



## POLICY: SAFEGUARDING

### 1.0 Policy Statement

The Trustees and Employees of the Hospital of St Cross believe that all residents, employees, volunteers, and visitors have the right to a safe and secure environment and respect for their dignity, privacy, independence and individuality.

This safeguarding policy has been developed to protect those who live, work, and visit The Hospital of St Cross; and to ensure any concerns about physical, sexual, or emotional abuse or neglect will be dealt with quickly and effectively.

Any resident who feels that they are being abused in any manner should immediately contact the charity, its designated person, or the trustees. The charity will, where appropriate, work with other agencies, to resolve matters. The designated person will undertake an initial enquiry to establish the facts.

Louise Wood (Deputy Clerk to the Trustees) has been designated as having responsibility for any safeguarding issues and can be contacted at [safeguarding@hospitalofstcross.co.uk](mailto:safeguarding@hospitalofstcross.co.uk). If unavailable, The Clerk should be informed immediately of any safeguarding issue that has arisen.

Trustees and employees will work to prevent abuse of vulnerable adults, (and indeed to prevent abuse of any persons). Where preventive measures fail; the Hospital's safeguarding team and outside agents will aim to deal sensitively and effectively with incidents of abuse. Our employees will be trained and supported in recognising and dealing with incidents of abuse, which they will do with respect for the dignity, privacy, independence, and individuality of the vulnerable adult.

This safeguarding policy also addresses the wider aspects of the Hospital's safeguarding responsibilities, including those relating to employees and volunteers, trustees, and visitors. Although this Safeguarding policy applies to everyone, there is an additional *Hospital of St Cross Child Protection* policy document (P0003).

The Hospital of St Cross is committed to:

- Promoting a safer environment and culture and seeking to prevent abuse.
- Promoting safety through careful recruitment processes for employees, trustees, and volunteers, and in the recruitment of brothers.
- Promoting safety by appropriate and ongoing training for employees and volunteers.
- Promoting safety through awareness and consideration of the vulnerabilities of brothers.
- Responding promptly to every safeguarding concern or allegation.
- Responding to those that may pose a present risk to others.

The Hospital of St Cross will:

- Have a named Safeguarding Officer.
- Display on the St Cross premises and on St Cross website, details of who to contact if there are safeguarding concerns or support needs (Appendix C).



- Ensure that safeguarding is considered in the recruitment of employees, trustees, and volunteers and in the selection of applicants for admission as brothers.
- Ensure that safeguarding is mandatory training offered to employees (and volunteers where appropriate).
- Listen to, and take seriously, all those who disclose abuse or raise safeguarding concerns.
- Follow the agreed procedures in response to any safeguarding concerns and take steps to protect others when a safeguarding concern arises, including the notification of statutory agencies where appropriate (see Appendix D & E).
- Care for and monitor any member of the St Cross community who may pose a risk to others, whilst maintaining appropriate confidentiality and the safety of all parties.
- Ensure that health and safety policy, procedures and risk assessments are in place and that these are reviewed annually.
- Review the implementation of the Safeguarding Policy, Procedures and Practices at least annually.

Safeguarding contacts are listed in appendix C of this document.

## 2.0 Definitions

**“Abuse** is a single or repeated act, or lack of appropriate action, usually occurring within a relationship where there is an expectation of trust, and which causes harm or distress to a person.”

*Adapted from Action on Elder Abuse’s definition of elder abuse.*

**Harm** is ill-treatment, impairment or avoidable deterioration of physical or mental health.

There are 6 main types of abuse of vulnerable adults: physical, psychological / emotional, sexual, financial, neglect, discrimination. The care act 2014 also describes a further range of forms of abuse. These are detailed in Appendix F.

**Vulnerable adult:** “An adult who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation”.

*“No Secrets” Department of Health Guidance 2000*

### 2.1 Legislation

The Care Act 2014 places an individual’s well-being at the centre of the care and support system. The Care Act places responsibilities on social housing providers to look out for potential abuse and to work with the local authority Safeguarding teams to protect and implement safeguarding procedures. We have a responsibility and a ‘duty of care’ to our residents to recognise abuse, and to respond and report appropriately.

Any allegation of abuse needs to be handled sympathetically and sensitively whilst ensuring that no commitment or agreement is given at the outset. At this stage it is



important to ensure that the complainant is not in direct contact with the alleged abuser and that sensitivity is used when handling the situation.

## 2.2 When Safeguarding comes within the responsibility of the Local Authority (section 42 Care Act)

The threshold is defined as:

- 'An adult in need of care and support (whether that support is provided by the local authority)
- who is experiencing or is at risk of abuse and neglect,
- and as a result of these needs is unable to protect him or herself against abuse or neglect or the risk of it.'

If in doubt always contact your Local Authority for guidance. Someone may not meet the criteria for referral to the local authority but any cause for concern should be responded to appropriately and recorded. Sometimes it may be an accumulation of small incidents that point to a more serious situation occurring, for example, coercive control or domestic violence.

## Prevention of Abuse

Safeguarding and prevention of abuse are everybody's responsibility. St Cross will seek to promote safeguarding and prevent abuse by ensuring:

- Rigorous recruitment practices (including volunteers).
- Provision of training and internal guidelines for employees
- Provision of safeguarding information for residents, employees, trustees, volunteers, carers, and the general public.

A number of these are dealt with in more detail below:

### 2.1 Recruitment and Selection

All employees and volunteers will be carefully recruited and selected. References will be sought and incoming residents, employees, and trustees, and (where appropriate) volunteers, will be expected to have a Disclosure and Barring Service (DBS) check. Applicants for admission to the Hospital of St Cross as brothers will also be expected to have a DBS check, and the admission process will include consideration both of any vulnerabilities of the applicant, and of any risk an applicant might pose to others.

#### Convictions

The provisions of the Rehabilitation of Offenders Act 1974, (Exceptions) Order 1975 as amended by the ROA 1974 (Exceptions) (Amendment) Order 1986 allows convictions that are spent under the terms of the Rehabilitation of Offenders Act 1974, to be disclosed for the purpose of working with vulnerable people, and to be considered in



deciding whether to engage an applicant. Any applicant may therefore be properly requested to list all convictions and cautions.

A past conviction will not, of itself, preclude employment (or admission in the case of application for admission as a brother), but consideration must be given as to whether the past behaviour of the individual may put others at risk of abuse.

### 2.1.1 References

All references, including that from the last employer, will be taken up before offers of appointment, and should be provided in writing. The Hospital will make reasonable efforts to ensure that references are bona fide and seek alternatives where this is in doubt.

Reference requests will seek clarification in relation to the candidates' suitability for the post, including information on past convictions as above.

Trustees and Employees (and volunteers where appropriate), working for or with the Hospital of St Cross must have a DBS check (or an enhanced DBS check as appropriate) which lists any criminal convictions and states whether a person's name is on the Safeguarding of Vulnerable Adults from Abuse (SOVA) list or Protection of Children Act list. These lists contain the names of people who are considered unsuitable to have contact with vulnerable adults or children. There are three levels of "Disclosure" dependent upon the nature of the employment and/or voluntary work. For some roles at the Hospital an enhanced DBS check will be required. For the Hospital of St Cross, DBS applications are handled via the Diocese, or sought independently.

If the Hospital discovers that an employee providing care to the Brothers' has been included on the SOVA list, he/she shall cease to be employed in a care position.

### 2.1.2 Volunteers

For any Hospital volunteers who have routine and regular (weekly or more frequent) contact with the Brothers', the Hospital will undertake the same DBS checks as for paid staff. The Clerk or Deputy Clerk will ensure that volunteers are fully aware of Hospital policies and procedures relating to all aspects of safeguarding, and their roles within those.

## 2.2 Training and internal guidelines for Employees and Trustees

Careful recruitment and selection will be followed by appropriate training. Employees performing different roles will need different levels of skills and awareness, and training will be targeted accordingly.

### 2.2.1 All Employees and Trustees

All Employees and Trustees will receive training on:

- types of abuse



- recognising signs of abuse
- duty to report
- their role in responding to suspected abuse.

to ensure that they can respond appropriately. It is important that individual members of employees recognise that there is a limit to the role they can undertake, and that they must not attempt to investigate allegations themselves, as this will risk contaminating evidence.

To facilitate abuse training, the Hospital has produced a Staff Information Sheet on the prevention of abuse (Appendix A).

### **2.3 Information for users, carers, and the general public**

Empowering individuals with knowledge and understanding so that they will be aware of what is appropriate or inappropriate behaviour towards them is an important aspect of prevention of abuse. This applies to potential abusers as well as potential abusees. Many vulnerable adults may not be aware that their behaviour constitutes abuse. The Hospital has an obligation to ensure that everyone is aware of what constitutes abuse and why, and the risks they face themselves, as a consequence of their actions. To ensure that Brothers are able to recognise signs of abuse and understand when they (or other Brothers) may be being abused, the Hospital has produced a Brothers' information sheet on the prevention of abuse. A copy of the information sheet is provided to all Brothers', with spare copies readily available (Appendix B).

### **4.0 Responding and acting on safeguarding concerns**

Anyone becoming aware of a possible safeguarding concern should raise the matter with the Safeguarding lead, or the Clerk to the Trustees, The Master, or with any of the Trustees. Safeguarding contacts information is detailed in Appendix C. If reporting a concern, the informant's own words should be used, as far as possible.

Any possible safeguarding concern raised should be recorded using the agreed recording form (Appendix E). If it is decided that the matter does constitute a safeguarding concern, then an investigation will be carried out, by two or more people, generally the Safeguarding lead assisted by trustees, the Clerk to the Trustees and the Master as appropriate. A record will be kept of the investigation process and of any conclusion or actions, using the agreed recording form. It may be necessary to involve other agencies, for example, if there may have been criminal activity, or if the Hospital of St Cross cannot adequately assess or manage the concern. If it is necessary to involve any bodies outside the Hospital (such as the Police, Social Services, or the Diocese) this will be clearly recorded. Serious safeguarding incidents must also be reported to the Charity Commission.

Records of any safeguarding concerns raised, and subsequent actions, will be securely kept by the Clerk. The agreed process is detailed in Appendix D.

The records will allow annual reports on safeguarding actions to be produced.

### **5.0 Management Process**



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The Hospital will monitor the implementation of this policy to uphold good conduct and performance standards. It will also ensure that processes are in place that comply with the requirements of employment legislation.

#### 6.0 Policy **Review**

The safeguarding policy will be reviewed annually.

Signed ..... Dated: 31 October 2023.....

**Jonathan Cooke**  
**Chairman of Board of Trustees**



## APPENDIX A

### SAFEGUARDING: PREVENTION OF ABUSE – EMPLOYEE INFORMATION SHEET

#### Scope

This staff information sheet relates to potential abuse of vulnerable adults and more specifically abuse of the Brothers'.

#### 1) What constitutes abuse?

The following are all recognised as different forms of abuse:

- **Physical abuse** – including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate actions.
- **Sexual abuse** – including rape and sexual assault or sexual acts to which the vulnerable adult has not consented or could not consent or was pressured into consenting.
- **Psychological abuse** – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.
- **Financial or material abuse** – including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions, or benefits.
- **Neglect or acts of omission** – including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition, and heating.
- **Discriminatory abuse** – including racist, sexist, that based on a person's age, religion or disability and other forms of harassment, slurs or similar treatment.
- **In addition** - It should be noted that risks of self-neglect should also be considered within the scope of this Safeguarding policy.

#### 2) Abusers may be:

- A member of staff
- A member of a recognised professional group (e.g., social worker or carer)
- A volunteer or member of a community group
- Another Brother
- A spouse, relative or member of the Brother's social network
- A neighbour, visitor, member of the public, or stranger
- A person who deliberately targets vulnerable people, in order to exploit them.



### 3) Patterns of abuse

Patterns of abuse vary significantly. They include:

- Serial abusing in which the abuser seeks out and “grooms” vulnerable adults. Sexual abuse usually falls into this pattern, as do some forms of financial abuse.
- Long-term abuse in the context of an ongoing family relationship such as domestic violence between spouses or generations
- Opportunistic abuse, such as theft occurring because money has been left lying around.
- Situational abuse which arises because pressures have built up and/or because of difficult or challenging behaviour.
- Neglect of a Brother’s needs because those around him are not able to be responsible for their care, for example if the carer has personal problems such as debt, alcohol or mental health problems
- Institutional abuse which features poor care standards, lack of positive responses to complex needs, rigid routines, inadequate staffing, and an insufficient knowledge base within the service.
- Unacceptable “treatments” or programmes which include sanctions or punishment such as withholding of food and drink, seclusion, or unnecessary and unauthorised use of control and restraint.
- Abuse resulting from a lack of training or guidance on anti-racist and anti-discriminatory practice.
- Abuse resulting from a failure to access key services such as health care.
- Misappropriation of benefits and/or use of the Brother’s money by others
- Fraud or intimidation in connection with wills, property, or other assets.

### 4) What to do if you suspect a Brother is being abused

- Do not try to deal with the situation yourself.
- Report your suspicions to the Safeguarding lead, the Clerk to the Trustees (Clerk), the Master, or to any Trustee – whichever you feel is most appropriate in the situation.
- An investigation into the suspected abuse will be conducted by two or more people, generally the Safeguarding lead assisted by trustees, the Clerk to the Trustees and the Master as appropriate.
- Rest assured that you will not be penalised for “whistleblowing”. (Please see the Hospital’s Policy on Whistleblowing).

### 5) How to protect yourself from accusations of abuse

- Ensure that you fully understand your role and responsibilities with respect to the Brothers’.
- Keep within the limitations always specified.





- It is very important that all Brothers' understand the limitations of your role and responsibilities. This is particularly important with respect to personal care, which used to be provided by the Hospital in the past. If, for any reason, a Brother fails to understand these limitations, please refer to the Master or Clerk for help.
- If, for any reason, you are requested by one of the Brothers', or even a member of his family, to undertake a task which is outside of the limits of your specified responsibility, decline the request as politely as possible. If necessary, refer the request to the Clerk or Master, who will deal with the Brother accordingly.

## 6) Roles and Responsibilities

The following chart defines the areas of responsibility within which you may work, as a general rule, with regard to the Brothers'. It also specifies the bounds which may apply in an emergency if these are different. Anybody else entering the Hospital of St Cross, for example, contractors carrying out work, will be expected to act within the principals of the Safeguarding policy.

Area of responsibility	May be undertaken by	
	General rule	In emergency only
Personal care - help with feeding	No-one	Wardens
Personal care - help with any other personal care, e.g., bathing, foot care	No-one	No-one
First Aid	Qualified first-aider	Qualified first-aider
Advice on benefits	Clerk	Warden
Other financial advice	Clerk	
Entry to Brother's apartment (with prior permission)	Wardens, Master, Cleaner, Clerk, Porters, Handyman, Gardener, Groundsman and visiting Trustees	Any member of staff
Entry to Brother's apartment (without prior permission)	No-one	Master, Wardens, Porters (preferably accompanied)
Advice on writing a will	Master, Clerk	
Help writing a will	No-one	
Help with banking (paying in or withdrawals)	No-one	Master, wardens, or Clerk if no NOK available to help (only with written instruction)
Administering medication	No-one, except by mutual consent i.e., eye drops	
Shopping	No-one, except by mutual consent	Wardens (only with written instruction)



## APPENDIX B

### SAFEGUARDING: PREVENTION OF ABUSE – BROTHERS' INFORMATION SHEET

#### Scope

This information sheet relates to potential abuse of vulnerable adults – the Brothers'.

Any Brother experiencing abuse or concerned that anyone else is experiencing abuse should raise this as a concern (see section 4). Please ask for help if you need it.

#### 1) What constitutes abuse?

The following are all recognised as different forms of abuse:

- **Physical abuse** – including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate actions.
- **Sexual abuse** – including rape and sexual assault or sexual acts to which the vulnerable adult has not consented or could not consent or was pressured into consenting.
- **Psychological abuse** – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.
- **Financial or material abuse** – including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions, or benefits.
- **Neglect or acts of omission** – including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition, and heating.
- **Discriminatory abuse** – including racist, sexist, that based on a person's age, religion or disability and other forms of harassment, slurs, or similar treatment.
- **In addition** - It should be noted that risks of self-neglect should also be considered within the scope of this Safeguarding policy.

#### 2) Abusers may be:

- A member of staff
- A member of a recognised professional group (e.g., social worker or carer)
- A volunteer or member of a community group



- Another Brother
- A spouse, relative or member of the Brother's social network
- A neighbour, visitor, member of the public, or stranger
- A person who deliberately targets vulnerable people in order to exploit them.

### 3) Patterns of abuse

Patterns of abuse vary significantly. They include:

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- Long-term abuse in the context of an ongoing family relationship such as domestic violence between spouses or generations.
- Opportunistic abuse, such as theft occurring because money has been left lying around.
- Situational abuse which arises because pressures have built up and/or because of difficult or challenging behaviour.
- Neglect of a Brother's needs because those around him are not able to be responsible for their care, for example if the carer has personal problems such as debt, alcohol or mental health problems.
- Institutional abuse which features poor care standards, lack of positive responses to complex needs, rigid routines, inadequate staffing, and an insufficient knowledge base within the service.
- Unacceptable “treatments” or programmes which include sanctions or punishment such as withholding of food and drink, seclusion, or unnecessary and unauthorised use of control and restraint.
- Abuse resulting from a lack of training or guidance on anti-racist and anti-discriminatory practice.
- Abuse resulting from a failure to access key services such as health care.
- Misappropriation of benefits and/or use of the Brother's money by others
- Fraud or intimidation in connection with wills, property, or other assets. What to do if you suspect that you or another Brother are being abused

### 4) What to do if you suspect that you, or another Brother is being abused

- Please ask for help. Do not try to deal with the situation yourself.
- Report your suspicions to the Safeguarding lead, the Clerk to the Trustees (Clerk), the Master, or to any Trustee – whichever you feel is most appropriate in the situation.



- An investigation into the suspected abuse will be conducted by two or more people, generally the Safeguarding lead assisted by trustees, the Clerk to the Trustees and the Master as appropriate.
- Rest assured that you will not be penalised for “whistleblowing”. (Please see the Hospital’s Policy on Whistleblowing).

## 5) Roles and Responsibilities

The following chart defines the areas of responsibility within which Hospital staff may work, as a general rule, with regard to the Brothers’. It also specifies the bounds which may apply in an emergency if these are different. Anybody else entering the Hospital of St Cross, for example, contractors carrying out work, will be expected to act within the principals of the Safeguarding policy.

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Advice on benefits	Clerk	Warden
Other financial advice	Clerk	
Entry to Brother’s apartment (with prior permission)	Wardens, Master, Cleaner, Clerk, Porters, Handyman, Gardener, Groundsman and visiting Trustees	Any member of staff
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Advice on writing a will	Master, Clerk	
Help writing a will	No-one	
Help with banking (paying in or withdrawals)	No-one	Master, wardens or Clerk if no NOK available to help (only with written instruction)
Administering medication	No-one, except by mutual consent i.e. eye drops	



Shopping	No-one, except by mutual consent	Wardens (only with written instruction)
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## APPENDIX C

### Hospital of St Cross Safeguarding contacts and numbers

It is everyone's responsibility to safeguard children, young people, and vulnerable adults. If you have any concerns support can be obtained from the individuals and organisations listed below. The first point of contact for anyone with concerns about a safeguarding issue at the Hospital of St Cross should be the Hospital's Safeguarding lead, or either the Clerk to the Trustees, the Master, or any of the Trustees. Any concerns raised will be taken seriously and processed in accordance with the Hospital's Safeguarding policy. The Safeguarding policy is available on the Hospital of St Cross website: <https://hospitalofstcross.co.uk>

#### *Safeguarding Contacts at The Hospital of St Cross:*

**Safeguarding Lead for St Cross:** Deputy Clerk to the Trustees: **Louise Wood**

Telephone contact: 01962 878218 (via St Cross office)

email: [safeguarding@hospitalofstcross.co.uk](mailto:safeguarding@hospitalofstcross.co.uk)

Clerk to the Trustees: **Catriona Morley**

Telephone Contact: 01962 878218

email: [clerk@hospitalofstcross.co.uk](mailto:clerk@hospitalofstcross.co.uk)

Master of St Cross: **Rev Dominik Chmielewski,**

Telephone Contact: 07787773282 & 01962 853525

email: [master@hospitalofstcross.co.uk](mailto:master@hospitalofstcross.co.uk)

#### *Local and National Safeguarding Contacts & Numbers:*

##### **Local services:**

Hampshire Social Services (Adults): 0300 5551386

Hampshire Social Services (Children): 0300 5551384

Hampshire Social Services (Out of Hours, Adults & Children): 0300 5551373

##### **National services:**

Action on elder abuse: Call 0800 0699784

Childline: Call 0800 1111

National Domestic Abuse Helpline: Call 0808 2000247



## In an emergency dial 999

### APPENDIX D

#### Process for responding to Safeguarding concerns.

Everybody has responsibility to respond if they become aware of a safeguarding concern. The process below should be followed, as far as possible, and careful records kept using the agreed recording form (Appendix E).

- 1) Anyone becoming aware of a safeguarding concern should raise this with the Safeguarding lead, or either the Clerk to the Trustees, the Master, or any of the Trustees. A concern might be a directly experienced or reported instance of mistreatment or abuse, or a concern about someone's vulnerability, or about someone posing a risk to others. If reporting a concern, the informant's own words should be used as far as possible.
- 2) Whoever receives an expression of concern is responsible for initiating the safeguarding process. The Safeguarding lead and the Clerk to the trustees should be informed unless this is inappropriate. A record of the concern should be started using the agreed recording form (Appendix E). The concern will be investigated by two or more people, generally the Safeguarding lead assisted by trustees, the Clerk to the Trustees and the Master as appropriate. A record will be kept of the investigation process and of any conclusions.
- 3) If the initial investigation of the concern raised indicates that there is not, in fact, a significant safeguarding concern, the recording form should still be used to make a record of this assessment.
- 4) If the initial investigation confirms a safeguarding concern, the investigating team will gather information as necessary, involve outside agencies and statutory bodies as needed (such as the Local Authority Safeguarding Team and the police), and continue to monitor the concern until the issue is resolved and a response agreed and implemented. The response may require ongoing review. Decisions should be clearly detailed on the recording sheet (Appendix E). Any serious safeguarding incidents (for example incidents resulting in harm), should be reported to the Charity Commission.
- 5) At the conclusion of this process the recording sheet and any other relevant documents should be securely kept by the Clerk to the Trustees.
- 6) The Safeguarding lead will have access to recording sheets and will be able to make an annual Safeguarding report, detailing concerns raised, and actions undertaken, as well as an assessment of the procedures, and learning points for future development of Safeguarding policy.
- 7) The Safeguarding policy will be reviewed annually, by the welfare committee.



## APPENDIX E

### Draft recording sheet for safeguarding concerns and actions

### St Cross June 2023

The purpose of this form is to allow clear recording of safeguarding concerns and actions taken.

If reporting a concern, the informant's own words should be used, as far as possible. A record should be made, using this format, whenever a concern is raised that is considered to represent a safeguarding issue. All subsequent additions to the form should be dated and state who is making the entry. In any particular instance there may be additional records (for example meeting notes or e-mails) and these should be securely kept as appropriate. However, this form should offer a record and summary of any concerns raised.

*Completed forms should be kept securely by the Clerk and should be accessible to the safeguarding lead, and to appropriate trustees.*

Date concern first noted:

Name of person initiating record sheet:

Nature of concern, people involved, and how concern was raised:

Assessment of risks:

Actions taken:

Outcomes and any future actions or review if required:



## Appendix F

### Types of abuse as described in the 2014 Care Act

**Physical Abuse:** hitting, slapping, punching, pushing, kicking, burns, misuse of medication, inappropriate restraint.

**Sexual Abuse:** rape sexual assault, sexual acts where the adult has not consented, could not have consented, or was pressurised into consenting, non-contact sexual abuse e.g. coerced to be photographed or videoed or for someone to look at their bodies. Sexual activity involving staff is considered abusive.

**Financial Abuse:** theft, fraud, exploitation, pressure in connection with wills, or property, inheritance or financial transactions, misuse or misappropriation of property, possessions, or benefits.

**Neglect or Acts of Omission** ignoring medical or physical care needs, failure to provide access to appropriate health care, social care or education services, heating, medication, adequate nutrition and essential needs.

**Psychological:** emotional abuse, threats of harm or abandonment, deprivation of contact, blaming, controlling, intimidation, coercion, harassment, verbal abuse/ excessive criticism, isolation or withdrawal from services or support networks.

**Organisational/Institutional:** where there is a culture of abusive behaviour, tolerance of abusive behaviour, repeated failure to address abusive behaviour. It may be an isolated incidence through to a pervasive ill treatment or gross misconduct when an organisation fails to treat individual needs in favour of the needs of organisation. This can occur in any organisation not just those associated with delivering health or personal care in residential/hospital setting.

**Discriminatory:** abuse that is motivated by discriminatory or oppressive attitudes towards race, gender, sexual orientation, cultural background, religion, physical or learning disability or sensory impairment, age, mental health. This may take the form of harassment, verbal abuse, disparaging remarks.

**Hate Crime:** Can come under safeguarding if the person has care and support needs and comes under the requirements of sect 42 of the Care Act for a safeguarding adult Enquiry. Hate crime can be defined as any hate incident which constitutes a criminal offence, perceived by the victim or any other person as being motivated by prejudice or hate.

**Mate Crime:** is usually used to refer to where the adult with care and support needs is the victim of abuse or exploitation by one or more people where the victim wants them to be their friend or believes them to be their friend.

**Domestic Violence/ Abuse:** physical, sexual, psychological, or financial, violence that takes place within an intimate or family type relationship and forms a pattern of coercive, controlling and threatening behaviour. It should be addressed under safeguarding only-





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- If the person has care and support needs and is unable to protect him or herself from abuse
- Where it is proportionate and beneficial to the person involved taking into account their wishes, capacity and level of risk

Otherwise, individuals should be given information about agencies that can support them to take their own action (Woman's Aid, National Domestic Violence helpline, local domestic violence teams)

**Self-Neglect** Self neglect becomes a safeguarding concern when the level of neglect becomes life threatening. Otherwise, serious self-neglect may be helped through Social Services or Mental Health Services.

**Modern Slavery:** Modern Slavery can take a number of forms. Sexual exploitation, forced labour, domestic servitude, criminal exploitation. This can include 'county lines' drug dealing in local areas and may include 'cuckooing the setting up of drug basis in peoples own homes. Police should be notified if modern slavery is suspected. It is often the most vulnerable who are targeted, the homeless, those with learning disabilities, or mental health issues.

**Radicalisation:** The Prevent Strategy aims to protect those who are vulnerable to exploitation from those who seek to support or commit acts of violence. This may be right wing extremism as well as Islamic extremism. The most vulnerable are often targeted. The police should be contacted if it is suspected that an individual is being radicalised.

### **Female Genital Mutilation**

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