LIGHTHOUSE WOMENS AID (LWA)

Safeguarding Children and Adults Policy (Statement)

Introduction

This policy applies to all staff, trustees, volunteers and anyone working on behalf of Lighthouse Women's Aid (LWA). It is also a source of information for LWA service users.

Aims

The purpose of this policy statement is:

- To protect women, children and young people (clients) who receive LWA services. This includes the children of adults who use our services
- To provide staff and volunteers with the overarching principles that guides our approach to safeguarding and child protection.

Legal Framework

This policy has been drawn up on the basis of legislation, policy and guidance that seek to protect children in England. A summary of the key legislation is available from https://learning.nspcc.org.uk/child-protection-system

Definition:

Safeguarding children: is the *action* that is taken to promote the *welfare* of **children** and *protect* them from *harm*. **Safeguarding means**: protecting **children** from *abuse* and *maltreatment*; preventing harm to **children**'s *health* or *development*; ensuring **children** grow up with the provision of *safe* and *effective care*. (*NSPCC*)

The Duty to Safeguard Adults

Under Section 42 of the Care Act 2014, Safeguarding duties apply to an adult who meets the following three stage test:

- Has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- Reasonable cause to suspect there is a risk of, or experiencing abuse and/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.

An adult who meets the above criteria is referred to as an 'adult at risk'.

Supporting documents

This policy statement should be read alongside LWA policies, procedures, guidance and other related documents, including:

- Role of the designated Safeguarding Officer
- · Code of Conduct Working with Children
- Selection & Recruitment (Safer Recruitment)
- Boundaries
- Staff Development
- Lone Working
- Complaints
- Whistleblowing
- · Health and Safety

We believe that:

 We have a responsibility to promote the welfare of all LWA clients, to keep them safe and to practise in a way that protects them

We recognise that:

- The welfare of each client is paramount in all the work we do and in the decisions we take
- All clients, regardless of age, disability, gender reassignment, race, religion or belief, sex or sexual orientation have an equal right to protection from all types of harm or abuse
- Some clients are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues
- Working in partnership with LWA clients, parents, carers and other agencies is essential in promoting client's welfare

We will seek to keep clients people safe by:

- Valuing them, listening to and respecting them
- Providing a nominated safeguarding lead
- Adopting safeguarding and child protection practices through LWA policies and procedures
- Providing effective management for staff and volunteers through supervision, support and training to ensure all staff and volunteers are aware of and follow our policies, procedures and guidelines competently and confidently
- Recruiting staff and volunteers safely, ensuring all necessary checks are made
- Recording, storing and using information professionally and securely, in line with data protection legislation and guidance
- Using our safeguarding and child protection procedures to share concerns and relevant information with agencies who need to know and involving adults, children, young people, parents and carers appropriately
- Ensuring we have effective complaints and whistleblowing measures in place

- Ensuring that we provide a safe physical environment for our clients, staff and volunteers, by applying health and safety measures in accordance with the law and regulatory guidance
- Building a safeguarding culture where staff and volunteers, clients and their families, treat each other with respect and are comfortable about sharing concerns

Safer Recruitment

LWA is committed to Safeguarding and Safer Employment as recommended by Key Safeguarding Employment Standards. See LWA Selection & Recruitment Policy (Safer Recruitment), in summary below LWA will ensure:

- Recruitment, Advertising and Application forms all mention a commitment to Safeguarding by Lighthouse.
- Interviews are undertaken by a minimum of 2 members of staff (often also a Trustee), with specific questions about Safeguarding included.
- Employment checks, such as exploring sizable gaps in employment history are completed.
- A minimum of 2 references are required.
- Once references are received they are verbally verified.
- All staff working with Service Users are Enhanced Disclosure and Barring Service checked, this is renewed every 3 years
- All staff undergo an induction period. Members of staff are not permitted to work with Service Users until the DBS has been obtained.
- All posts are subject to a minimum 6 month probationary period
- Staff have regular supervision where safeguarding is discussed.
- Safeguarding training is embedded within the organisation as mandatory training.

Equality and Diversity

We are an organisation run by women for women and children and are committed to promoting and valuing equality and diversity in all of our activities. We welcome and celebrate the richness and diversity of the communities in Suffolk and are strongly committed to achieving equal opportunities and access for all in society.

Equality and diversity is the cornerstone of all our policies and procedures. We are proud of our diversity and the actions we take to eliminate discrimination and prejudice, to ensure inclusion and engagement for everyone who works and volunteers with us or wishes to use our services. We will continue to strive towards a culture that is diverse, and which recognises and develops the potential of all our staff, volunteers and service users.

We recognise that safeguarding concerns can be harder to recognise in some groups, for example, those with special needs, and ensure that staff are able to take this into account when safeguarding.

Induction and Training

LWA is committed to ensuring our staff and volunteers receive appropriate and relevant training throughout their employment, in line with our Staff Development Policy. Specific to Safeguarding:

- All new staff, volunteers and trustees undergo induction training, which includes safeguarding training
- Safeguarding refresher training is required every three years for all staff, volunteers and trustees
- Safeguarding training is delivered in-house by the Safeguarding Officer (who
 is trained to deliver, through Suffolk County Council Safeguarding Partnership
 and attends regular update and refresher sessions in order to retain their
 qualification

LWA Safeguarding Officer:

Jo Bigger Service Manager 07719 057976 Jo.bigger@lighthousewa.org.uk

Trustee Safeguarding Lead:

Nina Livermore

Admin@lighthousewa.org.uk

Recognising and responding to abuse (Children & Adults at Risk) Procedure

Purpose and Aim of this procedure

LWA aims to ensure women, children and young people (clients) connected to their services receive the protection and support they need if they are at risk of abuse.

This procedure provides clear direction to staff and volunteers if they have concerns that a client is in need of protection.

Informing LWA Service Users of Adult Safeguarding Policy and Procedures

All LWA services users will be made aware of our Adult Safeguarding Policy and subsequent procedures at the earliest possible stage of support.

- For refuge residents this will be during the booking in process.
- For service users of the Women's Centre, it will be at registration and/or at the beginning of every course or group session.

Reporting Procedures within LWA

Any allegation or suspicion of child abuse must be reported, so that it can be appropriately investigated. It is not the responsibility of the member of staff to carry out the investigation – their role is to listen to the victim, make notes and pass on without delay to the LWA Safeguarding Officer (SO) **Jo Bigger, 07719 057976.**

It is the responsibility of the SO to make a judgement about whether or not to make a formal Safeguarding referral. If the SO is unclear about whether to make a referral or not, they can call the Professional Consultation Line on, 03456 061 499 to discuss concerns.

The Line is open 9.00 – 5.00 Monday to Thursday (Line closed at 4.25 on Fridays).

In the event that the decision to report is no, then details must be recorded by the staff member/SO on the relevant case file including the reasons for the decision made.

In the event that the decision to report is yes, then a safeguarding referral must be made to Customer First Suffolk using a Multi Agency Referral Form (MARF).

A Lighthouse SO or the staff member concerned may complete the MARF. LWA should receive receipt of referral within a few days. This must be recorded in the case notes. In cases where there is no subsequent correspondence staff should call Customer First to enquire on action.

If it is felt that there is immediate risk/danger, call the Police on 999.

In the event that the allegation of abuse relates to a member of LWA staff, the Local Authority Designated Officer (LADO) will co-ordinate the next steps in the investigation process and LWA Disciplinary Procedures will be invoked. The alleged perpetrator of the abuse will be suspended immediately from their duties, pending the outcome of the LADO investigation and any subsequent disciplinary investigation within LWA will proceed once the LADO outcome is confirmed

Safeguarding Children

Different types of Abuse

Physical Abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing significant harm to a child. Physical harm may also be caused when a person fabricates the symptoms of, or deliberately induces illness in a child.

Emotional Abuse is the persistent emotional maltreatment of a child as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on the child. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration or learning, or preventing the child from participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying, (including cyber bullying), causing the child to frequently feel frightened or in danger, or the exploitation or corruption of the child. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual Abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact including assault by penetration (for example rape or oral sex), or non-penetrative acts such as masturbation, kissing, rubbing, and touching inside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, pornographic material, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child/s health or development. Neglect may occur during pregnancy as a result of maternal substance misuse.

Once a child is born, neglect may involve a parent or other carer failing to:

- Provide adequate food, clothing, shelter (including exclusion from home or abandonment)
- · Protect a child from physical and emotional harm or danger
- Ensure adequate supervision (including the use of inadequate care-givers)
- Ensure access to appropriate medical care or treatment

It may also include neglect of, or lack of response to, a child's basic emotional needs.

There are also emerging types and methods of child abuse, including:

- Sexual exploitation
- Female genital mutilation (FGM)

- Trafficking of children in order to exploit them sexually, financially, via domestic servitude, or via the involvement in activities such as the production and sale of illegal drugs
- Abuse linked to beliefs such as spirit possession or witchcraft
- Radicalisation and the encouragement or coercion to become involved in terrorist activities
- Abuse via online methods eg from adults seeking to develop sexual relationships with children or to use sexual or abusive images of them
- Domestic violence (either witnessing violence between adult family members, or, in the case of older young people, being subjected to coercion or violence in an intimate relationship in the same way as an adult)

Children and young people can experience various types of abuse at the same time. For example, all abuse involves an element of emotional abuse, and neglect often occurs in contexts where children are also being subjected to physical or sexual abuse.

Sometimes there are physical signs and indicators such as:

- Unexplained bruises, other injuries or health problems
- Unexplained gifts or additional mobile devices
- Poor appearance or hygiene
- Recurring health problems that are not treated
- Young children not meeting their developmental milestones (particularly if there is not disability)
- Being left alone
- An unsuitable home environment eg cold, dirty, physically unsafe
- Pregnancy, sexually transmitted infections
- Any signs that a child/young person has been or is at risk of being subjected to forced marriage or FGM (FGM helpline on 0800 028 3550 or by emailing fgmhelp@nspcc.org.uk)

A child's behaviour can also help to indicate that they are being abused. It can be helpful to be aware of behaviour that you might normally associate with and older or younger child. Look out for signs that a child is unsettle or unhappy:

- Withdrawn
- Suddenly behaves differently
- Anxiety
- Clingy
- Depressed
- Aggressive
- Problems sleeping
- Eating disorders
- Bed wetting
- Soiling clothes
- Takes risks
- Misses school
- Changes in eating habits
- Obsessive behaviour
- Nightmares

- Drugs
- Alcohol
- Self harm
- Thoughts of suicide

Ways that abuse might be brought to your attention

- · A child might make a direct disclosure
- · A child might make a direct disclosure about another child
- A child might offer information that is worrying but not a direct disclosure
- A member of staff might be concerned about a child's appearance or behaviour or about the behaviour of a parent or carer towards a child
- A parent or carer might make a disclosure about abuse that a child is suffering or at risk of suffering
- A parent might offer information about a child that is worrying buy not a direct disclosure

Talking to a child who has told you that he/she or another child is being abused

- Reassure the child that telling someone about it was the right thing to do
- Find somewhere suitable to talk to them
- · Listen to them
- Tell them that you now have to do what you can to keep them safe
- Let the child know what you are going to do next and who else needs to know about it
- Let the child tell their whole story. Don't try to investigate or quiz the child, but make sure that you are clear as to what they are saying
- Only ask 'Open Questions' eg can you tell me what happened next?
- Stick to the Facts
- Ask the child what they would like to happen as a result of what they have said, but don't make promises you can't keep

LWA Child Safeguarding Procedure

Member of staff has concerns about a child's safety or welfare



Member of staff discusses concerns with LWA Safeguarding Officer



If the child's family does not already know about the concern, the member of staff or safeguarding officer discusses it with them unless:

- A family member might be responsible for abusing the child
- Someone may be put in danger by the family being informed
- Informing the family might interfere with a criminal investigation

If any of these circumstances apply, discussions with the family should only take place after this has been agreed with the Customer First/relevant local authority children's social care department.



If there is still uncertainty about the concerns, the LWA safeguarding officer can discuss with the Consultation Line without disclosing the identity of the family





Concerned:

Safeguarding referral made by safeguarding officer or staff member (and checked by SO)

No longer concerned:

No MARF completed, but record of decision logged on client file and decision as to whether to discuss concern with other services (eg school) to ensure child's needs are being met elsewhere.

Recognising and responding to abuse (Adults at Risk) Procedure

Cultural Awareness & Adult Safeguarding

It is important to be aware of the racism and discrimination that people from minority ethnic communities may have experienced and to try to work proactively to meet the individual's needs.

Relevant issues may include:

- Previous experience of racism or discrimination
- Reluctance to approach agencies due to distrust or fear
- Anxiety around communicating in English which may not be their first or preferred language

LWA have a contract with an independent interpreter/translator service which can reduce the risk of relying on family or close friends and ensure safety and confidentiality.

Context

Every person has the right to live a life free from abuse, exploitation and neglect.

Abuse occurs in all sections of society and there should be no discrimination because of assumptions about class, gender, age, disability, sexual orientation, race, religion, culture or eligibility for service.

Some people are more vulnerable to abuse than others because they are disempowered within society. People may be additionally vulnerable because of disability, age, impairment, or illness.

Adults at risk of abuse must be made aware of their rights and given information, advice and support. They should be encouraged and enabled to access protection from the law and legal processes.

Every effort must be made to promote the wellbeing, security and safety of adults at risk of abuse, consistent with their rights, mental capacity and personal choices. In most cases, the adult at risk of abuse should be the person who decides on the chosen course of action, whilst being given all possible support. In a proportion of cases an adult with mental capacity may choose to remain in an abusive environment or situation. In these cases it is still extremely important to consider what advice and support can be offered to reduce the risk from harm.

Safeguarding Adults

Different types of Abuse

Physical Abuse - 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 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).

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 HBV 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.

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.

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 Mutilation (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.

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 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 signalled 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 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 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

Discriminatory Abuse 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 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.

Neglect / Acts of Omission 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.

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 plumping or
 heating, infestation
- Managing ones assets in a manner that is likely to cause substantial damage to or loss of assets

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.

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)

Chair of Trustees: Sarah Harvey

Signature

Date: 14.5.2024

Chief Executive: Sally Winston

Signature....

Date: 14.5 2024

LWA Adult Safeguarding Procedure

Member of staff has concerns about an adult's safety or welfare



Member of staff discusses concerns with LWA Safeguarding Officer



If the adult is not already aware of the concern, the member of staff or safeguarding officer will discuss it with them unless:

- Someone may be put in danger by the adult being informed
- Informing the adult might interfere with a criminal investigation

If any of these circumstances apply, discussions with the family should only take place after this has been agreed with the Customer First.



If there is still uncertainty about the concerns, the LWA safeguarding officer can discuss with the Consultation Line without disclosing the identity of the adult





Concerned:
(All FGM, HBV & FM alerts)
Safeguarding referral made by

Safeguarding referral made by safeguarding officer or staff member (and checked by SO) No longer concerned:

No MARF completed, but record of decision logged on client file and decision as to whether to discuss concern with other services.