



# Safeguarding Adults at Risk Policy

2019

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## **1.0 Introduction**

### **1.1 Values and principles**

Everyone has the right to live a life free from harm and abuse. The purpose of this policy is to develop and embed a safeguarding ethos and inform of North Hertfordshire District Council's commitment to ensure North Hertfordshire is a safe place for *all* adults to live and work in.

All organisations involved in adult safeguarding should underpin their work with the 6 key principles outlined in the Care Act 2014:

#### **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.

### **1.2 Policy and partnership**

North Hertfordshire District Council (NHDC) is an extended partner of the Hertfordshire Safeguarding Adults Board (HSAB), a multi-agency partnership with representation from the organisations that work with and support adults at risk in the Hertfordshire community.

NHDC share HSAB's vision that all adults at risk should live in an environment free from abuse, harassment, violence or aggression. HSAB coordinates the activity of

the various partner organisations in Hertfordshire to safeguard and promote the welfare and well-being of adults at risk.

NHDC's Safeguarding Adults at Risk Policy has been developed in line with the HSAB county wide guidance, *Safeguarding Adults at Risk: The multi-agency policy, procedure and practice for working with adults at risk of abuse and neglect in Hertfordshire January 2019*.

It must be followed by all NHDC staff, volunteers and Councillors working with adults at risk.

### **1.3 Aims of adult safeguarding**

Adult safeguarding means:

- protecting an adult's right to live in safety free from abuse or neglect;
- working in partnership to prevent and stop both the risks and experience of abuse and neglect; and
- ensuring the adult's well-being is promoted whilst having due regard for their wishes, views, feelings and beliefs in deciding any action.

#### **1.3.1 Who is an adult at risk?**

An adult at risk is a person aged 18 years or older who has care and support needs (whether these are met or unmet) due to mental or other disability, age or illness and who are, or may be, unable to take care of themselves against significant harm or exploitation.

#### **1.3.2 NHDC's commitment to making safeguarding personal**

NHDC will endeavour to make safeguarding personal so that it is person led and outcome focused. This will be done by engaging with the adult at risk in the decision making process to improve their quality of life, wellbeing and safety.

NHDC will also work with adults at risk of abuse and neglect to ensure they are aware of the support options available to them, taking care to consult with them fully before any action is taken. The only situation where consultation will not take place is where reasonable justification is evidenced to suggest that the adult may not have capacity to make decisions or take actions in their own best interest. Capacity will always be presumed unless proven otherwise and every step will be taken to maximise the opportunity for an adult to demonstrate capacity. NHDC will also ensure that any support offered is carried out in partnership with relevant agencies and that a collective approach is taken to provide this.

If an adult with capacity refuses intervention, their wishes will be respected unless there is:

- a public interest concern where not acting will put other adults or children at risk;

- a duty of care to intervene, for example where a crime has been or may be committed.

In these circumstances immediate action must be taken to ensure the safety and wellbeing of those adults at risk.

## **1.4 Policy Duration and Amendments**

1.4.1 This Policy will take effect from November 2019 and will be kept under review and amended as and when necessary to reflect changes in legislation, case law, statutory guidance and best practice.

## **2.0 The law protecting adults**

### **2.1 The Care Act 2014**

The Care Act 2014 sets out a clear legal framework for local authorities and other statutory agencies on how to protect adults with care and support needs at risk of abuse or neglect.

The Care Act 2014 encompasses the need for professionals to prevent care needs becoming serious, inform and advise adults on making good decisions about their care and support and it also outlines the duty for professionals to cooperate with each other in order to protect adults. The Care Act 2014 is designed to transform adult social care by ensuring greater multi-agency collaboration as directed by the HSAB. This gives Hertfordshire County Council (as the local authority) responsibility for:

- promoting individual well-being;
- preventing needs for care and support;
- promoting integration of care and support within health services;
- providing information and advice; and
- promoting diversity and quality in provision of services.

As a partner of Hertfordshire County Council, NHDC must cooperate with any enquiries they make into an adult at risk where NHDC is providing them with a service.

### **2.2 The Mental Capacity Act 2005**

The Mental Capacity Act 2005 provides a framework to empower and protect people who may lack capacity to make some decisions for themselves, or who have capacity and want to make preparations for a time when they may lack capacity in the future. Someone who lacks capacity due to an illness or disability (such as a mental health problem, dementia or a learning disability) may have one or more of the following issues:

- cannot understand information given to them to make a particular decision;
- cannot retain that information long enough to be able to make the decision;
- cannot use or weigh up the information to make the decision;
- have difficulty in communicating their decision.

The Mental Capacity Act 2005 defines who can take decisions, when they can take them and how they should go about this. This is regardless of whether it is a major decision; such as those about personal finance, social care or medical treatment or an everyday decision, such as what an individual has to eat or wear. The underlying philosophy of the Mental Capacity Act 2005 is to ensure that those who lack capacity are empowered to make as many decisions for themselves as possible and that any decision made, or action taken, on their behalf is made in their best interests and protects them from harm. People may go through stages where they have capacity at particular points in time and then may lack capacity at other times depending on their circumstance. Some people may also have the capacity to make particular decisions in some areas of their life but not in others, for example being able to decide what to eat and wear but not being able to decide what medical treatment to take.

Deprivations of Liberty Safeguards (DoLS) will protect people who need to be cared for in a restrictive way and cannot make decisions about their care or treatment. DoLS must be used if people need to have their liberty taken away in order to receive care and/or treatment that is in their best interests and protects them from harm.

### 3.0 What is abuse?

Abuse can take many forms, follow different patterns and can occur in different circumstances. Professionals should not limit their view of what constitutes abuse or neglect as the individual case should always be considered. The list below is not exhaustive but gives an indication as to the types of behaviours, NHDC staff look for.

#### 3.1 Categories of abuse

The following definitions have been taken from government guidance 'Care and Support Statutory Guidance' October 2018:

**Physical Abuse** – including assault, hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.

**Domestic violence or 'mate crime'** – including psychological, physical, sexual, financial, emotional abuse, including honour based abuse and female genital mutilation.

**Sexual abuse** - including rape and sexual assault or sexual acts to which the adult at risk has not consented, or could not consent or was pressured into consenting, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography, witnessing sexual acts or indecent exposure.

**Psychological abuse** - including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber abuse, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

**Financial or material abuse** - including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

**Modern slavery** – encompasses slavery including human trafficking, forced labour, debt bondage, sexual exploitation, criminal exploitation and domestic servitude.

**Discriminatory abuse** – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.

**Organisational abuse** - including neglect and poor care practice within an institution or specific care setting such as within a hospital or care home, or in relation to care provided in one's own home.

**Neglect and acts of omission** - including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

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

### **3.2 Other safeguarding situations:**

The following situations are not currently considered forms of abuse under the Care Act, however NHDC staff, volunteers and Councillors need to be alert to them and aware how to respond if they have concerns:

#### **3.2.1 County Lines and Gangs**

County Lines is the name given to describe drug dealing by criminal gangs from urban areas expanding their activities into smaller towns and rural areas.

It often involves the exploitation of children, as gangs use young people and those with mental health or addiction problems to transport drugs and money. These gangs establish a base in the location they are targeting, often taking over the homes of local vulnerable adults by force or coercion in a practice referred to as 'cuckooing'.



Dealers typically use a single phone line to facilitate the supply of Class A drugs to customers. The phone line is highly valuable and is protected through violence and intimidation.

### **Signs to look out for in your local community**

- Individuals with multiple mobile phones or 'SIM cards'
- Unknown or suspicious looking characters coming and going from a neighbour's house
- Young people with more money, expensive clothing, or accessories they can't account for
- Suspicious smells coming from the property
- Windows covered or curtains closed all of the time
- Cars pulling up to or near to the house for a short period of time
- An increase in anti-social behaviour around the property

### **3.2.2 Radicalisation**

Radicalisation is defined as the act or process of making a person more radical or favouring of extreme or fundamental changes in political, economic or social conditions, institutions or habits of the mind.

Extremism is defined as the holding of extreme political or religious views. There are a number of behaviours which may indicate an individual is at risk of being radicalised or exposed to extreme views. These include;

- Spending increasing time in the company of other suspected extremists.
- Changing their style of dress or personal appearance to accord with the group.
- Day-to-day behaviour becoming increasingly centred on 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 materials or symbols associated with an extremist cause.
- Attempts to recruit others to the group/cause.
- Communications with others that suggests identification with a group, cause or ideology.
- Using insulting to derogatory names for another group.
- Increase in prejudice-related incidents committed by that person including; physical or verbal assault, provocative behaviour, damage to property, derogatory name calling, possession of prejudice-related materials, prejudice related ridicule or name calling, inappropriate forms of address, refusal to co-operate, attempts to recruit to prejudice-related organisations and condoning or supporting violence towards others.

Further signs and symptoms and guidance on referral pathways can be found in appendices A and B.

### **3.3 Where and how does abuse happen?**

Abuse and harm can be experienced in any setting in a person's home (including in supported housing schemes, nursing and care homes), in hospital, at work or in community areas. Adults can experience abuse by a number of people known to them in varying capacities. Perpetrators of abuse may include family members, friends, neighbours, paid or unpaid professionals, volunteers, other adults at risk and strangers who set out to deliberately exploit people. It is essential that in any case where abuse is suspected, the concern is treated seriously and action is taken to investigate and prevent abuse from occurring.

## **4.0 How does NHDC safeguard adults?**

### **4.1 Named Safeguarding Officer**

The Named Safeguarding Officer (NSO) is the designated lead for overseeing all safeguarding activity within NHDC. The NSO sits within the senior management team and ensures safeguarding concerns are recognised, recorded and referred. The NSO is responsible for not only embedding safeguarding practice but also evolving this practice in line with local and national developments.

At NHDC, the Named Safeguarding Officer is the Service Director - Legal and Community.

### **4.2 The Community Protection Team**

Operational support for safeguarding is provided by the Community Protection Team who fulfil the following functions:

- Managing the corporate safeguarding inbox into which copies of all incidents and referrals are sent;
- Maintaining the central database of all incidents and referrals;
- Responding to safeguarding freedom of information requests, section 17, 47 and 42 enquiries;
- Organising all corporate safeguarding training;
- Completion of the Annual Safeguarding Review and presentation at the Overview and Scrutiny Committee;
- Ensuring senior managers and members of the Executive are kept up to date about any safeguarding developments; and
- Coordinating new campaigns about prevalent issues.

### **4.3 Designated Safeguarding Officers (DSOs) and Corporate Safeguarding Group**

There are Designated Safeguarding Officers (DSOs) across NHDC who support staff with their concerns and assist them in deciding whether or not a referral is to be made. An up to date list of these staff can be found on the NHDC Intranet under 'Designated Safeguarding Officers'.

DSOs are responsible for working with staff to consider the options available to safeguard the adult's wellbeing depending on the nature of the concern.

DSOs and the Named Safeguarding Officer form the Corporate Safeguarding Group and meet twice a year to discuss issues being cascaded from the Herts Safeguarding Adults Board and procedural issues concerning all departments.

#### **4.4 Elected Members**

Members are involved in reviewing and approving policy. NHDC's safeguarding function currently sits with an Executive Member who is regularly briefed on developments within safeguarding.

In addition, Members can review and scrutinise the decisions and functions of the Council and the Cabinet and can produce reports or recommendations on matters affecting the authority's area and residents.

An annual report on safeguarding developments and actions is circulated to Members.

#### **4.5 Training**

All staff must be trained appropriately according to their level of contact with adults to recognise signs of abuse and neglect, as well as how to raise concerns using the internal reporting procedures. This is identified for every post using a corporate learning needs analysis.

There are three different levels of safeguarding adults at risk awareness training:

- Basic e-learning - to accommodate staff with no external contact;
- Level 1 – to accommodate staff who have reduced contact (refreshed every three years); and
- Level 2 – for those staff members who have regular or intensive contact (refreshed every two years).

All new staff receive a safeguarding briefing document to discuss with their manager during their first day welcome and a safeguarding presentation is delivered as part of the corporate induction day.

#### **4.6 Record keeping**

It is vital that any incident that causes concern is written up within 24 hours using the NHDC's adult safeguarding incident form (available on the Intranet). This record provides a detailed history of the interaction between the individual and staff member, action taken to make referrals if concerns meet threshold or help and guidance provided when concerns do not reach the level required for a referral. All

incident forms are sent to [safeguarding@north-herts.gov.uk](mailto:safeguarding@north-herts.gov.uk) along with copies of referral forms to external agencies.

All incidents and referrals sent to the safeguarding inbox will be recorded centrally on NHDC's secure database so they can be monitored and updated when actions are taken.

## **4.7 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, including where:

- The person lacks the mental capacity to make that decision;
- Other people are, or may be, at risk, including children;
- Sharing the information could prevent a crime;
- The alleged abuser has care and support needs and may also be at risk;
- Staff are implicated;
- The person has the mental capacity to make that decision but they may be under duress or being coerced;
- The risk is unreasonably high and meets the criteria for a multi-agency risk assessment conference;
- A court order or other legal authority has requested the information;
- Information needs to be shared without consent in response to an emergency or life-threatening situation.

Information can be shared lawfully within the parameters of the Data Protection Act 2018 and the General Data Protection Regulation (GDPR, 2018). There are local agreements in place setting out the principles for sharing information between organisations.

Staff dealing with concerns must never promise confidentiality and always report safeguarding concerns in line with the NHDC's procedures.

It is good practice to try to gain the person's consent to share information and as long as it does not increase risk and staff should endeavour to inform the person if they need to share their information without consent. Decisions and discussions concerning consent will always be recorded during the referral process.

## **4.8 Whistleblowing**

NHDC's whistleblowing policy can be used to support safeguarding when:

- A staff member believes a manager or DSO has not responded appropriately to a safeguarding concern e.g not supported a referral.
- A staff member is suspected to be the perpetrator of abuse.

NHDC's Whistleblowing policy can be found on the intranet.

## **4.9 Managing allegations against staff**

Where a member of staff is accused of being the perpetrator of abuse, NHDC's Managing Allegations procedure (available on the intranet) should be followed.

## **4.10 Recruitment procedures and DBS checks**

NHDC is committed to safer recruitment and will take reasonable steps to ensure that staff working with adults are safe to do so. Posts will be appropriately assessed to determine their level of contact with adults at risk. Where required NHDC will vet potential employees using the Disclosure and Barring Service (DBS) to support safer recruitment decisions and prevent unsuitable people from working with at risk groups.

All disclosures for unsupervised work with adults at risk that meets the definition of regulated work will be at an enhanced level. Additionally, all individuals recruited to NHDC undergo pre-employment referencing covering a three year period.

Existing employees in receipt of a new DBS check will be encouraged to sign up to the DBS Update Service.

Further information on the Recruitment Process and pre-employment checks can be found in the Recruitment and Selection policy and DBS Employment Checks policy on the intranet.

## **4.11 Contracted Services**

In line with the core standards set out by the HSAB, NHDC has a responsibility to ensure that safeguarding adults' standards are in place in any services it commissions.

When commissioning services where safeguarding adults is a relevant issue, potential contractors are required to evidence a safeguarding adult policy that meets the requirement of the HSAB, as well as procedures for undertaking relevant DBS checks.

NHDC continually monitors the ability of the successful contractor to meet these standards through the contract compliance monitoring process. This includes ensuring that:

- Commissioned services know about and adhere to relevant safeguarding adults at risk guidance;

- Senior managers of commissioned services are aware of their leadership role in ensuring the quality of the service provided, appropriate supervision and support of staff and responding to concerns about an adult at risk; and
- Services are providing service users and carers with relevant safeguarding information.

#### **4.12 Official visitors and VIP's**

NHDC also has a duty to protect adults at risk when organising visits from official visitors, VIPs and celebrities. All official visits shall be pre-arranged and overseen by a member of staff at all times. Staff or members arranging and supervising official visits should follow guidance in *Appendix C: Safeguarding guidance for managing official visits, VIP's and celebrities*.

## **References:**

### **The Care Act 2014**

<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

### **Safeguarding Adults at Risk January 2019: Issue 12 – Hertfordshire Safeguarding Adults Board**

<https://www.hertfordshire.gov.uk/services/adult-social-services/report-a-concern-about-an-adult/hertfordshire-safeguarding-adults-board/hertfordshire-safeguarding-adults-board.aspx#procedure>

### **Care and Support Statutory Guidance**

<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#safeguarding-1>

## ***Appendix A: Signs and symptoms of abuse in adults***

### **Physical abuse**

#### **Types of physical abuse**

- 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)

#### **Possible indicators of physical abuse**

- No explanation for injuries or inconsistency with the account of what happened
- Injuries are inconsistent with the person's lifestyle
- Bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps
- Frequent injuries
- Unexplained falls
- Subdued or changed behaviour in the presence of a particular person
- Signs of malnutrition
- Failure to seek medical treatment or frequent changes of GP

### **Domestic violence or abuse**

Domestic violence and abuse includes any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who, are or have been, intimate partners or family members regardless of gender or sexuality. It also includes so called 'honour' -based violence, female genital mutilation and forced marriage.

Coercive or controlling behaviour is a core part of domestic violence. Coercive behaviour can include:

- Acts of assault, threats, humiliation and intimidation
- Harming, punishing or frightening the person
- Isolating the person from sources of support
- Exploitation of resources or money
- Preventing the person from escaping abuse
- Regulating everyday behaviour



## **Possible indicators of domestic violence or abuse**

- Low self-esteem
- Feeling that the abuse is their fault when it is not
- Physical evidence of violence such as bruising, cuts, broken bones
- Verbal abuse and humiliation in front of others
- Fear of outside intervention
- Damage to home or property
- Isolation – not seeing friends and family
- Limited access to money

## **Sexual abuse**

### **Types of 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

### **Possible indicators of sexual abuse**

- Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck
- Torn, stained or bloody underclothing
- Bleeding, pain or itching in the genital area
- Unusual difficulty in walking or sitting
- Foreign bodies in genital or rectal openings
- Infections, unexplained genital discharge, or sexually transmitted diseases
- Pregnancy in a woman who is unable to consent to sexual intercourse
- The uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude
- Incontinence not related to any medical diagnosis
- Self-harming
- Poor concentration, withdrawal, sleep disturbance
- Excessive fear/apprehension of, or withdrawal from, relationships
- Fear of receiving help with personal care
- Reluctance to be alone with a particular person

## **Psychological or emotional abuse**

### **Types of psychological or emotional abuse**

- Enforced social isolation – preventing someone from accessing services, educational and social opportunities and seeing friends
- Removing mobility or communication aids or intentionally leaving someone unattended when they need assistance
- Preventing someone from meeting their religious and cultural needs
- Preventing the expression of choice and opinion
- Failure to respect privacy
- Preventing stimulation, meaningful occupation or activities
- Intimidation, coercion, harassment, use of threats, humiliation, bullying, swearing or verbal abuse
- Addressing a person in a patronising or infantilising way
- Threats of harm or abandonment
- Cyber bullying

### **Possible indicators of psychological or emotional abuse**

- An air of silence when a particular person is present
- Withdrawal or change in the psychological state of the person
- Insomnia
- Low self-esteem
- Uncooperative and aggressive behaviour
- A change of appetite, weight loss/gain
- Signs of distress: tearfulness, anger
- Apparent false claims by someone involved with the person to attract unnecessary treatment

## **Financial or material abuse**

### **Types of financial or material abuse**

- Theft of money or possessions
- Fraud and scamming
- Preventing a person from accessing their own money, benefits or assets
- Employees taking a loan from a person using the service
- Undue pressure, duress, threat or undue influence put on the person in connection with loans, wills, property, inheritance or financial transactions
- Arranging less care than is needed to save money to maximise inheritance
- Denying assistance to manage/monitor financial affairs
- Denying assistance to access benefits
- Misuse of personal allowance in a care home

- Misuse of benefits or direct payments in a family home
- Someone moving into a person's home and living rent free without agreement or under duress
- False representation using another person's bank account, cards or documents
- Exploitation of a person's money or assets, e.g. unauthorised use of a car
- Misuse of a power of attorney, deputy, appointee ship or other legal authority
- Rogue trading – eg. unnecessary or overpriced property repairs and failure to carry out agreed repairs or poor workmanship

### **Possible indicators of financial or material abuse**

- Missing personal possessions
- Unexplained lack of money or inability to maintain lifestyle
- Unexplained withdrawal of funds from accounts Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity
- Failure to register an LPA after the person has ceased to have mental capacity to manage their finances, so that it appears that they are continuing to do so
- The person allocated to manage financial affairs is evasive or uncooperative
- The family or others show unusual interest in the assets of the person
- Signs of financial hardship in cases where the person's financial affairs are being managed by a court appointed deputy, attorney or LPA
- Recent changes in deeds or title to property
- Rent arrears and eviction notices
- A lack of clear financial accounts held by a care home or service
- Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person
- Disparity between the person's living conditions and their financial resources, e.g. insufficient food in the house
- Unnecessary property repairs

### **Modern slavery**

#### **Types of modern slavery**

- Human trafficking
- Forced labour
- Domestic servitude
- Sexual exploitation, such as escort work, prostitution and pornography
- Debt bondage – being forced to work to pay off debts that realistically they never will be able to

## **Possible indicators of modern slavery**

- Signs of physical or emotional abuse
- Appearing to be malnourished, unkempt or withdrawn
- Isolation from the community, seeming under the control or influence of others
- Living in dirty, cramped or overcrowded accommodation and or living and working at the same address
- Lack of personal effects or identification documents
- Always wearing the same clothes
- Avoidance of eye contact, appearing frightened or hesitant to talk to strangers
- Fear of law enforcers

## **Discriminatory abuse**

### **Types of discriminatory abuse**

- Unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation (known as 'protected characteristics' under the Equality Act 2010)
- Verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic
- Denying access to communication aids, not allowing access to an interpreter, signer or lip-reader
- Harassment or deliberate exclusion on the grounds of a protected characteristic
- Denying basic rights to healthcare, education, employment and criminal justice relating to a protected characteristic
- Substandard service provision relating to a protected characteristic

### **Possible indicators of discriminatory abuse**

- The person appears withdrawn and isolated
- Expressions of anger, frustration, fear or anxiety
- The support on offer does not take account of the person's individual needs in terms of a protected characteristic

## **Organisational or institutional abuse**

### **Types of organisational or institutional abuse**

- Discouraging visits or the involvement of relatives or friends
- Run-down or overcrowded establishment
- Authoritarian management or rigid regimes
- Lack of leadership and supervision
- Insufficient staff or high turnover resulting in poor quality care
- Abusive and disrespectful attitudes towards people using the service
- Inappropriate use of restraints
- Lack of respect for dignity and privacy
- Failure to manage residents with abusive behaviour
- Not providing adequate food and drink or assistance with eating
- Not offering choice or promoting independence
- Misuse of medication
- Failure to provide care with dentures, spectacles or hearing aids
- Not taking account of individuals' cultural, religious or ethnic needs
- Failure to respond to abuse appropriately
- Interference with personal correspondence or communication
- Failure to respond to complaints

### **Possible indicators of organisational or institutional abuse**

- Lack of flexibility and choice for people using the service
- Inadequate staffing levels
- People being hungry or dehydrated
- Poor standards of care
- Lack of personal clothing and possessions and communal use of personal items
- Lack of adequate procedures
- Poor record-keeping and missing documents
- Absence of visitors
- Few social, recreational and educational activities
- Public discussion of personal matters
- Unnecessary exposure during bathing or using the toilet
- Absence of individual care plans
- Lack of management overview and support

## **Neglect and acts of omission**

### **Types of neglect and acts of omission**

- Failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care
- Providing care in a way that the person dislikes
- Failure to administer medication as prescribed
- Refusal of access to visitors
- Not taking account of individuals' cultural, religious or ethnic needs
- Not taking account of educational, social and recreational needs
- Ignoring or isolating the person
- Preventing the person from making their own decisions
- Preventing access to glasses, hearing aids, dentures, etc.
- Failure to ensure privacy and dignity

### **Possible indicators of neglect and acts of omission**

- Poor environment – dirty or unhygienic
- Poor physical condition and/or personal hygiene
- Pressure sores or ulcers
- Malnutrition or unexplained weight loss
- Untreated injuries and medical problems
- Inconsistent or reluctant contact with medical and social care organisations
- Accumulation of untaken medication
- Uncharacteristic failure to engage in social interaction
- Inappropriate or inadequate clothing

## **Self-neglect**

### **Types of self-neglect**

- Lack of self-care to an extent that it threatens personal health and safety
- Neglecting to care for one's personal hygiene, health or surroundings
- Inability to avoid self-harm
- Failure to seek help or access services to meet health and social care needs
- Inability or unwillingness to manage one's personal affairs
- Hoarding

### **Indicators of self-neglect**

- Very poor personal hygiene
- Unkempt appearance
- Lack of essential food, clothing or shelter
- Malnutrition and/or dehydration

- Living in squalid or unsanitary conditions
- Neglecting household maintenance
- Hoarding
- Collecting a large number of animals in inappropriate conditions
- Non-compliance with health or care services
- Inability or unwillingness to take medication or treat illness or injury

## **Radicalisation**

Radicalisation is a psychological process where vulnerable and/or susceptible individuals are groomed to engage into criminal, terrorist activity.

### **Possible indicators of radicalisation**

- Isolating themselves from family and friends
- Talking as if from a scripted speech
- Unwillingness or inability to discuss their views
- A sudden disrespectful attitude towards others
- Increased levels of anger
- Increased secretiveness, especially around internet use.

Individuals who are at risk of radicalisation may have low self-esteem, or be victims of bullying or discrimination. Extremists might target them and tell them they can be part of something special, later brainwashing them into cutting themselves off from their friends and family.

## **Appendix B: NHDC Safeguarding adults referral pathways**

Use the pathways below to determine which referral procedure you should use and search the NHDC intranet for the relevant guidance.

1. Does your concern involve anyone under the age of 18 years old?  
If yes, search for “Guidance on how to refer concerns about a child.”
2. Is the individual 18 years or over with care and support needs, is experiencing or is at risk of abuse or neglect and unable to protect themselves from abuse due to their care and support needs?  
If yes, search for “Guidance on how to refer concerns about an adult at risk.”
3. Does the individual have an unmet mental health need or do you have a safeguarding concern about someone with a mental health condition?  
If yes, search for “Guidance on how to refer concerns about an adult at risk.”
4. Are there signs of radicalisation?  
If yes, search for “Guidance on how to refer concerns about radicalisation.”
5. Is there domestic abuse present?  
If yes, search for “Guidance on how to refer victims of domestic abuse”.
6. Are there signs that an individual is a victim of modern slavery?  
If yes, search for “Guidance on how to refer modern slavery.”
7. If you believe the adult could be involved in county lines or gangs, search for ‘County Lines’ and follow the guidance provided.
8. Do you believe the individual is being deprived of their liberty without the appropriate authorisation in place?

A person is considered to be deprived of their liberty if they lack capacity to consent to their care/treatment AND are under continuous supervision and control AND are not free to leave.

Inform the hospital or care home immediately that you believe are guilty of depriving someone’s liberty unlawfully and if they do not take appropriate action contact the Hertfordshire Supervisory Board on 01438 843800 or [dolsteam@hertfordshire.gov.uk](mailto:dolsteam@hertfordshire.gov.uk)



## **Appendix C: Safeguarding guidance for managing official visits, VIPs and celebrities**

All officers and members are responsible for implementing this guidance and managing visitors to services operated by NHDC. All officers and members have a responsibility to ensure that visitors are welcomed and managed safely. The guidance applies to all visitors equally.

### **1.0 Guidance objectives**

- Ensure there is no risk to the safety of adults and children at risk arising from visits by approved or invited visitors such as VIPs, celebrities or media representatives;
- Ensure staff and visitors are aware of their responsibilities;
- Ensure systems are in place to effectively manage risks and to ensure that any issues arising are learnt from;
- Ensure the council or hosting organisation meets its safeguarding responsibilities.

### **2.0 Types of visitor**

There are a number of different types of legitimate visitors to services operated by NHDC.

- Employees of partner organisations such as funders including the lottery, Sport England etc;
- Visitors in connection with the building, grounds or equipment i.e. builders, contractors, maintenance contractors;
- Staff working for the local media including journalists or photographers;
- VIPs – Very Important People including celebrities.

### **3.0 Procedures for ALL visitors**

- Wherever possible, visits should be pre-arranged.
- All visitors must report to reception or a main entrance first or where visits involve an outdoor space, a meeting point should be agreed
- All visitors should explain the purpose of their visit and who has invited them.
- All visitors should be ready to produce formal identification.
- All visitors will be asked to sign the visitors' record book where available.
- All visitors should be accompanied by a member of staff at all times. Visitors should not be alone with children / adults at risk.
- On departing, visitors should leave via reception, sign out and return their visitors badge where applicable and be seen to leave the premises / site.

## **4.0 VIPs**

A VIP is usually an external visitor of importance or influence who commands special treatment, including:

- Royalty and Royal Representatives
- Government (Members of Parliament, including government ministers and politicians)
- Diplomats and Senior Public Servants
- Chairpersons/ Chief Executives Officers of major companies and organisations
- Senior Officers from Charitable Trusts
- Religious leaders
- Civic and local community leaders
- Notable academics, Olympians, Authors, high profile prize winners and those with celebrity status in particular fields such as sport, music, the arts, media including celebrities and who are likely to inspire others.

## **5.0 Important considerations for VIP visits**

An invitation to a VIP should be made in advance with sufficient time to enable appropriate planning for a safe and successful visit recognising how the visit will be hosted and importantly who will be escorting and supervising the visitor at all times. In general terms VIPs should be treated in a very similar way to any other visitor but a degree of common sense should prevail e.g it is unlikely that the Queen or another senior member of the Royal Family would be expected to show or wear ID. Members of their entourage though should be expected to follow normal procedures. All VIPs and any entourage should be accompanied at all times by a member of staff.

All visits by media, VIPs, celebrities or other high profile partners must involve the communications team and the Chief Executive because of the high profile they can attract. Any requests for celebrity or VIP visits must be referred to the Communications team. Discussions as to the appropriateness of the visits to certain locations should then take place with the Named Safeguarding Officer, the Chief Executive and approval sought. Visit supervision may be delegated to service teams, if appropriate.