

# London College of Contemporary Arts Safeguarding Policy

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| <b>Version</b>         | <b>2023</b>   |
| <b>Approved by:</b>    | <b>SMT</b>  |
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| <b>Date Approved:</b>  | <b>4th September 2023</b>   |
| <b>Effective Date:</b> | <b>4<sup>th</sup> September 2023</b>                              |
| <b>Review Date:</b>    | <b>4<sup>th</sup> September 2025</b>                              |
| <b>Readership:</b>     | <b>All</b>  |
| <b>Location:</b>       | <b>Teams-LCCA Policies Channel<br/>Canvas<br/>College website</b> |

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## Introduction

- 1.1 London College of Contemporary Arts (LCCA), (the College) recognises that it has a duty of care for all students and a duty to safeguard adults at risk against abuse. Since under-18s are not admitted to the College, this policy focuses on adults at risk as a vulnerable group. The College recognises its duty to ensure that relevant checks are carried out on individuals who work with adults at risk. In addition, the College has a responsibility to protect staff from unfounded allegations of abuse and also has a duty to refer any relevant information to the Local Authorities if they have moved or dismissed an individual because of harm or risk of harm to a child or adults at risk.
- 1.2 This policy extends to all members of the College and particularly to staff working with children and adults at risk. It also extends to volunteers, students and contract workers engaged on behalf of the College.
- 1.3 The College recognises its duty under the Counter Terrorism and Security Act 2015 to have due regard when exercising its functions to the need to prevent people from being drawn into terrorism. The Prevent Policy describes the College's contribution to the multi-agency Prevent agenda and defines the College's process for referral. LCCA's Prevent Policy has been informed by the Governments Prevent Duty Guidance for Higher Education Institutions in England and Wales. It sits within St Patrick's International College's Safeguarding framework and this policy should therefore be read in conjunction with this Policy.

## Definitions

- 2.1 A **child** is 'a person under the age of 18'.
- 2.2 An **adult at risk** is defined as any person aged 18 years and over who is or may be in need of community care services by reason of mental health issues, learning or physical disability, sensory impairment, age or illness and who is or may be unable to take care of him/herself or unable to protect him/herself against significant harm or serious exploitation.
- 2.3 **Disclosure and Barring Service (DBS)** carries out checks on criminal records (formerly CRB checks)

## Responsibility for this Policy

- 3.1 Ultimate responsibility for the development of clear and effective processes and procedures and overseeing their application lies with the Designated Senior Person for Safeguarding.

## Expectation

- 4.1 The College has in place, monitors and evaluates arrangements and resources which enable students to develop their academic, personal and professional potential.
- 4.2 The College is committed to increasing awareness of issues relating to children and adults at risk, promoting good practice and assisting members of staff in making informed and confident responses in relation to safeguarding.

4.3 The policy is designed to safeguard children and adults at risk who meet the College community and to ensure that there are clear guidelines and procedures for identifying risk and reporting concerns in relation to safeguarding.

### **Aims of this policy.**

5.1 The College is committed to:

- taking all reasonable measures to ensure that the risks of harm to children or adults at risk through the College's actions or inactions are minimised.
- taking all appropriate actions to address concerns raised about the welfare of children and adults at risk in connection with college business.

5.2 The College believes that:

- all children and adults at risk, whatever their age, gender, disability, racial origin, religion, marital status or sexual orientation, have the right to protection from abuse and a right to be safe in the activities that they, or their parents and carers, choose.
- all children and adults at risk should be listened to and their views taken seriously.
- all interventions must be centred on the child/adults at risk.
- staff need to be aware of how issues of race, gender, disability, culture, sexuality and age impact on an individual's life experiences and how these issues affect their understanding of, and response to, keeping children and adults at risk safe.
- abuse can take different forms and includes physical abuse, sexual abuse, emotional abuse as well as neglect and bullying. Abuse can have serious and long-term effects in terms of development, health and well-being including to self-esteem and self-image.
- joint working between agencies and disciplines may be helpful for the protection of children and adults at risk.

5.3 This policy establishes these commitments and underpins the procedures and guidance which follow. Together, they do not represent a 'how to' guide in child & adults at risk protection practice but they do clarify the College's position in relation to children & adults at risk and its expectations of all staff to act in accordance with those procedures.

### **Roles and Responsibilities**

- 6.1 The College has in place a Safeguarding Officer. This person has received training and will have on-going support to allow them to play this key role in determining, with appropriate advice, when necessary, whether, and at what stage, a referral should be made to the appropriate authority.
- 6.2 The College will ensure that the Safeguarding Officer has suitable knowledge of the College's duties under the Counter Terrorism and Security Act 2015, the Equality Act

2010, the Human Rights Act 1998, the General Data Protection Regulation (GDPR), Data Protection Act 2018, and The Freedom of Information Act 2000.

6.3 The Safeguarding Officer's responsibilities are to:

- ensure the College's safeguarding policy and the procedures at Appendix 1 are regularly reviewed and updated.
- ensure that safeguarding and compliance with the Prevent Duty remains high priority across the College.
- ensure all staff are aware of the policies and procedures regarding safeguarding and the Prevent duty and receive appropriate training annually.
- work with an HR Business Partner to carry out a risk assessment of any prospective or current staff member with previous or new convictions.
- make referrals to the relevant authorities in accordance with this policy and associated procedures.
- have access to resources and attend any relevant or refresher training courses at least every two years.

### **Storage of Records**

7.1 Any cause for concern in respect of a child or adult at risk are required to be reported immediately to the Safeguarding Officer who will hold the record securely. Where the concern is referred to an appropriate authority the report will be retained for 6 years after the last contact with the child or adult at risk. In all other cases the record will be retained for 3 years after the concern was recorded.

7.2 Any allegation of abuse against a member of staff is required to be reported immediately to the Safeguarding Officer who will hold the record securely, pending investigation of the allegation in conjunction with HR. Details of allegations that are found to have been malicious will be removed from personnel files and only held confidentially by the Safeguarding Officer for 3 years after the allegation was reported. For all other allegations a record of the allegation together with details of the investigation and action taken, including any referral to an appropriate authority, will be kept on the staff member's file and a copy will be provided to the staff member.

### **Code of Behaviours**

8.1 A code of behaviours, contained in Appendix 2, has been developed to provide advice which not only will help to protect children and adults at risk, but will also help staff identify any practices which could be mistakenly interpreted and, perhaps, lead to false allegations of abuse.

8.2 The code of behaviours should guide all actions taken by college staff and anyone else working on behalf of the College in relation to all contact with children or adults at risk through their work. If it is necessary to act contrary to it (for example being in a position of one-to-one contact with a child) staff should only do so after discussion,

and with the approval of, their line manager. Staff who breach this code of behaviours may be subject to disciplinary procedures. External freelance consultants or associates breaching this code will not be offered any future work with, or on behalf of, the College.

## **Monitoring and Review**

- 9.1 Responsibility for reviewing and evaluating the effectiveness of the Safeguarding Policy for Children and Adults at risk lies with the Safeguarding Officer. Formal responsibility for monitoring and evaluation of this provision lies with the Academic Board.

***This policy and the effectiveness of these procedures will be reviewed on regular basis and updated if necessary.***

## Appendix 1– Safeguarding Procedures

### Introduction

This document sets out the procedures for implementing the College’s Safeguarding Policy where there are allegations or suspicions of abuse. Types of abuse and indicators of abuse are explained in Appendix 3.

Responsibility for reviewing and evaluating the effectiveness of safeguarding procedures lies with the Safeguarding Officer, assisted by the College’s Senior Management Team.

#### **A. Procedures for dealing with allegations or suspicions of abuse.**

If you become aware of the actual or alleged harm to or abuse of a child or adult at risk or you receive information alleging risk to a child or adult at risk posed by an adult, or by the actions or lack of actions of an organisation providing services or activities for children, you must act without delay. This also includes where you may be concerned about a child or adult at risk’s behaviour, but there is no evidence of or allegation of abuse.

Abuse can take different forms and includes physical abuse, sexual abuse, emotional abuse as well as neglect and bullying.

All suspicions and allegations of abuse or inappropriate behaviour will be taken seriously by the College and responded to appropriately.

#### **Responding to reports of abuse**

If a child or adult at risk says something or acts in a way that abuse is suspected, the person receiving the information is required to:

- React in a calm and considered way but show concern.
- Tell them that it is right for them to share this information and that they are not responsible for what has happened.
- Take what they have said seriously.
- Only ask questions to ascertain whether there is a concern, but not interrogate them. Do not ask leading questions.
- Listen to them and don’t interrupt if the child or adult at risk is recounting significant events.
- Offer reassurance that the problem can be dealt with.
- **Not give assurances of confidentiality but explain that the information will need to be passed on to those that need to know.**
- If it is an adult at risk consider their mental capacity to give consent – if it is considered that they have capacity, try to gain their consent for information to be passed on.
- Make a comprehensive record of what is said and done immediately and keep all original notes.

#### **Recording Reports of Abuse**

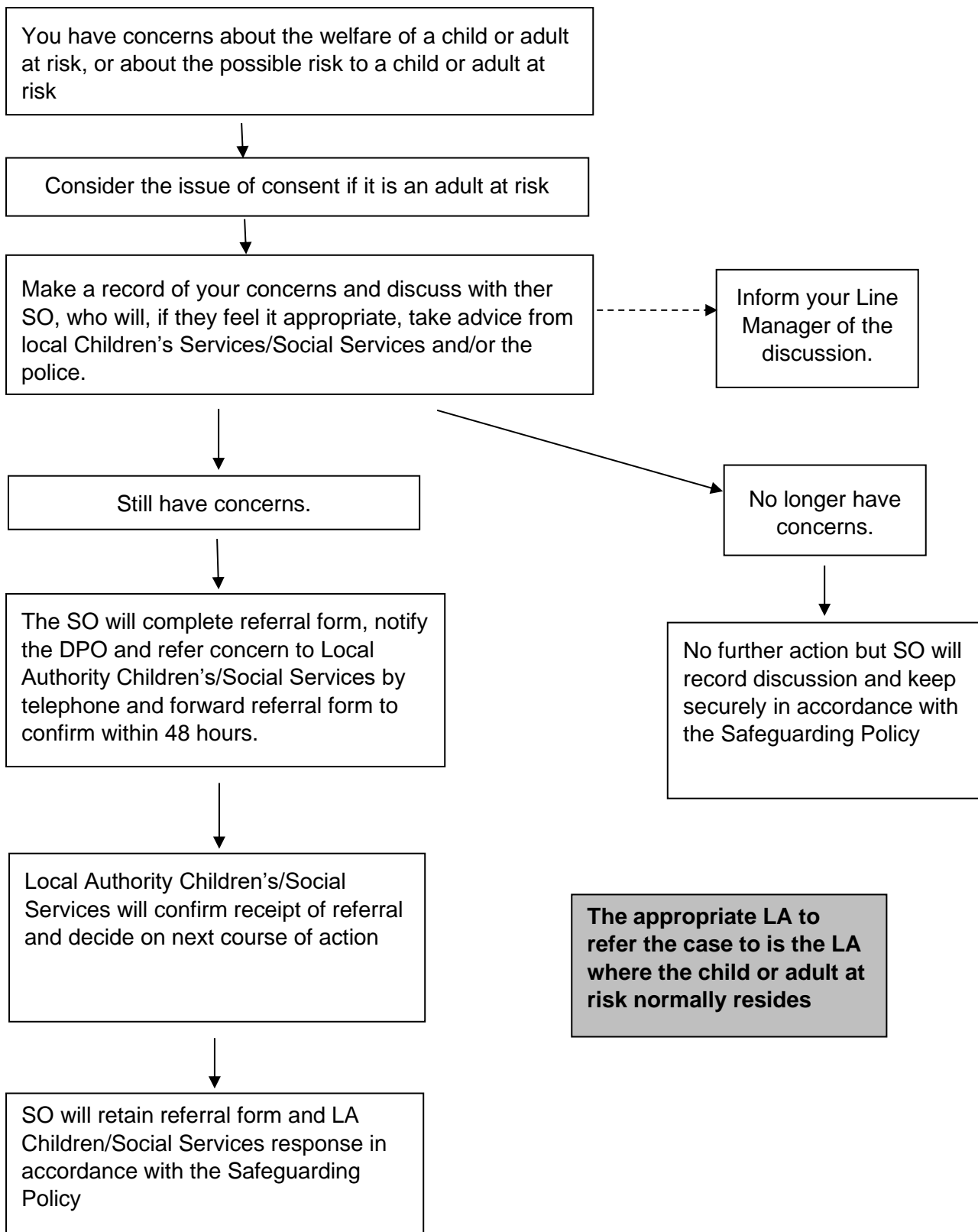
The record should include:

- a verbatim record of the child or adult at risk's account of what occurred in their own words (this could be used in court so needs to be as accurate as possible).
- details of the nature of the allegation or concern.
- a description of any injury. Please note, you must not remove a child or adult at risk's clothing to inspect any injuries.
- dates, times or places and any other information.

The incident should then be reported immediately to the Safeguarding Officer. The Safeguarding Officer will complete a safeguarding referral form (Appendix D).

Remember - it is not your role to investigate disclosures, allegations or information about harm or abuse of children or adult at risks, or risk to them. This is the role of Social Services (and/or the police). It is your role under these procedures to pass on the information to those who are qualified and authorised to do so. If you have any of these concerns, you must comply with the following process.

## Appendix 2 - General child/adult at risk protection procedures





### **Appendix 3 - Procedures for dealing with allegations or suspicions or abuse against an employee of the College or the person acting on the College's behalf.**

Staff may be made aware of a concern or receive an actual allegation against a member of staff or person acting on the College's behalf that the person has:

- Behaved in a way that has harmed or may have harmed a child or adult at risk.
- Possibly committed a criminal offence against or related to a child or adult at risk.
- Behaved towards a child/children/adult at risk(s) in a way that indicated he or she may pose a risk of harm in the work regularly or closely done with them.

This guidance relates to allegations against any staff members who are currently working for or on behalf of the College, regardless of whether the College is where the alleged abuse took place. Allegations against a former staff member will be referred to the police.

The College recognises its duty of care to any staff member who is facing an allegation. The College has an Employee Assistance Programme which provides confidential independent support and counselling for all staff members. Any employee facing an allegation will be provided with a named contact for all related matters. The College will also aim to deal with any allegation quickly, fairly and consistently that provides effective protection for the child/adult at risk and at the same time supports the person who is the subject of the allegation.

Every staff member has a responsibility to report any concerns to the Safeguarding Officer. Where the allegation relates to the Safeguarding Officer it should be reported directly to the Director responsible for HR.

It is in everyone's interests to resolve cases as quickly as possible consistent with a fair and thorough investigation. All allegations will be investigated as a priority to avoid any delay.

#### **Initial Actions**

Upon receiving information of a concern or allegation against a staff member, the Safeguarding Officer will notify the Director responsible for HR.

The Safeguarding Officer should immediately

- Ensure the safety of the child or adult at risk.
- Inform the Local Authority Designated Officer (LADO) in the case of an allegation relating to child abuse or the relevant Social Services department where the allegation relates to an adult at risk.
- Secure all records relating to the allegation.

The member of staff must not be informed of the allegation and no action must be taken until the DSP has consulted the relevant agencies.

#### **Where following discussion with relevant agencies no action is taken**

The initial sharing of information and evaluation may lead to a decision that no further action needs to be taken in regard to the individual facing the allegation or concern, in which case this decision and a justification for it will be recorded by the Safeguarding Officer.

As soon as possible after the decision to take no further action has been made the Safeguarding Officer will agree with the Director responsible for HR what information is put in writing to the individual concerned and what action will be taken, if any, regarding those who made the allegation.

As soon as possible the Safeguarding Officer will inform the accused person about the allegation.

### **Where following discussion with the relevant agencies it is decided to take further action**

The possible risk of harm to children and/or adults at risks by an accused person will be evaluated and managed in respect of the individuals involved in the allegations. Suspension on full pay will be considered where there is cause to suspect one or more children or adults at risks are at risk within the College, or where the allegations are so serious that it might be grounds for dismissal. The Safeguarding Officer will discuss the options of suspension and/or alternative duties with the LADO/Social Services, and the HR Business Partner. These considerations must be recorded. Alternatives to suspension may include temporary redeployment, change of location, or restricting duties to prevent unsupervised contact with children and/or adults at risks. The arrangements for any suspension and/or alternative action to avoid suspension will be confirmed in writing to the staff member.

The Safeguarding Officer will agree with the LADO/Social Services how an investigation should be undertaken. Usually, it would be carried out by a Safeguarding Officer and an HR Business Partner.

### **Supporting those involved**

The employee will receive details of the allegations, next steps, and the likely course of action, as soon as possible, unless there is an objection from the police or social services. The employee will be encouraged to use the Employee Assistance Programme (EAP) and will have a named contact throughout. They will also be encouraged to seek support from a colleague. The employee will be kept informed of the progress of the case.

Parents/Carers for a child/adult at risk will be informed of the allegation as soon as possible if they are not aware of it, with the prior agreement of the LADO/Social Services/Police. They will also be kept up to date with the progress of the case. They will be informed of the outcome of the case where there is not a criminal prosecution, including in strict confidence the outcome of any disciplinary process (the full details of the considerations and information will not be disclosed, only the outcome).

If the child or adult at risk may have suffered significant harm, or there may be a criminal prosecution, social services and/or the police will consider what support they need.

All involved will be informed of the legal restrictions on reporting or publishing allegations. There is more information in the confidentiality section below.

### **Confidentiality**

The College will collect and process information relating to employees in accordance with the College's Privacy Notice.

The College will make every effort to maintain confidentiality and guard against unwanted publicity while an allegation is being investigated or considered. The Safeguarding Officer will agree with the LADO/Social Services/Police:

Who needs to know and exactly what information can be shared.  
How to manage speculation, leaks and gossip.  
What, if any, information can be shared with the wider community to reduce speculation.  
How to manage press interest if it should arise.

### **Outcome of Investigations**

The following definitions will be used when determining the outcome of allegation investigations:

- **Substantiated:** there is sufficient evidence to prove the allegation
- **Malicious:** there is sufficient evidence to disprove the allegation and there has been a deliberate act to deceive
- **False:** there is sufficient evidence to disprove the allegation
- **Unsubstantiated:** there is insufficient evidence to either prove or disprove the allegation. The term, therefore, does not imply guilt or innocence.

After the investigation has taken place, the College may invoke the disciplinary procedure, as detailed in the College's disciplinary policy. In some circumstances this may commence prior to the conclusion of any external investigation, for example a police investigation.

If the staff member resigns and subsequently leaves the College, the investigation will continue. If a staff member does not co-operate with an investigation and/or leaves, the investigation will still continue and a judgment about whether the allegation can be substantiated or not on the basis of the information available will still be recorded.

### **Record Keeping**

Details of allegations that are found to have been malicious will be removed from personnel files and only held confidentially by the DSP for 3 years after the allegation was reported.

For all other allegations a record of the allegation together with details of the investigation and action taken, including any referral to an appropriate authority, will be kept on the staff member's file and a copy will be provided to the staff member.

### **Employee References**

References on behalf of the College may only be provided about current or previous staff by the HR Department. The College has a duty of care to give details in any reference of a substantiated allegation where information is requested about a current or previous employee's suitability to work with children and/or adult at risks.

Cases in which an allegation was proved to be false, unsubstantiated or malicious will not be included in references to other organisations about a current or previous staff member. This includes where there has been a history of repeated concerns or allegations which have all been found to be false, unsubstantiated or malicious.

### **Information Sharing**

In a discussion with LADO/Social Services/, the Safeguarding Officer will share all relevant information they have about the staff member who is subject to the allegation and about the

alleged victim. Where police are involved, wherever possible we will ask for consent from the individuals involved to share their statements and evidence for use by the College in any internal disciplinary process.

### **Conclusion of a Case**

Depending on the outcome, if the employee is remaining in work (or returning to work from suspension), support will be put in place by the Safeguarding Officer and their manager. They will also consider how the staff member's contact with the person that made the allegation can be best managed if they are still at the College.

### **Malicious Allegations**

If an allegation is shown to be deliberately invented or malicious, the DSP in consultation with the Director responsible for HR will consider whether any disciplinary action is appropriate for the person who made it or whether the police should be asked to consider if action might be appropriate against the person responsible.

### **Lessons Learnt**

At the end of any investigation, the Safeguarding Officer will work with the appropriate parties to record and identify actions arising from any lessons learnt. If an allegation is substantiated, the Safeguarding Officer will also carry this out in conjunction with the LADO/Social Services.

## **Appendix 4 - Safeguarding Referral Form**

Please complete as many sections as possible

|                        |  |                     |  |
|------------------------|--|---------------------|--|
| <b>Name of Student</b> |  | <b>Age and DoB</b>  |  |
| <b>Ethnicity</b>       |  | <b>Phone Number</b> |  |

|   |  |   |
|---|--|---|
| <b>Disability?</b>  |  |   |
| <b>Parent/Carer's Details</b>   |  |   |
| <b>Responsible Adult's Details</b>  |  |   |
| <b>Addresses<br/>Permanent<br/>Correspondence</b>   |  | <b>Telephone Number(s)</b><br><br>Home:<br>Other: |
| <b>Are you reporting your own concerns or passing on those of someone else?</b>   |  |   |
|   |  |   |
| <b>Description of what has prompted concerns (please include details of any specific incident, dates, times) etc.</b>   |  |   |
|   |  |   |
| <b>Please describe any physical or behavioural indicators, which have been observed.</b>  |  |   |
|   |  |   |
| <b>Have you or anyone else spoken with the student and if so, what was discussed?</b>   |  |   |
|   |  |   |
| <b>Have you or anyone else spoken with anyone other than the student e.g., next of kin?</b>   |  |   |
|   |  |   |
| <b>What actions have you taken/do you propose to take? Please explain the reasons for your decision. NB if the student has a disability e.g., mental health issue and this has not been disclosed to Disability Support Service please contact DSS and make them aware as soon as possible.</b> |  |   |
|   |  |   |

|   |  |                        |  |
|---|--|------------------------|--|
|   |  |                        |  |
| <b>Name and role of person to whom concern was reported (if applicable)</b> |  |                        |  |
| <b>Your name and role</b>   |  | <b>Date &amp; Time</b> |  |
| <b>Your location and contact details</b>                                    |  |                        |  |
| <b>Signature</b>  |  | <b>Date</b>            |  |

## Appendix 5 Code of Behaviours

1. Treat children and adults at risk with the same professional standards of respect and care given to either students or members of the public. However, in your contact with children and adults at risk you should also take into account the developmental needs of the individual when planning activities as well as additional legal requirements or responsibilities due to the child's age e.g., children under 18 should not be encouraged to drink alcohol.
2. Use positive and appropriate language; avoid swearing, never shout or use derogatory language, challenge inappropriate language and never address sexually suggestive jokes or comments to any person.
3. Use physical contact carefully; be aware that any kind of touching or physical contact can be misinterpreted, where physical contact is justified, use it openly.
4. Avoid being alone with a child or adult at risk. In tutoring or mentoring situations, meet in open places or leave the office door open if possible and do not arrange to meet a child or adult at risk alone unless as part of a specific role such as personal tutor.
5. Consider your physical appearance at work. You should dress decently and appropriately.
6. Do not drink alcohol prior to contact with children and adults at risk, do not smoke in front of children and adults at risk and do not take illegal drugs at work.
7. Do not give your personal details to a child or adult at risk, do not connect with adults or children on media sites whose purpose is social interaction.
8. Never invite or allow a child or adults at risk you have met through work into your home. Never offer to transport a child or adult at risk alone in your car.
9. Never enter a child or adult at risk's home unless a responsible adult is present.
10. While the use of humour may help to diffuse a situation, the use of sarcasm should be avoided.
11. Children and adults at risk can develop infatuations towards adults working with them. If you are concerned that this is happening towards yourself, you should inform your line manager or appropriate senior member of staff.
12. Never let allegations by a child or adult at risk go unreported, including any made against you. Immediately contact your Safeguarding Officer.
13. If you have a concern about the wellbeing of a child or adult at risk, as outlined in the Safeguarding Procedures, you should raise this with your Safeguarding Officer. You might raise an issue of concern if:
  - a. You have witnessed an incident in which a child or adult at risk is harmed or abused.
  - b. a child or adult at risk has disclosed or hinted at abuse or harm.
  - c. you have concerns about a child or adult at risk because of their behaviour or appearance (e.g., injuries, or signs of distress such as uncharacteristic lack of self-care, showing fear, anxiety, withdrawal or depression).
  - d. you have concerns about a child or adult at risk because of the behaviour of an individual towards them.
  - e. you are concerned about the behaviour of another member of staff.
14. If a child or adult at risk tells you about abuse, they have experienced, this can be a difficult and distressing experience. You should follow the guidelines in the Safeguarding Procedures.

**APPENDIX 6: Types of Abuse**

| <b>Type of abuse</b> | <b>Examples of abuse</b>  | <b>Possible indicators</b>  |
|----------------------|---|---|
| Physical             | Assault, hitting, slapping, punching, kicking, hair-pulling, biting, pushing.<br>Rough handling<br>Scalding and burning<br>Physical punishments<br>Inappropriate or unlawful use of restraint<br>Making someone purposefully uncomfortable (e.g., opening a window and removing blankets)<br>Involuntary isolation or confinement<br>Misuse of medication (e.g., over-sedation)<br>Forcible feeding or withholding food.<br>Unauthorised restraint, restricting movement (e.g., tying someone to a chair) | No explanation for injuries or inconsistency with the account of what happened.<br>Injuries are inconsistent with the person's lifestyle.<br>Bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps.<br>Frequent injuries<br>Unexplained falls<br>Subdued or changed behaviour in the presence of a particular person.<br>Signs of malnutrition<br>Failure to seek medical treatment or frequent changes of GP |



| <b>Type of abuse</b> | <b>Examples of abuse</b>   | <b>Possible indicators</b>  |
|----------------------|--|---|
| Sexual               | Rape, attempted rape or sexual assault<br>Inappropriate touch anywhere<br>Non- consensual masturbation of either or both persons<br>Non- consensual sexual penetration or attempted penetration of the vagina, anus or mouth<br>Any sexual activity that the person lacks the capacity to consent to<br>Inappropriate looking, sexual teasing or innuendo or sexual harassment<br>Sexual photography or forced use of pornography or witnessing of sexual acts.<br>Indecent exposure | Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck<br>Torn, stained or bloody underclothing.<br>Bleeding, pain or itching in the genital area.<br>Unusual difficulty in walking or sitting.<br>Foreign bodies in genital or rectal openings<br>Infections, unexplained genital discharge, or sexually transmitted diseases<br>Pregnancy in a woman who is unable to consent to sexual intercourse.<br>The uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude<br>Incontinence not related to any medical diagnosis.<br>Self-harming<br>Poor concentration, withdrawal, sleep disturbance<br>Excessive fear/apprehension of, or withdrawal from, relationships<br>Fear of receiving help with personal care.<br>Reluctance to be alone with a particular person |

| <b>Type of abuse</b>       | <b>Examples of abuse</b>  | <b>Possible indicators</b>  |
|----------------------------|---|---|
| Psychological or Emotional | <p>Conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.</p> <p>Enforced social isolation – preventing someone accessing services, educational and social opportunities and seeing friends.</p> <p>Removing mobility or communication aids or intentionally leaving someone unattended when they need assistance.</p> <p>Preventing someone from meeting their religious and cultural needs</p> <p>Preventing the expression of choice and opinion</p> <p>Failure to respect privacy</p> <p>Preventing stimulation, meaningful occupation or activities</p> <p>Intimidation, coercion, harassment, use of threats, humiliation, bullying, swearing or verbal abuse.</p> <p>Addressing a person in a patronising or infantilising way</p> <p>Threats of harm or abandonment</p> <p>Cyber bullying</p> | <p>An air of silence when a particular person is present.</p> <p>Withdrawal or change in the psychological state of the person.</p> <p>Insomnia</p> <p>Low self-esteem</p> <p>Uncooperative and aggressive behaviour</p> <p>A change of appetite, weight loss/gain</p> <p>Signs of distress: tearfulness, anger</p> <p>Apparent false claims, by someone involved with the person, to attract unnecessary treatment</p> |

|                  |  |   |
|------------------|--|---|
| <p>Financial</p> | <p>Theft of money or possessions<br/> Fraud, scamming<br/> Preventing a person from accessing their own money, benefits or assets<br/> Employees taking a loan from a person using the service.<br/> Undue pressure, duress, threat or undue influence put on the person in connection with loans, wills, property, inheritance or financial transactions.<br/> Arranging less care than is needed to save money to maximise inheritance.<br/> Denying assistance to manage/monitor financial affairs.<br/> Denying assistance to access benefits<br/> Misuse of personal allowance in a care home<br/> Misuse of benefits or direct payments in a family home<br/> Someone moving into a person's home and living rent free without agreement or under duress</p> | <p>Missing personal possessions<br/> Unexplained lack of money or inability to maintain lifestyle.<br/> Unexplained withdrawal of funds from accounts<br/> Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity.<br/> 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.<br/> The person allocated to manage financial affairs is evasive or uncooperative.<br/> The family or others show unusual interest in the assets of the person.<br/> Signs of financial hardship in cases where the person's financial affairs are being managed by a court appointed deputy, attorney or LPA.<br/> Recent changes in deeds or title to property<br/> Rent arrears and eviction notices.<br/> A lack of clear financial accounts held by a care home or service</p> |
|------------------|--|---|

| Type of abuse | Examples of abuse  | Possible indicators  |
|---------------|--|--|
|               | <p>False representation, using another person's bank account, cards or documents.</p> <p>Exploitation of a person's money or assets, e.g., unauthorised use of a car</p> <p>Misuse of a power of attorney, deputy or other legal authority.</p> <p>Rogue trading – e.g., unnecessary or overpriced property repairs and failure to carry out agreed repairs or poor workmanship.</p> | <p>Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person.</p> <p>Disparity between the person's living conditions and their financial resources, e.g., insufficient food in the house.</p> <p>Unnecessary property repairs</p>  |
| Domestic      | <p>Psychological</p> <p>Physical</p> <p>Sexual</p> <p>Financial</p> <p>Emotional</p> <p>Domestic violence and abuse which 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.</p>          | <p>Low self-esteem</p> <p>Feeling that the abuse is their fault when it is not.</p> <p>Physical evidence of violence such as bruising, cuts, broken bones.</p> <p>Verbal abuse and humiliation in front of others</p> <p>Fear of outside intervention</p> <p>Damage to home or property</p> <p>Isolation – not seeing friends and family.</p> <p>Limited access to money</p> |

| Type of abuse  | Examples of abuse   | Possible indicators   |
|----------------|---|---|
|                | <p>Coercive or controlling behaviour is a core part of domestic violence. Coercive behaviour can include:</p> <ul style="list-style-type: none"> <li>acts of assault, threats, humiliation, intimidation.</li> <li>harming, punishing, or frightening the person,</li> <li>isolating the person from sources of support</li> <li>exploitation of resources or money</li> <li>preventing the person from escaping abuse</li> <li>regulating everyday behaviour</li> </ul>          |   |
| Discriminatory | <p>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)</p> <p>Verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic.</p> <p>Denying access to communication aids, not allowing access to an interpreter, signer or lip-reader</p> | <p>The person appears withdrawn and isolated.</p> <p>Expressions of anger, frustration, fear or anxiety</p> <p>The support on offer does not take account of the person's individual needs in terms of a protected characteristic</p> |

| Type of abuse  | Examples of abuse   | Possible indicators   |
|----------------|---|---|
|                | Harassment or deliberate exclusion on the grounds of a protected characteristic<br>Denying basic rights to healthcare, education, employment and criminal justice relating to a protected characteristic<br>Substandard service provision relating to a protected characteristic                            |   |
| Modern Slavery | Human trafficking<br>Forced labour.<br>Domestic servitude<br>Sexual exploitation, such as escort work, prostitution and pornography<br>Debt bondage – being forced to work to pay off debts that realistically they never will be able to<br>Discouraging visits or the involvement of relatives or friends | Signs of physical or emotional abuse<br>Appearing to be malnourished, unkempt or withdrawn.<br>Isolation from the community, seeming under the control or influence of others.<br>Living in dirty, cramped or overcrowded accommodation and or living and working at the same address<br>Lack of personal effects or identification documents<br>Always wearing the same clothes<br>Avoidance of eye contact, appearing frightened or hesitant to talk to strangers.<br>Fear of law enforcers |
|                |   |   |

| Type of abuse                | Examples of abuse  | Possible indicators   |
|------------------------------|--|---|
| Organisational/Institutional | <p>Run-down or overcrowded establishment<br/>           Authoritarian management or rigid regimes<br/>           Lack of leadership and supervision<br/>           Insufficient staff or high turnover resulting in poor quality care.<br/>           Abusive and disrespectful attitudes towards people using the service...<br/>           Inappropriate use of restraints<br/>           Lack of respect for dignity and privacy<br/>           Failure to manage residents with abusive behaviour.<br/>           Not providing adequate food and drink, or assistance with eating<br/>           Not offering choice or promoting independence<br/>           Misuse of medication<br/>           Failure to provide care with dentures, spectacles or hearing aids.<br/>           Not taking account of individuals' cultural, religious or ethnic needs.</p> | <p>Lack of flexibility and choice for people using the service.<br/>           Inadequate staffing levels<br/>           People being hungry or dehydrated.<br/>           Poor standards of care<br/>           Lack of personal clothing and possessions and communal use of personal items<br/>           Lack of adequate procedures<br/>           Poor record-keeping and missing documents<br/>           Absence of visitors<br/>           Few social, recreational and educational activities<br/>           Public discussion of personal matters<br/>           Unnecessary exposure during bathing or using the toilet.<br/>           Absence of individual care plans<br/>           Lack of management overview and support</p> |
|                              | <p>Failure to respond to abuse appropriately.<br/>           Interference with personal correspondence or communication<br/>           Failure to respond to complaints</p>  |   |

|                      |   |   |
|----------------------|---|---|
| Neglect/Act Omission | <p>Failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care.</p> <p>Neglect of a child may occur during pregnancy because of maternal substance abuse.</p> <p>Providing care in a way that the person dislikes</p> <p>Failure to administer medication as prescribed.</p> <p>Refusal of access to visitors</p> <p>Not taking account of individuals' cultural, religious or ethnic needs</p> <p>Not taking account of educational, social and recreational needs</p> <p>Ignoring or isolating the person</p> <p>Preventing the person from making their own decisions</p> <p>Preventing access to glasses, hearing aids, dentures, etc.</p> | <p>Poor environment – dirty or unhygienic</p> <p>Poor physical condition and/or personal hygiene</p> <p>Pressure sores or ulcers</p> <p>Malnutrition or unexplained weight loss</p> <p>Untreated injuries and medical problems</p> <p>Inconsistent or reluctant contact with medical and social care organisations</p> <p>Accumulation of untaken medication</p> <p>Uncharacteristic failure to engage in social interaction.</p> <p>Inappropriate or inadequate clothing</p> <p>Very poor personal hygiene</p> <p>Unkempt appearance</p> <p>Lack of essential food, clothing or shelter</p> <p>Malnutrition and/or dehydration</p> |
| Self-Neglect         | <p>Failure to ensure privacy and dignity.</p> <p>Lack of self-care to an extent that it threatens personal health and safety.</p> <p>Neglecting to care for one's personal hygiene, health or surroundings.</p> <p>Inability to avoid self-harm</p>   | <p>Living in squalid or unsanitary conditions</p>   |
|                      | <p>Failure to seek help or access services to meet health and social care needs.</p> <p>Inability or unwillingness to manage one's personal affairs</p>   | <p>Neglecting household maintenance</p> <p>Hoarding</p> <p>Collecting many animals in inappropriate conditions</p> <p>Non-compliance with health or care services</p> <p>Inability or unwillingness to take medication or treat illness or injury</p>   |