



Mower's Ark CIC

The Living Centre, 170 Cottingham Road, Corby, NN17 1SY



Review Sheet

Last Reviewed
03 Oct '18

Last Amended
03 Oct '18

Next Planned Review in 12 months, or
sooner as required.

Business
impact



Changes are important, but urgent implementation is not required, incorporate into your existing workfl

Reason for
this review

Scheduled review

Were
changes
made?

Yes

Summary:

Policy reviewed and revised. Additional content includes training to meet the 2018 Adult Safeguarding Social Care, Safeguarding Adults Pressure Ulcer Protocol and a new fact sheet on County Lines and reflect current best practice however the documents must be reviewed and amended to reflect the loc delivered before it can be embedded within the business.

Relevant
legislation:

- Protection of Freedoms Act 2012 (Disclosure and Barring Service Transfer of Functions) Order 201
- Serious Crime Act 2015 Section 76
- Domestic Violence, Crime and Victims Act 2004
- The Counter Terrorism and Security Act 2015
- The Modern Slavery Act 2015
- Anti-social Behaviour, Crime and Policing Act 2014
- The Criminal Justice and Courts Act 2015 Section 20-25
- Public Interest Disclosure Act 1998
- Human Rights Act 1998
- Care Quality Commission (Registration) Regulations 2009
- Safeguarding Vulnerable Groups Act 2006
- The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015
- The Care Act 2014
- Mental Capacity Act 2005



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Underpinning
knowledge -
What have
we used to
ensure that
the policy is
current:

- Equality Act 2010
- Author: NHS England, (2018), *Accessible Information Standard*. [Online] Available from: <https://www.england.nhs.uk/ourwork/accessibleinfo/> [Accessed: 9/26/2018 12:00:00 AM]
- Author: The Royal College of Nursing on behalf of the contributing organisations, (2018), *Adult Safeguarding: Roles and Competencies for Health Care Staff*. [Online] Available from: <https://www.rcn.org.uk/professional-development/publications/pub-007069> [Accessed: 9/26/2018 12:00:00 AM]
- Author: Social Care Institute for Excellence, (2014), *Adult safeguarding: sharing information*. [Online] Available from: <https://www.scie.org.uk/care-act-2014/safeguarding-adults/sharing-information/> [Accessed: 9/27/2018 12:00:00 AM]
- Author: Department of Health, (2016), *Care and support statutory guidance*. [Online] Available from: <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance> [Accessed: 9/27/2018 12:00:00 AM]
- Author: Home Office, (2018), *Criminal Exploitation of children and vulnerable adults: County Lines guidance*. [Online] Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/741194/HOCountyLinesGuidanceSept2018.pdf [Accessed: 9/26/2018 12:00:00 AM]
- Author: The Ministry of Justice, (2015), *Criminal Justice and Courts Act 2015: Explanatory Notes*. [Online] Available from: <http://www.legislation.gov.uk/ukpga/2015/2/notes/contents> [Accessed: 9/27/2018 12:00:00 AM]
- Author: NICE, (2018), *Decision-making and mental capacity - Guidelines NG108*. [Online] Available from: <https://www.nice.org.uk/guidance/ng108> [Accessed: 10/18/2018 12:00:00 AM]
- Author: London ADASS, (2015), *London Multi-Agency Adult Safeguarding Policy and Procedures*. [Online] Available from: <http://londonadass.org.uk/wp-content/uploads/2015/02/LONDON-MULTI-AGENCY-ADULT-SAFEGUARDING-POLICY-AND-PROCEDURES.pdf> [Accessed: 9/27/2018 12:00:00 AM]
- Author: Local Government Association, (2017), *Making Safeguarding Personal*. [Online] Available from: <https://www.local.gov.uk/topics/social-care-health-and-integration/adult-social-care/making-safeguarding-personal> [Accessed: 9/27/2018 12:00:00 AM]
- Author: NHS England, (2017), *Prevent Training and Competencies Framework*. [Online] Available from: <https://www.england.nhs.uk/wp-content/uploads/2017/10/prevent-training-competencies-framework-v3.pdf> [Accessed: 9/26/2018 12:00:00 AM]



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- Author: Department of Health and Social Care, (2018), *Safeguarding Adults Protocol Pressure Ulcers and the interface with a Safeguarding Enquiry*. [Online] Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/675192/CSW_ulcer_protocol_guidance.pdf [Accessed: 9/26/2018 12:00:00 AM]
- Encourage sharing the policy through the use of the QCS App

Suggested action:



1. Purpose

1.1 To protect the Individual's right to live in safety, free from abuse and neglect.

1.2 To set out the key arrangements and systems has in place for safeguarding and promoting the welfare of adults at risk, and to ensure compliance with local policies and procedures.

1.3 To have a clear, well-publicised policy of zero-tolerance of abuse within .

1.4 To support in meeting the following Key Lines of Enquiry:

Key Question

Key Line of Enquiry (KLOE)

EFFECTIVE	E2: How does the service make sure that staff have the skills, knowledge and experience to deliver effective care and support?
EFFECTIVE	E7: Is consent to care and treatment always sought in line with legislation and guidance?
SAFE	S1: How do systems, processes and practices keep people safe and safeguarded from abuse?
SAFE	S2: How are risks to people assessed and their safety monitored and managed so they are supported to stay safe and their freedom is respected?

1.5 To meet the legal requirements of the regulated activities that is registered to provide:

- Protection of Freedoms Act 2012 (Disclosure and Barring Service Transfer of Functions) Order 2012
- Serious Crime Act 2015 Section 76
- Domestic Violence, Crime and Victims Act 2004
- The Counter Terrorism and Security Act 2015
- The Modern Slavery Act 2015
- Anti-social Behaviour, Crime and Policing Act 2014
- The Criminal Justice and Courts Act 2015 Section 20-25
- Public Interest Disclosure Act 1998



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- Human Rights Act 1998
- Care Quality Commission (Registration) Regulations 2009
- Safeguarding Vulnerable Groups Act 2006
- The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015
- The Care Act 2014
- Mental Capacity Act 2005
- Equality Act 2010



2. Scope

2.1 The following roles may be affected by this policy:

- All staff

2.2 The following Individuals may be affected by this policy:

- Individuals

2.3 The following stakeholders may be affected by this policy:

- Family
- Advocates
- Representatives
- Commissioners
- External health professionals
- Local Authority
- NHS



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3. Objectives

3.1 To ensure that all staff working for, or on behalf of , understand their responsibilities in relation to safeguarding adults at risk and know who to escalate concerns to within .

3.2 To manage the safety and well-being of adults in line with the six principles of safeguarding.

3.3 To identify lessons to be learned from cases where adults have experienced abuse or neglect.

3.4 aims to support and empower each adult to make choices, to have control over how they want to live their own lives, and to prevent abuse and neglect occurring in the future which is a key underpinning principle of Making Safeguarding Personal (MSP). intends to take this approach with all safeguarding concerns.



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4. Policy

4.1 Everybody has the right to live a life that is free from harm and abuse. recognises that safeguarding adults at risk of abuse or neglect is everybody's business. aims to ensure that all adults at risk of abuse or neglect are enabled to live and work, be cared for and supported in an environment free from abuse, harassment, violence or aggression. The organisation's safeguarding policies and procedures will dovetail with the local multi-agency policy and procedures, which we understand take precedence over the organisation's policy and procedures. will ensure that local policies and procedures are reflected within our own policy and procedure and that this is shared with all staff.

4.2 We aim to provide services that will be appropriate to the adult at risk and not discriminate because of disability, age, gender, sexual orientation, race, religion, culture, or lifestyle. We will make every effort to enable Individuals to express their wishes and make their own decisions to the best of their ability, recognising that such self-determination may well involve risk.

We will work with Individuals and others involved in their care, to ensure they receive the support and protection they may require; that they are listened to and treated with respect (including their property, possessions and personal information) and that they are treated with compassion and dignity.

4.3 will follow the six principles as set out in guidance to the Care Act 2014 and this will inform practice with all Individual's:

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

4.4 understands the importance of working collaboratively to ensure that:

- The needs and interests of adults at risk are always respected and upheld
- The human rights of adults at risk are respected and upheld
- A proportionate, timely, professional and ethical response is made to any adult at risk who may be experiencing abuse



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- All decisions and actions are taken in line with the Mental Capacity Act 2005
- Each adult at risk maintains:
 - Choice and control
 - Safety
 - Health
 - Quality of life
 - Dignity and respect

4.5 Our robust governance processes will make sure that staff working for and on behalf of recognise and respond to the main forms of abuse which are set out in the Care Act 2014 Statutory Guidance Chapter 14, which is not an exhaustive list but an illustration as to the sort of behaviour that could give rise to a safeguarding concern:

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

4.6 is committed to the principles of 'Making Safeguarding Personal' and aims to ensure that safeguarding is person-led and focused on the outcomes that Individuals want to achieve. We will engage Individuals in a conversation about how best to respond to their safeguarding situation in a timely way that enhances involvement, choice and control as well as improving quality of life, well-being and safety.

4.7 Registered Manager's Responsibilities

- To establish the facts about the circumstances giving rise for concern
- To identify sources and level of risk
- To ensure information is recorded and that the Northamptonshire County Council Adult



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Safeguarding Team is contacted to inform them of the concern or harm

- If a Individual is at immediate risk of harm, the manager will contact the Police. The CQC will also be informed
- In all cases of alleged harm, there will be early consultation between Angelica Phillips, Northamptonshire County Council and the Police to determine whether or not a joint investigation is required. We understand that it may also be necessary to advise the relevant Power of Attorney, if there is one appointed. In dealing with incidents of potential harm, people have rights which must be respected and which may need to be balanced against each other
- The wishes of the person harmed will be taken into account whenever possible. This may result in no legal action
- Documentation of any incidents of harm in the Individual's file and using body maps to record any injuries
- Follow local policy guidelines where applicable
- Report any incidents of abuse to the relevant parties
- Work with multi-agencies
- Advise and support staff
- Ensure staff are trained to enhance knowledge
- Actively promote the "Whistleblowing" policies

4.8 The Care Worker's Responsibilities

- To be able to recognise and report incidences of harm
- To report concerns of harm or poor practice that may lead to harm
- To remain up to date with training
- To follow the policy and procedures
- To know how and when to use the Whistleblowing procedures
- To understand the Mental Capacity Act and how to apply it in practice

4.9 General Principles

- We will have robust recruiting and safer staffing policies in place to make sure that our staff are fit to work with adults at risk and are compliant with national safe recruitment and employment practices, including the requirements of the Disclosure and Barring Service
- A named safeguarding lead will be in place that is responsible for embedding safeguarding practices



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and improving practice in line with national and local developments

- Any staff member who knows or believes that harm is occurring will report it to their line manager as quickly as possible, or if they feel they cannot follow the regular reporting procedure, they should use the Whistleblowing process
- will work collaboratively with other agencies, including liaison in relation to the investigation of allegations and will ensure its procedures dovetail with local multi-agency procedures
- will use incident reporting, root cause analysis, lessons learned and auditing to determine themes to improve care practice
- We will have a learning and development strategy which specifically addresses adult safeguarding. We will provide training on the identification and reporting of harm, as well as training on the required standards in relation to procedures and processes should something need to be reported
- recognise our responsibilities in relation to confidentiality and will share information appropriately
- We will have a zero tolerance on harm
- We will work in partnership with other agencies to ensure that concerns or allegations of abuse are appropriately referred for investigation to the most appropriate agency
- We will ensure that any action that is taken is assessed, proportionate, and reflective of risk presented to the people who use the services
- We will report any incidents in line with our regulatory requirements
- will adhere to the Code of Conduct for Care Workers
- There is a clear, well-publicised Whistleblowing policy and procedure in place that staff know how to use

4.10 Prevention - Providing Information to Support Individuals

- will support Individuals by providing accessible, easy to understand information on what abuse is and what signs to look out for. This will include Individuals' rights and how to get help and support if they need it through the Care Plan process. We will comply with the Accessible Information Standards.
- All Individuals will receive a copy of the Service User's Handbook and have access to the Complaints Policy and Procedure and be given information on how to escalate any concerns to the Commissioner, the Regulator, advocacy or Local Government and Social Care Ombudsman should they not be satisfied with the approach taken by

4.11 Prevention - Raising Awareness

- Staff will need to be trained and understand the different patterns and behaviours of abuse as detailed in the Care Act [Chapter 14](#) and will ensure that they are able to respond appropriately



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- will ensure all staff are trained on the Whistleblowing Policy and Procedure
- During induction training, all employees will complete the [“Understanding Abuse” workbook](#), as part of the Care Certificate



5. Procedure

5.1 Responding to Disclosure, Suspicion or Witnessing of Abuse

Where an adult at risk discloses or discusses potential abuse or harm the staff member should be able to:

- **Recognise:** Identify that the adult at risk may be describing abuse, even when they may not be explicit
- **Respond:** Stay calm, listen and show empathy
- **Reassure** them that it will be taken seriously and explain that there is a duty to report the issues internally and what may happen next
- **Record:** Write up notes of the conversation clearly and factually as soon as possible
- **Report** in a timely manner to the appropriate people and organisations

5.2 Responding to a Disclosure

Remember you are not investigating. Do:

- Stay calm and try not to show shock
- Listen very carefully
- Be sympathetic
- Be aware of the possibility that medical evidence might be needed

Tell the person that:

- They did a good/the right thing in telling you
- You are treating the information seriously
- It was not their fault

Explain that you must tell your line manager and, with their consent, your manager will contact the Local Authority Safeguarding Adults Team and/or the Police. Angelica Phillips should be informed.



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will, in specific circumstances, need to contact Northamptonshire County Council Adult Safeguarding Team without their consent but their wishes will be made clear throughout.

If a referral is made but the adult at risk is reluctant to continue with an investigation, record this and bring this to the attention of the Northamptonshire County Council Safeguarding Adults Team. This will enable a discussion on how best to support and protect the adult at risk. However, a professional case discussion will still need to take place and should be recorded appropriately.

5.3 Responding to Abuse or Neglect – What to do

should ensure that staff:

- Address any immediate safety and protection needs
- Make an immediate evaluation of the risk and take steps to ensure that the adult is in no immediate danger
- Where appropriate, call 999 for the emergency services if there is a medical emergency, other danger to life or risk of imminent injury, or if a crime is in progress. Where a crime is suspected of being committed, leave things as they are wherever possible
- Summon urgent medical assistance from the GP or other primary healthcare service if there is a concern about the adult's need for medical assistance or advice. Care Workers can call the NHS 111 service for urgent medical help or advice when the situation is not life-threatening
- The adult may feel frightened, so the Care Worker should ascertain whether they want the Care Worker to arrange for someone they feel comfortable with to stay with them
- should consider if there are other adults or children with care & support needs who are at risk of harm, and take appropriate steps to protect them
- The Care Worker should consider supporting and encouraging the adult to contact the Police if a crime has been or may have been committed
- The Care Worker should contact their line manager as soon as possible to inform them of the incident or concern
- Angelica Phillips should be informed and contacted on Angelica Phillips

07447 101015 as soon as possible

5.4 Decision-Making Pre-Referral to the Northamptonshire County Council Adult Safeguarding Team

Angelica Phillips or the Safeguarding Lead will usually lead on decision-making. Where such support is unavailable, consultation with another more senior staff should take place.



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In the event that these are unavailable, seeking the advice of Northamptonshire County Council should be considered. Staff should also take action without the immediate authority of a line manager:

- If discussion with the manager would involve delay in an apparently high-risk situation
- If the person has raised concerns with their manager and they have not taken appropriate action (whistleblowing)

should ensure that staff are aware of local reporting procedures and timescales for raising adult safeguarding concerns.

5.5 Referral to the Northamptonshire County Council Adult Safeguarding Team

should ensure that Northamptonshire County Council Safeguarding Adult referral process is followed and should collate the following information to assist with the referral. The referral process should be clearly visible with contact numbers, including out-of-hours, where staff can access the information.

The referral information will also be required for some of the CQC notification of abuse documentation. should use any up to date Care Plan information where possible and have the following information available where possible:

- Demographic and contact details for the adult at risk, the person who raised the concern and for any other relevant individual, specifically carers and next of kin
- Basic facts, focussing on whether or not the person has care and support needs including communication and ongoing health needs
- Factual details of what the concern is about; what, when, who, where?
- Immediate risks and action taken to address risk
- Preferred method of communication
- If reported as a crime, details of which police station/officer, crime reference number, etc.
- Whether the adult at risk has any cognitive impairment which may impede their ability to protect themselves
- Any information on the person alleged to have caused harm
- Wishes and views of the adult at risk, in particular consent
- Advocacy involvement (includes family/friends)
- Information from other relevant organisations for example, the CQC
- Any recent history (if known) about previous concerns of a similar nature or concerns raised about the same person, or someone within the same household



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- Names of any staff involved

5.6 Documenting a Disclosure

must ensure that staff:

- Make a note of what the person actually said, using his or her own words and phrases
- Describe the circumstance in which the disclosure came about
- Note the setting and anyone else who was there at the time
- When there are cuts, bruises or other marks on the skin use a body map to indicate their location, noting the colour of any bruising
- Make sure the information the Care Worker writes is factual
- Use a pen with black ink so that the report can be photocopied
- Try to keep your writing clear
- Sign and date the report, noting the time and location
- Be aware that the report may be needed later as part of a legal action or disciplinary procedure

5.7 Informing Relevant Inspectorate

- By law, must notify the Care Quality Commission without delay, incidents of abuse and allegations of abuse, as well as any incident which is reported to or investigated by the Police
- must notify the CQC about abuse or alleged abuse involving a person(s) using the service, whether the person(s) is/are the victim(s), the abuser(s), or both
- must also alert the relevant local safeguarding authority when notification is made to the CQC about abuse or alleged abuse
- The forms are available on the CQC website
- If a concern is received via the whistleblowing procedure, must inform the Northamptonshire County Council Safeguarding Team and the CQC

5.8 Strategy Meeting / Case Conference

- Following the investigation or at any time during the process, a case conference with all relevant agencies may be called to make decisions about future action to address the needs of the individual
- Any agency involved in the case may ask for a case conference to be held but the final decision to hold a conference is with the Northamptonshire County Council Safeguarding Adults Team Manager
- should ensure that they attend this meeting when invited and that all relevant information about the



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incident is available. A timeline of events is a useful document to prepare in complex cases

5.9 Involve the Individual Concerned Throughout the Process

- The process of the enquiry should be explained to the Individual in a way they will understand and their consent to proceed with the enquiry obtained, if possible
- Arrangements should be made to have a relative, friend or independent advocate present if the person so desires. The relative, friend or independent advocate should not be a person suspected of being in any way involved or implicated in the abuse
- A review of a Individual's Care Plan should be undertaken to ensure individualised support following the incident
- The individual should be supported by the service to take part in the safeguarding process to the extent to which they wish, or are able to, having regard to their decisions and opinions, and they should be kept informed of progress

5.10 Desired Outcomes Identified by the Adult

The desired outcome by the adult at risk should be clarified and confirmed at the end of the conversation(s), to:

- Ensure that the outcome is achievable
- Manage any expectations that the adult at risk may have
- Give focus to the enquiry
- Staff should support adults at risk to think in terms of realistic outcomes but should not restrict or unduly influence the outcome that the adult would like. Outcomes should make a difference to risk, and at the same time satisfy the person's desire for justice and enhance their well-being
- The adult's views, wishes and desired outcomes may change throughout the course of the enquiry process
- There should be an on-going dialogue and conversation with the adult to ensure their views and wishes are gained as the process continues, and enquiries re-planned should the adult change their views
- The Individual should be informed of the outcome of any investigation, but guidance should be sought from the Local Authority Adult Safeguarding Team before any outcome is shared

5.11 Disclosure and Barring Service (DBS) Referral

There is a statutory requirement for providers of Care to refer workers to the DBS for inclusion on the DBS Vetting and Barring scheme list if they consider that the person is guilty of misconduct such that a vulnerable adult was harmed or placed at risk of harm. This requirement covers both existing employees



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and those who leave their employment, and whose conduct comes to light at a later date. Please see the DBS/Disclosure Policy for further procedures regarding initial employment and referral.

5.12 Consent

When reporting information that directly concerns the safety of an adult at risk of harm, consent from the Individual is not required. However, informing the Individual of your concerns and your referral is good practice unless it would put you or your colleagues at risk or it would put the adult at further risk. When reporting to a local authority allegations or concerns about an adult at risk of harm, the Local Authority must be informed whether the Individual is aware of the report. In reporting all suspected or confirmed cases of harm, an employee has a responsibility to act in the best interest of the Individual but still operate within the relevant legislation and the parameters of the codes and standards of their practice

5.13 Confidentiality and Information Sharing

In seeking to share information for the purposes of protecting adults at risk, is committed to the following principles:

- Personal information will be shared in a manner that is compliant with our statutory responsibilities
- Adults at risk will be fully informed about information that is recorded about them and as a general rule, be asked for their permission before information about them is shared with colleagues or another agency. However, there may be justifications to override this principle if the adult or others are at risk
- Staff will receive appropriate training on Individual confidentiality and secure data sharing
- The principles of confidentiality designed to protect the management interests of must never be allowed to conflict with those designed to promote the interests of the adult at risk
- Staff will follow the policy on Data Protection and Confidentiality and comply with the Caldicott principles

5.14 Pressure Ulcers

Pressure ulcers are costly in terms of both Individual suffering and the use of resources. If the pressure ulcer is believed to have been caused by neglect, it should be reported as an adult safeguarding concern whether the pressure ulcer was acquired in a hospital, care setting or the Individual's own home. should ensure staff read and follow [Safeguarding Adults Protocol Pressure Ulcers and the interface with a Safeguarding Enquiry](#), seeking advice and further guidance where required.

Where Individuals are new to the service, any pressure sores must be documented on a body map and reported in line with safeguarding procedures. Treatment should also be sought from the GP.



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5.15 Medication Errors

should follow local safeguarding reporting procedures for medication errors and ensure that notifications are made to the CQC in line with statutory requirements. should have an open and transparent approach to medication incidents and ensure that staff follow the organisation's Medication Errors and Near Misses Policy and understand their Duty of Candour responsibilities.

5.16 Abuse of Trust

- A relationship of trust is one in which one person is in a position of power or influence over the other person because of their work or the nature of their activity
- Where the person who is alleged to have caused the abuse or neglect has a relationship of trust with the adult at risk because they are; a member of staff, a paid employee, a paid carer, a volunteer or a manager, should invoke disciplinary procedures for employed staff as well as taking action in line with this policy
- should ensure a referral is made to the Disclosure and Barring Service if an employee is found to have caused harm to an individual
- If the person who is alleged to have caused the harm is a member of a recognised professional group, should act under the relevant code of conduct for the profession as well as taking action under this policy
- Where the person alleged to have caused the harm or neglect is a volunteer or a member of a community group, should work with adult social services to support any action under this policy
- Where the person alleged to have caused the harm is a neighbour, a member of the public, a stranger or a person who deliberately targets vulnerable people, in many cases the policy and procedures will be used to ensure that the adult at risk receives the services and support that they may need
- In all cases, issues of consent, confidentiality and information sharing should be considered

5.17 Allegations Against People Who Are Relatives or Friends

There is a clear difference between unintentional harm caused inadvertently by a relative or friend and a deliberate act of either harm or omission, in which case the same principles and responsibilities for reporting to the police apply. In cases where unintentional harm has occurred, this may be due to lack of knowledge or due to the fact that the relative's own physical or mental needs make them unable to care adequately for the adult at risk. The relative may also be an adult at risk. In this situation the aim is to protect the adult from harm, work to support the relative to provide support and to help make changes in their behaviour in order to decrease the risk of further harm to the person they are caring for. A carer's assessment should take into account a number of factors and a referral to the Local Authority should be made as part of the safeguarding process.



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5.18 Whistleblowing

Whistleblowing is an important aspect of the support and protection of adults at risk of harm where staff are encouraged to share genuine concerns about a colleague's behaviour. Their behaviour may not be related to an adult at risk, but they may not be following the code of conduct or could be pushing boundaries beyond normal limits or displaying conduct which is a breach of the law, conduct which compromises health and safety or conduct which falls below established standards of practice with adults at risk.

has clear Whistleblowing policies and processes in place which staff are frequently reminded about, and they must be familiar with and understand how to escalate and report concerns.

5.19 Abuse by Another Adult at Risk

We recognise that we may also have responsibilities towards the person causing the harm, and certainly will have if they are both in a care setting or have contact because they attend the same place (for example, a day centre). The person causing the harm may themselves be eligible to receive an assessment. In this situation, it is important that the needs of the adult at risk who is the alleged victim are addressed separately from the needs of the person causing the harm. It will be necessary to reassess the adult allegedly causing the harm.

5.20 Exploitation by Radicalisers Who Promote Violence

Individuals may be susceptible to exploitation into violent extremism by radicalisers. Staff will be expected to follow the Radicalisation Policy and Procedure in place at .

5.21 Self-Neglect and Refusal of Care

should ensure that staff understand the importance of delivering care as detailed in the Care Plan. Where a Individual refuses care this should always be documented. Where refusal occurs repeatedly it should be escalated by as a safeguarding concern and a request for a review of the Individual's care should be instigated.

5.22 Self-Funding Individuals

People who fund their own care arrangements are legally entitled to receive support if subject to abuse or neglect in exactly the same way as those supported or funded by the Local Authority. They are also entitled to the protections of the Deprivation of Liberty Safeguards process.

5.23 Risk Assessment and Management

Achieving a balance between the right of the individual to control their care package and ensuring



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adequate protections are in place to safeguard well-being is a very challenging task. The assessment of the risk of abuse, neglect and exploitation of Individuals should be integral in all assessment and planning processes. Assessment of risk is dynamic and ongoing, especially during the adult safeguarding process, and should be reviewed throughout so that adjustments can be made in response to changes in the levels and nature of risk.

5.24 Audit and Compliance

It is essential that the implementation of this policy and associated procedures is audited to ensure that is doing all it can to safeguard those people receiving its services. The audit of this policy will be completed through a systematic audit of:

- Recruitment procedures and Disclosure and Barring Checks
- Audits of incident reporting, frequency and severity
- Audit of training processes, including reviews of uptake of training and evaluations

Safeguarding concerns and incidents will be reviewed by the Senior Management Team as part of root and cause analysis with the following terms of reference:

- Review incident themes
- Reports from the lead responsible for Safeguarding within
- Look in detail at specific cases to determine learning or organisational learning
- Ensure implementation of the Safeguarding policy and procedure

5.25 Training and Competencies

will ensure that staff receive training in recognising and responding to incidents, allegations or concerns of abuse or harm as part of their induction programme. will ensure that it benchmarks training and competencies within with the framework outlined in [Adult Safeguarding: Roles and Competencies for Healthcare Staff](#) which we recognise applies to social care staff also and does not replace any local or contractual requirements but acts as a minimum benchmark.



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6. Definitions

6.1 Enquiry

- An enquiry can also refer to similar action but not undertaken under Section 42. It should establish whether any action needs to be taken to prevent or stop abuse or neglect and if so, by whom
- An enquiry is any action that is taken (or instigated) by a local authority, under Section 42 of the Care Act 2014, in response to indications of abuse or neglect in relation to an adult with care and support needs who is at risk and is unable to protect themselves because of those needs

6.2 A Person with Care and Support Needs

- According to the Care Act 2014; an older person, a person with a physical disability, a learning difficulty or a sensory impairment, someone with mental health needs, including dementia or a personality disorder, a person with a long-term health condition, someone who misuses substances or alcohol to the extent that it affects their ability to manage day-to-day living

6.3 Safeguarding

- It is multi-agency in approach to prevent and stop both the risks and experience of abuse or neglect, whilst supporting the adult's well-being including their views, wishes, feelings and beliefs on the action to be taken where possible
- Safeguarding means protecting an adult's right to live in safety, without suffering abuse and or neglect

6.4 Investigation

- Investigation is a process that focuses on gathering "good evidence" that can be used as a basis for the decision as to whether or not abuse has occurred
- It must be a rigorous process and the evidence must be capable of withstanding close scrutiny, as it may later be required for formal proceedings

6.5 Referral

- Referral is when information regarding a possible safeguarding incident is passed on to another person for their direction. In the case of this policy, from the Provider to the Adult Social Care Team
- Sometimes this may be referred to as 'reporting'



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6.6 Well-being

- The Care Act 2014 defines well-being as: 'in relation to an individual, means that individual's well-being so far as relating to any of the following':
 - Personal dignity (including treatment of the individual with respect)
 - Physical and mental health and emotional well-being
 - Protection from abuse and neglect
 - Control by the individual over their day-to-day life (including over care and support provided to the individual and the way in which it is provided)
 - Participation in work, education, training or recreation
 - Social and economic well-being
 - Domestic, family and personal relationships
 - Suitability of living accommodation
 - The individual's contribution to society

6.7 Multi-agency

- More than one agency coming together to work for a common purpose
- This could include partners of the Local authority such as: NHS England CCGs, NHS trusts and NHS foundation trusts, Department for Work and Pensions, the police, prisons, probation services, and/or other agencies such as general practitioners, dentists, pharmacists, NHS hospitals, housing, health and care providers

6.8 Caldicott Principles

- Since then, when deciding whether they needed to use information that would identify an individual, an organisation should use the Principles as a test
- The Caldicott Principles were developed in 1997 following a review of how patient information is protected and only used when it is appropriate to do so
- The Principles were extended to adult social care records in 2000
- The Principles were revised in 2013

6.9 Abuse

- Abuse includes physical, sexual, emotional, psychological, financial, material, neglect, acts of omission, discriminatory and organisational abuse



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- The types and behaviours of abuse are documented in the Care Act Statutory Guidance Chapter 14

6.10 Adults at Risk

- Adult at risk means adults who need community care services because of mental or other disability, age or illness, and who are, or may be unable to take care of themselves against significant harm or exploitation
- The term replaces 'vulnerable adult'

6.11 Concern

- A concern may be any worry about an adult who has, or appears to have care and support needs, who is subjected to, or may be at risk of abuse or neglect, and who may be unable to protect themselves from the abuse or neglect or risk of it
- A concern may be raised by anyone, and can be:
 - A direct or passive disclosure by the adult at risk
 - A concern raised by staff, volunteers, others using the service, a carer or a member of the public
 - An observation of the behaviour of the adult at risk, of the behaviour of another person(s) towards the adult at risk, or of one Individual towards another
 - Patterns of concerns or risks that emerge through reviews, audits and complaints or regulatory inspections or monitoring visits

6.12 Making Safeguarding Personal

- It is how professionals are assured by adults at risk that they have made a difference to people by taking action on what matters to people, and is personal and meaningful to them
- Making Safeguarding Personal is about person-centred and outcome-focussed practice

6.13 Modern Slavery

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

6.14 Significant Harm

- Significant harm is not only ill treatment (including sexual abuse and forms of ill treatment which are



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not physical), but also the impairment of, or an avoidable deterioration in, physical or mental health, and the impairment of physical, intellectual, emotional, social or behavioural development

6.15 Enquiry Planning / Strategy Meeting

- Enquiry Planning / Strategy Meeting or discussion is a multi-agency discussion between relevant organisations involved with the adult at risk to agree how to proceed with the referral
- It can be face to face, by telephone or by email

6.16 Honour-Based Violence

- 'Honour crime' may be considered by the perpetrator(s) as justified to protect or restore the 'honour' of a family
- In transgressing this, the person shows that they have not been properly controlled to conform by their family and this is to the 'shame' or 'dishonour' of the family
- The terms 'honour crime', 'honour-based violence', and 'izzat' embrace a variety of crimes of violence (mainly but not exclusively against women), including physical abuse, sexual violence, abduction, forced marriage, imprisonment and murder where the person is being punished by their family or their community
- They are punished for actually, or allegedly, 'undermining' what the family or community believes to be the correct code of behaviour

6.17 Hate Crime

- Hate (Mate) Crime - A disability hate crime is: "Any criminal offence which is perceived, by the victim or any other person, to be motivated by a hostility or prejudice based on a person's disability or perceived disability."
- Incidents can include:
 - Physical attacks such as physical assault, damage to property, offensive graffiti and arson
 - Threat of attack including offensive letters, abusive or obscene telephone calls, groups hanging around to intimidate, and unfounded, malicious complaints
 - Verbal abuse, insults or harassment - taunting, offensive leaflets and posters, abusive gestures, dumping of rubbish outside homes or through letterboxes, and bullying at school or in the workplace

6.18 Forced Marriage



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- Forced marriage can involve physical, psychological, emotional, financial and sexual abuse including being held unlawfully captive, assaulted and raped
- Law enforcement agencies will also be able to pursue perpetrators in other countries where a UK national is involved under powers defined in legislation
- The Anti-Social Behaviour, Crime and Policing Act 2014 protects people from being forced to marry without their free and full consent as well as people who have already been forced to do so
- We will ensure that staff are reminded of the **one chance rule**: i.e. our employees may only have one chance to speak to a potential victim of forced marriage and, therefore, only one chance to save a life



Key Facts - Professionals

Professionals providing this service should be aware of the following:

- The Individual to whom the incident has happened, will be consulted and supported to be involved in the safeguarding process and provided with information they understand throughout
- is committed to supporting and protecting the well-being of Individuals through prevention of harm and reporting and dealing with incidents of abuse through a proper process
- Safeguarding is everybody's business. Agencies have a duty to report Safeguarding concerns to the Local Safeguarding Adults Team
- Staff of will report safeguarding concerns to the Registered Manager
- The Registered Manager will refer safeguarding concerns to the Local Authority Safeguarding Adults Team
- If it is suspected a crime has taken place, the reporter of the incident should call the police immediately
- will be led by the Local Authority Adult Safeguarding Team as to 'next steps' such as enquiries
- If the alleged victim requires immediate removal from harm or medical attention, this will be done immediately



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Key Facts - People affected by the service

People affected by this service should be aware of the following:

- has a duty to safeguard people using their service
- will provide information and Care Plans to help you understand safeguarding and what to look out for
- If something happens that may be a safeguarding incident which involves you, will make sure you understand your choices and the next steps and are included as much as you want and can be
- If you need extra support such as an advocate, one will be provided for you
- Other agencies may be involved in getting to the facts of the incident
- If it seems a crime has taken place, the police will be called immediately
- When the facts are brought together, and a way forward has been decided with your input if possible, you will be talked through the findings
- will have reviewed your Care Plan and worked with you to support you through the enquiry process and moving on in the future



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Further Reading

As well as the information in the 'underpinning knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

- **CQC The Adult Social Care Key Lines of Enquiry and Prompts: Sources of evidence:** www.cqc.org.uk/sites/default/files/20180530%209001095%20ASC%20assessment%20framework%20with%20sources%20of%20evidence%20v4%2000.pdf
- **Action on Elder abuse - Resources and Forums:** <https://www.elderabuse.org.uk/pages/>
- **Gaining access to an adult suspected to be at risk of neglect or abuse: a guide for social workers and their managers in England Social Care Institute for Excellence 2014 which clarifies existing powers relating to access to adults suspected to be at risk of abuse or neglect:** <http://www.scie.org.uk/care-act-2014/safeguarding-adults/adult-suspected-at-risk-of-neglect-abuse/>
- **Adult Safeguarding and Housing materials produced for housing providers Housing and Safeguarding Adults Alliance 2014:** <http://www.housinglin.org.uk/Topics/browse/CareAndSupportatHome/AdultSafeguarding/?parent=9016&child=8914>
- **How to report a serious incident in your charity:** <https://www.gov.uk/guidance/how-to-report-a-serious-incident-in-your-charity>



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Outstanding Practice

To be outstanding in this policy area you could provide evidence that:

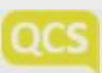
- The wide understanding of the policy is enabled by proactive use of the QCS App
- Records are kept in regard to safeguarding and are extremely clear, transparent and well-ordered with all incidents reviewed and learning disseminated. Training materials are updated to reflect any learning
- The same issues do not reoccur, and robust measures and systems have been put in place to address the original safeguarding concern
- Staff report that the service is fully aware of responsibilities with regard to safeguarding and that they are encouraged to report incidents and are fully supported through the process
- People using services report that if they are involved in a safeguarding incident then they are supported to be involved as much as they would like
- Care Planning includes tailored information to support individual Individuals make safe choices to promote independence and well-being and people report that they feel safe and well supported
- has reviewed the CQC's The Adult Social Care Key Lines of Enquiry and Prompts: Sources of evidence and ensures that systems, processes and practices are in place to safeguard people from abuse



Forms

The following forms are included as part of this policy:

Title of form	When would the form be used?	Created by
Safeguarding Incident Log - CR03	When a safeguarding concern or incident arises.	QCS
Safeguarding - A Guide for Care Staff - CR03	During training and supervision.	QCS
County Lines and Cuckooing - CR03	To raise awareness of different types of abuse.	QCS
Safeguarding Leaflet - CR03	On assessment, review or when concerns arise.	QCS



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Safeguarding Incident Log - CR03

Individual Name:

**Name of person investigating
incident/completing this form:**

**Name of person reporting incident (if not
Individual):**

Individual location:

Time and date of incident:

Precise location of incident:

**Details of incident (include description of incident, as well as the names of any individuals who
may have been involved. Remember to take care not to lead the Individual):**

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Use additional sheets if necessary

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Name of witness(es):

Details of any injuries/was medical attention required?

What decision has been reached as a result of investigating the incident?

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Name and designation of witness/advocate/support for Individual during discussion/report taking:

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What immediate action was taken?

What lessons have been learned from this incident and investigation?

Were any outside agencies contacted? If so, who?

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Use additional sheets if necessary

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Registered Manager recommendations, including Care Plan changes:

What actions will be taken to prevent further incidents?

Signature:

Print Name:

Title:

Date:

Reported to

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Management**Meeting by:****Date:**

One copy of this form to be held in the Individual's personal file, one copy in the Safeguarding Incident file.

Use additional sheets if necessary

Safeguarding – A Guide for Care Staff

What is Adult Abuse?

Abuse is mistreatment by any other person or persons that violates a person's human and civil rights. The abuse can vary from treating someone with disrespect in a way which significantly affects the person's quality of life, to causing actual physical suffering.

Abuse can happen anywhere – at home, in a residential or nursing home, a hospital, in the workplace, at a day centre or educational establishment, in supported housing, in the street, on line.

What Does Safeguarding Mean?

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.

What Should you do if you are Concerned that Someone is Being Abused or is at Risk of Abuse?

- **Act** - don't assume that someone else is doing something about the situation

Doing nothing is not an option!

- If anyone is injured get a doctor or ambulance
- If you think a criminal offence has been committed call the **Police** on **999**
- Speak to your manager as soon as possible. If you think no action has been taken, escalate to a more senior manager. If you are still concerned follow your **Whistleblowing Policy**. You should always follow your local safeguarding procedures. Ask your manager if you aren't sure what they are
- Make a note of your concerns, what happened and any action you take so that you can tell your manager. Think about **Who?** (Is involved) **What** (Has happened) **Where** (Where did it take Place). Be careful what you write in the visit log as this may be seen by others

What are the Types of Abuse?

The Care Act 2014 defines the different types of abuse. It is not intended to be an exhaustive list but a guide to the sort of behaviour which could trigger a safeguarding concern:

Types of Abuse	Types of Behaviours
Physical abuse	Assault, hitting, slapping, pushing, misuse of medication, restraint, inappropriate physical sanctions
Sexual abuse	Rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing, or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting
Financial or material abuse	Theft; fraud or exploitation; pressure regarding wills, property, or inheritance; misuse of property, possessions or benefits.
Modern Slavery	Encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment
Domestic Violence and Abuse	Psychological, physical, sexual, financial, emotional abuse, 'honour' based violence
Neglect	Ignoring medical or physical care needs; preventing access to health, social care, or educational services; withholding the necessities of life, such as food, drink, or heating.
Discriminatory abuse	Including forms of harassment, slurs or similar treatment: because of race, gender and gender identity, age, disability, sexual orientation or religion
Organisational abuse	Including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation
Self- Neglect	This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding
Psychological abuse	Including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks

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County Lines and Cuckooing - CR03

Cuckooing and County Lines Fact Sheet

What are County Lines?

County lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of “deal line”. They are likely to exploit children and vulnerable adults to move and store the drugs and money and they will often use coercion, intimidation, violence (including sexual violence) and weapons. County lines activity and the associated violence, drug dealing, and exploitation has a devastating impact on young people, vulnerable adults and local communities.

Gangs typically use children and adults at risk of harm to transport and/or deal drugs to customers. These victims are recruited using intimidation, deception, violence, debt bondage or grooming. During this process the ‘victims’ are likely to commit criminal offences.

Who does it affect?

The term vulnerable adults is used here in the context of ‘vulnerable to harm or abuse’ They do not need to be receiving social care or support to be vulnerable. Some vulnerabilities are outlined in this fact sheet

County lines exploitation:

- Can affect any child or young person (male or female) under the age of 18 years;

- Can affect any vulnerable adult over the age of 18 years;

- Can still be exploitation even if the activity appears consensual;

- Can involve force and/or enticement-based methods of compliance and is often accompanied by violence or threats of violence;

- Can be perpetrated by individuals or groups, males or females, and young people or adults; and

- Is typified by some form of power imbalance in favour of those perpetrating the exploitation. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, cognitive ability, physical strength, status, and access to economic or other resources.

One of the key factors found in most cases of county lines exploitation is the presence of some form of exchange (e.g. carrying drugs in return for something). Where it is the victim who is offered, promised or given something they need or want, the exchange can include both tangible (such as money, drugs or clothes) and intangible rewards (such as status, protection or perceived friendship or affection).

Some of the factors that heighten a person’s vulnerability include:

- Having prior experience of neglect, physical and/or sexual abuse

- Lack of a safe/stable home environment, now or in the past (domestic violence or parental substance misuse, mental health issues or criminality, for example)

- Social isolation or social difficulties

- Economic vulnerability

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Homelessness or insecure accommodation status

Connections with other people involved in gangs

Having a physical or learning disability

Having mental health or substance misuse issues;

Being in care (particularly those in residential care and those with interrupted care histories)

Being excluded from mainstream education, in particular attending a Pupil Referral Unit.

What happens?

Once in debt to a dealer they will be encouraged to sell drugs to pay the debt off

The gang will ensure the debt is never fully paid off and the victim can quickly become trapped in a cycle where their only option is to commit further crime

The more crime they commit the less likely they are to tell someone what is happening or seek help

They will be dispatched to travel to other parts of the country where they are not known to police or social services and can essentially fly under the radar

During this time away from home they are highly at risk of coming to further harm at the hands of people they are dealing to or rival local drug dealers

Older people may become exploited to also traffic drugs, weapons and cash but additionally their homes might get taken over by gangs needing somewhere to hide drugs or deal from Adults with mental or physical disabilities, adults with addictions or adults who are particularly elderly may experience '**cuckooing**' where a gang take over their home

Other victims include the relatives of the exploited person who 'lose' their loved one to a criminal gang, and the communities where the drug dealing and associated violence is exported to

What are the signs in adults?

In adults, signs of 'cuckooing' can include: ·

A loved one or neighbour not being seen for some time;

Unknown visitors and vehicles to their house at unusual times;

Exchanges of cash or packages outside their home;

Open drug use in the street; damage and deterioration to the appearance of their home;

A change in their own personality or behaviour and appears nervous, worried or intimidated.

What should you do?

If you are worried that a person is at immediate risk of harm you should also contact the police: your local safeguarding team or, in the case of a child, your local safeguarding partner (the group of Local Authority, CCG and Police .Refer to Working Together to Safeguard Children 2018 for more information)

References

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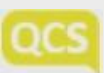
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Serious Violence Strategy April 2018:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/698009/serious-violence-strategy.pdf

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What Can You Do?

- No one should have to live with abuse
- By reporting abuse, you can help bring it to an end
- You may feel completely alone but you are not
- There are people who can help and it is important to get in touch with them
- Abuse can be very confusing especially if you look up to the person hurting you or if they are a friend or a member of your family
- You might not want to talk to someone you know and might prefer to speak or email someone at one of the services in this fact sheet
- These services have people who are trained to help and support you and they will not be shocked or surprised at what you say. They will listen to you and help you decide what to do

Who Can Help?

- (Insert Name Safeguarding Team)

Phone:

Email:

Website:

- Police:

In an Emergency: 999

In a non-emergency: 101

- Care Quality Commission (CQC)

Phone :03000 61 61 61

Web: www.cqc.org.uk

- Silverline Confidential 24-Hour Helpline:

Phone: 0800 4 70 80 90

Web:

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

Concerned about Abuse?

A Guide to
Keeping Safe
For
People Who Use
Our Services

What is Adult abuse?

- Adult abuse is when someone hurts or scares you on purpose
- They might say, “Don’t tell anyone”

Adult abuse is wrong

- Adult abuse can happen to anyone
- You need to know what to do if it happens to you or to someone you know

Abuse can happen anywhere

- At Home
- In a Residential or Care Home
- In Hospital
- In a Day Service, Work, School
- On the Internet or Phone
- Public place/in the community

Abuse can be caused by anyone

- A partner or relative
- A friend or neighbour
- Sometimes a person pretends to be your friend so they can abuse you. This is called ‘Mate Crime’
- A paid or volunteer carer
- Other service users
- Someone in a position of trust
- A stranger

There are Different Types of Abuse

□ Physical abuse

This involves being hit, slapped or kicked, or being hurt in another way

□ Sexual abuse

This is when someone touches your private parts when you don’t want them to, or makes you touch them

It is also when someone talks to you about sex when you don’t want them to

□ Financial or material abuse

This is when someone takes something that belongs to you without asking, or makes you give them things

□ Modern Slavery

This is when someone is forced to work with little or no pay, or threatened with violence if they do not work

□ Domestic Violence and Abuse

When abuse occurs between partners or family members, it is often called Domestic Violence and Abuse

□ Neglect

This is when you do not get the help you need. It might include not getting help with your medication, or your care needs, or not giving you enough food

□ Discriminatory abuse

This is when someone treats you badly because you are different to them. This is sometimes called Hate Crime

This could be because of your:

- Age or gender
- Sexuality or disability
- Race or religious belief

□ Organisational abuse

If abuse is caused by an organisation, it is often called Organisational Abuse. This is where you are not being cared for properly. It is where your own choices are ignored

□ Self-neglect

This is when someone might come to harm because they do not look after themselves

This might be not eating or taking their medication or looking after their personal hygiene