

Safeguarding adults policy

SUMMARY	Provides guidance on the safeguarding of adults. This policy must be read and adhered to by all Zoe's Place staff and volunteers (see also APPLIES TO below).
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RELATED DOCUMENTS	Anti harassment and bullying policy Consent and disclaimer policy Freedom to speak up: raising concerns/ whistleblowing policy Record-keeping policy Recruitment and selection policy Reporting of incidents and untoward events policy Safeguarding children policy Local Safeguarding Partnership procedures

Zoe's Place Baby Hospice is the operating name of Zoe's Place Trust, registered charity no 1092545. The names Zoe's Place Baby Hospice / Zoe's Place Trust / the Trust are used interchangeably within this policy.

Contents

SECTION	TITLE	PAGE NUMBERS
1	Introduction and aims	3
2	Scope	3-4
3	Roles and responsibilities	4-5
4	Additional safeguarding roles	6
5	Reporting concerns about abuse – general guidance	7-8
6	Concerns about abuse – PROCEDURE	8
7	Allegations against a person working for Zoe's Place – PROCEDURE	9
8	Historical allegations of abuse - PROCEDURE	10
9	Information-sharing guidance	11-12
10	PREVENT programme	13
11	Staff recruitment and selection	13-14
12	Training and development	14
13	Legislation	15
14	References	16
	Appendix 1: Local Safeguarding Partnerships	17
	Appendix 2: Definitions/ types and patterns of abuse and neglect in adults	18-19

1. Introduction and aims

Safeguarding adults is everybody's responsibility. Zoe's Place is committed to protecting from abuse or neglect vulnerable adults who come into contact with Zoe's Place; this includes the parents, carers and families of children who access our services, and Zoe's Place supporters (e.g. donors, volunteers).

By following the guidelines and procedures in this policy, everyone working or volunteering within Zoe's Place should know what to do if they are concerned about an adult's welfare, and be able to avoid inappropriate, misguided or wrong behaviour. This Safeguarding adults policy:

- 1.1 Provides a background to adult safeguarding, applicable legislation, and Local Authority procedures; all staff must be able to recognise and respond appropriately to adult safeguarding concerns, and know how to access Local Safeguarding Partnership (LSP) procedures which must be followed at all times.
- 1.2 Aims to help staff to respond appropriately to any suspicion or disclosure of abuse concerning adults who have contact with the hospice, so that we can uphold the statutory duties with regard to safeguarding adults as outlined in the **Care Act, 2014**.
- 1.3 Forms part of our commitment to best practice; it promotes the Organisation's integrity and ensures compliance with the Care Quality Commission essential standards of quality and safety (key lines of enquiry).
- 1.4 Outlines our commitment to ensuring that all staff are trained in accordance with the Royal College of Nursing's intercollegiate document (2018) Adult Safeguarding: Roles and Competencies for Health Care Staff.

2. Scope

- 2.1 This policy applies to all staff, visiting practitioners and therapists, students and volunteers who come into contact with adults in their work/role at Zoe's Place. It sets out the responsibilities of employees and volunteers within the hospice to protect adults from abuse or neglect and should be read alongside other applicable Zoe's Place policies – see **Related Documents** on the policy cover page.
- 2.2 All staff are expected to become familiar with this document, apply this document in their practice, and undertake training in accordance with the Zoe's Place **Learning and development policy** (see also section **12, Training and development**.).
- 2.3 **The Care Act, 2014** states that safeguarding duties apply to any adult who:
 - Is over the age of 18 years
 - 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.

- Adults who are identified at greater risk of abuse or neglect as a result of the following could include:
 - Individuals with physical, mental, sensory, learning or cognitive illnesses or disabilities; and substance misuse or brain injury
 - Those who purchase their care through personal budgets
 - Those whose care is funded by Local Authorities and/or health services; and
 - Those who fund their own care and support
 - Informal carers - family and friends who provide care on an unpaid basis
 - Adults who are in prison or living in approved premises on licence
 - Those aged between 18 and 25 years and in receipt of children's services
 - Those in receipt of social care support (paid or unpaid service)

For some definitions and types/patterns of abuse and neglect in adults, see **Appendix 2** in this policy.

3. Roles and responsibilities (see also section 4, **Additional safeguarding roles**)

Hospice Trustees	Have overall accountability and responsibility for all matters relating to the safeguarding of adults.
Clinical Governance Committee/ Senior Management Team	Provide ratification of the policy within the governance process and provide a forum for governance of the safeguarding of adults. Provide a forum for sharing information on incidents/referrals relating to safeguarding so that lessons will be learned and cascaded across all sites. Ensure that the policy is made available to all sites and all departments. Ensure that there are effective risk management processes meeting statutory guidance. Monitor any serious incidents that are reported relating to the safeguarding of adults.
Director of Clinical Services	As chair of the Clinical Governance Committee, ensures that the policy is reviewed and approved in accordance with the agreed schedule of review or further to incidents, complaints, or evaluation of the service. Ensures that the policy is updated in accordance with new legislation. Has overall responsibility for patient safety, and Freedom to speak up Guardian responsibilities
Heads of Care	The Head of Care is the safeguarding lead in each hospice – that is, the person designated within the hospice for staff to consult regarding safeguarding concerns. In addition the Head of Care ensures that: • the policy is cascaded and understood by all staff. • the policy is maintained in their hospice.

	• safeguarding training at an appropriate level is available and all staff complete mandatory training. • staff are aware of their professional accountability and responsibility in relation to the safeguarding of adults. • mechanisms are in place to ensure that nursing staff are aware of and comply with the requirements of the policy. • the policy is updated in accordance with new legislation.
Deputy Heads of Care	• To be the safeguarding lead for the hospice in the absence of the Head of Care. • Responsible for ensuring that procedures are followed correctly. • To ensure that staff are trained and competent in addressing safeguarding issues.
Heads of Department	Ensure that the policy is cascaded and understood by their teams and that the policy guidance is adhered to by all staff in their department. Freedom to speak up Champion responsibilities (Heads of Fundraising only).
All staff	• Registered nurses must be accountable for their own conduct and practice according to the NMC Code of Professional Practice. • Fundraising staff must be accountable for their own conduct and practice according to the Fundraising Regulator Code of Practice. • Abide by this policy and Local Safeguarding Partnership guidelines • Bring to the attention of the Safeguarding Lead, in accordance with this policy, if there are any concerns about the safeguarding of adults. • Be aware of and work within the confines of the policy. • Attend and complete any training provided on safeguarding including e-learning modules in accordance with the Zoe's Place Learning and development policy. • Operate within their agreed scope of practice and competence. • Complete records as directed by senior staff within the Hospice.

4. Additional safeguarding roles

Zoe's Place roles

Safeguarding Lead: The Safeguarding Lead for each hospice will be the Head of Care (or Deputy Head of Care in their absence). The Safeguarding Lead is the person to whom all safeguarding allegations or concerns within the hospice should be reported (although the initial concern may be reported to the line manager of the person who has the concern).

The Safeguarding Lead will be available for advice and support regarding any safeguarding concerns a team member may have. They will ensure that staff can access Local Authority/ LSP procedures and up-to-date contacts, and that staff across all departments adhere to procedures at all times. Each Safeguarding Lead will undertake additional training in safeguarding - see also **section 12, Training and development**.

Freedom to speak up: FTSU Guardian, FTSU Champions, Whistleblowing officers – please refer to our **Freedom to speak up: raising concerns/ whistleblowing policy** for information about these roles.

Zoe's Place Senior Management Team will seek to support and empower Zoe's Place staff and volunteers to carry out their safeguarding responsibilities. Safeguarding will be introduced at induction training. Staff are encouraged to use the Safeguarding Resource Board in each hospice.

Local Authority roles

Local Authority Designated Officer (LADO) in adult safeguarding: This is an established position in social care, dealing with allegations against anyone who works (either paid or unpaid) with adults who have care and support needs (known as a 'person in a position of trust' (PIPOT)).

The framework for addressing these concerns may be known as the 'Adult LADO policy' and Local Authorities will have an 'Adult LADO' or similar role to deal with concerns about a professional working with adults who have care and support needs.

Local Safeguarding Adults Board: The overall objective of the Board is to enhance the quality of life of vulnerable adults who are at risk of abuse. The board is a multi-agency organisation with an independent chair. Professionals working in public services including social care, healthcare, police, the voluntary sector, housing, adult education, fire service, prisons, and commissioned providers, are all expected to have a sound knowledge of safeguarding adults which includes:

- being able to recognise and report abuse and neglect
- cooperating with all types of safeguarding enquiries and police investigations
- taking part in safeguarding enquiries under Section 42 of the Care Act 2014

5. Reporting concerns about abuse – general guidance

Although Zoe's Place staff will undertake training specific to their roles, Zoe's Place does not expect staff members to be specialists in adult safeguarding. Nor is it the responsibility of Zoe's Place staff to **investigate** safeguarding concerns or to decide whether or not abuse has taken place.

However, all Zoe's Place staff have a responsibility to safeguard the adults we come into contact with if there is cause for concern, so that the appropriate agencies can investigate and take any necessary action to protect an adult. If in doubt, always ask. If you are not happy or are uncomfortable about a response or a situation, you should **speak out**.

All safeguarding concerns must be properly recorded by Zoe's Place (regardless of whether external agencies become involved) in line with this policy and procedures, and related policies (see cover sheet).

5.1 Key Principles of adult safeguarding

The Department of Health and Social Care's care and support statutory guidance, issued under The Care Act 2014, describes six key principles which underpin all adult safeguarding work which apply to all sectors and settings. These principles should always inform the ways in which professionals and staff / volunteers work with adults.

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.

5.2 Rights and treatment of the alleged victim

When abuse has been disclosed, reported or observed, it is important that the alleged victim is treated with dignity, is involved as an equal in the investigation, and kept fully informed on a regular basis.

If an adult discloses abuse to a member of staff, the adult has the right:

- To be believed when they report abuse of themselves and/or others, unless there is direct and unequivocal evidence to the contrary. During a disclosure, the practitioner should listen carefully and sensitively to gain a clear understanding of the situation, and keep accurate records of any allegations or disclosures.
- To appropriate education/information in order to identify behaviour which constitutes abuse.

If the vulnerable adult has capacity and does **not** wish for a referral to be made, **and** there are no public interest issues (e.g. where the perpetrator of abuse may have access to other vulnerable people at risk), no further action can be taken – even if this may appear to be an unwise decision on their part.

Further action will only be taken if: the vulnerable adult has capacity and consents to a referral; or if the vulnerable adult lacks capacity and cannot properly decide what is in their best interests; or there are concerns which mean the vulnerable adult's wishes should be overridden (e.g. others are at risk from the perpetrator or where a serious criminal offence has or is likely to take place).

5.3 **Support for staff involved in safeguarding concerns**

Zoe's Place acknowledges that the process of dealing with abuse is complex and can be anxiety-provoking. If someone discloses abuse to you it can be frightening and may cause you to experience strong emotions.

It might also awaken memories of your own. Do not underestimate the effects and impact on you. Speak to your line manager regarding sources of support if needed.

6. **Concerns about abuse - PROCEDURE**

If there is an immediate risk of serious harm, the member of staff or volunteer should dial 999 and ask for the Police (and ambulance if needed) to attend.

If any member of staff, visitor, volunteer or service user (that is, parents/carers of a child attending Zoe's Place) has any suspicion, observation, or report of abuse, the procedure below should be instigated:

1. The person who the incident is reported to/who has the concern should inform their line manager and complete an **Incident Report Form**. In the absence of the line manager, the person who the incident was reported to/who has the concern can seek advice from the duty social worker at the local authority.
2. The line manager will inform the Zoe's Place Safeguarding Lead.
3. The Safeguarding Lead may follow up the concern with external agencies if appropriate (e.g. the Local Authority Designated Officer, the Police) and discuss with the Senior Management Team at a later date.

7. Allegations against a person working for or associated with Zoe's Place - PROCEDURE

Adults can be subjected to abuse by those who work with them, in any setting. All allegations of abuse or maltreatment against a person working for or associated with Zoe's Place must be taken seriously and followed up in accordance with Local Authority/LSP procedures and this policy. This applies whether the allegation is about an employee (including sessional staff), volunteer, or any practitioner or person whose role places them in 'a position of trust' (e.g. a bereavement counsellor working with a family supported by Zoe's Place).

If any member of staff, visitor, volunteer or service user becomes aware of such concerns or allegations, the procedure below should be instigated:

1. The person who the allegation is reported to/who has the concern should inform their line manager and complete an **Incident Report Form**. In the absence of the line manager, the person who the incident was reported to/who has the concern can seek advice from the duty social worker at the local authority.
2. The line manager will inform the Zoe's Place Safeguarding Lead.
3. If necessary, the Safeguarding Lead will inform external agencies (e.g. the Local Authority Designated Officer, the Police) as appropriate, and the hospice Trustees.
4. There may be an investigation into what has happened, referring to Zoe's Place policies as necessary (e.g. **Reporting of incidents and untoward events policy, Disciplinary Rules and procedure, Complaints policy**). Accurate records must be kept at all stages. External investigations may take priority over internal investigations.
5. The person will be informed of any allegations made against them, and a meeting arranged if appropriate. The person may be suspended whilst the allegation is investigated.
6. The Safeguarding Lead will need to report to CQC incidents where a member of Zoe's Place staff has allegations made against them relating to adult safeguarding.

It is essential that any allegation made against a person working for or associated with Zoe's Place is dealt with promptly, fairly, and consistently. The allegation must be handled in a way that provides effective protection for the person who is the potential subject of abuse, but at the same time, must support the person who is the subject of the allegation.

After the investigation:

Some allegations, further to investigation, might indicate that a person is unsuitable to continue to work within the Organisation, either in their present position or in any capacity. Disciplinary action should be taken if appropriate, and referrals made to the NMC or other appropriate professional body (if appropriate) and informing the Disclosure and Barring Service.

8. Historical allegations of abuse - PROCEDURE

A concern may come to your attention where a person tells you about their own or another's abuse in the past. Even though the information may relate to events from some time ago, it's still relevant and we need to consider the following factors:

- People may not speak about their abuse until years after the abuse started
- Perpetrators of abuse often do not stop abusing
- Perpetrators often abuse more than one person
- The person telling you may be currently concerned about another person
- The person telling you will need reassurance and support in addressing the issue
- The perpetrator of the abuse may:
 - Still have access to vulnerable people
 - Be in a position of trust

If any information regarding historical abuse is shared with the team at Zoe's Place, the procedure below should be followed:

1. The person who the historical abuse is reported to should inform their line manager and complete an **Incident Report Form**.
 2. The line manager will inform the Zoe's Place Safeguarding Lead.
 3. The Safeguarding Lead will normally advise and encourage the person to report the historical abuse to the Local Authority in which the alleged abuse took place.
- Even if the perpetrator is deceased, the Safeguarding Lead will encourage the person making the allegations to discuss the abuse with an appropriate agency so that they can seek support.
 - It's also important to ensure that any networked or organised abuse is identified and investigated. It is beyond the remit of Zoe's Place to investigate; however, the safeguarding lead signposting to appropriate agencies for support if known.

9. Information-sharing guidance

9.1 Organisations need to share safeguarding information with the right people at the right time in order to:

- Prevent death or serious harm when the risk is imminent.
- Co-ordinate effective and efficient responses and enable early interventions to prevent the escalation of risk.
- Prevent abuse and harm that may increase the need for care and support.
- Maintain and improve good practice in safeguarding adults.
- Reveal patterns of abuse that were previously undetected and that could identify others at risk of abuse.
- Identify low-level concerns that may reveal people at risk of abuse.
- Help people to access the right kind of support to reduce risk and promote wellbeing.
- Help identify people who may pose a risk to others and, where possible, work to reduce offending behaviour.
- Reduce organisational risk and protect reputation.

9.2 Principles of information sharing

- Adults have a general right to independence, choice and self-determination, including control over information about themselves. In the context of adult safeguarding these rights can be overridden in certain circumstances.
- The key safeguarding principles (see section 5.1) should underpin all safeguarding practice, including information-sharing.
- Adults also have a right to make their own decisions even if we consider these to be unwise and don't agree with the decision. The adult has the capacity to assess the risk, unless deemed otherwise.

9.3 Legislation on information-sharing

- All staff and volunteers should always report safeguarding concerns in line with their organisation's policy. See procedures in sections **6**, **7** and **8**.
- Organisational policies should have clear routes for escalation if a member of staff feels that a manager has not responded appropriately to a safeguarding concern – see Zoe's Place **Freedom to speak up/Whistleblowing policy**.
- The management interests and reputation of an organisation should not override the need to share information to safeguard adults at risk of abuse.

- Information can be shared lawfully within the parameters of the UK General Data Protection Regulation (GDPR) and Data Protection Act 2018.
- The law does not prevent the sharing of sensitive, personal information **within** organisations. If the information is confidential, but there is a safeguarding concern, sharing it may be justified.
- The law does not prevent the sharing of sensitive, personal information **between** organisations where the public interest served outweighs the public interest served by protecting confidentiality – for example, where a serious crime may be prevented. There should be a local agreement or protocol in place setting out the processes and principles for sharing information between organisations.

9.4 **Consent and confidentiality**

- All staff should understand the importance of sharing safeguarding information, and the potential risks of **not** sharing it. Early intervention by the appropriate agencies may prevent the escalation of risk and harm to a vulnerable adult.
- If someone tells you that they are experiencing or at risk of abuse, you should gain their consent to share information (unless there is an immediate risk of harm to themselves or others). You cannot give them a personal assurance of confidentiality.
- If you feel that you need to share the person's information without their consent, you should tell them, as long as telling them does not increase risk. Consider whether telling someone that you will be sharing their information might lead to them or another person being harmed.
- Emergency or life-threatening situations may warrant the sharing of relevant information with the relevant emergency services without consent.

9.5 **Multi-Agency Risk Assessment Conference (MARAC)**

A MARAC is a meeting that is held to discuss the highest risk cases of domestic abuse and sexual violence, to share information and to safety plan to safeguard a victim. The MARAC will specifically address the safeguarding needs of the adult victim, but will also take into consideration any children or unborn babies.

The MARAC brings together agencies who may be working with an individual; by sharing information between the agencies, a better-informed risk assessment and safeguarding action plan can be put in place. A DASH (Domestic Abuse Stalking and Honour Based Violence) risk assessment is available on <https://www.dashriskchecklist.co.uk> to help determine whether a referral to MARAC is required.

10. PREVENT programme

Extract from **RCN Intercollegiate document adult safeguarding: roles and competencies for health care staff**:

In a similar way to safeguarding processes, the Prevent Programme is designed to safeguard people by protecting them from gang activity, drug abuse, and physical and sexual abuse. The Counter Terrorism and Security Act 2015 introduced a duty on the NHS in England, Wales and Scotland: in the exercise of their functions they must have due regard to the need to prevent people from being drawn into terrorism. Healthcare staff will meet, and treat people who may be drawn into terrorism. The health sector needs to ensure that health workers are able to identify early signs of an individual being drawn into radicalisation in line with Prevent framework. This guidance encourages all staff to ensure they are in receipt of the appropriate competency training.

Zoe's Place follows the RCN Prevent Training and Competencies Framework.

If any member of staff has a concern about a vulnerable adult potentially being drawn into terrorism or radicalisation, they should inform the hospice Safeguarding Lead. The Safeguarding Lead should in the first instance contact their local authority PREVENT officer or make a referral to the Police.

11. Staff recruitment and selection

Please refer to the Zoe's Place **Recruitment and selection policy**. As a minimum the following must be implemented:

Job descriptions should refer to safeguarding responsibilities where appropriate.

Employment history: The application documents must show a detailed employment history with explanations for any gaps in employment.

References: Two written references should be taken up. The referee should state their relationship to/knowledge of the applicant. Suitability of the candidate's professionalism, experience and personal character should be considered and examples should be sought to back up the referee's claims.

Professional qualifications: Applicants are required to show original copies of qualifications and these must be verified by the Head of Department (or Deputy Head of Care for clinical staff) prior to a job offer being made.

Identity: Applicants are required to show original copies of ID documentation (e.g. passport); a copy will be held within the personal file.

Probationary period: All appointments should be conditional on successful completion of an agreed probationary period. Within the induction period, all new staff will be made aware of this policy and complete safeguarding training in accordance with Zoe's Place **Learning and development policy**.

(**Volunteer role descriptions** should refer to safeguarding responsibilities where appropriate.)

11.1 Disclosure and barring service (DBS)

ALL applicants will be required to declare in writing any convictions (spent and unspent). This will be declared on the Organisation's application form and all applicants will also be asked to declare this verbally at interview. Applicants are made aware that the Rehabilitation of Offenders Act does not apply to all positions within Zoe's Place.

Enhanced level DBS checks will be completed for:

1. ALL Zoe's Place job applicants (including senior managers and directors).
 2. Anyone applying to be a Zoe's Place Trustee.
 3. Anyone applying for a volunteer role where they will be in the hospice premises or grounds and/or have direct contact with the children and young people we support.
- DBS checks will be repeated for all employees and volunteers (including Trustees) every 3 years.
 - For volunteers who are not hospice-based (e.g. ad-hoc assistance with fundraising events) and without direct contact with children and young people, a Standard DBS may be appropriate; the decision as to the level of DBS check will depend on the nature of the role.
 - Any existing employees and applicable volunteers who currently have only a **Standard** DBS check will be required to complete an **Enhanced** check.

12. Training and development

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

Safeguarding noticeboards containing safeguarding information and resources will be located within each hospice.

The Zoe's Place **Learning and development policy** mandatory training programmes reflect the RCN intercollegiate document (2018) Adult Safeguarding: Roles and Competencies for Health Care Staff. The mandatory programmes state which e-learning modules staff must complete at induction and how often the modules must be repeated. These include safeguarding children and safeguarding adults at the appropriate level.

It is the responsibility of line managers for each department within the hospice to ensure that their staff complete the appropriate level of training in relation to safeguarding adults, and are familiar with this Safeguarding adults policy.

Volunteers: Zoe's Place volunteer leads must ensure that volunteers complete e-learning for safeguarding adults appropriate to their role. This will normally follow the mandatory training programme for non-clinical staff in the **Learning and development policy**. Volunteers must also be familiar with this Safeguarding adults policy.

13. Legislation

The Care Act 2014 and **care and support statutory guidance** (updated March 2024) is the legal framework for Adult Social Care. It places a duty on councils to support and promote the wellbeing and independence of working age disabled adults and older people and their unpaid carers, and gives them more control of their care and support.

The Safeguarding Vulnerable Groups Act 2006: this Act was passed to help avoid harm, or risk of harm, by preventing people who are deemed unsuitable to work with children and vulnerable adults from gaining access to them through their work.

Children and Families Act 2014: aims to ensure that all children, young people and their families are able to access the right support and provision to meet their needs.

Domestic Abuse Act 2021 and statutory guidance: aims to provide clear information on what domestic abuse is, provide and signpost support to those organisations who need to respond, and convey standards and best practice for agency and multi-agency response.

Equality Act 2010: Everyone in Britain is protected by the Equality Act. The protected characteristics under the Act are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

The Human Rights Act 1998 sets out the fundamental rights and freedoms that everyone in the UK is entitled to. It incorporates the rights set out in the European Convention on Human Rights (ECHR) into domestic British law.

Counter Terrorism and Security Act 2015 As part of the Government's strategy to reduce terrorism in the UK, this Act introduced a range of measures with the aim of countering the threat of radicalisation and the risk of people being drawn into terrorism.

The Serious Crime Act 2015 It updates existing law dealing with the proceeds of crime, cyber-crime, serious crime prevention orders, gang injunctions, child cruelty, female genital mutilation (FGM) and the commission of certain terrorism offences abroad. **Section 76 Serious Crime Act 2015** (SCA 2015) created the offence of controlling or coercive behaviour in an intimate or family relationship (CCB).

Sexual Offences Act 2003: This act modernised the law by prohibiting any sexual activity between a care worker and a person with a mental disorder while the relationship of care continues.

The Worker Protection (Amendment of Equality Act 2010) Act 2023 which came into effect on 26 October 2024 introducing a legal duty for employers to proactively take reasonable steps to prevent sexual harassment.

Other legislation for reference

- **The General Data Protection Regulation (GDPR) and the Data Protection Act 2018**
- **Voyeurism offences Act 2019**
- **The Mental Capacity Act, 2005** (including Deprivation of Liberty Safeguards)
- **The Mental Health Act, 1983 and the New Code of Practice 2015**
- **Criminal Justice Act 2003**

14. References

Local Safeguarding Partnership procedures - see Appendix 1 for contacts

HM Government **Information sharing advice for safeguarding practitioners**

Information sharing advice for practitioners providing safeguarding services to children, young people, parents and carers. (updated May 2024) [Accessed November 2024]

Royal College of Nursing Intercollegiate Document: Adult Safeguarding: Roles and Competencies for Health Care Staff (2024) [Accessed November 2024]

CQC updated information on safeguarding children and adults in England:

<https://www.cqc.org.uk/news/stories/cqc-updates-information-safeguarding-children-adults-england> (updated May 2022) [Accessed November 2024]

Social care institute for excellence: Types and indicators of abuse:

www.scie.org.uk/safeguarding/adults/introduction/types-and-indicators-of-abuse/ (last reviewed December 2020) [Accessed November 2024]

Appendix 1: Local Safeguarding Boards

Local council/LSP web pages will show procedures for safeguarding adults including how to make a referral; Zoe's Place staff must follow these procedures at all times.

If a member of the public considers that there is an **emergency situation** relating to adult safeguarding, they should dial 999 for the Police and report the situation.

COVENTRY & WARWICKSHIRE

Warwickshire Safeguarding Adults	https://www.safeguardingwarwickshire.co.uk
Coventry Safeguarding adults board	https://www.coventry.gov.uk/coventry-safeguarding-adults-board

LIVERPOOL AND KNOWSLEY

Liverpool Safeguarding Adults Board	https://liverpool.gov.uk/adult-social-care/professional-referrals/safeguarding-adults/safeguarding-adults-board/
Knowsley Safeguarding Adults Board	https://knowsleysafeguardingadultsboard.co.uk/

MIDDLESBROUGH, REDCAR AND CLEVELAND, STOCKTON

Teeswide Safeguarding Adults Board	https://www.tsab.org.uk
North Yorkshire Safeguarding Adults Board	https://safeguardingadults.co.uk

Appendix 2: Definitions/ types and patterns of abuse and neglect in adults

Any or all types of abuse may be perpetrated as the result of deliberate intent, negligence or ignorance. It is important to respond if someone is being abused, or at risk of being abused.

The following definitions are adapted from the Department of Health and Social Care's care and support statutory guidance issued under The Care Act 2014. The list is not exhaustive.

Psychological/emotional abuse

Includes: threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, gaslighting, coercion, grooming, radicalisation, harassment, verbal abuse, isolation or withdrawal from services or supportive networks, withholding affection, shouting, depriving the person of the right to choice, information and privacy, cyber bullying. Behaviour that has a harmful effect on the vulnerable adult's emotional health and development.

Institutional abuse

Includes: 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 practices as a result of the structure, policies, processes and practices within an organisation.

Neglect and actions of omission

Includes: ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, social care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Physical abuse

Includes: Assault, hitting, slapping, punching, kicking, hair-pulling, biting, pushing; rough handling; scalding and burning; physical punishments; inappropriate or unlawful use of restraint; making someone purposefully uncomfortable (e.g. opening a window and removing blankets); involuntary isolation or confinement; misuse of medication (e.g. over-sedation); forcible feeding or withholding food; unauthorised restraint, restricting movement (e.g. tying someone to a chair).

Financial or material abuse

Includes: theft, fraud, internet scamming, coercion in relation to the adult's financial affairs or arrangements in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits. Preventing a person accessing their own money, benefits or assets. Denying assistance to manage or monitor financial affairs. Exploitation of a person's money or assets – e.g. unauthorised use of their vehicle.

Discriminatory abuse

Includes: forms of harassment, slurs or unequal treatment based on race, gender and gender identity, age, disability, sex, sexual orientation, religion, marital/partnership status, being pregnant or on maternity leave.

Domestic abuse

Includes: any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 years or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can be, but not limited to: psychological, sexual, financial and emotional.

See Zoe's Place **Safeguarding children policy** for female genital mutilation (FGM) which has a mandatory reporting requirement for women under 18 years. For the purposes of this duty, the relevant age is the girl's age at the time of the disclosure/identification of FGM (i.e. it does not apply where a woman aged 18 or over discloses she had FGM when she was under 18).]

Self-neglect

This covers a wide range of behaviour such as neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding; failure to seek help or access services to meet health and social care needs; inability or unwillingness to manage one's personal affairs.

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. Sexual exploitation including escorting, prostitution, pornography. Debt bondage - where people are forced to work to pay off a debt which will realistically never be paid off.

Sexual abuse

- Rape, attempted rape or sexual assault; inappropriate touch anywhere
- Non- consensual masturbation of either or both persons
- Non- consensual sexual penetration or attempted penetration of the vagina, anus or mouth
- Any sexual activity that the person lacks the capacity to consent to
- Inappropriate looking, sexual teasing or innuendo or sexual harassment
- Sexual photography or forced use of pornography or witnessing of sexual acts
- Indecent exposure
- Grooming