

# Adult Safeguarding Policy



<b>Approved by:</b>	Trustee Board	<b>Date:</b>	September 2025
<b>Signed by:</b>		<b>Position:</b>	Safeguarding Trustee
<b>Last reviewed:</b>	September 2025	<b>Next review due:</b>	September 2026

## Monitoring arrangements

This policy will be reviewed annually but may be reviewed earlier if deemed appropriate by the Chief Executive or Trustee board.

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Inclusion Education is the working name of Inclusion Education CIO registered number 1162711			

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## Important contacts

ROLE/ORGANISATION	NAME	CONTACT DETAILS
<b>Inclusion College Hook</b>		
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Deputy DSL	Nerys Nabbs	<a href="mailto:Nerys.nabbs@inclusioncollege.org.uk">Nerys.nabbs@inclusioncollege.org.uk</a>
<b>EB8 Basingstoke</b>		
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<b>Inclusion Education</b>		
Inclusion Education CEO	Cheryl Edwards	<a href="mailto:cheryl.edwards@inclusioneducation.org.uk">cheryl.edwards@inclusioneducation.org.uk</a>
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Chair of Inclusion College Governor Board	Cathy Smith via Sally Foster (Clerk)	<a href="mailto:Sally.foster@inclusioneducation.org.uk">Sally.foster@inclusioneducation.org.uk</a>
Chair of Inclusion Education Trustee Board	Amanda Minshull-Beech via Sally Foster (Clerk)	<a href="mailto:sally.foster@inclusioneducation.org.uk">sally.foster@inclusioneducation.org.uk</a>
<b>Other Contacts</b>		
Local authority designated officer (LADO)		<a href="#">Link to referral form</a> 01962 876364 <a href="mailto:child.protection@hants.gov.uk">child.protection@hants.gov.uk</a>
Channel helpline		020 7340 7264
Social Care (Hampshire): <ul style="list-style-type: none"> <li>• Monday 8.30am to 5pm</li> <li>• Tuesday to Thursday 9.30am to 5pm</li> <li>• Friday 8.30am to 4.30pm</li> </ul>		0300 555 1386 Monday- 8.30am-5.00pm Tuesday – Thursday – 9.30am - 5pm) Friday – 8.30am - 4.30pm)  <a href="#">Make a request to the adult's social care team   Health and social care   Hampshire County Council</a>
<b>Police - 999 or 101 if in imminent danger</b>		

## 1. 'The Inclusion Way'™ : A Shared Foundation

'The Inclusion Way' has been developed by Inclusion Education and is based on over ten years' experience. 'The Inclusion Way' captures our ethos to wellbeing and mental health, our pedagogical approach and all aspects that affect a learner's educational experience.

This introduction outlines how the 'Inclusion Way' is used and embedded as a shared vision and foundation across all our policies and practices at Inclusion Education. This introduction defines who our learners are, why they are here, and how our inclusive pedagogical approach ensures they are supported, valued and empowered.

It is important to understand the journey our typical learner has been on before they arrive at Inclusion Education.

For example, our learners will:

- typically have a severe and chronic diagnosed mental health need. They are likely experiencing, or have experienced, self-harm, suicide ideation, depression, and high anxiety.
- have diagnosed and/or undiagnosed SEND needs related to speech, language and communication (SLCN), communication and interaction (C&I), or specific learning differences (SpLD).
- often experience significant gaps in education at primary and/or secondary level.
- have a history of non-attendance due to high anxiety and mental health needs and have been identified as emotionally based school avoiders (EBSA).
- are often working below age-related expectations in Maths, English, and Science due to disrupted education and unmet needs.
- may have experienced trauma, whether through Adverse Childhood Experiences (ACEs) or bullying in previous educational settings.
- are young people exploring their identity and discovering who they are and who they want to be. While they may struggle with emotional regulation or academic attainment, they are not of primary-age cognitive ability, they are young adults and want to be treated as such.

'The Inclusion Way' is more than a framework: it is the heart of our mission. By addressing mental health, SEND, and academic development as equally essential, we equip young people not only to succeed in education but to thrive in life. Our learners tell us this works. Their progress shows us it works.

\* Students is used throughout this document and refers to learners, students and young people attending settings and using services

## 1. Aims, Scope and Principles

Inclusion Education aims to ensure that:

- Appropriate action is taken in a timely manner to safeguard and promote the student's welfare.
- All staff are aware of their statutory responsibilities with respect to safeguarding.
- Staff are properly trained in recognising and reporting safeguarding issues.

Our adult students are aged 18-25. Areas of particular priority are:

- Online safety.
- Visitors to Inclusion College.
- Visits outside e.g. volunteering, work experience, community visits e.g. gym.
- Travel arrangements.
- Helping young people develop their own strategies to keep them safe as they move into independent living and employment.
- Prevent, County Lines.
- Exploitation - including financial, sexual, emotional.

Our aim at Inclusion Education is to prepare our students for engagement in their own community and moving on to appropriate training and employment.

Staff should also be aware of the main Safeguarding Policy which details types of abuse, especially in relation to student's SEN and mental health needs.

It is key that our adult students are treated with respect, with their needs at the centre of decisions. Our curriculum ensures a student's wellbeing and personal development are promoted at every opportunity. The Care Act (2015) promotes the six principles of:

1. Empowerment - People being supported and encouraged to make their own decisions and informed consent.
2. Prevention - It is better to take action before harm occurs.
3. Proportionality - The least intrusive response appropriate to the risk presented.
4. Protection - Support and representation for those in greatest need.
5. Partnership - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
6. Accountability - Accountability and transparency in safeguarding practice.

<https://www.hampshiresab.org.uk/>

[Safeguarding adults | Health and social care | Hampshire County Council \(hants.gov.uk\)](https://www.hampshire.gov.uk/health-and-social-care/safeguarding-adults)

## 2. Roles and Responsibilities

Please see 'Important contact' section above for main adult safeguarding staff.

Safeguarding is everyone's responsibility. As such it does not rest solely with the Designated Safeguarding Lead (DSL) and their deputies (DDSL) to take lead responsibility in all the areas covered

within this policy

There is a nominated Safeguarding Trustee, **Jane Pratt**, who will take leadership responsibility for safeguarding.

For example, some areas, such as Health and Safety, are a specialist area of safeguarding and a separate lead for this area is in place at each site:

- Liz Cooper (Inclusion College).
- Alex Edwards (EB8).

Please see Inclusion Education Health and Safety Policy.

### **3. Harm, Abuse and Neglect: Who is vulnerable?**

We often consider those who are the subject of safeguarding concerns as being “vulnerable”. Vulnerability is a term which inevitably means something different to everyone. The Care Act 2014 re-defines individuals who are potential subjects of safeguarding procedures as someone who:

- has needs for care and support, whether or not the local authority is meeting any of those needs;
- is experiencing, or at risk of, abuse or neglect;
- 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.

Adults can be victims of: (Appendix A: types of abuse)

- Physical abuse.
- Domestic Abuse or Violence
- Neglect and Acts of Omission.
- Psychological and Emotional abuse.
- Sexual abuse.
- Financial and material.
- Organisational abuse.
- Self-neglect.
- Modern Slavery.
- Discriminatory Abuse
- Organisational or Institutional Abuse.

Young Adults in certain groups such as those with SEND, and Care Leavers could be at particular risk.

### **4. Recognising Abuse**

It's not always easy to spot the signs of abuse. Someone being abused may make excuses for why they're bruised, may not want to go out or talk to people, or may be short of money.

It's important to know the signs of abuse and, where they're identified, gently share your concerns with the person you think may be being abused.

If you wait, hoping the person will tell you what's been happening to them, it could delay matters and allow the abuse to continue.

Behavioural signs of abuse in an adult include:

- Becoming quiet and withdrawn.
- Being aggressive or angry for no obvious reason.
- Looking unkempt, dirty or thinner than usual.
- Sudden changes in their character, such as appearing helpless, depressed or tearful.
- Physical signs, such as bruises, wounds, fractures or other untreated injuries.
- The same injuries happening more than once.
- Not wanting to be left by themselves or alone with particular people.
- Being unusually light-hearted and insisting there's nothing wrong.

Also, their home may be cold or unusually dirty or untidy, or you might notice things missing.

Other signs include a sudden change in their finances, such as not having as much money as usual to pay for shopping or regular outings or getting into debt.

## 5. What To Do

Report any concerns to DSL; no concern is too small.

If needed, a plan can be made for the most appropriate person to address this.

Start by talking to the person in private, if you feel able to do so. Mention some of the things that concern you, for instance, that they've become depressed and withdrawn, have been losing weight or seem to be short of money.

Let them talk as much as they want to but be mindful that if they've been abused, they may be reluctant to talk about it because they are afraid of making the situation worse, do not want to cause trouble, or may be experiencing coercion or threats.

It's best not to promise the person that you will not tell anyone what's been said. If an adult is being abused or neglected, it's important to find help for them and stop the harm.

Stay calm while the person is talking, even if you're upset by what you hear, otherwise they may become more upset themselves and stop telling you what's been going on.

It can be very difficult for an abused or neglected person to talk about what's been happening to them. Unless you're concerned for their immediate health and safety, and feel it's vital to act straight away, give them time to think about what they'd like to do.

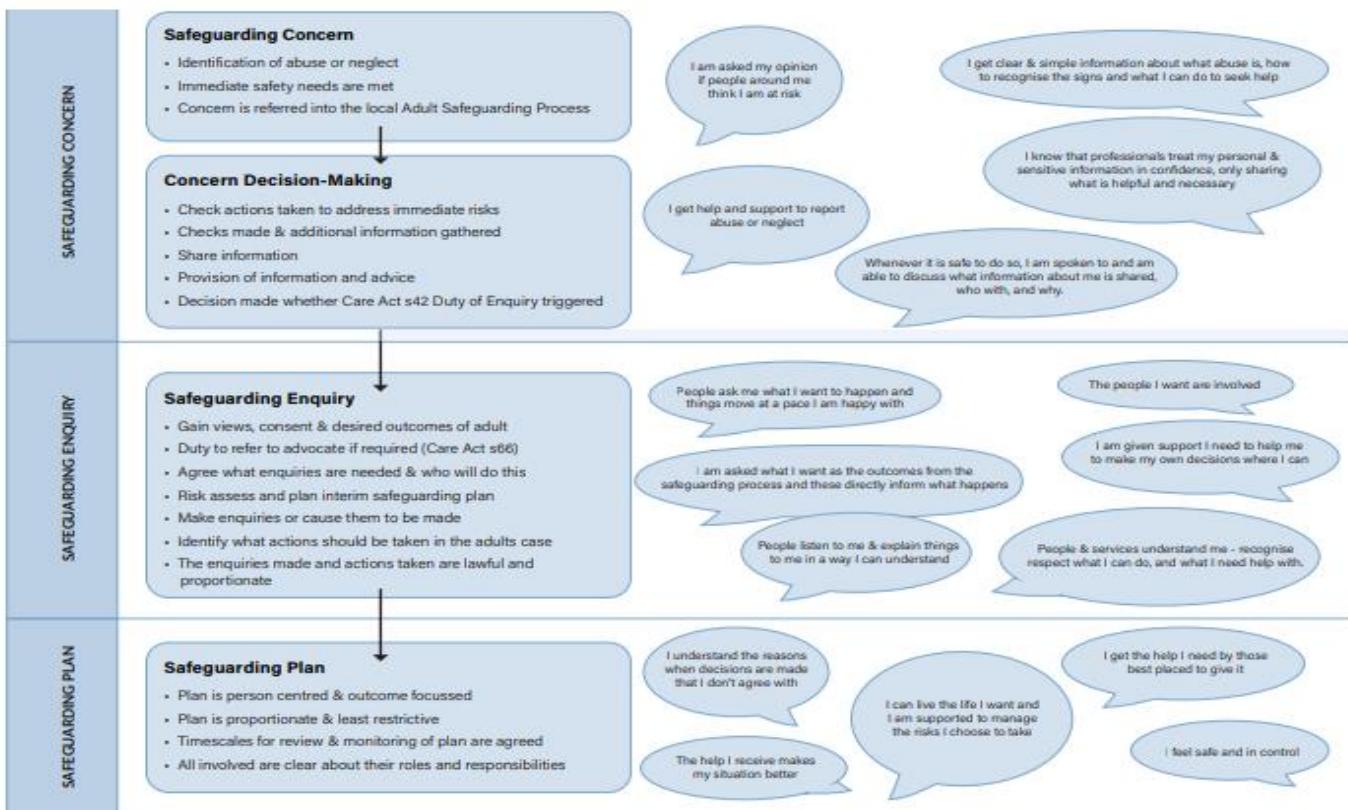
If you're right and the person has been abused or neglected, ask them what they'd like you to do. Let them know who can help them and tell them you can seek help on their behalf if they want or if it's difficult for them to do so themselves.

It's important to listen to what they say and not charge into action if this is not what they want.

## 6. Next Steps

It may be appropriate to ask social care for a mental capacity check.

The following diagram, taken from Local Authority Safeguarding Adults Boards, demonstrates the process of reporting and responding to concerns:



Our procedures also include:

- Wellbeing - de-briefs for students and staff.
- Address student concerns and reassure.
- Follow up Actions and plan with other agencies.
- Inform others as appropriate.

## 7. Information Sharing

The General Data Protection Regulation (GDPR), Data Protection Act 2018 and human rights law are not barriers to justified information sharing but provide a framework to ensure that personal information about living individuals is shared appropriately.

Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.

Seek advice from other practitioners, or your information governance lead, if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.

Where possible, share information with consent, and where possible, respect the wishes of those who do not consent to having their information shared. Under the GDPR and Data Protection Act 2018 you may share information without consent if, in your judgement, there is a lawful basis to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be clear of the basis upon which you are doing so. Where you do not have consent, be mindful that an individual might not expect information to be shared.

Consider safety and well-being; base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.

Necessary, proportionate, relevant, adequate, accurate, timely and secure: ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely (see principles).

Keep a record of your decision and the reasons for it, whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

Adults have a general right to independence, choice and self-determination including control over information about themselves. In the context of adult safeguarding these rights can be overridden in certain circumstances.

Emergency or life-threatening situations may warrant the sharing of relevant information with the relevant emergency services without consent.

The law does not prevent the sharing of sensitive, personal information within organisations. If the information is confidential, but there is a safeguarding concern, sharing it may be justified.

The law does not prevent the sharing of sensitive, personal information between organisations where the public interest served outweighs the public interest served by protecting confidentiality, for example, where a serious crime may be prevented.

Information can be shared lawfully within the parameters of the Data Protection Act 2018 and the General Data Protection Regulation (GDPR).

There should be a local agreement or protocol in place setting out the processes and principles for sharing information between organisations.

An individual employee cannot give a personal assurance of confidentiality.

Frontline staff and volunteers should always report safeguarding concerns in line with their organisation's policy – this is usually to their line manager in the first instance except in emergency situations.

It is good practice to try to gain the person's consent to share information.

As long as it does not increase risk, practitioners should inform the person if they need to share their information without consent.

Organisational policies should have clear routes for escalation where a member of staff feels a manager has not responded appropriately to a safeguarding concern.

All organisations **must** have a Whistleblowing policy (Please see separate Inclusion Education Whistleblowing policy).

The management interests of an organisation should not override the need to share information to safeguard adults at risk of abuse.

All staff, in all partner agencies, should understand the importance of sharing safeguarding information and the potential risks of not sharing it.

All staff should understand who safeguarding applies to and how to report a concern.

The six safeguarding principles should underpin all safeguarding practices, including information-sharing. [DfE non statutory information sharing advice for practitioners providing safeguarding services for children, young people, parents and carers](#)

## 8. Record Keeping

All personal information regarding a vulnerable adult, including that which identifies them, will be retained in line with Inclusion Education's Data Protection Policy and Record Management Policy.

All written records will be kept in a secure area and system which is access controlled.

All records will also be destroyed in line with our records management policy. We will ensure that access is available for those who need to know, but for all others it will remain absolutely confidential. For full information about data protection, please see our data policies and procedures.

Good record keeping is an essential part of the accountability of our organisation to those who use our services. Maintaining proper records is vital to an individual's safety. If records are inaccurate, future decisions may be wrong, and harm may be caused to the individual.

Where an allegation of abuse is made, all organisations have a responsibility to keep clear and accurate records. It is fundamental to ensure that evidence is protected, and records show what action has been taken, what decisions have been made, and why.

It is equally important to record when actions have not been taken and why. For example, if an adult with care and support needs, with mental capacity, chooses to make decisions that professionals consider to be unwise.

Inclusion Education will ensure that the following key questions are answered, and abided by, when determining what information to record, store and share:

- What information do staff need to know to provide a high-quality response to the adult concerned?
- What information do staff need to know to keep adults safe under the service's duty to protect people from harm?
- What information is not necessary?
- What is the basis for any decision to share, or not share, information with a third party?

## **9. Safer Recruitment**

Inclusion Education operates a separate safer recruitment process as part of its Recruitment policy.

On all recruitment panels, there is at least one member who has undertaken safer recruitment training.

The recruitment process checks the identity, criminal record (enhanced DBS), mental and physical capacity, right to work in the U.K., professional qualification and seeks confirmation of the applicant's experience and history through references.

## **10. Staff Training**

The DSL or their deputy will provide all new staff with training to enable them to both fulfil their role and to understand this safeguarding policy and Inclusion Education's procedures.

This induction may be covered within the annual training if this falls at the same time; otherwise, it will be carried out separately during the initial starting period. Additional safeguarding updates and briefings are delivered to all staff when appropriate throughout the year.

## **11. Off-site Visits**

A particular strand of health and safety is looking at risks when undertaking off site visits. Some activities, especially those happening away from the provision and residential visits, can involve higher levels of risk. If these are annual or infrequent activities, a review of an existing assessment may be all that is needed. If it is a new activity, a visit involving adventure activities, residential, overseas or an 'Open Country' visit, a specific assessment of significant risks must be carried out.

## **12. Legislative Framework**

The legislation below has informed the content of the policy and procedures and has been considered when writing and agreeing this policy.

### **Care Act 2014 and Statutory Guidance issued under the Act**

This sets out rules and guidance on all aspects of safeguarding and repeals the No Secrets guidance (2000). It is not set out in detail here as its contents inform the major parts of this policy.

### **Mental Capacity Act 2005 (MCA)**

The MCA 2005 was enacted to protect individuals and their freedoms. It empowers individuals to retain freedom of choice and, when choices cannot freely be made, it seeks to make sure that decisions are taken in the individual's best interests. Any decision taken on behalf of an individual who lacks capacity to make a specific decision must be based on their wishes so far as is possible. Best interest rules must be followed when making decisions for an adult who lacks capacity.

The Act is also a useful guide to interactions with people who may lack capacity. Everyone working with someone who might be considered to be vulnerable must have a working knowledge of the Act. The Act also complements Inclusion Education's other policies and its ethos. Therefore, it is included here both for information purposes and to note that Inclusion Education's volunteers, staff and Trustees will act within its principles at all times.

### Part 1 of the Mental Capacity Act 2005

The principles outlined in the Mental Capacity Act are:

- A person must be assumed to have capacity unless it is established that he/she lacks capacity.
- A person is not to be treated as unable to make a decision unless all practicable steps to help him/her to make a decision have been taken without success.
- A person is not to be treated as unable to make a decision merely because he/she makes an unwise decision.
- An action taken, or decision made, under this Act for, or on behalf of a person who lacks capacity, must be done, or made, in his/her best interests.
- Before the action is undertaken, 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.
- For the purposes of this Act, a person lacks capacity in relation to a matter if, at the material time, they are unable to make a decision for themselves in relation to the matter because of an impairment of, or a disturbance in the functioning of, the mind or brain.
- It does not matter whether the impairment or disturbance is permanent or temporary.
- A lack of capacity cannot be established merely by reference to:
  - a person's age or appearance; or
  - a condition of theirs, or an aspect of their behaviour, which might lead others to make unjustified assumptions about their capacity.

The Act also introduced Independent Mental Capacity Advocates who can be appointed if circumstances warrant an independent voice for someone considered to lack capacity.

### **Deprivation of Liberty Safeguards, Code of Practice 2008**

This sets out key provisions for the protection of those in some residential settings and hospitals who are deemed not to have capacity. It is a set of safeguards which ensure individuals are not unnecessarily deprived of their freedoms. Should a situation arise where a deprivation of liberty is required, such as to fulfil medical treatment, it must usually be authorised by the Local Deprivation of Liberty Team or, ultimately, the Court of Protection. It is the responsibility of our organisation to obtain the correct authorisation prior to any deprivation of liberty.

### **Safeguarding Vulnerable Groups Act 2006**

The purpose of this Act is to prevent harm from occurring to adults at risk by preventing those who may cause harm from being employed or volunteering in roles where they are in contact with them.

This gives legal effect in the UK to the fundamental rights and freedoms contained in the European Convention on Human Rights (ECHR).

This created a framework for whistleblowing across the private, public and voluntary sectors. The Act provides almost every individual in the workplace with protection from victimisation when they raise genuine concerns about malpractice in accordance with the Act's provisions.

All organisations must have a Whistleblowing Policy in place.

The Act introduced the Criminal Records Bureau check (CRB), which was replaced by the Disclosure and Barring Service (DBS) in 2012. The DBS undertakes basic, standard and enhanced checks in order to ensure that people who work with adults at risk are safe to do so. Basic DBS Checks can be obtained from the gov.uk website and Enhanced Checks can be obtained directly from DBS Check Online.

A DBS check will be sought for everyone who we employ to work with adults in our care, or adults at risk with whom we come into contact through our organisation.

### **The Human Rights Act 1998**

This gives legal effect in the UK to the fundamental rights and freedoms contained in the European Convention on Human Rights (ECHR).

The Act applies to all public authorities, such as central government departments, local authorities and NHS Trusts, and other bodies performing public functions, such as private companies operating prisons.

These organisations must comply with the Act, and an individual's human rights, when providing a service or making decisions that have a decisive impact upon an individual's rights. The Care Act extends the scope of the Human Rights Act. This incorporates registered care providers, both residential and non-residential, providing care and support to an adult, or support to a carer, where the care and support is arranged or funded by the Local Authority, including Direct Payment situations (Local Government Association, 2014). It does not incorporate entirely private arrangements concerning care and support.

Although the Act does not apply to private individuals or companies, except where they are performing public functions, public authorities have a duty to promote the human rights of individuals, and this entails a duty to stop people or companies abusing an individual's human rights. For example, a public authority that knows an adult is being abused by their privately funded carer has a duty to protect the adult from inhuman or degrading treatment.

The Human Rights Act covers everyone in the United Kingdom, regardless of citizenship or immigration status. Anyone who is in the UK for any reason is protected by the provisions of the Human Rights Act.

### **The Public Interest Disclosure Act 1998 (PIDA)**

This created a framework for whistleblowing across the private, public and voluntary sectors. The Act provides almost every individual in the workplace with protection from victimisation when they raise genuine concerns about malpractice in accordance with the Act's provisions. All organisations must have a Whistleblowing Policy in place.

### **Protection of Freedoms Act 2012**

This Act brought together the agencies which now undertake DBS checks and issue certificates.

## **The Equality Act 2010**

The principles of the Equality Act 2010 underpin this policy: it covers everyone in Britain and protects people from discrimination, harassment and victimisation.

## **Policy Implementation**

The Chief Executive is responsible for ensuring the implementation of this policy and that regular reviews take place.

All staff have a responsibility to adhere to this policy and will be made aware of this policy as part of their induction, supervision and training.

## **Physical Neglect**

Physical neglect is when an individual's health and/or development/general well-being is impaired due to inadequate care being provided.

## **Sexual Abuse**

The suspicion, or disclosure, that a person is involved in sexual activities that cause distress and/or to which the vulnerable adult has not given informed consent or he/she could not give consent, and/or which violate the sexual taboos of family roles, rape or attempted rape, sexual assault or harassment, not contact abuse e.g. voyeurism, photography.

## **Sexual Exploitation**

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

In all cases, those exploiting the adult have power over them by virtue of their age, gender, intellect, physical strength, and/or economic or other resources. There is a distinct inequality in the relationship.

## **Emotional/Psychological Abuse**

The systematic intimidation, blaming, controlling, cohesion, harassment or humiliation of a person, verbal abuse or deliberate continuous isolation of a person from social contact, abandonment, or failure to meet cultural requirements, humiliation and ridicule, faith abuse, failure to provide access to appropriate social skills and educational development training, withdrawal from services or supportive networks so that her/his potential for development is seriously impaired.

## **Domestic Abuse**

Domestic abuse involves any single incident or pattern of conduct where someone's behaviour towards another is abusive, and where the people involved are aged 16 or over and = are, or have been, personally connected to each other (regardless of gender or sexuality). The abuse can involve, but is not limited to: psychological, violent, threatening, controlling, coercive behaviour, sexual and financial.

## **Exploitation**

Opportunistically or premeditated, unfairly manipulating someone for profit, personal gain, modern slavery, human trafficking, and radicalisation. Signs can be similar to those relating to sexual exploitation and County Lines.

### **Exploitation – County Lines**

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 criminal exploitation as gangs use vulnerable people to move drugs and money.

There is often also some form of exchange (e.g. carrying drugs in return for something) where the victim is offered, promised or given something they need or want, the exchange can include both tangible (money, drugs, clothes etc) and intangible rewards (status, protection, perceived friendship, affection etc).

Some signs include:

- Persistently going missing from home/education and/or being found out-of-area;
- Unexplained acquisition of money, clothes, or mobile phones
- Excessive receipt of texts/phone calls
- Relationships with controlling/older individuals or groups
- Suspicion of physical assault/unexplained injuries
- Carrying weapons
- Significant decline in educational results/performance
- Gang association
- Self-harm or significant changes in emotional well-being

## **Financial Abuse**

The use of a person's assets and/or financial resources other than for purposes directed by them and/or other than their best interest. Including theft, exploitation, pressure in connections with wills, property, inheritance, or financial transactions. Also, the misappropriation of property, possessions and benefits.

## **III-Treatment or Wilful Neglect**

The Mental Capacity Act 2005 introduces two new criminal offences: ill treatment and wilful neglect of a person who lacks capacity to make relevant decision. For a person to be found guilty of ill treatment, they must either have deliberately ill-treated the person, or be reckless in their care of the person resulting in the person's ill treatment.

Examples include carers bullying an individual, failing to provide adequate food, clothing, medical aid or accommodation etc. Signs may be failing to thrive, poor personal hygiene, hunger, thirst, dehydration, fear, unremoved hazards and social isolation amongst others.

## **Discriminatory Abuse**

This type of Abuse is motivated by discriminatory and oppressive attitudes on the grounds of disability, gender, gender identity/reassignment, age, race, religion, belief, sexual orientation, and political beliefs.

It may manifest as physical/sexual/financial/psychological abuse or theft, neglect and harassment. It includes racist, sexist, homophobic or ageist comments, jokes or any other form of harassment. It also includes not responding to dietary needs and not providing appropriate spiritual support.

### **Neglect/Neglect of Self**

Self-injurious behaviour and acts of omission. Failure of a person to care for him/herself, with the result that there is a likely or actual serious impairment to their health and the failure of carers to recognise this and to take appropriate corrective action.

### **Institutional/Organisational Abuse**

This is 'the mistreatment, abuse or neglect of an adult at risk by a regime or individuals. It can take place within settings and services that adults at risk live in or use. It violates the person's dignity and is a lack of respect for their human rights. The abuse occurs when the routines, systems, and regimes of an institution result in poor or inadequate standards of care or poor practice. It can take the form of organisations failing to address examples of poor practice brought to their attention' (SCIE 2013).

### **Radicalisation**

This 'refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism" (Prevent HM Govt. 2011) CareTech recognises the threat of terrorism and understands many terrorists are radicalised in the course of their contact with others. Adults at risk are particularly prone to being exploited and adopting extremist agenda. A separate

PREVENT policy is in place for risks relating to radicalisation. Please refer to the link below for guidance.

Please refer to CambianPoint:

- Policy 26 – Preventing Extremism and Radicalisation
- Policy 129.04 – Filtering & Monitoring of Digital Technology

### **Modern Slavery or Human Trafficking**

This constitutes slavery, servitude and forced or compulsory labour. Someone is in slavery if they are:

- Forced to work – through mental or physical threat;
- Owned or controlled by an 'employer', usually through mental or physical abuse or the threat of abuse;
- Dehumanised, treated as a commodity or bought and sold as 'property';
- Physically constrained or has restrictions placed on his/her freedom of movement.

Slavery takes various forms and affects people of all ages, gender and races. Adults who are enslaved are not always subject to human trafficking. Recent court cases have found homeless adults who were promised paid work to be enslaved and forced to work and live in dehumanised conditions. This is in addition to adults with a learning difficulty who were restricted in their movements and threatened in order to hand over their finances and work for no gains.

### **Female Genital Mutilation (FGM)**

Female genital mutilation (FGM) is the partial or total removal of external female genitalia for non-medical reasons and it can be known as female circumcision, cutting or Sunna. Sometimes, religious, social or cultural reasons are put forward for this happening but it is abuse and a criminal offence, to a woman or child. The term covers all harmful procedures to the female genitalia for non-medical

purposes. More information can be found by contacting <https://www.victimsupport.org.uk/you-co/types-crime/child-abuse/female-genital-mutilation-fgm/>

### **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 a third party in identifying a spouse. In a situation where there is concern that an adult 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 adult safeguarding process. In this case action will be coordinated with the police and other relevant organisations. The police must always be contacted in such cases as urgent action may need to be taken. The Anti-social Behaviour, Crime and Policing Act 2014 make it a criminal offence to force someone to marry.

### **Honour-based Violence**

Honour-based violence will usually be a criminal offence, and referring to the police must always be considered. It has or may have been committed when families feel that dishonour has been brought to them. Women are predominantly (but not exclusively) the victims and the violence is often committed with a degree of collusion from family members and/or the community. Adult safeguarding concerns that may indicate honour-based violence include domestic violence, concerns about forced marriage, enforced house arrest and missing person's reports.

### **Mate Crime**

A 'mate crime' as defined by the Safety Net Project is 'when vulnerable people are befriended by members of the community who go on to exploit and take advantage of them. It may not be an illegal act but still has a negative effect on the individual.' Mate crime is often difficult for police to investigate, due to its ambiguous nature, but should be reported nonetheless. Mate Crime is carried out by someone the adult knows and often happens in private. In recent years there have been a number of Serious Case Reviews relating to people with a learning disability who were murdered or seriously harmed by people who purported to be their friend.

### **Restraint**

Unlawful or inappropriate use of restraint or physical interventions may constitute a criminal offence in some circumstances. Restraint is the use of force, threatening to use force, physically making someone do something they are resisting, or where freedom of movement is restricted.