am – 5.30pm Monday to Thursday or 9am – 5pm on Friday

Tel: 0800 137 915

#### **Outside office hours:**

Emergency Out of Hours Tel: 0800 999 7677

#### **E-mail**

[Safeguardingadults@Buckinghamshire.gov.uk](mailto:Safeguardingadults@Buckinghamshire.gov.uk)

You can also complete a [Adult Safeguarding Referral Form](#) and send it to

[Safeguardingadults@Buckinghamshire.gov.uk](mailto:Safeguardingadults@Buckinghamshire.gov.uk)

## **SAFEGUARDING AND PROTECTION FROM ABUSE (ADULTS)**

For further details and to download the referral form see:

<https://www.buckssafeguarding.org.uk/adultsboard/report-a-concern/report-a-concern-professionals/>

In all cases Response staff will

- 1) confirm they are raising a formal safeguarding adults concern that Response believes might require a section 42 enquiry.
- 2) inform the Safeguarding Team how to contact Response to invite them to the strategy meeting.
- 3) if a crime may have been committed they will confirm if the Safeguarding Team will contact the police or wish Response to do so.
- 4) confirm if the Safeguarding Team wish Response to make the initial enquiries or the Safeguarding Team plan to take the lead in responding to the concern raised.

If the police need to be contacted use 999 or 101 as appropriate.

In Registered Services the Care Quality Commission a notification must be made.

For clients supported within **Avon and Wiltshire Mental Health Partnership NHS Trust**, there are a number of local authority areas. You should report a safeguarding to the appropriate local authority safeguarding team:

Use the following links/phone numbers to report a safeguarding concern for an Adult:

### **Bath and Northeast Somerset**

[Safeguarding adults | BCSSP \(bathnes.gov.uk\)](#)

### **Bristol City Council**

<https://www.bristol.gov.uk/social-care-health/report-suspected-abuse-safeguarding-adults-at-risk>

### **North Somerset**

<https://www.nssab.co.uk/how-you-can-get-help>

### **South Gloucester**

Call:

01454 868007 - Monday to Friday 9am - 5pm; 01454 615165 - Out of hours and at weekends

### **Swindon**

[Report a safeguarding concern about an adult at risk of, or experiencing, harm | Swindon Borough Council](#)

### **Wiltshire**

[Safeguarding \(wiltshire.gov.uk\)](#)

## **5.4 Support**

Response provides support to victims of abuse and to clients, staff and others who raise concerns. Staff will be supported through supervision in dealing with abuse cases.

## **5.5 Appeals**

Appeals against outcomes of protection from abuse cases should be made in writing to the Chief Executive. Appeals will be acknowledged within 3 days and the appellant will be informed of the outcome of the appeal within 28 days.

## **5.6 Safeguarding During COVID-19**

The COVID-19 crisis has resulted in many already at-risk individuals becoming more isolated and having to accept help from strangers. This social isolation increases the likelihood of a person being exposed to abuse and staff should be extra vigilant for signs of abuse, particularly financial, with fraud demonstrating one of the biggest increases, and domestic violence. Individuals may also experience a reduction in non-essential care services that could provide opportunity for exploitation or abuse. To try and mitigate this risk staff should, where appropriate:

## **SAFEGUARDING AND PROTECTION FROM ABUSE (ADULTS)**

- talk to individuals about the increased risk of abuse at this time
- be aware that any changes in behaviour or demeanor could indicate abuse
- advise people not to answer the door to strangers and be aware of fake ID
- try not to alarm people but ask them to be wary of offers to help, particularly from strangers
- advise people to check with family, friends or paid support that offers of support, advice and help are legitimate
- warn people against responding to any text, email or phone call from an unidentified source. Explain that fraudsters could imitate official bodies such as the government or the NHS
- advise people that they should never give their personal data, passwords or pin numbers to anyone. Official financial bodies and other organisations will never ask for them
- for victims of domestic abuse, where it is safe to do so, assess the current situation and make sure they know that help is available if they need it and who to contact both for advice and support and in an emergency.

### **5.7 Timescales for Reporting**

The Initial Safeguarding/Adult Protection enquiries should be completed, authorized by the delegated safeguarding lead or their nominated deputy, and reported to the Safeguarding Team within **5 working days** if Safeguarding Team ask Response to conduct these rather than proceeding with the enquiries themselves.

The Investigation/Assessment Safeguarding/Adult Protection Report should be completed, authorized by the delegated safeguarding lead or their nominated deputy, and reported to Safeguarding Team within **20 working days**.

All safeguarding alerts and incidents are recorded centrally on Inform providing full details of the alleged events which can be monitored through the investigation to outcomes and action taken. The central system is monitored by the Corporate Governance and Compliance team.

Investigation officers, managers and senior managers are responsible for ensuring actions are followed through in accordance with this policy and associated processes/timeframes.

It is the responsibility of the Director of Corporate Governance and Compliance in liaison with the Designated Safeguarding Leads to review these on a regular basis (at least bi-monthly). The Trustee Safeguarding Lead and the Performance Committee will also review cases on the log regularly and at least annually, observing trends and the lessons learned and advising the organisation on any actions needed.

### **5.8 Advocacy**

Clients are entitled to the use of advocacy to assist them in making an allegation of abuse. Details of local advocacy services are as follows:

- Oxfordshire please see <https://www.pohwer.net/oxfordshire>
- West Berkshire please see <https://www.theadvocacypeople.org.uk/mental-health-advocacy>
- Buckinghamshire please see <https://www.pohwer.net/buckinghamshire>

Staff will support clients to access advocacy if required. The Care Act states that where the adult involved in the safeguarding process would have "substantial difficulty" in engaging in the safeguarding process they are entitled to a Care Act advocate if there is no other suitable adult (e.g. appropriate family member) to represent them. If the adult lacks capacity, they are eligible for an Independent Mental Capacity Advocate (IMCA) whether or not they have suitable family/friends.

### **5.9 Taking action against abuse**

Actions taken should be proportionate, keeping the clients wishes, views and capacity at the center of decision making whilst ensuring that suspected abuse is effectively addressed. We should aim to support and develop the adult's ability to protect themselves or to help their networks do the same as appropriate. Interventions should be evidenced based wherever possible. They should also be preventative in nature-how do we stop further abuse occurring?

## **SAFEGUARDING AND PROTECTION FROM ABUSE (ADULTS)**

### **5.10 Allegations against members of staff, volunteers or management committee members and trustees**

5.10.1 If serious allegations of abuse are made against a member of staff, they will be suspended with pay as soon as practicable following discussion and agreement where possible with the safeguarding team and/or police regarding the timing of suspension so that the allegations can be thoroughly investigated using the disciplinary action policy and procedure. Volunteers and management committee members in this position will also be suspended as soon as practicable following discussion and agreement where possible with the safeguarding team and/or police regarding the timing of suspension and may be subject to the disciplinary action policy and procedure (please also refer to 5.13)

5.10.2 The member of staff, volunteer or management committee member will be offered support via the Human Resources Team.

5.10.3 Should the investigation determine that there is a case to answer, the staff member, volunteer or management committee member will be subject to disciplinary action. The police may also be contacted to pursue legal action against them.

5.10.4 Should the investigation determine that there is no case to answer, the staff member, volunteer or management committee member will be offered additional support and supervision to assist them in returning to work.

### **5.11 Allegations against clients**

5.11.1 If allegations of abuse are made against another client, that client may be offered other temporary accommodation until an investigation has been carried out, depending on the nature of the alleged abuse and its seriousness. They will be offered support.

5.11.2 Should the investigation find that there is a case to answer Response may notify Social Services and/or the Police as appropriate. The client may not be allowed to remain in the project, but Response will make reasonable attempts to assist them to find alternative accommodation and support.

### **5.12 Allegations against visitors**

5.12.1 Should a visitor to the project be subject to an allegation of abuse, they will be excluded from the project as appropriate until an investigation has been carried out. Response may involve Social Services and the Police in such an investigation as it deems appropriate.

5.12.2 Where a visitor is a contractor, partner or supplier, Response will raise concerns confidentially with the organization at a senior level and take advice from the relevant safeguarding team. They will be excluded from the project as appropriate until an investigation has been carried out. The detail of the approach (including which organisation should lead the investigation) will be confirmed by the Corporate Safeguarding Lead in liaison with the relevant Designated Safeguarding Lead.

**5.13 If any allegation is taken forward by the police, internal investigations may be delayed so as not to impede formal police action. In such circumstances, Response may undertake a 'light-touch' review of client documents and notes from the Inform/Castleton or other CRM system. Once any formal police action has come to an end, Response will then review what action should be taken in line with policy, best interests, and best practice.**

## **6. Staff Conduct Training and Support**

### **6.1 Staff Conduct**

Response will not tolerate any staff member, worker or other person engaged to support or provide services to, or on our behalf to have:

- behaved in a way that has harmed, or may harm, an at-risk adult

## **SAFEGUARDING AND PROTECTION FROM ABUSE (ADULTS)**

- possibly committed a criminal offence against, or related to, an at-risk adult
- behaved towards an at-risk adult in a manner that may indicate they are unsuitable to work in a position of trust.

Any staff member identified to behave in such a way as to indicate one or more of the above statements, either within their work or as a consequence of actions within their personal life, may be subject to disciplinary action. Identification of such incidents can come from various sources. Response will take prompt action to investigate any allegations made and will take any actions necessary to protect individuals and those that work with us, for us, and on our behalf.

Resultant actions can/may include a staff member being suspended and possibly dismissed. All allegations that relate to registered services will be reported to the CQC without delay, as is required. Where the allegation is made against a healthcare professional we will liaise with and report to the relevant professional body.

Additionally, Response has a duty to refer staff member(s) to the Disclosure and Barring Service (DBS) if they have:

- a) Satisfied the harm test, i.e., that the Company believes that the staff member(s) may:
  - harm a child or vulnerable adult
  - cause a child or vulnerable adult to be harmed
  - put a child or vulnerable adult at risk of harm
  - attempt to harm a child or vulnerable adult or incite another to harm a child or vulnerable adult.
- b) Received a caution or conviction for a relevant offence.

A relevant offence for the purposes of referrals to DBS is an automatic inclusion offence as set out in the Safeguarding Vulnerable Groups Act 2006 (Prescribed Criteria and Miscellaneous Provisions) Regulations 2009 and the Safeguarding Vulnerable Groups.

Broadly speaking these offences include all sexual offences, all offences involving children, most prostitution offences and murder. If you are unsure, contact the HR Department for guidance.

For contractors, partners and suppliers, Response will raise concerns with the organization at a senior level and take advice from the relevant safeguarding team. The detail of the approach will be confirmed by the Corporate Safeguarding Lead in liaison with the relevant Designated Safeguarding Lead.

### **6.2 Staff Training**

All staff and volunteers working with service users receive mandatory training in relation to the role and level of responsibility and accountability from Safeguarding Level 1 and 2 for front line workers to levels 3 and 4 for managers and senior managers, the Mental Capacity Act, Deprivation of Liberty/Liberty Protection Safeguards and the Prevent Agenda.

Trustees will receive specialist training on their safeguarding governance duties and safeguarding leads will attend management level training for both adults and children's services where required.

Discussion of safeguarding issues will form part of regular support and supervision sessions as set out in the policy and procedure on Support and Supervision.

### **6.3 Appropriate Boundaries for Employees**

All staff and volunteers must follow the guidance on appropriate professional boundaries that are set out in separate guidance document entitled **Appropriate Professional Boundaries**- held in the company Safeguarding folder.

## **7. Compliance**

### **7.1 Undertaking recruitment checks**

1. Response has a Policy for the safer Recruitment Selection and Appointment of Staff, under which candidates for all posts with Response will be asked suitable questions at interview to assess their



## **SAFEGUARDING AND PROTECTION FROM ABUSE (ADULTS)**

understanding of safeguarding and be required to provide two professional references and undergo a check by the Disclosure and Barring service every 3 years. New employees will not be allowed to work unsupervised until such a check has been successfully completed.

7.1.1 Volunteers will be subject to the same checks and safeguards above as described in the Volunteer policy

7.1.2 For contractors, Response will:

- Undertake due diligence on all new contractors via it's New Contractor Checklist (appendix 2)8.1.1
- ensure assurance regarding recruitment checks is provided by the contracting organisation on at least a bi-annual basis

### **7.2 Equality, Diversity and Human Rights**

Response recognises some people experience disadvantage due to their socio-economic circumstance, employment status, class, appearance, responsibility for dependents, unrelated criminal activities, being HIV positive or with AIDS, or any other matter which causes a person to be treated with injustice.

Response is committed to ensuring that no person or group of persons will be treated less favourably than another person or group of persons and will carry out our duty with positive regard for the following strands of equality; Age, Disability, Gender, Race, Gender-reassignment, sexual orientation, Religion and/or Belief, Civil Partnership and Marriage, Pregnancy and Maternity.

Response will also ensure that all services and actions are delivered within the context of Human Rights legislation. Staff and others with whom Response works with, will adhere to the central principles of the Human Rights Act (1998)

### **7.3 GDPR Statement**

Response Organisation manages all of the data referred to in this policy and supporting documents in accordance with the General Data Protection Regulations 2018. For more information on how we handle information, please see our Privacy Policy on our website

## **8. Other Legislation and Guidance**

This Policy is informed by The Oxfordshire Safeguarding Adults and West Berkshire policy and procedure, is in accordance with the Care Act 2014, the Safeguarding Vulnerable Groups Act 2006 and the Mental Capacity Act 2005 including arrangements in respect of deprivation of liberty. Further information can be obtained from:

- Complaints Policy and Procedure
- Data Protection Act and General Data Protection Regulations 2018
- Disciplinary Policy and Procedure
- Enterprise and Regulatory Reform Act 2013
- Human Rights Act 1998
- Incident Reporting Procedure
- Oxfordshire County Council Safe from Harm website dedicated to safeguarding which provides comprehensive information at [www.safefromharm.org.uk](http://www.safefromharm.org.uk)
- Oxfordshire Safeguarding Adults Board (OSAB) – Threshold for Access to Safeguarding Services (Threshold of Needs) Matrix 2018
- Oxfordshire Safeguarding Adults Policy
- Oxfordshire Safeguarding Adults/Adult Protection Guidance– Guidance for Managers and Senior Care Professionals in Services for Adults at Risk of Abuse
- Oxford hire's Confidentiality and Information Sharing Agreement.



## **SAFEGUARDING AND PROTECTION FROM ABUSE (ADULTS)**

- Protection of Freedoms Act 2012
- Public Interest Disclosure Act 1998
- Recruitment and Selection Policy and Procedure
- Response Risk Assessment addressing the Potential for Personal Benefit through Abuse
- Serious Crime Act 2015
- Sexual Offences Act 2003
- The Care Act 2014
- The Equality Act 2010
- The Mental Capacity Act 2005 and DoLS
- The revised Care Act Statutory Guidance (especially chapter 14 Safeguarding) published in March 2016
- Volunteers Policy and Procedure
- West Berkshire Council Adults Safeguarding Policy and Procedure at <https://info.westberks.gov.uk/safeguarding>
- Whistle Blowing Policy and Procedure

### **9. Review**

The effectiveness of this Policy is regularly monitored by the Director of Corporate Governance and Compliance and/or Head of Corporate Governance and Compliance to determine whether any improvements are needed and is reviewed annually.

### **10. Appendices**

#### **10.1 Appendix 1 – Types of Abuse**

##### **Physical abuse**

Use of physical force or mistreatment of one person by another, which may or may not result in actual physical injury; physical injuries which have no satisfactory explanation or where there is a definite knowledge or reasonable suspicion that the injury was inflicted with intent, or through lack of care, by the person having custody, charge or care of that person. This could include:

- Hitting
- Slapping
- Pushing
- Rough Handling
- Exposure to heat or cold temperatures
- Forced feeding
- Denial of treatment
- Restraint
- Misuse of medication
- Not being assisted to the toilet when needing to go

Possible indicators of physical abuse include:

- History of unexplained falls or minor injuries.
- Unexplained bruising in well protected areas, on the soft parts of the body or clustered as from repeated striking.
- Unexplained burns in an unusual location or of an unusual type.
- Unexplained fractures to any part of the body that may be at various stages in the healing process.
- Unexplained lacerations or abrasions.
- Slap, kick, pinch or finger marks.
- Injuries/bruises found at different stages of healing or such that it is difficult to suggest an accidental cause.
- Injury shape similar to an object.

## SAFEGUARDING AND PROTECTION FROM ABUSE (ADULTS)

- Untreated medical problems.
- Weight loss due to malnutrition or dehydration; complaints of hunger.
- Appearing to be over medicated.

### **Sexual Abuse**

Any behaviour which is unwanted or takes place without consent or understanding. Sexual abuse can take many forms and may include:

- Non-contact sexual activity
- Pornographic photography
- Indecent exposure
- Stalking
- Grooming
- Harassment
- Unwanted teasing or innuendo
- Unwanted touching

Penetration of the human body with fingers, penis or objects. Possible indicators of sexual abuse could include:

- A change in usual behaviour for no apparent or obvious reason.
- Sudden onset of confusion, wetting or soiling.
- Withdrawal, choosing to spend the majority of time alone.
- Overt sexual behaviour/language by the vulnerable person.
- Self-inflicted injury.
- Disturbed sleep pattern and poor concentration.
- Difficulty in walking or sitting.
- Torn, stained and/or bloody underclothes.
- Love bites.
- Pain or itching, bruising or bleeding in the genital area.
- Sexually transmitted urinary tract/vaginal infections.
- Bruising to the thighs and upper arms.
- Frequent infections.
- Severe upset or agitation when being bathed/dressed/undressed medically.

### **Psychological/emotional abuse**

Psychological or emotional abuse is behaviour that is psychologically harmful or inflicts mental distress.

- Threats
- Bribes
- Coercion
- Ridicule
- Humiliation
- Provoking fear
- Intimidation
- Negating choices, wishes or self-esteem
- Causing isolation or overdependence

Possible indicators of psychological or emotional abuse include:

- Ambivalence about carer.
- Fearfulness expressed in the eyes; avoids looking at the carer, flinching on approach.
- Deference.
- Overtly affectionate behaviour to alleged perpetrator.
- Insomnia/sleep deprivation or need for excessive sleep.
- Change in appetite.

## **SAFEGUARDING AND PROTECTION FROM ABUSE (ADULTS)**

- Unusual weight gain/loss.
- Tearfulness.
- Unexplained paranoia.
- Low self-esteem.
- Excessive fears.
- Confusion.
- Agitation.

### **Financial abuse**

Actual or attempted theft fraud or burglary. Misappropriation or misuse of money, property, benefits, material goods or other asset transactions which the person did not or could not consent to or which were invalidated by intimidation coercion or deception – this could include:

- Withdrawal of benefits
- Wills
- Property inheritance
- Withholding of money due to the person
- Exploitation
- Embezzlement

Possible indicators of financial abuse include:

- Unexplained or sudden inability to pay bills.
- Unexplained or sudden withdrawal of money from accounts.
- Individual lacks belongings or services, which they can clearly afford.
- Extraordinary interest by family members and other people in the vulnerable person's assets.
- Power of Attorney obtained when the vulnerable adults is not able to understand the purpose of the document they are signing.
- Recent change of deeds or title of property.
- Carer only asks questions of the worker about the individual's financial affairs and does not appear to be concerned about the physical or emotional care of the person.
- The person who manages the financial affairs is evasive or uncooperative.
- A reluctance or refusal to take up care assessed as being needed.
- A high level of expenditure without evidence of the individual benefiting.
- The purchase of items which the individual does not require.
- Personal items going missing from the home.
- Unreasonable and/or inappropriate gifts.

### **Institutional/organisational abuse**

Organisational or institutionalised abuse can occur in any organisation when the routines in use force individuals to sacrifice their own needs, wishes or preferred lifestyle to the needs of the institution or service provider. Abuse may be a source or risk from an individual or by a group of staff embroiled in the accepted custom, subculture and practice of the institution or service. It involves the collective failure of an organisation to provide safe appropriate services and includes failure to ensure necessary preventative or protective measures are in place. Possible indicators of institutional or organisational abuse include:

- May be reflected in an enforced schedule of activities.
- Limiting of personal freedom.
- Control of personal finances.
- A lack of adequate clothing.
- Poor personal hygiene.
- A lack of stimulating activities.
- A low quality diet.
- Anything which treats the individual as not being entitled to a fulfilling life.

## **SAFEGUARDING AND PROTECTION FROM ABUSE (ADULTS)**

Institutions may include residential and nursing homes, hospitals, day centres, sheltered housing schemes and group or supported housing projects. It should be noted that all organisations and services, whatever their setting, can have institutional practices which can cause harm to vulnerable adults.

The distinction between abuse in institutions and poor care standards is not easily made and judgements about whether an event or situation is abusive should be made with advice from appropriate professionals and regulatory bodies.

### **Neglect**

Can be both physical and emotional. Neglect occurs when a person deliberately withholds or fails to provide, appropriate and adequate care and support which is required by another person. It may be through a lack of knowledge or awareness, or through failure to take reasonable action given the information and facts available to them at the time. Neglect of a Duty of Care or the breakdown of a care package may also give rise to safeguarding issues, for example where a care provider is unable/unwilling to meet the assessed needs. Possible indicators of neglect include:

- Poor condition of accommodation.
- Inadequate heating and/or lighting.
- Poor physical condition of person (e.g., ulcers, pressure sores etc.).
- Individual's clothing in poor condition (e.g., unclean, wet, etc.).
- Malnutrition.
- Failure to give prescribed medication or appropriate medical care.
- Failure to ensure appropriate privacy and dignity.
- Inconsistent or reluctant contact with health and social agencies.
- Refusal of access to callers/visitors.

### **Wilful neglect and ill-Treatment**

Wilful neglect means the deliberate failure to do something that was a duty, often with an element of recklessness. It does not require any proof of any particular harm or distress or proof of the risk of harm. Ill-treatment involves deliberate conduct which ill-treats a person who lacks mental capacity to make the relevant decisions, whether or not it causes any harm to them. Ill-treatment also involves a guilty mind, with the abuser having an appreciation that he or she was inexcusably or recklessly ill-treating the person.

**Most indicators of the other types of abuse may also indicate wilful neglect or ill-treatment so these two offences should always be considered with each allegation.**

### **Self-neglect**

Self-neglect is failing to care for one's personal hygiene, health or surroundings in such a way that causes, or is likely to cause significant physical, mental or emotional harm or substantial damage to or loss of assets. Self-neglect differs from the other forms of abuse because it does not involve a perpetrator. Self-neglect can happen as a result of an individual's lifestyle or the person may have a mental health condition, such as depression, poor physical health, cognitive difficulties or misuse substances. Possible indicators of self-neglect include:

- Living in grossly unsanitary conditions that could endanger health and wellbeing.
- Grossly inadequate self-grooming or personal care.
- Inappropriate or inadequate clothing.
- Maintaining an untreated illness, disease or injury or lacking eyeglasses, dentures, hearing aids etc.
- Being malnourished or dehydrated to such an extent that, without intervention, the individual's physical or mental health is likely to be severely impaired.
- Creating hazardous living conditions that will likely cause serious harm to the individual or others or cause substantial damage to or loss of assets, such as severe hoarding, improper wiring, infestation and lack of indoor plumbing or heating.

## SAFEGUARDING AND PROTECTION FROM ABUSE (ADULTS)

- Managing one's assets in a manner that is likely to cause substantial damage to or loss of assets.

The following types of abuse are not specifically listed in the Care Act 2014 but constitute legitimate risks to vulnerable adults and Response is committed to ensuring all staff and people working with the company are aware of their existence and signs.

- Domestic Abuse
- Honour-Based violence
- Female Genital Mutilation
- Modern Slavery
- Discriminatory Abuse and Hate Crime
- Mate Crime
- Radicalisation

### **Domestic Abuse**

Domestic abuse is the abuse of one person within an intimate or family relationship. It can be the repeated, random or habitual use of intimidation to control, coerce or threaten a person. The abuse can encompass, but is not limited to physical, emotional, psychological, financial, sexual, honour-based violence, female genital mutilation or forced marriage.

Domestic abuse can also involve the abuse of a person at risk. Safeguarding procedures only apply in this instance where the person:

- has needs for care and support and
- is experiencing, or at risk of, abuse or neglect and
- as a result of those care and support needs is unable to protect themselves from abuse or neglect or the risk of abuse or neglect.

Possible indicators of domestic abuse include:

- Intense or irrational jealousy or possessiveness expressed by the partner or reported by the person at risk.
- Reluctance to speak or disagree in the presence of their partner.
- Often accompanied by an "over protective" partner, preventing professionals obtaining the accurate picture of what is happening.
- History of depression, anxiety, self-harm or suicide attempts.
- History of alcohol or drug abuse.
- Appearance of low self-esteem.

### **Honour-based violence**

Honour Based Violence (HBV) is a crime of incident which has or may have been committed to protect or defend the honour of a family or community. It is a collection of practices used to control behaviour within families or other social groups, to protect perceived cultural and religious beliefs and/or honour. Such violence can occur when a relative has shamed their family and/or community by breaking their honour code. Possible indicators of honour-based violence include:

- Seeming under the control and influence of others and relying on others to communicate on their behalf.
- Often accompanied by an "over protective" partner or family member, preventing professionals obtaining the accurate picture of what is happening.
- Reluctance to speak or disagree in the presence of their partner or family member.
- Isolation from the community.
- History of depression, anxiety, self-harm or suicide attempts.
- History of alcohol or drug abuse.
- Appearance of low self-esteem

### Female Genital-Mutilation

Female Genital Mutilation (FGM) is sometimes referred to as female circumcision. It refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. This practice is illegal in the UK. Possible indicators of Female Genital-Mutilation include:

- Genital scarring.
- Frequent Urinary Tract or Pelvic Infection.
- Difficulty in passing urine.
- Impaired sexual function.
- Complications in pregnancy and/or childbirth.
- Post-Traumatic Stress Disorder, flash backs or anxiety.

### Modern Slavery

Modern Slavery encompasses human trafficking, domestic servitude and forced labour. 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. Possible indicators of Modern Slavery include:

- Marked isolation from the community.
- Seeming under the control and influence of others and relying on others to communicate on their behalf.
- Restricted freedom of movement.
- Unusual travel times.
- Unfamiliarity with the local neighbourhood.
- Signs of other forms of abuse, such as looking malnourished, unkempt or withdrawn.
- Few or no personal effects.
- No identification documents.
- Fear of law enforcement.

### Discriminatory Abuse and Hate Crime

Discriminatory abuse is abuse targeted at a perceived vulnerability or on the basis of prejudice including racism or sexism, or based on a person's impairment, origin, colour, disability, age, illness, sexual orientation or gender.

Hate Crime can be one-off or multiple criminal offences that are perceived, by the person at risk or any other person, to be motivated by hostility or prejudice based on a person's vulnerability or perceived vulnerability. They can manifest as the other types of abuse, including physical, sexual, financial, neglect and psychological abuse. Examples can include:

- Hate mail
- Verbal or physical abuse
- Criminal damage to property
- Target of distraction burglary, bogus officials or unrequested building/household services

### Mate Crime

Mate Crime is the premeditated exploitation, abuse or theft from people with a Learning Disability, by those they consider as their friends. However, it also applies to older adults, for example, those with a mental health problem or sensory impairment.

It can encompass other types of abuse, such as physical, psychological, sexual or financial. Examples can include being physically harmed for the amusement of others, having benefits or food stolen or being coerced into crime or prostitution. Possible indicators of mate crime include:

- As with indicators for other types of abuse (e.g., physical, sexual, psychological or financial).
- Subservient behaviour and constant seeking approval of so called "friends"



## SAFEGUARDING AND PROTECTION FROM ABUSE (ADULTS)

### Radicalisation

Radicalisation is the process by which a person comes to support terrorism and forms of extremism leading to terrorism. Radicalisation is not officially classed as a type of abuse; however, it is important to include it to raise awareness.

- Key vulnerabilities such as Learning Disabilities, Mental Health problems or autism can increase an individual's susceptibility towards radicalisation and to be influenced by extremism (Home Office, 2011). Possible indicators of radicalisation include:
- Changing style of dress or personal appearance to fit in with a group.
- Day to day behaviour increasingly centered around an extremist ideology, group or cause.
- Attempts to recruit others to the group/cause/ideology.
- Condoning or supporting violence towards others.
- Plotting or conspiring with others.
- Using insulting or derogatory names or labels for another group.
- Expressing attitudes that justify offending on behalf of the group, cause or ideology.

### 10.2 Appendix 2 New Contractor Checklist

#### APPLICATION TO JOIN RESPONSE'S APPROVED LIST OF CONTRACTORS

<b>1. YOUR DETAILS:</b>		
Contractor's / Company Name:		
Address:		
.....		Post Code
Contact Name (Title, First Name, Surname)		
Telephone Mobile		
Emergency Contact Number Emergency Contact Number		
Email		
<input type="checkbox"/>	Sole Trader	N/A <input checked="" type="checkbox"/> Limited Company
<b>2. TYPES OF WORK UNDERTAKEN (please tick as many as apply):</b>		
<input checked="" type="checkbox"/> Plumbing/Drainage	<input checked="" type="checkbox"/> Roofing	<input checked="" type="checkbox"/> Carpentry/Joinery
<input checked="" type="checkbox"/> Gas Maint/Service <sup>1</sup>	<input checked="" type="checkbox"/> TV Aerials	<input checked="" type="checkbox"/> Plastering
<input checked="" type="checkbox"/> Electrical <sup>2</sup>	<input checked="" type="checkbox"/> Damp Proofing	<input checked="" type="checkbox"/> PVCu Repairs
<input checked="" type="checkbox"/> Glazing	<input checked="" type="checkbox"/> Rubbish Removal	<input checked="" type="checkbox"/> Pest Control
<input type="checkbox"/> Gardening/Tree Surgery	<input checked="" type="checkbox"/> Fire Alarms/Equip	<input checked="" type="checkbox"/> Painting/Decorating
<input type="checkbox"/> Lift Maint/Service	<input checked="" type="checkbox"/> Cleaning/Window Clean	<input checked="" type="checkbox"/> Warden Call/Door Entry
<input type="checkbox"/> Other, please specify .....		
<sup>1</sup> Gas Safe Registration required <sup>2</sup> NICEIC Registration required		
<b>3. ACTIVITIES UNDERTAKEN DURING LAST YEAR (tick as many as apply):</b>		



## SAFEGUARDING AND PROTECTION FROM ABUSE (ADULTS)

- Have you carried out work or provided a service for Response staff or their close relatives over the last 12 months?
- Are you a member of a Trade Body? Yes If yes, please state which one:
- Are you registered with a Quality Assurance scheme (eg ISO 9001)? If yes, please state which one: .....

Your Name:

Job Title/Position:

Signature: ..... Date: