



SAFEGUARDING ADULTS' POLICY

Policy reviewed by	Safeguarding Lead
Date reviewed	2 nd December 2025
Trustees Committee	Full Board
Approval/Oversight	Approval
Next review date	2 nd December 2026

1 POLICY CONTROL

1.1 Related Policies

Description	Date of Update
Child Safeguarding Policy	2nd December 2025
Code of Conduct	2nd December 2025
Complaints Policy	2nd December 2025
Equality, inclusion and Diversity Policy	2nd December 2025
Health and Safety policy	2nd December 2025
Bullying and harassment policy	2nd December 2025
Freedom to Speak out (Whistleblowing)	2nd December 2025
Recruitment policy – safer recruitment / DBS	2nd December 2025
Volunteer Confidentiality Agreement	2nd December 2025
Data Privacy Policy	2nd December 2025
Serious / Incident Reporting Policy	2nd December 2025

2 INTRODUCTION

Safeguarding means protecting people's right to live safely, 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.

3 POLICY EQUALITIES STATEMENT

Transformation CPR is committed to practices that protect from harm regardless of a person's age, gender, disability, racial heritage, religious belief, sexual orientation or any other characteristic as covered by the Equality Act 2010.

4 AIMS OF THE POLICY

This policy, taken together with Cornwall Council's Multi-Agency Safeguarding Policies, represents commitment to working together to safeguard adults from abuse, neglect and exploitation. It clarifies the roles and responsibilities of employees, trustees and volunteers in relation to developing their own awareness and skills as well as the policies and procedures that must be followed.

The policy outlines:

- The practice and procedure for representatives within Transformation CPR to contribute to the prevention of the abuse and neglect, and
- A clear framework for action including information sharing when abuse is suspected.

5 SCOPE AND DEFINITIONS OF THE POLICY

Whose business is safeguarding?

Legislation establishes that safeguarding is everybody's business. This organisation recognises that we all play a key role in preventing, detecting, reporting and responding to abuse, neglect or exploitation.

5.1 The Scope

The policy applies to activities delivered by Transformation CPR. Where Transformation CPR delivers any activities in partnership with another body this policy applies - unless a formal agreement exists that specifically details safeguarding arrangements and the roles and responsibilities of the parties to the agreement.

Where a formal partnership exists, the trustees will review the partner's safeguarding policy and

procedures at least annually and will ensure procedures meet the standards set out in this policy.

The policy applies in respect of this organisation's responsibility towards the following groups of people:

- An 'adult at risk of abuse or neglect with care and support needs' however for the purpose of this policy we will use the term vulnerable adult to refer to this group.
- Employees, trustees and volunteers who come into contact with children or vulnerable adults during the course of their work or volunteering responsibilities.
- Contractors when carrying out work on behalf of the organisation.

5.2 Definitions

Adult Safeguarding is defined as:

- Protecting an adult's right to live in safety, free from abuse and neglect aiming to ensure that each adult is supported to maintain:
 - Wellbeing
 - Choice and control
 - Safety
 - Good health
 - Dignity and respect

6 LEGAL FRAMEWORK

Transformation CPR work within the framework of legislation and guidance in relation to safeguarding and protection of vulnerable adults. An index of key legislation is contained in Appendix 3.

6.1 All staff and volunteers will consider the following when raising a concern:

- Safeguarding is mainly aimed at individuals with care and support needs whose circumstances may put them at risk of abuse or neglect by others - **DUE CONSIDERATION MUST ALSO BE GIVEN TO PEOPLE WHO NEED TO USE A FOOD BANK GIVEN THE INHERENT VULNERABILITY RESULTING FROM A PERSON'S IMMEDIATE CIRCUMSTANCES.**
- Abuse is defined as a violation of an individual's human and civil rights; it may consist of a single act or repeated acts
- The nature and extent of the abuse including whether it is a criminal offence
- The impact of the abuse on the person and the physical and /or psychological harm being caused and whether the abuse is having an impact on other people
- Deprivation of liberty, where people living in care homes, hospitals or other institutions are looked after in a way that does not inappropriately restrict their freedom

7 TYPES OF ABUSE

The Care Act 2014 identified 10 categories of abuse. There is an additional category for statutory services the Prevent Duty – preventing radicalisation. This duty comes from the Counter-Terrorism and Security Act 2015:

- **Physical abuse** – Involves any manner of causing physical harm to a child or vulnerable adult or fabricating symptoms of, or inducing illness in, a child or vulnerable adult, including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions, administering or allowing access to drugs or alcohol.
- **Domestic abuse** – The 2021 Domestic Abuse Act defines domestic abuse as; Behaviour of a person ("A") towards another person ("B") is "domestic abuse" if— (a) A and B are each aged 16 or over and are "personally connected" to each other, and (b) the behaviour is abusive. Behaviour is "abusive" if it consists of any of the following—
 - (a) physical or sexual abuse;
 - (b) violent or threatening behaviour;

- (c) controlling or coercive behaviour;
- (d) economic abuse (see below);
- (e) psychological, emotional or other abuse; and it does not matter whether the behaviour consists of a single incident or a course of conduct.

“Economic abuse” means any behaviour that has a substantial adverse effect on B’s ability to — (a) acquire, use or maintain money or other property, or (b) obtain goods or services.

Definition of “personally connected” Two people are “personally connected” to each other if any of the following applies —

- they are, or have been, married to each other;
- (b) they are, or have been, civil partners of each other;
- (c) they have agreed to marry one another (whether or not the agreement has been terminated); Domestic Abuse Act 2021 Statutory Guidance 22
- (d) they have entered into a civil partnership agreement (whether or not the agreement has been terminated);
- (e) they are, or have been, in an intimate personal relationship with each other;
- (f) they each have, or there has been a time when they each have had, a parental relationship in relation to the same child (a person has a parental relationship in relation to a child if —
 - (a) the person is a parent of the child, or;
 - (b) the person has parental responsibility for the child.

In this section — “child” means a person under the age of 18 years; “civil partnership agreement” has the meaning given by section 73 of the Civil Partnership Act 2004; “parental responsibility” has the same meaning as in the Children Act 1989; “relative” has the meaning given by section 63(1) of the Family Law Act 1996.
- (g) they are relatives.

Although children under 16 years old abusing adults does not fit the current legal definition of domestic abuse it is still a serious issue that requires attention and supervision. Child-to-parent-abuse (CPA_ or adolescent-to-parent abuse (APA) is any behaviour used by a child or young person to control, dominate or coerce parents. This is more common than you might imagine, and the adult often does not report this. This form of abuse can include emotional, verbal, physical or financial abuse and includes “coercive control”, or in other words, the parent or other adult is compelled to change their own behaviours for fear of further abuse. Transformation CPR recognises that if a child is causing harm to an adult with care and support needs, this should be dealt with under the Local Authority adult safeguarding policy and procedures, but will also need to involve the Local Authority Children’s Services.

Support can be gained from the following UK-based organizations that offer support for Child-to-Parent Abuse (CPA):

- Parental Education Growth Support (PEGS): They provide support for parents experiencing CPA, training for professionals, and policy consultancy. You can find more information on their website.
- RISE UK: They offer a helpline at 01273 622822 and provide support for parents, step-parents, and grandparents experiencing CPA. More details are available on their website.
- Respect: This organisation focuses on Child and Adolescent to Parent Violence and Abuse (CAPVA) and offers training and support for families. Visit their website for more information.

- **Sexual abuse** – Sexual abuse involves forcing or enticing any child or vulnerable adult of whatever age to take part in any form of sexual activity, whether or not s/he is aware of what is happening; or behaving, or inducing a child/ vulnerable adult to behave, in sexually inappropriate ways - including rape, indecent exposure, sexual harassment, inappropriate looking and touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

This includes inappropriate sexual relationships with people in positions of power or influence. The victim may have been sexually exploited even if the sexual activity appears consensual. Sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

- **Psychological / emotional abuse** – the persistent emotional ill treatment of a child or vulnerable adult such as to cause severe and enduring effects on a child's emotional development including threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

It is important to note that within faith communities a further aspect of psychological / emotional abuse is Spiritual abuse.

Spiritual abuse is a form of emotional and psychological abuse that involves using someone's religious or spiritual beliefs to exert power and control over them. It can occur within religious organisations or personal relationships and is characterised by a systematic pattern of coercive and controlling behavior in a religious context.

- **Financial or material abuse** – including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, possessions or benefits.
- **Modern slavery** – encompasses slavery, human trafficking, and forced labour and domestic servitude, where traffickers and slavers coerce, deceive and force individuals into a life of abuse, servitudes and inhumane treatment
- **Discriminatory abuse** - including forms of harassment, slurs, exclusion, or similar treatment. This includes discrimination on the grounds of a person's protected characteristics including; race, age, disability, gender, sexual orientation, political views, faith or religion (including where someone is discriminated against because they have no religion), as well as racist, sexist, homophobic or ageist comments.

Discriminatory abuse includes - **Hate crime** – a hate crime is any criminal offence that is motivated by hostility or prejudice based upon the victim's disability, race, religion or belief, sexual orientation, or transgender identity.

- **Organisational abuse** - Including neglect and poor care practice within an institution or special care setting such as a hospital or care home, or where care is provided within their own home.
- **Neglect and acts of omission** - Neglect involves the persistent failure to meet a child's or vulnerable adults basic physical and/or psychological needs, likely to result in the serious impairment of the person's health and development – these include ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, social care or

educational services, and the withholding of the necessities of life such as medication, adequate nutrition and heating, access to family and friends.

Neglect includes Self-neglect - Self-neglect covers a wide range of behaviour, neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

- **Prevent** - The Prevent strategy is a key part of the UK's overall counter-terrorism strategy, known as CONTEST. The aim of Prevent is to stop people from being drawn into terrorism by identifying and supporting individuals who are at risk of radicalisation.

Further information on recognising the signs and symptoms of abuse can be found in Appendix 5.

8 INFORMATION SHARING AND CONSENT

Sharing the right information, at the right time, with the right people, is fundamental to good practice in safeguarding. Transformation CPR will share safeguarding information with the right people at the right time to:

- Prevent death or serious harm
- Coordinate effective and efficient responses
- Enable early interventions to prevent the escalation of risk
- Maintain and improve good practice in safeguarding
- Reveal patterns of abuse that were previously undetected and that could identify others at risk of abuse
- Identify low-level concerns that may reveal vulnerable adults at risk of abuse
- Help families and vulnerable adults access the right kind of support to reduce risk and promote wellbeing
- Help identify people who may pose a risk to others and, where possible, work to reduce offending behaviour
- Reduce organisational risk and protect reputation All information and concerns should be raised with the Safeguarding Lead, or if they are not available, their deputy, who will then make the decision as to whether to share information with another agency including social care or the police. In the case of severe concerns where delay in contacting the Safeguarding Lead could result in further harm the worker/volunteer should contact the relevant statutory authorities immediately and inform the Safeguarding Lead as soon as possible afterwards.

Ideally information should only be shared with other agencies including the police and social care if the consent of the person concerned (or their parents/carers where appropriate) has been obtained.

Obtaining informed consent to share information is best practice and is often key to ensuring any further support or action is successfully maintained, based on trust and transparency. There are however exceptions to this. Exceptions to this include:

- Where gaining consent would put the vulnerable adult, or this organisation's volunteers/workers at further risk of significant harm.
- Where a vulnerable adult is assessed as not having the 'mental capacity' to make this decision, in this case appropriate representatives/advocates should be consulted, however the final decision will be made by the Transformation CPR Safeguarding Officer.
- Where a crime has taken place and there is an overriding public duty for the police to investigate.
- Where other adults at risk children may be at risk of harm from the person/group/agency suspected of causing abuse.

In making the decision whether to share information without consent consideration will therefore be

given to the seriousness and pervasiveness of the abuse: the ability of the individual to make decisions; the effect of the abuse on the individual in question and on others; whether a criminal offence has occurred; and whether there is a need for others to know (e.g. to protect others who may not be involved in the immediate situation).

If the decision is made not to share information because consent has been withheld and the exceptions given above do not apply then the person will be advised of any actions they can take or other support they can access. They will also be made aware of the fact that they can change their minds at any point. Decisions about sharing information (or not) will be clearly recorded with reasons stated.

9 CONFIDENTIALITY AND RECORDING

Every effort should be made to ensure that confidentiality is maintained for all concerned both when an allegation is made and whilst it is being investigated. Confidentiality can only be broken and a concern shared when it is in the best interest of the vulnerable adult or in the public interest to do so – the circumstances for this are outlined in section 8 above.

All records will be written, stored and destroyed with due regard for confidentiality and in line with Transformation CPR's policy on record keeping and in adherence with the Data Protection legislation. Staff and volunteers will be trained and supported to maintain and store accurate records.

10 REPORTING PROCEDURE

1. Any concerns should be reported immediately to the Safeguarding Lead or in their absence, the Deputy Safeguarding Lead, who can advise on appropriate next steps including whether to refer to statutory services. , m If neither the Safeguarding Lead or Deputy Safeguarding Lead are available, any concerns should be reported to the Chief Executive Officer.

2. A Safeguarding Concern Report Form (Appendix 2) will be completed by the employee/volunteer or by the Safeguarding Lead using information relayed by the person reporting the concern. Information recorded on the form must:

- a. Be accurate
 - b. Wherever possible include the actual words said by the vulnerable adult rather than an interpretation of what was said.
 - c. Specific facts relating to the named people dates, places etc. should be recorded accurately along with any details of the injuries or consequences i.e. where they are and what they looked like.
 - d. Information may also need to be reported under the Health and Safety Policy and Procedures.
3. Where necessary the Safeguarding Lead (using Cornwall Council's Threshold Guidance (Appendix 3)) will report the concern to Adults Social Care Services, providing a copy of the Safeguarding Concern Form, and where appropriate a chronology of events.

Telephone Safeguarding Adults/Access Team at 0300 1234 131 ¹. They are available during normal working hours.

Out of hours telephone number is 01208 251300

Or online referral [Safeguarding adults - Cornwall Council](#)

Check with them what action should be taken and by who.

Make a note of the person you spoke to including what they told you, their name and contact details.

(See Appendix 4 for Adult Safeguarding Flow Chart)

4. If a criminal offence has been committed the Transformation CPR's Safeguarding Lead will call the police and any other linked agencies as necessary. (The police will decide if the concern is a crime.)

5. Cornwall Council's Adults Services may then take the lead on any investigation and inform other agencies, where appropriate, or agree that Transformation CPR will undertake the investigation (caused enquiry) and report back to the council.

6. The Safeguarding Lead will provide any further information to Statutory Services as required.

7. Completed safeguarding concern forms will also be kept centrally by the Safeguarding Lead, stored in a locked cabinet with restricted access, away from other personal files.

Where completed Safeguarding Concern forms are stored electronically, they will be kept on the shared drive with restricted access to the Senior Leadership Team, in line with this policy and the Data Protection Policy.

8. Where incidents that have resulted in (or risk) significant harm to beneficiaries, the Safeguarding Lead will notify the Board of Trustees who may be required to be report the incident to the charities regulator as a Serious Incident.

11 PROCEDURE IF A MEMBER OF STAFF OR VOLUNTEER HAS A SAFEGUARDING CONCERN ABOUT A PERSON IN A POSITION OF TRUST (PiPoT) STAFF, VOLUNTEER, TRUSTEE

Safeguarding concerns may include concerns staff or volunteers may have about individuals in a position of Trust within Transformation CPR. Examples of such concerns include:

- Unprofessional behaviour
- Bullying by staff
- Any form of abuse (physical, sexual, emotional or neglect)
- Name calling
- Personal contact with adults, children and young people which is contrary to the organisation's policies and codes of conduct
- Any form of racial abuse
- Inappropriate sexualised behaviour
- Knowledge about an individual's personal circumstances which may indicate they could be a risk to adults and/or children
- Persistent and enduring rumours including un-investigated historical rumours.

Concerns about a person in a position of trust (PiPoT) can be reported directly to the Safeguarding Lead, the CEO or any of the Trustees. These concerns can also be reported as:

- A complaint

Anyone not feeling confident, for whatever reason in raising concerns about staff, trustees, volunteers via safeguarding process or a complaint can also use the whistleblowing policy – (also known as freedom to speak out) policy.

For concerns about a person in a position of trust, Transformation CPR's Safeguarding Lead will follow the Local Authority 'Person in Position of Trust (PiPoT)' policy for an assessment of which agency will lead the enquiry into the concern. Reporting via the PiPoT process ensures Transformation CPR's transparency and demonstrates good safeguarding knowledge.

If it is felt there exists a significant risk of harm being caused to another person, then the person can raise their concerns directly with Cornwall Council's social services.

Things to remember

- All safeguarding concerns and disclosures¹ – (terminology using allegations are now referred to as concerns/disclosures will be treated seriously - the safety of the vulnerable adult is paramount.
- Staff and volunteers should stay calm, listen and reassure the person they are concerned about that they are being listened to.
- Staff and volunteers should always demonstrate a sensitive approach.
- Staff and volunteers should be aware of the possibility of a police investigation and are not to investigate any allegation themselves.
- Staff and volunteers will explain that they are required to share information with those people who need to know but not with other staff or volunteers. Absolute confidentiality cannot be promised.
- If there is immediate danger, or someone requires urgent medical attention, then the police or ambulance should be called immediately, and the Safeguarding Lead informed as soon as

¹ The shift from using the term "**allegation**" to "**reporting a concern**" in safeguarding terminology is significant. The term "**allegation**" often implies a formal accusation and can carry a negative connotation, potentially influencing perceptions and responses to the reported incident, in particular for the adult who may feel that the term allegation suggests that they are not believed or being taken seriously..

On the other hand, "**reporting a concern**" is more neutral and emphasizes the importance of taking all concerns seriously, regardless of whether they are substantiated.

This change aims to encourage a more supportive and proactive approach to safeguarding, ensuring that all reports are treated with the appropriate level of care and attention.

possible.

12 MONITORING

Information about safeguarding cases and how they were dealt with will be reviewed and reported on regularly to the Board of Trustees.

Areas to focus on include:

- How quickly the concern was reported to the Safeguarding Lead
- Whether a concern was reported to statutory agencies
- How quickly a concern was made to the police/Adults Services (where relevant)
- Accuracy of information recorded
- The quality of the input into the safeguarding process (feedback from police/Adults Services)
- Outcomes of safeguarding process
- Whether any incidents highlighted training issues or a need to amend in-house procedures
- Whether the incident should be notified to the charity regulator under Serious Incident Reporting procedures

Reports to trustees should focus on the issues and the organisation's response to an incident not the specific details of an individual case.

Reports made to the trustees should be captured in a Safeguarding Incident Register. This is to enable the organisation to reflect on and improve its practice in developing an effective safeguarding culture.

The policy and procedure will be reviewed and audited regularly or if legislation changes.

13 GOOD PRACTICE

13.1 Recruitment of staff and volunteers

- All staff and volunteers will be subject to safer recruitment processes; including obtaining two references.
- All staff and volunteers responsible for supervising vulnerable adults will undergo an enhanced DBS check if their role falls within the eligibility guidelines. Community Health and Wellbeing Workers all have enhanced DBS checks as they provide health and financial advice to vulnerable adults. Volunteers are not to be on their own with people using the food bank or community hub.
- 2. All references will be taken up before start of volunteering or employment and should be provided in writing or transcribed where received verbally. Transformation CPR will make all reasonable efforts to ensure that references are bona-fide and will seek alternatives where in doubt.
- 3. All staff and volunteers have a duty to disclose any unspent convictions. Failing to do so may be regarded as gross misconduct or a breach of the volunteering agreement.
- 4. Staff and volunteers without a criminal records check will not be permitted unsupervised access to vulnerable adults.
- 5. DBS will be renewed every three years.

13.2 TRAINING

1. All staff and volunteers will familiarise themselves with all Transformation CPR's policies and procedures, including safeguarding, during induction. A checklist must be signed and returned to confirm they have read the policies and procedures in the Volunteer/Staff Handbooks. Completed checklists are kept in the HR folder.
2. All staff and volunteers will complete basic Safeguarding training and other relevant training as

required.

All Trustees, volunteers and staff will be made aware of:

- The possibilities of abuse and neglect of vulnerable adults
- Local procedures and know the names and contact details of relevant local and national professionals and organisations (see Appendix 1).

In addition, all staff and volunteers, including trustees will be required to undertake refresher safeguarding training annually. This will be both adult and child safeguarding training. Training from other organisations will be accepted if a copy of the training certificate is supplied with an outline of what the training included and the date it was completed.

14 MANAGEMENT AND SUPERVISION

The Safeguarding Lead is responsible for clarifying with staff and volunteers their roles and responsibilities regarding the safeguarding of vulnerable adults. Supervision of staff and volunteers will provide opportunity for monitoring working practices and offer the opportunity to raise any concerns. Trustees hold the ultimate responsibility for safeguarding, even if certain tasks are delegated to others, including teams or a safeguarding lead.

Safeguarding governance in the Charity is the Trustees' responsibility and includes positive safeguarding culture, to ensure the safety and well-being of everyone who comes into contact with the charity.

Essential duties:

- Identify and Manage Risks: Trustees must identify any safeguarding risks associated with the charity's activities and take steps to manage them.
- Implements suitable Policies and Practices: Ensure that the charity has robust safeguarding policies and practices in place, which are understood and followed by everyone involved.
- Conduct Necessary Checks: Ensure that the Board of trustees has confidence in the operational safeguarding lead that appropriate checks on Trustees, volunteers, and staff to ensure they are suitable for their roles. This may include background checks and references.
- Protect Volunteers and Staff: Implement clear policies on bullying, harassment, and whistleblowing, and ensure/gain assurance that volunteers and staff know how to raise concerns.
- Handle and Report Incidents Appropriately: Follow the charity's policies and procedures when handling incidents or allegations of abuse and report any serious incidents to the relevant authorities.

These responsibilities help create a safe environment for everyone involved with the charity.

15 ROLES AND RESPONSIBILITIES

NAME	ROLE/RESPONSIBILITIES
Joyce Duffin	Safeguarding Lead
Catherine Eastman	Deputy Safeguarding Lead
Barbara Ellenbroek	Safeguarding Trustee
Jonathan Nankivell	Chair of Trustees

16 SIGNATURE

Signed for on behalf of Transformation CPR

Signed

Jonathan Nankivell
Chair of Trustees

Date:

Appendix 1

KEY CONTACTS

If someone is injured or in imminent danger, call 999.

- Safeguarding Lead – Joyce Duffin 07458 981289 joyce@transformationcpr.org
- Deputy Safeguarding Lead – Catherine Eastman 07863036864
- Trustee/Safeguarding Officer – Barbara Ellenbroek barbara@transformationcpr.org
- Cornwall Council Safeguarding Adults Team 0300 1234 131 (office hours)
- Out of hours 01208 251300

Other National Advice Providers

- The Action Elder Abuse Confidential Free phone help Line - 0808 808 8141 - 9am-5pm

If you think a crime has taken place

- Local police – 0845 123 33 33
- Devon and Cornwall Police – 101

Appendix 2

SAFEGUARDING CONCERN ALERT FORM

(Confidential when complete)

For Office Use									
Date and Time of Incident	DD/MM/YYYY 00:00								
Name of Person Completing this form	Your name								
Passed to Safeguarding Officer (SO)	Name of SO								
Method of communication	Choose an item								
Received by SO	DD/MM/YYYY 00:00								
About the incident, safeguarding concern or identified Risks									
Individual(s) identified at risk (select all that apply): <table border="0"><tbody><tr><td>☐ Person using the Food Bank</td><td>☐ Partner/spouse</td></tr><tr><td>☐ Food bank Volunteer</td><td>☐ Cohabiting individual</td></tr><tr><td>☐ Staff/ employee</td><td>☐ Friend/ neighbour</td></tr><tr><td>☐ Children/Young person</td><td>☐ Other</td></tr></tbody></table> If "other" please specify.		☐ Person using the Food Bank	☐ Partner/spouse	☐ Food bank Volunteer	☐ Cohabiting individual	☐ Staff/ employee	☐ Friend/ neighbour	☐ Children/Young person	☐ Other
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☐ Food bank Volunteer	☐ Cohabiting individual								
☐ Staff/ employee	☐ Friend/ neighbour								
☐ Children/Young person	☐ Other								
About the person(s) at risk Name: Forename & Surname Address: Click or tap here to enter text. Date of birth: Click or tap to enter a date. Gender: Click to enter text.									
Is the alleged perpetrator known to the person at risk: ☐ Yes ☐ No									
What is their relationship to the person at risk: ☐ Carer ☐ Professional									

☐ Family member ☐ Neighbour ☐ Another vulnerable person	☐ Friend ☐ Self ☐ Other If "other" please specify.		
Please provide a brief description of the allegation/concerns: Use this space to clarify basic information. Record factual details about what was said. Include: - Date, time, location of incidents - People involved - What was observed - What was heard - What was disclosed/said to you –using their own words			
Please provide a brief outline of actions taken/ support offered: Outline what action was taken at the time of the incident. If there is evidence what has been done to preserve this etc.			
Have you discussed your concerns with the person at risk (or legal guardian in the case of a child), where doing so does not increase the risk of harm and informed them of any actions you proposed to take: ☐ Yes ☐ No Has the person at risk given their consent to sharing the information with appropriate external agencies and/or statutory services: ☐ Yes ☐ No			
For the Safeguarding Officer to complete			
Type of risk/ abuse identified or suspected (select all that apply): <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> ☐ Self-neglect ☐ Exploitation (including financial) ☐ Domestic Violence ☐ Modern Slavery ☐ Sexual Abuse ☐ Physical Abuse </td> <td style="width: 50%; vertical-align: top;"> ☐ Emotional/ psychological Abuse ☐ Discrimination ☐ Neglect ☐ Coercive controlling behaviour ☐ Grooming </td> </tr> </table>		☐ Self-neglect ☐ Exploitation (including financial) ☐ Domestic Violence ☐ Modern Slavery ☐ Sexual Abuse ☐ Physical Abuse	☐ Emotional/ psychological Abuse ☐ Discrimination ☐ Neglect ☐ Coercive controlling behaviour ☐ Grooming
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Additional actions/ measures: List measures as bullets	
Is a further Risk Assessment needed for the FB to managed identified risks/ concerns: ☐ Yes ☐ No	
Has the incident/ concern been reported to statutory social care services: ☐ Yes ☐ No	
Concerns shared with external agencies N.B. If you have concerns for a person's immediate safety then contact the emergency services.	☐ Police ☐ Social Care ☐ Original referral agency ☐ Other If other please specify.
Safeguarding Incident Register updated for the charity Trustees/ Management Group: ☐ Yes ☐ No	

Appendix 3

Cornwall and the Isles of Scilly Safeguarding Threshold Guidance. [threshold_guidance_-_approved.pdf](#)

CioS Safeguarding Adults Board Guide to identifying quality, risk and safeguarding concerns relating to adults - Adult safeguarding is everyone's responsibility

Introduction

Adults have the right to live life free from harm and abuse and with dignity and respect.

Adults at Risk

Section 42 of the Care Act 2014 creates a duty in relation to adult safeguarding:

S42 Enquiry by local authority

{1} This section applies where a local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there)-

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

{2} The local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case (whether under this Part or otherwise) and, if so, what and by whom.

The local authority retains the responsibility for overseeing a safeguarding enquiry and ensuring that any investigation satisfies its duty under section 42 to decide what action (if any) is necessary to help and protect the adult, and to ensure that such action is taken when necessary.

The Care Act 2014 sets out a clear legal framework for how local authorities and other parts of the system should protect adults at risk of abuse or neglect. Local authorities have new safeguarding duties. They must:

- **lead a multi-agency local adult safeguarding system** that seeks to prevent abuse and neglect and stop it quickly when it happens
- **Make enquiries, or request others to make them**, when they think an adult with care and support needs may be at risk of abuse or neglect and they need to find out what action may be needed
- **Establish Safeguarding Adults Boards**, including the local authority, NHS and police, which will develop, share and implement a joint safeguarding strategy
- **Carry out Safeguarding Adults Reviews** when someone with care and support needs dies as a result of neglect or abuse and there is a concern that the local authority or its partners could have done more to protect them
- **Arrange for an independent advocate** to represent and support a person who is the subject of a safeguarding enquiry or review, if required.

Purpose of this guidance

Identifying when safeguarding referrals should be made is not always easy, especially when you do not have the consent of the person. This guidance is directed towards practitioners/providers and aims to ensure safeguarding concerns are reported and investigated at the appropriate level and to have a consistency of approach across agencies. It will also aid decision making to ensure the most appropriate and proportionate response to the concern, taking account of the person's views and wishes.

Threshold decision-making can be complex; often an incident may consist of several types of abuse which must be factored into decision making. For example, a medication error could be an indication of institutional, physical, psychological abuse or neglect. However, a medication error may be an isolated omission and is therefore more a quality of care issue.

This Adult Safeguarding threshold document is a **guide** to help decide when to report a safeguarding concern. The framework assists you to identify the levels of support and the response required when a type of harm or abuse is recognised. Service responses must be directed at preventing vulnerability and risk and promoting the welfare and safety of adults at risk of abuse. The framework should be used in conjunction with your own organisation's and other multi-agency procedures. It has been produced so that everyone who works with adults at risk can offer:

- Consistency in identifying and responding to harm and abuse
- A framework that enables multi agency partners to reduce the risk of harm and abuse
- A way of differentiating between quality issues and safeguarding risks

The framework has been agreed by the Local Safeguarding Adults Board (LSAB) and will be used by all agencies, in the public, private and voluntary sectors that provide adult services

Principles

This framework is underpinned by the principles of safeguarding from Care Act Statutory Guidance and the statutory principles of Mental Capacity Act 2005. Making Safeguarding Personal must also be applied by all agencies working in adult provision:

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

Key Considerations

In establishing the nature and extent of potential harm experienced by a person you should take into account a number of key considerations:

- How long has the alleged abuse been occurring for?

- Is there a pattern of abuse?
- Have there been previous concerns - not just safeguarding adult referrals, but other issues related to the adult at risk, e.g. Anti-social behaviour, hate crime incidents, but also in relation to the person alleged to be responsible for abuse or neglect?
- Any other adults at risk?
- Is the situation monitored?
- Are the incidents increasing in frequency and/ or severity?
- Are there children present? If you have concerns about children please contact the Multi-agency referral unit (MARU) on 0300 123 1116

Making Safeguarding Personal (MSP)

In all circumstances, it is important to consider the views of the adult, or their representative, and record them. MSP means the actions of all staff working with the adult at risk should be person-led and outcome-focused.

How to respond to concerns

Appendix A sets out in detail the different categories of abuse identified in the Care and Support Statutory Guidance 2014 alongside possible scenarios for each of those categories. The responses to those scenarios must be proportionate to the nature and level of risk you have identified: to assist you with this the following table identifies suggested responses.

You should always seek advice from your line manager or safeguarding lead if you have a concern and if in doubt speak to the Adult Safeguarding Team.

IT IS IMPORTANT TO CONSIDER IN THE FIRST INSTANCE WHETHER SOMEONE IS IN IMMEDIATE DANGER OR CRIME HAS OCCURRED. CRIMINAL ACTS MUST BE REPORTED TO THE POLICE AND/OR EMERGENCY TREATMENT SHOULD BE SOUGHT WHERE NECESSARY.

Guide to how to respond to concerns that a person is at risk of, or experiencing, harm and abuse

Type of harm and abuse	Isolated incident Not SAFEGUARDING No harm and abuse - low risk	Possible SAFEGUARDING Possible harm and abuse - low risk	SAFEGUARDING Harm and abuse caused- medium and high risk A Safeguarding Adults Referral MUST be made		
PHYSICAL ASSUALT Can include (but not exhaustive): • Hitting • Slapping • Pushing • Restraint • Intentional or reckless serious injury including: • FGM (female genital mutilation)	Minor one-off incident causing no/ minor harm, where no abuse suspected - e.g. a fall or friction mark on skin due to ill-fitting hoist sling. Minor events that still meet local agency or regulatory criteria for 'incident reporting'. Dispute between service users with no harm or abuse, quickly resolved and risk assessment in	Inexplicable minor marking found where there is no clear explanation as to how the injury occurred. Isolated incident involving service user on service user. Repeated incidents of bruising caused by carer despite receiving up to date advice /equipment.	Inexplicable marks or injuries. Unwanted physical contact from informal carer.	Physical restraint undertaken outside of a specific care plan or not proportionate to the risk. Withholding of food, drinks or aids to independence.	Assault or act resulting in serious injury/death

	place. Bruising caused by family carer due to poor lifting and handling technique. No harm and abuse intended. Immediately resolved when given correct advice/equipment or through a care management process.				
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Type of harm and abuse	Isolated incident Not SAFEGUARDING No harm and abuse - low risk	Possible SAFEGUARDING Possible harm and abuse - some risks	SAFEGUARDING Harm and abuse caused- medium to high risk A Safeguarding Adults Referral MUST be made		
SEXUAL Can include (but not exhaustive): • Inappropriate touching • Indecent exposure • Sexual grooming • Sexual harassment • Sexual teasing or innuendo • Subject to pornography or witness to sexual acts • Rape	ALL INCIDENTS OF A SEXUAL NATURE MUST BE REPORTED TO THE LOCAL AUTHORITY ADULT SAFEGUARDING TEAM FOR TRIAGE.		Verbal and gestured sexualised teasing. Sexualised attention between two service users where one lacks capacity to consent. Two people who lack capacity engaged in a sexual activity or relationship.	Sexualised attention/touching including sexual assault. Sexual harassment - unwelcome sexual advances, requests for sexual favours, and other verbal or physical conduct of a sexual nature.	Recurrent sexualised touching by another person without consent. Penetration or attempted penetration by any means including rape. Sexualised attention in a relationship between staff and a service user. Sex in a relationship characterised by authority, inequality or exploitation e.g. staff and service user.

				Voyeurism. Being made to look at pornographic material against will/where valid consent cannot be given. Being made to participate in a sexual act against will/where valid consent cannot be given. Trafficking an adult at risk for sexual exploitation.
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Type of harm and abuse	Isolated incident Not SAFEGUARDING No harm and abuse - low risk	Possible SAFEGUARDING Possible harm and abuse - some risks	SAFEGUARDING Harm and abuse caused- medium to high risk A Safeguarding Adults Referral MUST be made		
PSYCHOLOGICAL Can include (but not exhaustive): • Domestic abuse • Threats of harm and abuse or abandonment • Deprivation of contact • Humiliation • Harassment • Control • Intimidation	Isolated incident where adult is spoken to in a rude or other inappropriate way- respect is undermined, but minimal distress is caused. Isolated incident whereby threats occur e.g. intimidation harassment, but minimal distress caused.	The occasional withholding of information to disempower. Recurrent incidents of adult being spoken to discourteously.	Occasional taunts or verbal outbursts which cause distress. Online bullying - repeated incidents/ distress caused. Treatment that undermines dignity and damages esteem.	Humiliation Emotional blackmail e.g. threats of abandonment or Threats of harm. Frequent and frightening verbal outbursts to an adult at risk.	Denial of basic human rights or civil liberties. Overriding advance directive, forced marriage. Prolonged intimidation. Producing and distributing inappropriate photos via any social media means. Vicious/personalised verbal attacks.

• Coercion • Verbal abuse • Isolation • Radicalisation			Denying or failing to recognise an adult choice or opinion. Frequent verbal outbursts to an adult at risk. Deliberate withdrawal of services or supportive networks by carer.		Forced Marriage of an adult at risk.
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Type of harm and abuse	Isolated incident Not SAFEGUARDING No harm and abuse - low risk	Possible SAFEGUARDING Possible harm and abuse - some risks	SAFEGUARDING Harm and abuse caused- medium to high risk A Safeguarding Adults Referral MUST be made		
FINANCIAL OR MATERIAL Can include (but not exhaustive): • Theft • Fraud • Scams (e.g. telephone, post, internet) • Coercion • Misuse of finances on someone's behalf • Incorrect recording	Inadequate financial records. Isolated incident of staff personally benefiting from the support they offer service users in a way that does not involve the actual abuse of money. Adult not routinely involved in decisions about how their money	Adult's monies kept in a joint bank account - unclear arrangements for equitable sharing of capital and interest. Staff personally benefit from the support they offer service users. E.g. accrue 'reward points' on their own store loyalty cards when shopping - adult lacks capacity.	Adult denied access to his/her own funds or possessions. Failure by relative to pay care fees/ charges and adult at risk experiences distress or harm through having no personal allowance or risk of eviction/ termination of	Misuse/misappropriation of property, possessions or benefits by a person in a position of trust or control. Personal finances removed from adult's control without legal authority.	Fraud/scamming and or exploitation including cybercrimes relating to benefits, income, property or wills. Theft. Doorstep crimes - e.g. fraudulently obtaining money for services/ goods.

	is spent or kept safe - capacity in this respect is not properly considered. E.g. accrue 'reward points' on their own store loyalty cards when shopping when the adult has capacity to know what has happened and has agreed.	Failure by relative to pay care fees/charges where no harm and abuse occurs - but receives personal allowance or has access to other personal monies. Unwanted cold calling/ door-step visits.	service.		
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Type of harm and abuse	Isolated incident Not SAFEGUARDING No harm and abuse - low risk	Possible SAFEGUARDING Possible harm and abuse - some risks	SAFEGUARDING Harm and abuse caused- medium to high risk A Safeguarding Adults Referral MUST be made		
NEGLECT & ACTS OF OMISSION Can include (but not exhaustive): • Ignoring or failing to respond to medical, emotional or physical needs • Failure to provide appropriate care • Failure to follow care plan or health advice • Withholding necessities of life • Failure to provide access to essential services	Missed home care visit where no harm occurs. Adult is not assisted with a meal/drink on one occasion and no harm occurs. Inappropriate hospital discharge where no harm occurs. Inadequate care that causes discomfort but no harm.	Inadequacies in care provision that lead to discomfort, loss of dignity or inconvenience. E.g. being left in soiled pads. Occasionally not having access to aids to independence (if regular may be restraint). Adult at risk living with family carer who occasionally fails with caring duties.	Recurrent missed home care visits where risk of harm escalates, or one missed visit where harm occurs. Poor transfers between services for example - Hospital discharge without adequate planning and harm occurs. Failure to adhere	Ongoing lack of care to extent that health and wellbeing deteriorate significantly e.g. dehydration, malnutrition, loss of independence or confidence. Inappropriate or incomplete DNAR (Do Not Attempt Resuscitation). Carers consistently failing to provide care despite advice/guidance.	Failure to arrange access to life saving services or medical care. Failure to intervene in dangerous situations where the adult lacks the capacity to assess risk. Gross neglect resulting in serious injury or death.

• Failure to adhere to public health legislation or other statutory guidance in the context of a pandemic. • Failure to follow health and safety legislation		Temporary environment restrictions but action to resolve is in place. Occasional inadequacies in care from informal carers.	to public health legislation or other statutory guidance in the context of a pandemic- the omission has caused harm or is suspected to have caused harm.		
PRESSURE ULCERS - SEE NATIONAL GUIDANCE FOR MORE INFORMATION	One pressure ulcer of low grade (grade 1 or 2).	Pressure ulcers multiple grade 2s.	Pressure ulcers grade 3 or 4.	Mismanagement of pressure ulcer grade 3 or 4 by professionals/paid carers.	Serious injury or death as a result of consequences of avoidable pressure ulcer development e.g. septicaemia.
FALLS	Adult experiences fall - all risk assessments and plans in place and followed.	Repeated falls of adult at risk despite advice/guidance to prevent -minor injury occurs.	Repeated falls of adult at risk despite preventative advice given. Harm, distress and injury occurs.	Fall resulting in harm where preventative advice about needs and risks has not been followed.	Fall resulting in significant harm where preventative advice about needs and risks has not been followed.

MEDICATION	Adult does not receive prescribed medication (missed/wrong dose) - no harm occurs.	Recurring missed medication or administration errors in relation to one service user.	Recurrent missed medication or administration errors that affect one or more adult and/or result in harm.	Deliberate	Pattern of recurring administration errors or an incident of deliberate maladministration that results in ill-health or death.
				maladministration of medicines (e.g. sedation). Covert administration without proper medical supervision or outside the Mental Capacity Act.	

	Short term lack of stimulation or	Denial of individuality and opportunities for	Rigid or inflexible routines. Service	Ill-treatment of one or more adults at risk such	Staff misusing their position of power over
ORGANISATIONAL - Can include (but not exhaustive): • Failure to follow health and safety legislation • Neglect or overall poor practice • Ill treatment • Failure to adhere to care or health advice • Failure to respond to whistleblowing issues • Failure to adhere to legislation (e.g.) • MCA/ MHA issues PLEASE ALSO REFER TO ORGANISATIONAL ABUSE POLICY	opportunities for people to engage in meaningful social and leisure activities and where no harm occurs. Short term - service users not given sufficient voice or involved in the running of the service e.g. inflexible routines. Service design where groups of service users living together are inappropriate.	service users to make informed choices and take positive risks. Care planning documentation not person centred. Poor or outdated care practice. Failure to understand obligations to support adult with communication, advocacy and representation.	user's dignity is undermined, e.g. lack of privacy during support with intimate care needs, shared clothing, underclothing, dentures etc. Failure to whistle-blow on serious issues when internal procedures to highlight issues are exhausted. Failure to refer disclosure of harm and abuse to the Local Authority, Police or relevant	as unsafe manual handling. Failure to report, monitor or improve inadequate care practices. Unsafe and unhygienic living environments. Failure to support an adult at risk to access health and/ or care treatments. Punitive responses to challenging behaviours.	service users. Over-medication and/or inappropriate restraint used to manage behaviour. Widespread, consistent ill treatment. Stark or spartan living environments causing sensory deprivation. Intentionally or knowingly failing to adhere to mental Capacity Act e.g. unauthorised Deprivation of Liberty Safeguards (DoLS).

			professional body. This includes any harm or risk of harm arising from non-adherence to any emergency infection prevention and control guidance.		
			Inappropriate or incomplete DNAR (Do Not Attempt Resuscitation). Denying adult at risk access to professional support and services such as advocacy.		
STAFFING	One-off incident of low staffing due to unpredictable circumstances, despite management efforts to address. No harm caused.	More than one incident of low staffing levels, no contingencies in place.	Single incident of low staffing resulting in harm to one or more persons.	Repeated incidents of low staffing resulting in harm to one or more persons.	Low staffing levels which result in serious injury or death to one or more persons (corporate manslaughter)

Type of harm and abuse	Isolated incident Not SAFEGUARDING No harm and abuse - low risk	Possible SAFEGUARDING Possible harm and abuse - some risks	SAFEGUARDING Harm and abuse caused- medium to high risk A Safeguarding Adults Referral MUST be made		
DISCRIMINATORY Can include (but not exhaustive): • Harassment /slurs rooted in discrimination • Failure to respond to equality and diversity needs	Isolated incident when an inappropriate prejudicial remark is made to an adult and no distress is caused. Care planning fails to address an adult's culture and diversity needs for a short period.	Isolated incident of teasing motivated by prejudicial attitudes - service user to service user.	Recurring taunts. Recurring failure to meet specific needs associated with culture and diversity. Teasing by person in position of trust.	Hate crime including verbal and online abuse, threats and damage. Denial of civil liberties, e.g. voting, making a complaint. Humiliation or threats.	Hate crime resulting in serious injury, emergency medical treatment, death, honour-based violence and repeated targeting. Exploitation of an adult at risk for recruitment or radicalisation into terrorist-related activity.

• Hate crime including honour-based violence and female genital mutilation • Radicalisation				Denial of an individual's appropriate diet, access to take part in activities related to their faith or beliefs or not using the individual's chosen name. Making an adult at risk partake in activities inappropriate to their faith or beliefs.	Female genital mutilation of an adult at risk
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Type of harm and abuse	Isolated incident Not SAFEGUARDING No harm and abuse- low risk	Possible SAFEGUARDING Possible harm and abuse - some risks	SAFEGUARDING Harm and abuse caused- medium to high risk A Safeguarding Adults Referral MUST be made	
MODERN SLAVERY Can include (but not exhaustive): • Trafficking • Forced marriage • Denial of access to health or social care in the context of slavery • Labour exploitation • Domestic servitude • Forced criminal and sexual exploitation	ALL CONCERNS ABOUT MODERN SLAVERY ARE DEEMED TO BE OF A SAFEGUARDING NATURE.	Withholding of medical attention and continually accompanied to professional or medical meetings. Signs of injury, ill- treatment, poor state of health (including dental). Reluctance to engage in any form of contact. Distrust of support services. Found living in poor conditions alone/with others	Identification documents held by another person who is suspected to be controlling the individual. Working within an area of criminality (sex work, cannabis cultivation, fraud, theft etc) but with the combination of additional factors mentioned. Previously came to the area to work in another vocation but managed into other position.	

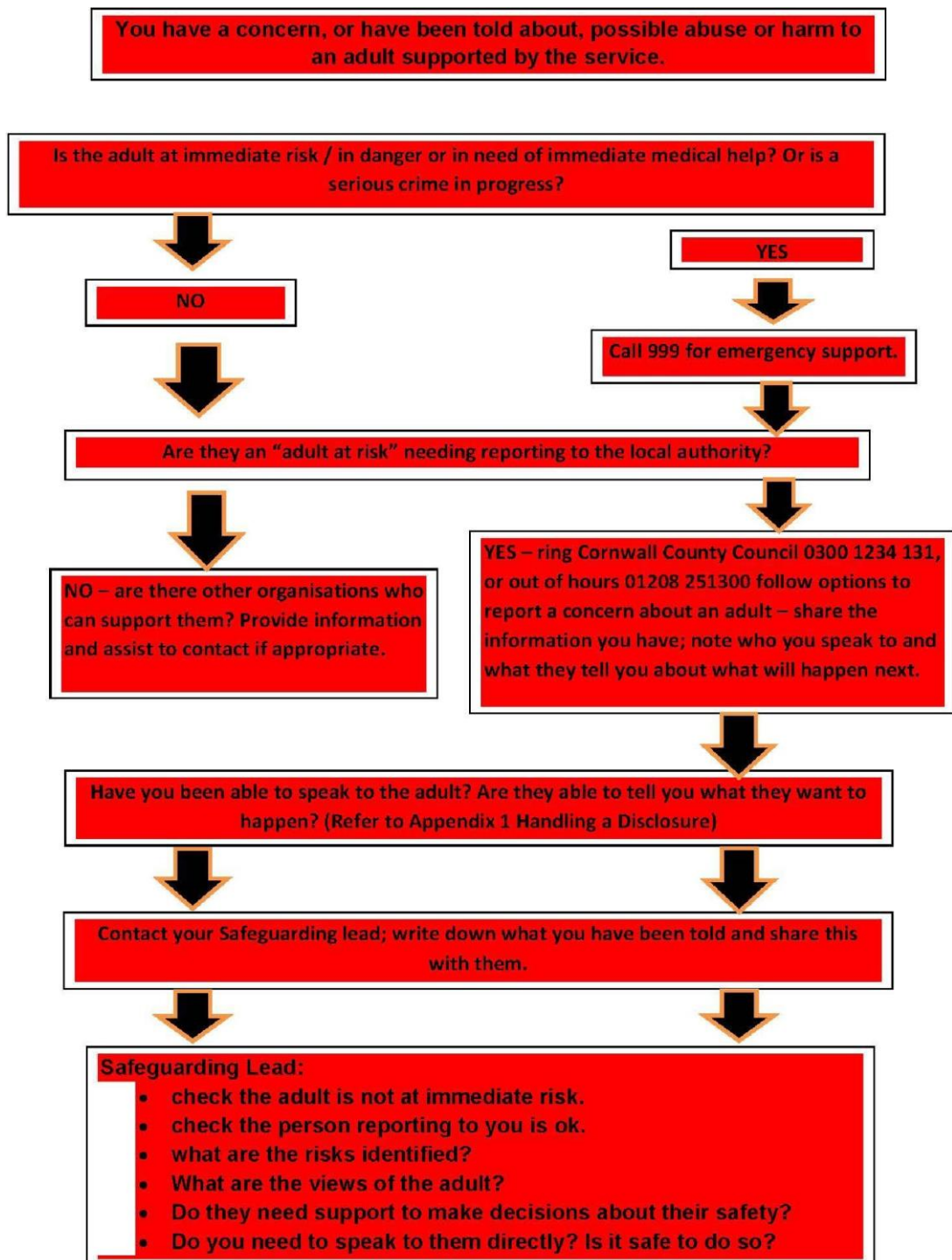
			- believed under duress.		
Type of harm and abuse	Isolated incident Not SAFEGUARDING No harm and abuse - low risk	Possible SAFEGUARDING Possible harm and abuse - some risks	SAFEGUARDING Harm and abuse caused- medium to high risk A Safeguarding Adults Referral MUST be made		
DOMESTIC ABUSE NB - Children present in house always refer to MARU Can include (but not exhaustive): - Physical - Sexual - Financial - Psychological - Stalking - FGM - Honour-based violence - Violent or threatening behaviour; - Controlling or coercive behaviour	Isolated report of harm and abuse with minimal impact Adult has capacity and no vulnerabilities identified. (Refer to Domestic Abuse Services for early intervention and support).	Ongoing report/ incidents of domestic abuse. Adult not accessing support services but adequate protective factors. (Refer to Domestic Abuse Services for early intervention and support).	Adult subjected to Controlling or coercive behaviour. Frequent reports of verbal and physical assaults. Adult subjected to stalking/ harassment. Reasonable cause to suspect adult may lack mental capacity to make a decision about the relationship or fleeing the abuse.	Adult subjected to severe controlling behaviour e.g. financial/locked in property/withholding of medical treatment/ deliberately isolated. Assault-physical or sexual causing serious harm.	Adult subjected to violent assault(s). Threats to kill. Rape. Female Genital Mutilation. Honour Based Abuse and/or Forced Marriage.

Type of harm and abuse	Isolated incident Not SAFEGUARDING No harm and abuse - low risk	Possible SAFEGUARDING Possible harm and abuse - some risks	SAFEGUARDING Harm and abuse caused- medium to high risk A Safeguarding Adults Referral MUST be made		
SELF-NEGLECT	Self-care causing some Concern - no sign of harm or distress.	Some signs of disengagement with professionals.	Capacitated refusal of health/medical treatment where needs have been assessed and services offered.	Lack of self-care resulting in deterioration of health & wellbeing.	Life is in danger without intervention.
Can include (but not exhaustive): • Hoarding • Self- neglect of personal hygiene/ nutrition/ hydration causing harm and abuse or risk to health • Self- neglect causing risk to others PLEASE REFER TO THE HOARDING PROTOCOL, THE SELF NEGLECT POLICY AND THE HIGH RISK BEHAVIOUR POLICY	Property neglected but all services/appliances work. Some evidence of hoarding - no impact on health/safety.	Property neglected: evidence of hoarding beginning to impact on health/safety. Lack of essential amenities. No access to support services.	High level of clutter/hoarding (clutter scale 7). Unsanitary Conditions. Disengagement with professionals leading to high risk to safety.	Environment is a danger to self and others. Behaviour poses risk to self and others.	Imminent danger to self/others due to risk of fire/harm in property. Multiple concerns from other agencies.

Appendix 4



ADULT SAFEGUARDING CONCERN FLOWCHART





Appendix 5

KEY LEGISLATION IN ENGLAND

Legal Framework Vulnerable Adults

- Care Act 2014
- Mental Capacity Act (including DoLS) 2005
- Human Rights Act of 1998
- Care and Support Statutory Guidance 2014 – identified the following 6 principles that underpin all adult safeguarding work:
 - Empowerment – People being supported and encouraged to make their own decisions with informed consent
 - Prevention – It is better to take action before harm occurs
 - Proportion – The least intrusive response appropriate to the risk presented
 - Protection – Support and representation for those in greatest need
 - Partnership – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse
 - Accountability – Accountability and transparency in delivering safeguarding
- The Human Rights Act 1989
- Sexual Offences Act 2003
- The Crime and Disorder Act 1998
- The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards 2009 (including updates 2019)
- The Mental Health Act 1983 (amended 2007)
- The Equality Act 2010
- The Care Act 2014
- The Modern Slavery act 2015
- Serious Crime Act 2015
- The Data Protection Act 1998/2018
- Domestic Abuse Act 2021
- Clares law – The Domestic Abuse Disclosure Scheme

Key supporting policy

- The Care Act 2014/Adult Support & Protection Act 2007/ Social Services & Wellbeing Act 2014
- Care and Support Statutory Guidance
- Mental Capacity Act Code of Practice
- Mental Health Act Code of practice
- Partnership/Safeguarding Adult Boards - Safeguarding Adults Policy, Protocols and Practitioner Guidance



Appendix 6

SIGNS AND SYMPTOMS OF ABUSE (ADULTS)

The following signs could be indicators that abuse has taken place but should be considered in context of the person's whole life.

Physical Abuse

- History of unexplained falls, fractures, bruises, burns, minor injuries
- Signs of under or overuse of medication and/or medical problems left unattended
- Any injuries not consistent with the explanation given for them
- Bruising and discolouration - particularly if there is a lot of bruising of different ages and in places not normally exposed to falls, rough games etc
- Recurring injuries without plausible explanation
- Loss of hair, loss of weight and change of appetite
- Person flinches at physical contact &/or keeps fully covered, even in hot weather
- Person appears frightened or subdued in the presence of a particular person or people

Domestic Abuse

Domestic abuse can manifest in various forms, and recognizing the signs is crucial for providing support and intervention. Here are some common signs and symptoms:

Physical Abuse

- Unexplained bruises, black eyes, or injuries.
- Frequent injuries with inconsistent explanations.
- Wearing long sleeves or scarves to hide injuries, even in hot weather.

Emotional Abuse

- Low self-esteem or self-worth.
- Anxiety, depression, or suicidal thoughts.
- Withdrawal from friends, family, and activities.
- Constantly seeking approval or permission.

Psychological Abuse

- Fearfulness or being overly anxious.
- Feeling helpless, hopeless, or trapped.
- Changes in sleep patterns, such as insomnia or nightmares.

Coercive and Controlling Behaviour

- Coercive, controlling and/or threatening relationship
- Isolation from friends and family.
- Monitoring of phone calls, emails, or social media.
- Restricting access to money, transportation, or other resources.

Sexual Abuse

- Unwanted touching or sexual activity.
- Pressure to engage in sexual acts.
- Physical injuries related to sexual activity.



Economic Abuse

- Control over financial resources.
- Preventing the victim from working or accessing money.
- Stealing or taking money without permission.
- Behavioural Changes
- Sudden changes in behaviour or personality.
- Increased substance abuse or risky behaviours.
- Frequent absences from work or school.
- Recognizing these signs can help identify individuals who may be experiencing domestic abuse and provide them with the necessary support and resources

Sexual Abuse

- Pregnancy in a woman who lacks mental capacity or is unable to consent to sexual intercourse
- Unexplained change in behaviour or sexually explicit behaviour
- Torn, stained or bloody underwear and/or unusual difficulty in walking or sitting
- Infections or sexually transmitted diseases
- Full or partial disclosures or hints of sexual abuse (that may be accompanied by some of the following additional symptoms):

- Self-harming
- Emotional distress
- Mood changes
- Disturbed sleep patterns
- Psychological abuse
- Alteration in psychological state e.g. withdrawn, agitated, anxious, tearful Intimidated or subdued in the presence of a particular person
- Fearful, flinching or frightened of making choices or expressing wishes
- Unexplained paranoia
- Changes in mood, attitude and behaviour, excessive fear or anxiety
- Changes in sleep pattern or persistent tiredness
- Loss of appetite
- Helplessness or passivity
- Confusion or disorientation
- Implausible stories and attention seeking behaviour
- Low self-esteem
- May include; so-called 'honour' based violence and Female Genital Mutilation

Honour-

based violence (HBV) can manifest in various ways, and recognizing the signs is crucial for providing support and intervention. Here are some common signs:

- Unexplained Absences: Frequent or prolonged absences from school, work, or social activities.
- Decline in Performance: A noticeable drop in academic or work performance.
- Physical Injuries: Unexplained bruises, cuts, or other injuries.
- Emotional Distress: Signs of depression, anxiety, self-harm, or suicidal thoughts.
- Isolation: Being kept at home with restricted freedom, limited access to friends, or controlled movements.
- Family Control: Overly supervised or controlled by family members, including restricted use of phone, internet, or important documents.



- Forced Marriage: Pressure to marry someone against their will or threats related to marriage. Recognizing these signs can help identify individuals at risk and provide them with the necessary support and resources. If you suspect someone is experiencing honour-based violence, it's important to act carefully and compassionately.
- FGM

Recognizing if someone has experienced Female Genital Mutilation (FGM) can be challenging, but there are some signs and symptoms to look out for:

Physical Signs

1. Difficulty Walking, Sitting, or Standing: The person may appear uncomfortable or in pain when performing these activities.
2. Frequent Bathroom Visits: Spending longer than usual in the bathroom due to difficulties urinating.
3. Physical Injuries: Unexplained cuts, bruises, or bleeding in the genital area.

Behavioural Signs

- Reluctance to Undergo Medical Examinations: Avoiding routine medical check-ups or being anxious about them.
- Changes in Behavior: Appearing quiet, anxious, or depressed, especially after a trip abroad.
- Avoiding Physical Activities: Reluctance to participate in physical education or sports.

Emotional Signs

- Emotional Distress: Signs of depression, anxiety, or other emotional issues.
- Withdrawal: Becoming withdrawn or isolated from friends and activities.

If you suspect someone has experienced FGM, it's important to approach the situation with sensitivity and seek professional help. You can find more detailed information on recognizing the signs of FGM [here](#).

Financial or material abuse

- Disparity between assets and living conditions
- Unexplained withdrawals from accounts or disappearance of financial documents or loss of money
- Sudden inability to pay bills, getting into debt
- Carers or professionals fail to account for expenses incurred on a person's behalf
- Recent changes of deeds or title to property
- Missing personal belongings
- Inappropriate granting and / or use of Power of Attorney

Modern slavery

- Physical appearance; unkempt, inappropriate clothing, malnourished
- Movement monitored, rarely alone, travel early or late at night to facilitate working hours.
- Few personal possessions or ID documents.
- Fear of seeking help or trusting people.

Discriminatory abuse

- Inappropriate remarks, comments or lack of respect
- Poor quality or avoidance care
- Low self-esteem
- Withdrawn
- Anger
- Person puts themselves down in terms of their gender identity or sexuality



- Hate Crime –
A **hate crime** is any criminal offense that is motivated by hostility or prejudice towards a person's identity or perceived identity. This can include race, religion, disability, sexual orientation, or transgender identity. Hate crimes are taken very seriously because they target individuals based on fundamental aspects of their identity, causing significant harm to both the victims and the broader community.

Organisational Abuse

- Low self-esteem
- Withdrawn
- Anger
- Person puts themselves down in terms of their gender identity or sexuality
- No confidence in complaints procedures for staff or service users.
- Neglectful or poor professional practice.

Neglect and acts of omission

- Deteriorating despite apparent care
- Poor home conditions, clothing or care and support.
- Lack of medication or medical intervention

Self-neglect

- Hoarding inside or outside a property
- Neglecting personal hygiene or medical needs
- Person looking unkempt or dirty and has poor personal hygiene
- Person is malnourished, has sudden or continuous weight loss and is dehydrated – constant hunger, stealing or gorging on food
- Person is dressed inappropriately for the weather conditions
- Dirt, urine or faecal smells in a person's environment
- Home environment does not meet basic needs (for example not heating or lighting)
- Depression