

# Friends of Snape Church (FOSC)

## Safeguarding policy and procedure

Approved by the Trustees August 2025  
Review date August 2026

### 1. Purpose

The purpose of this policy and procedure is to define how FOSC operates to safeguard children and adults at risk of harm in order to;

- protect them from harm.
- provide volunteers with the overarching principles that guide our approach to safeguarding.

We recognise we have a duty of care. We are committed to the protection and safety of everyone who comes in to contact with our organisation, including children and adults at risk involved as visitors and as participants in all our activities. We also have a duty to safeguard and support our volunteers.

This policy is a core part of our governance responsibilities and priorities. Trustees' responsibilities include ensuring that the organisation provides a safe environment and protects volunteers, and anyone who comes into contact with it, from abuse or maltreatment of any kind.

We are committed to ensuring safeguarding practice reflects our legal responsibilities, government guidance and Suffolk Safeguarding Partnership requirements. We recognise that we have responsibilities for the safety and care of children under the Children Act 1989 and 2004 and Working Together 2023. We recognise our responsibilities to safeguard Adults at Risk of Harm under the Care Act 2014. The organisation will act in accordance with all relevant legislation including the Domestic Abuse Act 2021 and the Terrorism Act (2000).

We will fulfil our duty to report Serious Incidents, including safeguarding, as part of our governance and reporting responsibilities to the Charity Commission.

Safeguarding is everyone's responsibility. For our safeguarding policy to be effective every volunteer who supports us, whatever their role, will play their part in keeping people safe.

### 2. Definitions

- **Children** are defined as those persons aged under 18 years old.
- **Safeguarding and promoting the welfare of children** is defined in Working Together 2023 as:
  - providing help and support to meet the needs of children as soon as problems emerge
  - protecting children from maltreatment, whether that is within or outside the home, including online
  - preventing impairment of children's mental and physical health or development
  - ensuring that children grow up in circumstances consistent with the provision of safe and effective care

- promoting the upbringing of children with their birth parents, or otherwise their family network through a kinship care arrangement, whenever possible and where this is in the best interests of the children
  - taking action to enable all children to have the best outcomes in line with the outcomes set out in the Children's Social Care National Framework.
- **Adult at risk of abuse or neglect** defined by the Care Act 2014 as;
    - someone over 18 years old who,
    - has care and support needs
    - is experiencing, or is at risk of, abuse or neglect
    - as a result of their care and support needs is unable to protect himself or herself against the abuse or neglect or the risk of it.
 If someone has care and support needs but is not currently receiving care or support from a health or care service they may still be an adult at risk
  - **Types and indicators of abuse** are set out at Appendix 1

### 3. Persons affected

This policy applies to everyone involved on behalf of FOSC, including the Board of Trustees, volunteers and sessional workers or contractors

### 4. Our Policy

- We believe everyone has a responsibility to promote the welfare of all children and adults at risk of harm, to keep them safe and to practise in a way that protects them.
- We recognise that while it is the responsibility of the relevant statutory agencies to determine whether or not abuse has taken place it is everyone's responsibility to report any concerns and all volunteers, trustees and contractors will know how to recognise and report safeguarding concerns.
- We have a zero tolerance approach to abuse. There are no excuses for not taking all reasonable actions to protect children and adults at risk of abuse, exploitation, radicalisation and mistreatment.
- We recognise that all children and adults at risk whatever their age, ability, culture, disability, gender, language, racial origin, religious belief and/or sexual identity have equal rights to protection from abuse.
- Adults will be included in swift and personalised safeguarding responses, in line with the Six principles of safeguarding for adults and Making Safeguarding Personal.
- We are committed to inter agency collaboration and information sharing to safeguard children and adults at risk of harm.
- We recognise the need to protect children and adults at risk of harm from safeguarding harm both in person and/or from cyber/ virtual risks.

- We ensure all of the organisation's operations and activities are designed and delivered with effective safeguarding in mind to protect adults and children from abuse.

**We will keep children and adults at risk of harm safe by;**

- Valuing, listening to and respecting them
- Recognising;
  - The welfare of the child or adult at risk is paramount
  - All children and adults at risk have the right to protection from abuse
  - Safeguarding is everyone's responsibility
  - Professional curiosity is important in recognising and responding to safeguarding concerns
  - The importance of following information sharing procedures in safeguarding
- Providing effective and relevant management, induction training, regular refresher training and support for all volunteers and trustees to know about and follow our safeguarding policy and procedures for safeguarding children and adults at risk.
- Using our safeguarding policies and procedures to share and report all safeguarding concerns to the relevant internal trustees and external authorities swiftly and appropriately.
- Using our safeguarding policies and procedures to share and manage any allegations of safeguarding concerns about volunteers against a child or children, using the Local Authority Designated Officer process.
- Managing the risks of extremist or terrorist abuse: not supporting or enabling terrorism or other illegal conduct, such as hatred on the grounds of race, religion or sexual orientation.
- Acting in an appropriate professional behaviour.
- Recruiting volunteers safely; ensuring all necessary checks are made, including on when to obtain a DBS check.
- Preventing and reporting extremism and radicalisation concerns.
- Recording, storing and using information professionally and securely, in line with data protection legislation and guidance.
- Having a culture that enables issues about safeguarding and promoting welfare to be addressed, and for volunteers and trustees to feel able to raise concerns and feel supported in fulfilling their safeguarding role.
- Implementing effective safeguarding systems where;
  - The needs of the child or adult at risk of harm are paramount, and volunteers and trustees use their professional judgement to put the person's needs at the heart of the safeguarding system so that the right solution can be found for each individual.
  - Safeguarding for adults is person-led and outcome focused, engaging the adult at risk in a conversation about how best to respond to their safeguarding situation. Issues of capacity, consent and decision making are taken into account.

- Practising Professional Curiosity, understanding what life is like for the individual and being alert to the needs of children and adults at risk of harm and any risks of harm that individual abusers, or potential abusers, may pose to children and adults at risk.
- Ensuring a trustee lead takes leadership responsibility for the organisation's safeguarding arrangements. Contact details are included in the accompanying procedures.
- Having a Designated Safeguarding Lead and Deputy Designated Safeguarding Lead for the organisation. Contact details in the Safeguarding procedures.
- Making our policies regarding the safeguarding of children and adults at risk of harm available on our website or on demand, for anyone using our services to know what to do if they have a concern.

## 5. Review

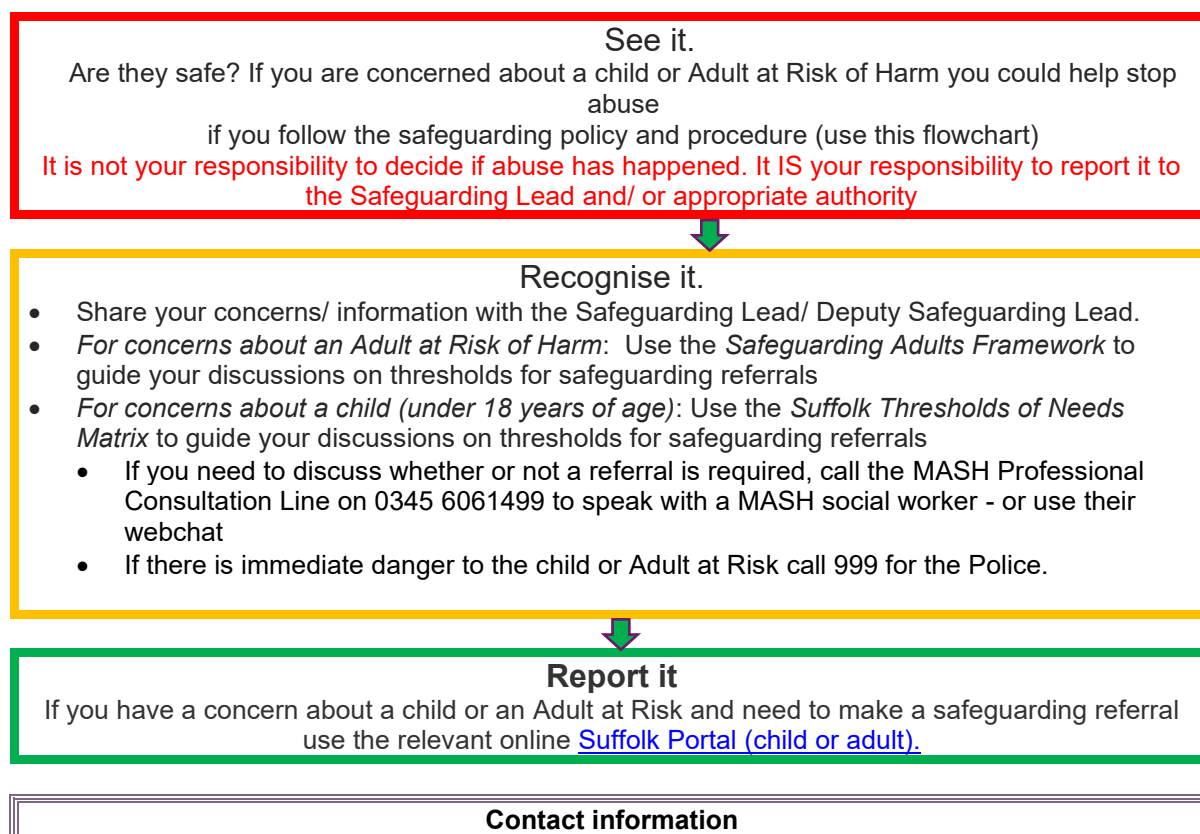
This policy and related guidance will be monitored by the Board of Trustees on a regular basis for compliance and will be reviewed annually.

## 6. Procedure

### Flowchart for referral for actual or suspected abuse

#### 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.



Safeguarding referral: [Via portal](#).  
Customer First [0808 800 4005](#)  
MASH Professionals Consultation line [03456 061 499](#)  
**Police: 999 if it is an emergency**

Safeguarding Lead: tel. 07958 780880  
Safeguarding Deputy: tel. 07415 117637  
Safeguarding Trustee: tel. 07958 780880

email: [miranda@thesummerhouseinsnape.co.uk](mailto:miranda@thesummerhouseinsnape.co.uk)  
email: [jallfrey20@gmail.com](mailto:jallfrey20@gmail.com)  
email: [miranda@thesummerhouseinsnape.co.uk](mailto:miranda@thesummerhouseinsnape.co.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, [access the LADO page for more information](#)

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.*

## **APPENDIX 1: RECOGNISING POSSIBLE CHILD OR ADULT ABUSE**

### **CHILD ABUSE**

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

#### **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 Suffolk Safeguarding Partnership website for further guidance and accompanying THE ORGANISATION procedure for more information).

## **ADULT ABUSE**

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 the Suffolk Safeguarding partnership website 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 Customer First on 0808 800 4005. 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 Customer First on 0808 800 4005. 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 Mutliation (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 Customer First 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 signaled 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 Customer First on 03456 066 167. 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.

## **Wilful neglect and mistreatment**

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 willfully 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 willfully neglect or ill treat them. This includes paid carers, senior staff or managers in a hands-off role, family carers, any donee 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 and 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 using the form below: · Self-Neglect and Hoarding Referral Form for Professionals

## **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 the MASH via Customer First on 03456 066 167. 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 Customer First on 03456066167