



## Safeguarding Children and Adults at risk of harm Procedures September 2025

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## FASD Awareness

### Safeguarding Procedures (All staff )

#### 1. Responsibilities

The responsibilities for dealing with safeguarding lie with the following:

Safeguarding is everyone's responsibility. All members of staff (paid and unpaid) are required to report any suspected abuse and be aware of the appropriate reporting and support procedure for safeguarding. It is important that Staff are also aware of the Government's PREVENT strategy. The aim of this is to stop people becoming terrorists or supporting violent extremism in all its forms. This can also be a safeguarding issue but has different reporting mechanisms.

The Safeguarding Officer(s) will discharge their safeguarding functions in a way that ensures that children are safeguarded from harm, and promotes their welfare. They are responsible for following up any suspected reports of abuse and for informing the Police or other appropriate external bodies.

The Chief Executive is responsible for supervision of these activities.

#### 2. REPORTING OF SAFEGUARDING CONCERNS

If you are worried about a child or adult at risk, talk to the FASD Awareness Safeguarding Lead to discuss your concerns at the earliest opportunity, as long as it will not delay any potential referral or place someone at harm.

##### Safeguarding Officers

Lead Officer Peggy Murphy  
Deputy Officer Sophie Cartwright

##### Making referrals

Staff must make it clear to anyone who shares information with them that will have to pass it on and follow this procedure in order to ensure that no one else is at risk, to prevent a crime or to protect them if they cannot protect themselves from harm.

If the concern is about an adult we will refer to the [Safeguarding Adults Framework](#) or [Kent Support Levels](#) guidance to establish the safeguarding threshold.

If we have a concern and need to make a safeguarding referral we use the [Kent Children's Portal](#)

If we cannot use the portal we will make the referral to the Front Door **03000 41 11 11** or the Out of Hours Service (after 5pm) **03000 41 91 91**.

We will call 999 and inform the emergency services in an emergency situation.

If we feel a family sit below support levels 3 and 4 we can contact the local Early Help Team for a [District Conversation](#). Your request for advice will be responded to by an Early Help Manager and you will then be able to discuss the needs of a child, young person or family and be provided with advice about the most appropriate type of support available within the community at Support Levels 1 and 2.

##### Allegations of abuse or malpractice against a member of staff including volunteers

It is essential that any allegation of abuse made against a person who works with children and young people including those who work in a voluntary capacity are dealt with fairly, quickly, and consistently, in a way that provides effective protection for the child, and at the same time supports the person who is the subject of the allegation.

This procedure applies to a wider range of allegations than those in which there is reasonable cause to suspect a child is suffering, or likely to suffer, significant harm. **It also includes allegations that might indicate that the alleged perpetrator is unsuitable to continue to work with children in their present position, or in any capacity. This may be due to concerns about the persons conduct in their personal or professional life that might indicate their unsuitability to work with children.**

It must be used in respect of all allegations that are consistent with the guidance in Working Together i.e. cases in which it is alleged that a person who works with children has:

- behaved in a way that has harmed, or may have harmed, a child
- possibly committed a criminal offence against, or related to, a child; or
- behaved in a way that indicates s/he is unsuitable to work with children.

**If the allegation is against an FASD Awareness member of staff or volunteer the allegation must be reported immediately, at least within one working day, to the FASD Awareness Safeguarding Lead.**

If the allegation is against the Safeguarding Lead then the allegation must be reported to the FASD Awareness Deputy Safeguarding Lead. The FASD Awareness Safeguarding Lead/or Deputy must then report the allegation to the Local Area Designated Officer (LADO) on the same day.

**Contact details for LADOs: 03000 41 08 88**

**Email: [kentchildrenslado@kent.gov.uk](mailto:kentchildrenslado@kent.gov.uk)**

**See flowchart below.**

# FLOWCHART FOR REFERRAL FOR ACTUAL OR SUSPECTED ABUSE (2022)

## See it. Recognise it. Report it.

If the matter is urgent because a child or adult at risk of harm is in immediate danger  
phone 999 for the Police.

### See it.

Are they safe? If you are concerned about a child or Adult at Risk of Harm you could help stop abuse if you follow the safeguarding policy and procedure (use this flowchart)

It is not your responsibility to decide if abuse has happened. It IS your responsibility to report it to the Safeguarding Lead and/ or appropriate authority

### Recognise it.

- Share your concerns/ information with the Safeguarding Lead/ Deputy Safeguarding Lead.
- *For concerns about an Adult at Risk of Harm:* Use the **Multi-Agency Safeguarding Adults Policy, Procedures and Practitioner Guidance for Kent and Medway** to guide your discussions on thresholds for safeguarding referrals
- *For concerns about a child (under 18 years of age):* Use the **Kent Support Levels Guidance** to guide your discussions on thresholds for safeguarding referrals
  - If you need to discuss whether or not a referral is required for adults call 03000 41 61 61 and for children call 03000 41 11 11
  - If there is immediate danger to the child or Adult at Risk call 999 for the Police.

### Report it

If you have a concern about a child or an Adult at Risk and need to make a safeguarding referral use the relevant online portal (children: KCSB, adults: KMSAB)

### Contact information

Safeguarding referral:

Children: [KCSB](#)

Adults: [KMSAB](#)

**Police: 999 if it is an emergency**

Safeguarding Lead: tel.

Safeguarding Deputy: tel. 07973129951

Safeguarding Trustee: tel.

email: [peggy@fasdawareness.org.uk](mailto:peggy@fasdawareness.org.uk)

email: [andrew@fasdawareness.org.uk](mailto:andrew@fasdawareness.org.uk)

email: [sophie@fasdawareness.org.uk](mailto:sophie@fasdawareness.org.uk)

**Notes:  
reporting for CYP**

- Parents/ carers should be advised that you are making a referral unless this might put the child at risk or cause any delay in referring
- **Local Authority Designated Officer (LADO) Referrals**  
If you have concerns about an adult working with a child under the age of 18 that you would like to report:  
Telephone: 03000 41 08 88  
Email: [kentchildrenslado@kent.gov.uk](mailto:kentchildrenslado@kent.gov.uk)

**Notes:  
reporting for Adults at Risk**

It is essential that wherever possible it is the adult at risk who will decide on the chosen course of action, taking into account the impact of the adult at risk's mental capacity where relevant.

However, the people and organisations caring for, or assisting them, must do everything they can to identify and prevent abuse happening wherever possible and evidence their efforts

Remember ALL notes will be disclosable should a formal or criminal investigation occur. *Ensure that your notes are signed, dated, professional, separate opinion from fact, are recorded verbatim using the same words as were used during the disclosure.*

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## **Note on safeguarding adults at risk**

**We will refer to the Safeguarding Adults Framework to help decide if the threshold for safeguarding has been met.**

This document is to support decision-making to establish whether or not incidents/events need to be addressed using safeguarding practices and to support practitioners through their safeguarding work.

There will be occasions where a concern raised does not need to go to safeguarding but could be resolved by; advice, information, assessment/review or the complaints process (this list is not exhaustive). Consider the most proportionate response to each situation prior to taking action, as per the Care Act.

The Care Act does not stipulate a 'process' as such as each piece of work must follow the ethos of 'Making Safeguarding Personal'. However, the decision as to whether we should support a person using safeguarding practice is guided within the Act. The adult at risk;

- 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.

### **Making Safeguarding Personal**

Wherever possible the adult at risk should be consulted about the intention to report the concern (to whichever agency) or enabled to report the concern themselves. They should be informed that a concern is to be reported about risks to them unless it is not safe to do so.

- Public interest and the responsibility to protect all adults at risk may override the individual's rights and preferences.
- People have a right to be informed of, and involved in, Safeguarding Enquiries into risks of abuse or neglect that they may face.
- People have the right to, wherever possible, determine their own outcomes and how they might be achieved.
- We have a duty to, wherever possible, work to achieve those outcomes.
- People have rights in deciding how they live their lives and how to manage any risks that they face.
- Exceptions to these rights can be where people do not have the capacity to understand the risks involved, or where their involvement might put them or others at risk
- Adults at risk has a right to an advocate under these circumstances, staff can contact The Advocacy People (Kent Advocacy)

### **Balancing individuals rights and agencies duties and responsibilities**

Individuals have the right to take risks and to live their life as they choose.

These rights, including the right to privacy, will be weighed when considering duties and responsibilities towards them. They will not be overridden other than where it is clear that the consequence would be seriously detrimental to their, or another person's health and well-being and where it is lawful to do so.

Any concern, disclosure or witnessed abuse must be reported immediately in accordance with local multiagency policies and procedures.

### 3. RECOGNISING CHILD AND ADULT ABUSE

Abuse can take many forms and the examples in the definitions in Appendix D are not exhaustive. There may be other situations not covered in the examples below that give you concern for a child's safety and wellbeing. **If you have a concern follow the reporting flowchart on page 8.**

#### 3.1 PREVENT: VULNERABLE TO RADICALISATION (VTR) OR INFLUENCED BY EXTREMISM

Staff may notice a change in a child or adults' behaviour that may suggest they are vulnerable to violent extremism.

Below is guidance to assist in deciding whether a Prevent referral is appropriate and help to make referrals.

If we need to make a referral we will follow the information on the KCC website.

<https://www.kent.gov.uk/about-the-council/strategies-and-policies/community-safety-and-crime-policies/contest/prevent>

For urgent safeguarding concerns call 0800 789 321

**UNLIKE SAFEGUARDING STAFF MUST NOT DISCUSS CONCERNS WITH THE INDIVIDUAL PRIOR TO REFERRAL**

## GUIDANCE NOTES FOR RECOGNISING VTR

### Who is Vulnerable to Radicalisation?

People who are vulnerable to radicalisation come from all walks of life, genders, ages and social groups, income levels, professions etc.

**There is no profile for someone who could be drawn into terrorism.**

Extremism is any form of extremism; this includes extreme right wing views, animal rights issues as well as religious views. It is unhelpful to have a narrow view of who can be VTR. It is important to keep an open mind. Looking at the factors associated with a person who becomes vulnerable to it can be helpful to look at. They include;

## VULNERABILITIES & THE SIGNS

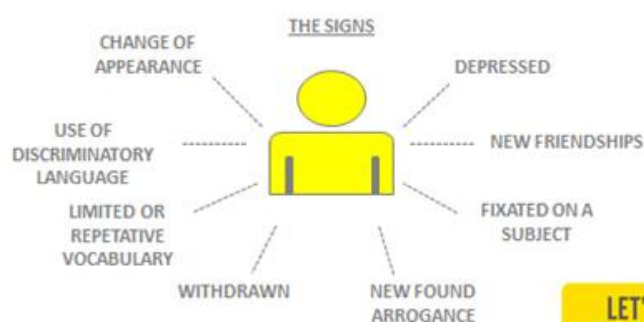
This guide is to help about an individual who to being drawn into are questions which quantify and structure list is not exhaustive may be present but as a guide to help professional judgement you to make a referral.



Someone could display all, some or one of these vulnerabilities. There are no set profiles for someone vulnerable to radicalisation.

### Faith / ideology

- Are they new to a faith strand?
- Do they seem to narrow religious or
- Have there been their observance, interaction or place of worship /
- Have there been or is there an and Us“ language or being used or occurring?
- Is there evidence of increasing association with a closed tight knit group of individuals / known recruiters / extremists / restricted events?
- Are there particular grievances either personal or global that appear to be unresolved / festering?
- Has there been an increase in unusual travel abroad without satisfactory explanation?



Again someone who is being or has been radicalised may display some or all of the signs, equally they may not display any signs.



you refer concerns may be vulnerable terrorism. Below may help you to your concerns. The and other factors they are intended communicate your about what has led

particular faith /

have naïve or political views? sudden changes in behaviour, attendance at their organised meeting? specific examples undertone of “Them violent rhetoric behaviour

### Personal / emotional / social issues

- Is there conflict with their families regarding religious beliefs / lifestyle choices?
- Is there evidence of cultural anxiety and / or isolation linked to insularity / lack of integration? Is there evidence of increasing isolation from family, friends or groups towards a smaller group of individuals or a known location?
- Is there history in petty criminality and / or unusual hedonistic behaviour (alcohol/drug use, casual sexual relationships, and addictive behaviours)?
- Have they got / had extremist propaganda materials (DVDs, CDs, leaflets etc.) in their possession?
- Do they associate with negative / criminal peers or known groups of concern?
- Are there concerns regarding their emotional stability and or mental health?
- Is there evidence of participation in survivalist / combat simulation activities, e.g. paint balling?

### Risk / Protective Factors

- What are the specific factors which are contributing towards making the individual more vulnerable to radicalisation? E.g; mental health, language barriers, cultural anxiety, impressionability, criminality, specific grievance, transitional period in life etc.
- Is there any evidence of others targeting or exploiting these vulnerabilities or risks?
- What factors are already in place or could be developed to firm up support for the individual or help them increase their resilience to negative influences? E.g. positive family ties, employment, mentor / agency input etc.

## 3.2 INFORMATION SHARING PROCEDURES RELATING TO SAFEGUARDING

Through the safe and effective sharing of information it aims to ensure that adults at risk of abuse and or children get the support they require from external services and that the people it works with are protected from harm, abuse or neglect. It also seeks to prevent them from offending.

In many reviews into deaths of children and or adults at risk of abuse the lack of information sharing between agencies and organisations is often highlighted as a contributory, if not causal, factor in the death. **It is imperative that FASD Awareness staff understand the requirement to share safeguarding information in order to protect children from harm.**

Confidentiality and information sharing must be integrated across all aspects of FASD Awareness services and management as its users have the right to privacy and confidentiality and to understand when “secrets” cannot be protected for their best interests.

### **information sharing Definitions**

**Confidentiality:** Not all information is confidential. Confidential information is information of some sensitivity, which is not already lawfully in the public domain or readily available from another public source, and which has been shared in a relationship where the person giving the information understood that it would not be shared with others.

FASD Awareness understands confidentiality to mean that no information regarding a service user shall be given directly or indirectly to any third party which is external to the Staff, without that service user’s prior expressed consent to disclose such information.

**Breach of confidentiality:** Confidence is only breached where the sharing of **confidential** information is not authorised by the person who provided it or to whom it relates. If the information was provided on the understanding that it would be shared with a limited range of people or for limited purposes, then sharing in accordance with that understanding will not be a breach of confidence. Similarly, there will not be a breach of confidence where there is explicit consent to the sharing.

**Even where sharing of confidential information is not authorised, FASD Awareness may lawfully share it if this can be justified in the public interest.**

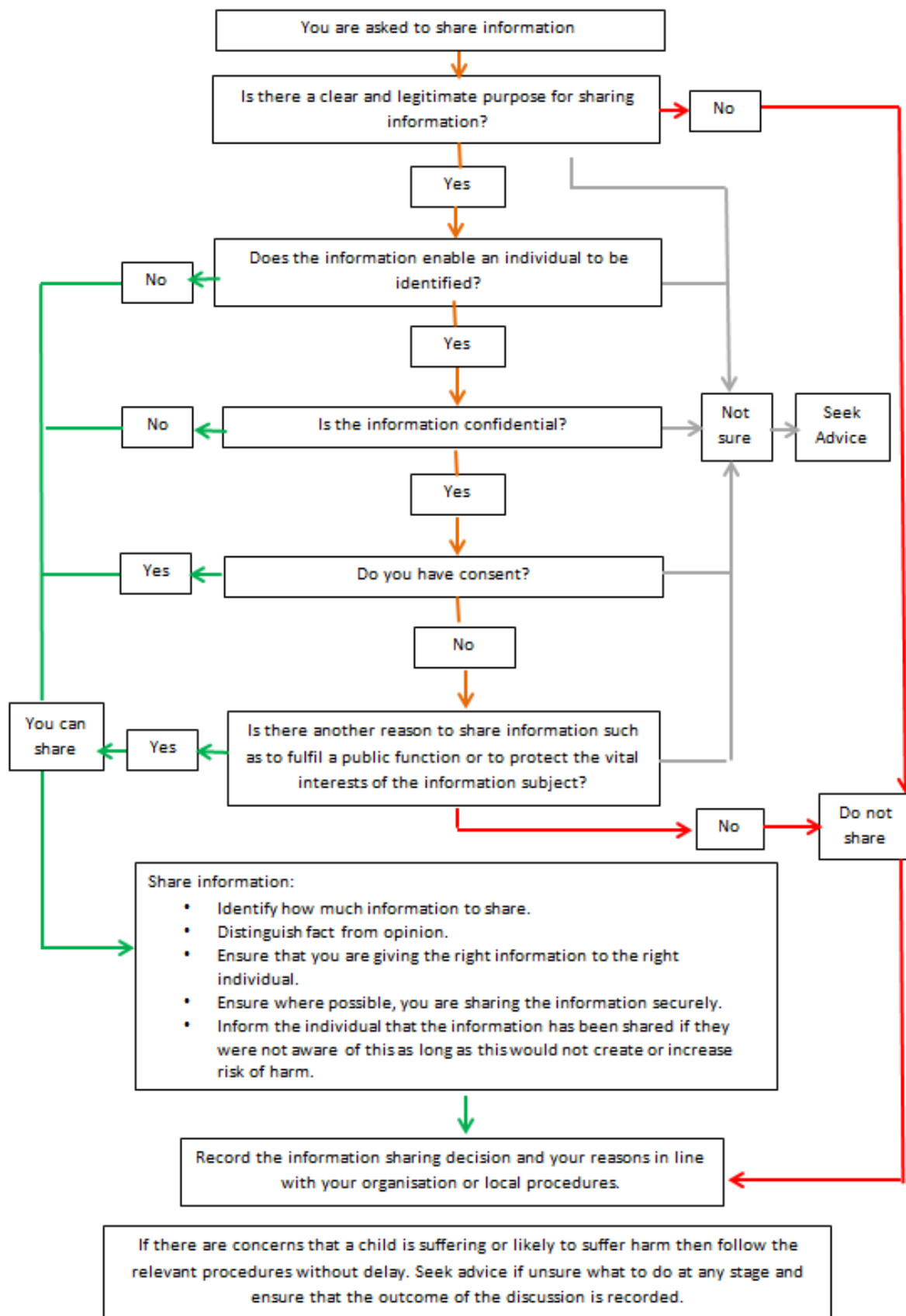
Seeking consent should be the first option, if appropriate. Where consent cannot be obtained to the sharing of the information or is refused, or where seeking it is likely to undermine the prevention, detection or prosecution of a crime, the question of whether there is a sufficient public interest must be judged by the Manager with the CE on the facts of each case.

Therefore, where you have a concern about a child or young person, you should not regard refusal of consent as necessarily precluding the sharing of confidential information

**Public interest:** A public interest can arise in a wide range of circumstances, for example, to protect children or other people from harm, to promote the welfare of children or to prevent crime and disorder. There are also public interests, which in some circumstances may weigh against sharing, including the public interest in maintaining public confidence in the confidentiality of certain services. The key factor in deciding whether or not to share confidential information is proportionality, i.e. whether the proposed sharing is a proportionate response to the need to protect the public interest in question.

**Serious crime:** This means any crime which causes or is likely to cause significant harm to a child or young person or serious harm to an adult.

### **3.3 Information sharing flowchart**



## **Appendix A: Safeguarding Code of Conduct for all FASD Awareness Staff, Contractors and Volunteers**

This Safeguarding Code of Conduct sets out the expectations of FASD Awareness for all staff, contractors or volunteers who work for or represent the organisation in their contact with children, young people and adults at risk. Failure by any staff member to comply with this Safeguarding Code of Conduct may be considered Gross Misconduct and could end in summary dismissal. Contractors and volunteers may be asked to leave FASD Awareness premises and be dealt with according to the relevant procedures.

**Do** • Approach any child, young person or adults at risk apparently in distress and ask if you can help and seek assistance from colleagues or supervisors in order to minimise the amount of time you are alone with the person.

- Be aware of the possible risks and question situations that you find suspicious.
- Communicate the details of any lost children to the Designated Officer
- Keep any lost children in a public area where they can be clearly seen and take them to the Designated area as quickly as possible.
- Actively contribute to an organisational culture where inappropriate behaviour is not tolerated.
- Ensure that whenever possible there is more than one adult present during activities with children, young people and adults at risk, or at least that you are within sight or hearing of others. The adult present may be a teacher or parent.
- If a child or adults at risk wishes to talk to you in confidence then try to find a quiet space in a public area where this is possible.
- Act professionally in all matters.
- Be aware of appearances and avoid any situations which might appear compromising.
- Report any allegation (even if this is just a suspicion) of abuse or inappropriate conduct immediately to your line manager and / or the Designated Officer.
- Always do your utmost to accommodate if the child / adults at risk expresses a wish to talk to a male or female member of staff.
- Be sensitive in your communication with people so that you avoid over familiarity

**Do Not** • Engage in any "rough and tumble" or other horseplay.

- Make sexually suggestive comments to any visitor/service user.
- Use foul or abusive language to any visitor/service user.
- Allow or engage in inappropriate touching of any kind.
- Give out personal information, or share email, social network site details (eg, Facebook), and mobile phone numbers with any child, young person or adult at risk of abuse.
- Do things of a personal nature for children or adults at risk that they can do for themselves or that a parent / leader can do for them

## APPENDIX B HOW TO REACT WHEN A CHILD/YOUNG PERSON WANTS TO TALK ABOUT ABUSE

- **General points**

- Take seriously what the child/young person says (however unlikely the story may sound)
- Keep calm
- Look at the child/young person directly
- Be honest
- Let them know you will need to tell someone else – don't promise confidentiality
- Reassure them they are not to blame for the abuse
- Be aware that the child/young person may have been threatened
- Never push for information
- Ask questions for clarification only; avoid asking questions that suggest a particular answer.

- **Helpful things to say or show**

- Show acceptance of what the child/young person says
- "I am glad you have told me"
- "It's not your fault"
- "I will help you"

- **Avoid saying**

- "Why didn't you tell anyone before?"
- "I can't believe it"
- "Are you sure this is true?"
- Never make false promises
- Never make statements such as "I am shocked!", or "don't tell anyone else"

- **Concluding**

- Reassure the young person that they were right to tell you and that you take them seriously
- Let the young person know what you are going to do next and that you will let them know what might happen Immediately report the matter, as per procedures

## APPENDIX C: QUESTIONS TO ASK YOURSELF BEFORE MAKING AN ADULT SAFEGUARDING REFERRAL

Did we consult the Safeguarding Adults Framework?

Are the three safeguarding threshold criteria met?

- Do they have care and support needs?
- Are they experiencing, or are at risk of, abuse or neglect?
- as a result of their care and support needs they are unable to protect himself or herself against the abuse or neglect or the risk of it?

Remember that being safe is only one part of a person's life. Wellbeing, learning and quality of life are also important factors.

2. What is the concern?

3. What are the person's personal preferences and circumstances that create a proportionate tolerance of acceptable risk?

4. What would be a proportionate intervention to the potential risk?

5. What is/are the vulnerability/ vulnerabilities of the adult?

6. What is the nature and extent of the abuse?

7. How long has the abuse been occurring?

8. What is the impact of the abuse on the individual?

9. What is the risk of repeated or increasingly serious acts involving the adult or other adults?

10. What is the equality of the relationship between the adult and the alleged abuser?

11. Are there similar allegations against the alleged abuser?

12. Is the person safe?

13. Do you have consent to share, If not is there an overriding public interest or vital interest to share the information without consent? e.g. Is any one else at risk? Could a crime have happened/ be about to happen? There is a high risk to the health and safety of the adult at risk

You must make a referral if..

- The adult considers they are being abused
- The adult is caused distress or there is a deliberate attempt to cause the adult distress
- Incidents are repetitive and targeted
- A crime has been committed
- The incident involves a member of staff

5. Staff will follow the operational guidance on 'Making Safeguarding Personal'

This includes the following;

- Seeing people as experts in their own lives and working alongside them in a way that is consistent with their rights and capacity and that prevents abuse occurring wherever possible.
- Person-led and outcome focussed safeguarding, engaging the adult at risk in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. Listening to the person and providing options that permit them to help themselves
- Recognising different preferences, histories, circumstances and lifestyles
- Wherever possible the adult at risk will decide on the chosen course of action, taking into account the impact of the adult at risk's mental capacity where relevant. However, staff caring or assisting them must do everything they can to identify and prevent abuse from happening wherever possible and evidence their efforts.

## APPENDIX D: RECOGNISING POSSIBLE CHILD/ADULT ABUSE

The following behavioural signs *may* be indicators of child/young person abuse, but care should be taken in interpreting them in isolation.

### **CHILD ABUSE**

#### **Physical signs**

- Any injuries, bruises, bites, bumps, fracture, etc. which are not consistent with the explanation given for them.
- Injuries which occur to the body in places which are not normally exposed to falls, rough games, etc.
- Injuries which appear to have been caused by a weapon e.g. cuts, welts, etc.
- Injuries which have not received medical attention.
- Instances where children/young people are kept away from the group inappropriately or without explanation.
- Self-mutilation or self-harming e.g. cutting, slashing, drug abuse.

#### **Emotional signs**

Changes or regression in mood and behaviour, particularly where a child/young person withdraws or becomes clinging. Also, depression/aggression.

- Nervousness or inappropriate fear of particular adults.
- Changes in behaviour e.g., under-achievement or lack of concentration, inappropriate relationships with peers and/or adults e.g., excessive dependence attention-seeking behaviour.
- Persistent tiredness, wetting or soiling of bed or clothes by an older child.

#### **Signs of neglect**

- Regular poor hygiene
- Persistent tiredness
- Inadequate clothing
- Excessive appetite
- Failure to thrive e.g. poor weight gain, consistently being left alone and unsupervised

#### **Indicators of possible sexual abuse**

- Any direct disclosure made by a child/young person concerning sexual abuse.
- Child/Young person with excessive preoccupation with sexual matters and detailed knowledge of.
- Adult sexual behaviour, or who regularly engages in age-inappropriate sexual play.
- Preoccupation with sexual activity through words, play or drawing.
- Child/Young person who is sexually provocative or seductive with adults.
- Inappropriate bed-sharing arrangements at home.
- Severe sleep disturbances with fears, phobias, vivid dreams or nightmares, sometimes with overt or veiled sexual connotations.
- Other emotional signs (see above) may be indicative of sexual or some other form of abuse.

### **DOMESTIC ABUSE**

**Be aware that a referral must be made direct to Children's Social Care, following the reporting flowchart below, if it seems reasonable to suspect that:**

- a child sees, hears, experiences or is otherwise aware of domestic abuse – i.e. that domestic abuse is part of their experience of family life. This applies regardless of whether they actually witness any particular event or are physically harmed, and
- the non-abusing parent will not be able – for whatever reason – to ensure the safety and well being of their child without significant professional assistance and support.

(Refer to guidance on KCSB and KMSAB websites for further guidance and more information).

Recognising signs and symptoms of possible and actual abuse can be found at Appendix B of this document.

# ADULTS ABUSE TYPES AND INDICATORS

The lists below are purely for Operational Guidance. The presence of one or more does not automatically confirm abuse. The existence of a number of the indicators may, however, suggest a potential for abuse and should therefore necessitate further assessment or scrutiny. If there is any concern at all about the possibility of abuse then advice should be sought and an alert should be submitted to Customer First without delay.

Abuse can generally be viewed in terms of the following categories; Physical, Domestic, Sexual, Psychological, Financial/ material, Modern Slavery, Discriminatory, Organisational, Neglect and acts of omission, and Self-neglect.

## PHYSICAL ABUSE

Physical injuries which have no satisfactory explanation or where there is a definite knowledge, or a reasonable suspicion that the injury was inflicted with intent, or through lack of care, by the person having custody, charge or care of that person, including hitting, slapping, pushing, misuse of or lack of medication, restraint, or inappropriate sanctions.

Possible Indicators of physical abuse

- History of unexplained falls or minor injuries
- Unexplained bruising – in well protected areas, on the soft parts of the body or clustered as from repeated striking
- Unexplained burns in an unusual location or of an unusual type
- Unexplained fractures to any part of the body that may be at various stages in the healing process
- Unexplained lacerations or abrasions
- Slap, kick, pinch or finger marks
- Injuries/bruises found at different stages of healing for which it is difficult to suggest an accidental cause
- Injury shape similar to an object
- Untreated medical problems
- Weight loss – due to malnutrition or dehydration; complaints of hunger
- Appearing to be over medicated

## DOMESTIC ABUSE

Domestic abuse can also involve the abuse of an 'adult at risk'. Safeguarding Adults procedures only apply where the adult:

- has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- is experiencing, or at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect. (Sec 42 Care Act)

The Government definition of domestic abuse is: 'Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over (Safeguarding Adults applies from age 18) who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse:

- psychological
- physical
- sexual
- financial
- emotional
- 'Honour' based violence
- Female Genital Mutilation
- forced marriage

'Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.' (Home Office 2013) Agencies that are concerned that an adult is subject to domestic abuse consider a referral to a multi-agency risk assessment conference (MARAC).

Action should always be taken to pass on referrals for all incidents of domestic abuse relating to adults at risk, to Customer First. Where the victim is not an adult at risk, concerns should be raised directly with the police.

The Government definition of domestic abuse, which is not a legal definition, includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group. Below is a brief outline of Honour Based Violence, FGM and Forced Marriage. Please visit the Adult Safeguarding Board website for the full Honour Based Violence and Forced Marriage policies.

We will follow the Domestic abuse guidance on [www.domesticabuseservices.org](http://www.domesticabuseservices.org) and the Domestic Abuse Act 2021.

## **HONOUR BASED VIOLENCE**

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

Women are predominately but not exclusively the victims of so-called Honour Based Violence which is used to assert male power in order to control female autonomy and sexuality. Honour Based Violence can be disguised from other forms of violence as it is often committed with some degree of approval and/or collusion from family and/or community members. Such crimes cut across all cultures, nationalities, faith groups and communities and should be referred within existing adult protection procedures where the victim is an 'adult at risk' as defined by the Care Act 2014.

Where children or adults at risk are identified as being victims of, involved in, or witness to Honour Based Violence, contact should be made with Kent Police. Victims of Honour Based Violence can also access help and advice from Karma Nirvana at [www.karmanirvana.org.uk](http://www.karmanirvana.org.uk) or by contacting 0800 5999247.

## **FORCED MARRIAGE**

A forced marriage is where one or both people do not (or in cases of people lacking the mental capacity to make the relevant decisions, cannot) consent to the marriage and pressure or abuse is used. Forced marriage is recognised in the UK as a form of violence against women and men, domestic/child abuse and a serious abuse of human rights.

The pressure put on people to marry against their will can be physical (including threats, actual physical violence and sexual violence) or emotional and psychological (for example, when someone is made to feel like they are bringing shame on their family). Financial abuse (removal of wages or deprivation of finances or necessities) can also be a factor.

All Forced Marriage alerts relating to adults at risk are to be submitted to Kent Police. Further support can be accessed via the Forced Marriage Unit (FMU). The FMU is a joint Foreign and Commonwealth Office and Home Office unit which was set up in January 2005 to lead on the Government's forced marriage policy, outreach and casework. It operates both inside the UK, where support is provided to any individual, and overseas, where consular assistance is provided to British nationals, including dual nationals.

The FMU operates a public helpline to provide advice and support to victims of forced marriage as well as to professionals dealing with cases. The assistance provided ranges from simple safety advice, through to aiding a victim to prevent their unwanted spouse moving to the UK ('reluctant sponsor' cases), and, in extreme circumstances, to rescue victims held against their will overseas. Tel: +44 (0) 20 7008 0151.

Victims of Forced Marriage can also access help and advice from Karma Nirvana at [www.karmanirvana.org.uk](http://www.karmanirvana.org.uk) or by contacting 0800 5999247.

It is important to remember the following when addressing issues of Forced Marriage and/or Honour-based violence:

**DO NOT** go directly to, share information with, or use as an interpreter a relative, friend, neighbour, community leader or other with influence in the community. This will alert them to your enquiries and may place the adult at further risk.

**DO NOT** attempt to give the person immigration advice. It is a criminal offence for any unqualified person to give this advice.

## **FEMALE GENITAL MUTILATION (FGM)**

Female genital mutilation/ FGM (sometimes referred to as female circumcision) refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. The practice is illegal in the UK. Girls under the age of 15 are mainly at risk but it is important for everyone working with adults at risk to be mindful of this practice and refer any concerns to Kent Police if they believe that the adult or a child within the family may be at risk of FGM. The police and Health colleagues will be notified in the Multi-Agency Safeguarding Hub.

## **SEXUAL ABUSE**

Sexual acts which might be abusive include non-contact abuse such as looking, pornographic photography, indecent exposure, harassment, unwanted teasing or innuendo, or contact such as touching breasts, genitals, or anus, masturbation, penetration or attempted penetration of vagina, anus, and mouth with or by penis, fingers or other objects (rape).

Possible Indicators of sexual abuse

- A change in usual behaviour for no apparent or obvious reason
- Sudden onset of confusion, wetting or soiling
- Withdrawal, choosing to spend the majority of time alone
- Overt sexual behaviour/language by the adult at risk
- Disturbed sleep pattern and poor concentration • Difficulty in walking or sitting
- Torn, stained, bloody underclothes
- Love bites
- Pain or itching, bruising or bleeding in the genital area
- Sexually transmitted urinary tract/vaginal infections
- Bruising to the thighs and upper arms
- Frequent infections
- Severe upset or agitation when being bathed/dressed/undressed/medically examined
- Pregnancy in a person not able to consent

## **PSYCHOLOGICAL ABUSE**

Psychological, or emotional abuse, includes the use of threats, fears or bribes to negate an adult at risk's choices, independent wishes and self-esteem; cause isolation or overdependence (as might be signalled by impairment of development or performance); or prevent an adult at risk from using services, which would provide help.

Possible Indicators of psychological abuse

- Ambivalence about carer
- Fearfulness expressed in the eyes; avoids looking at the carer, flinching on approach
- Deference
- Overtly affectionate behaviour to alleged source of risk
- Insomnia/sleep deprivation or need for excessive sleep
- Change in appetite
- Unusual weight gain/loss

- Tearfulness
- Unexplained paranoia
- Low self-esteem
- Excessive fears
- Confusion
- Agitation

## **FINANCIAL ABUSE**

This usually involves an individual's funds or resources being inappropriately used by a third person (i.e. theft) It includes the withholding of money or the inappropriate or unsanctioned use of a person's money or property or the entry of the adult at risk into financial contracts or transactions that they do not understand, to their disadvantage.

Possible Indicators of financial abuse

- Unexplained or sudden inability to pay bills
- Unexplained or sudden withdrawal of money from accounts
- Person lacks belongings or services, which they can clearly afford
- Lack of receptiveness to any necessary assistance requiring expenditure, when finances are not a problem – although the natural thriftiness of some people should be borne in mind
- Extraordinary interest by family members and other people in the adult at risk's assets
- Power of Attorney obtained when the adult at risk is not able to understand the purpose of the document they are signing
- Recent change of deeds or title of property
- Unpaid carer or support worker only asks questions of the worker about the user's financial affairs and does not appear to be concerned about the physical or emotional care of the person
- The person who manages the financial affairs is evasive or uncooperative
- A reluctance or refusal to take up care assessed as being needed
- A high level of expenditure without evidence of the person benefiting
- The purchase of items which the person does not require or use
- Personal items going missing from the home
- Unreasonable and /or inappropriate gifts

## **MODERN SLAVERY**

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

Possible indicators of modern slavery

- Marked isolation from the community
- Seeming under the control and influence of others and relying on others to communicate on their behalf
- Restricted freedom of movement
- Unusual travel times
- Unfamiliarity with the local neighbourhood
- Signs of physical or psychological abuse such as looking malnourished or unkempt or appearing withdrawn
- Poor living conditions such as unhygienic, overcrowded accommodation or living and working at the same address
- Few or no personal effects and no identification documents
- Reluctance to seek help often characterized by hesitance to speak to strangers or professionals and limited eye contact
- Fear of law enforcement

This list is not exhaustive. The signs of slavery are often hidden, making it difficult to recognise victims. Where modern slavery is suspected and the victim is an adult at risk, a Safeguarding Adults referral should be made to KMSAB.. All other victims should be referred to the police directly by dialling 101.

However, if you think a person is in immediate danger, call 999 and ask for the police.

Advice and Guidance can be sought from the Modern Slavery Helpline on 08000 121 700.

## **DISCRIMINATORY ABUSE**

This is abuse targeted at a perceived vulnerability or on the basis of prejudice including racism or sexism, or based on a person's impairment, origin, colour, disability, age, illness, sexual orientation or gender. It can take any of the other forms of abuse, oppressive treatment, harassment, slurs or similar treatment. Discriminatory abuse may be used to describe serious, repeated or pervasive discrimination, which leads to significant harm or exclusion from mainstream opportunities, provision of poor standards of health care, and/or which represents a failure to protect or provide redress through the criminal or civil justice system.

Possible Indicators of discriminatory abuse

- Hate mail
- Verbal or physical abuse in public places or residential settings
- Criminal damage to property
- Target of distraction burglary, bogus officials or unrequested building/household services
- Discriminatory abuse can manifest itself as the other types of abuse; physical or sexual abuse/ assault, financial abuse/ theft, neglect, psychological abuse.

## **ORGANISATIONAL ABUSE**

Organisational abuse happens when the routines in use force residents or service users to sacrifice their own needs, wishes or preferred lifestyle to the needs of the institution or service provider. Abuse may be a source of risk from an individual or by a group of staff embroiled in the accepted custom, subculture and practice of the institution or service.

Possible Indicators of Organisational Abuse

- Organisations may include residential and nursing homes, hospitals, day centres, sheltered housing schemes, group or supported housing projects. It should be noted that all organisations and services, whatever their setting, can have institutional practices which can cause harm to adults at risk.
- It may be reflected in an enforced schedule of activities, the limiting of personal freedom, the control of personal finances, a lack of adequate clothing, poor personal hygiene, a lack of stimulating activities or a low quality diet – in fact, anything which treats the person concerned as not being entitled to a 'normal' life.

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

## **DISCLOSURE AND BARRING SERVICE (DBS)**

The Safeguarding Vulnerable Groups Act 2006 (SVGA) places a legal duty on employers in the health and social care sector and personnel suppliers to refer any person to the Disclosure and Barring Service who has:

- Harmed or poses a risk of harm to a child or adult at risk of abuse;
- Satisfied the harm test; or
- Received a caution or conviction for a relevant offence.

Practitioners are therefore advised to check that a DBS referral has been submitted where staff named as the alleged abuser are dismissed as a result of their conduct or resign prior to the conclusion of a Section 42 Enquiry. For further information, please see the Safeguarding Adults Board policy on Regulated Services.

Abuse of Staff Although abuse of staff by service users or other staff is a very serious matter which requires immediate action, the Safeguarding Adults policy is not appropriate to address this situation. In these circumstances, the staff member should be assisted via the organisation's internal HR (Human Resources) procedures. Appropriate intervention can also be sought for the service user, such as referral for an unscheduled review by the area cluster or assessment by a health professional.

## **NEGLECT / ACTS OF OMISSION**

Neglect can be both physical and emotional. It is about the failure to keep an adult at risk clean, warm and promote optimum health, or to provide adequate nutrition, medication, being prevented from making choices. Neglect of a duty of care or the breakdown of a care package may also give rise to safeguarding issues i.e. where a carer refuses access or if a care provider is unable, unwilling or neglects to meet assessed needs. If the circumstances mean that the 'adult at risk' is at risk of significant harm, then Safeguarding Adults procedures should be invoked.

Possible Indicators of neglect

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

A person with capacity may choose to self-neglect, and whilst it may be a symptom of a form of abuse it is not abuse in itself within the definition of these procedures.

## **WILLFUL NEGLECT AND ILL-TREATMENT**

Section 44 of the Mental Capacity Act 2005 and Section 127 of the Mental Health Act 1983 make it a criminal offence to ill-treat or wilfully neglect a person who lacks the capacity to care for themselves, or where the 'abuser' believes the individual lacks capacity.

The abuser is committing an offence when they are responsible for the care of the adult at risk and they wilfully neglect or ill treat them. This includes paid carers, senior staff or managers in a hands-off role, family carers, any done of a lasting power of attorney or court appointed deputy.

The terms 'ill-treatment' or 'wilful neglect' are not defined in either the Mental Health Act or Mental Capacity Act. In addition, the offences are separate.

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

Most of the indicators of the other types of abuse may also indicate wilful neglect or ill treatment if the adult at risk lacks the mental capacity to make the relevant decisions so these two offences should always be considered with each allegation of abuse in such circumstances.

## **SELF-NEGLECT**

Self-neglect differs from the other forms of abuse listed here because it does not involve a perpetrator. Self-neglect is failing to care for one's personal hygiene, health or surroundings in such a way that causes, or is reasonably likely to cause significant physical, mental or emotional harm or substantial damage to or loss of assets. Self-neglect falls into the Safeguarding Adults remit when the adult meets the requirements of the three-stage test. Self-neglect can happen as a result of an individual's choice of lifestyle or the person may have

- depression or other mental health condition,
- poor physical health,
- cognitive difficulties
- substance misuse

Possible indicators of self-neglect

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

The scope of this policy does not include issues of risk associated with deliberate self-harm. However, it may be appropriate to address the concerns by raising a Safeguarding Alert if:

- The self-harm appears to have occurred due to an act(s) of neglect or inaction by another individual or service
- There appears to be a failure by regulated professionals or organisations to act within their professional codes of conduct
- Actions or omissions by third parties to provide necessary care or support where they have a duty either as a care worker, volunteer or family member to provide such care/ support.

Please see the Suffolk Safeguarding Adults Board Self-Neglect policy for detailed information and operational guidance on Self-neglect.

## **SELF-NEGLECT & HOARDING**

The Care Act Guidance states that 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.

Self-neglect involves the complex interplay of physical, mental, social, personal and environmental factors, all of which must be explored in order to understand the meaning of self-neglect in the context of each individual's life experience.

Hoarding is now considered a standalone mental disorder and is included in the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) 2013, however, hoarding can also be a symptom of other mental disorders. Hoarding disorder is distinct from the act of collecting, it is not simply a lifestyle choice and is also different from people whose property is generally cluttered or messy.

Included below are resources to assist professionals to identify and respond appropriately when supporting people where concerns exist in relation to Self-Neglect and Hoarding and the form for making a referral.

### Referral

If you are concerned an individual is at significant risk of harm due to self-neglect or hoarding you can make a referral to KMSAB

### Self-Neglect and Hoarding Resources

- [Policy and Procedures to support people that self-neglect or demonstrate hoarding behaviour](#)
- [Self-neglect clutter image ratings](#)

## **RADICALISATION**

Radicalisation is not included as an abuse type in the Care Act Guidance. It is however important to include it to raise awareness and provide operational guidance to staff. The Prevent Strategy (Home Office 2011) recognises that the presence of key vulnerabilities such as Learning Disabilities, autism or Mental Health problems can increase an individual's susceptibility towards radicalisation and to be influenced by extremism. Channel is a key element of the Prevent strategy. It is a multi-agency approach to protect people at risk of radicalisation, using existing collaboration between local authorities, statutory partners (such as the education and health sectors, social services, children's and youth services and offender management services), the police and the local community to identify individuals at risk of being drawn into terrorism.

The aim is to assess the nature and extent of that risk; and develop the most appropriate support plan for the individuals concerned. Early intervention is required to protect and divert people away from the risk they face before illegality occurs. Any concerns that an adult at risk is being radicalised must be referred to Kent Police. There are a number of behaviours and other indicators that may indicate the presence of vulnerability.

Example indicators that an individual may be engaged with an extremist group, cause or ideology include:

- Increasingly spending time in the company of other suspected extremists;
- Changing their style of dress or personal appearance to accord with the group;
- Their day to day behaviour increasingly centred around an extremist ideology, group or cause;
- Loss of interest in other friends and activities not associated with the extremist ideology, group or cause;
- Possession of material or symbols associated with an extremist cause (e.g. the swastika for far-right groups);
- Attempts to recruit others to the group/cause/ideology; or
- Communications with others that suggest identification with a group/cause/ideology.

Example indicators that an individual has an intention to use violence or other illegal means include:

- Clearly identifying another group as threatening what they stand for and blaming that group for all social or political ills;
- Using insulting or derogatory names or labels for another group;
- Speaking about the imminence of harm from the other group and the importance of action now;
- Expressing attitudes that justify offending on behalf of the group, cause or ideology;
- Condoning or supporting violence or harm towards others;
- Plotting or conspiring with others. Example indicators that an individual is capable of contributing directly or indirectly to an act of terrorism include:
  - Having a history of violence;
  - Being criminally versatile and using criminal networks to support extremist goals;
  - Having occupational skills that can enable acts of terrorism (such as civil engineering, pharmacology or construction);
  - Having technical expertise that can be deployed (e.g. IT skills, knowledge of chemicals, military training or survival skills).

NB. The examples above are not exhaustive and vulnerability may manifest itself in other ways. There is no single route to terrorism nor is there a simple profile of those who become involved. For this reason, any attempt to derive a 'profile' can be misleading. It must not be assumed that these characteristics and experiences will necessarily lead to individuals becoming terrorists, or that these indicators are the only source of information required to make an appropriate assessment about vulnerability.

## **CRIME AND ANTI-SOCIAL BEHAVIOUR**

Antisocial behaviour is any aggressive, intimidating or destructive activity that damages or destroys another person's quality of life; defined by the Crime and Disorder Act 1998 as 'acting in a manner that caused or was likely to cause harassment, alarm or distress to one or more persons not of the same household as the defendant'.

Antisocial behaviour against an adult at risk should be referred under Safeguarding Procedures to KMSAB

