

Adult at Risk Policy and Procedure

In an emergency:

If SU staff, a member, or member of the public is in immediate danger or at risk of harm to themselves or others call security on 222 or emergency services on 999. You should inform the relevant Designated Safeguarding Lead as soon as possible (see section 7.5).

1.0 Statement of Commitment

- 1.1 At Students' Union UCL (SU), we share a vision to achieve an outstanding experience for our members during their time at university and to be one of the best student organisations in the world. We will ensure that all groups of people whatever their age, gender, language, disability, race, religion or belief, sexual orientation, socio-economic status and culture have the right to protection from abuse and are treated fairly.
- 1.2 We recognise we have a duty to protect and promote the welfare of all adults who could be considered as being vulnerable, including those in our membership. This duty also extends to, those adults at risk we engage with through the work that we undertake as part of the Students Union. It is always unacceptable for anyone to experience abuse of any kind, including through social media or other online activity. Everyone has a legal right to protection from all forms of abuse and we will ensure that all safeguarding concerns are taken seriously.
- 1.3 We are committed to safeguarding practices and procedures and to providing a welcoming, safe, positive and inclusive environment in which all can engage with the activities that the Students Union provides. This commitment also applies to the activities that we run off campus.
- 1.4 Our commitment also extends to those external organisations that our members engage with. Although these organisations are responsible for their own safeguarding arrangements we will ensure that we are satisfied with the quality of their policies and procedures and that they are aware of the standards that we expect.
- 1.5 The SU recognises that the Care Act (2014) has created a legal framework for how Local Authorities, other agencies and organisations should work together to protect adults at risk of abuse, harm or neglect. In line with the Act the SU also recognises that safeguarding individuals requires multi agency responsibility and partnership work. We will adhere to the six key principles of safeguarding which are empowerment, prevention, proportionality, protection and partnership.
- 1.6 Making Safeguarding Personal (MSP)¹ will form an essential part of this policy and the work that is undertaken by those in the SU. Our aim is to empower people to speak out, with actions and outcomes tailored to the needs of the individual. All of the decisions made and the action taken will be in the best interests² of the adult at risk

¹ [Making Safeguarding Personal](#)

² [Best Interest Decisions](#)

- 1.7 This statement of commitment also extends to our stance on Modern Slavery. This takes many forms including forced and compulsory labour, slavery, servitude, and human trafficking. Modern Slavery is the violation of human rights and the Students Union has a zero-tolerance approach to Modern Slavery.
- 1.8 This policy should be read in conjunction with the UCL Safeguarding Children and Adults at Risk Policy and Procedure.

2.0 The SU Commitment to Adults at Risk

2.1 The people that work, members and those that represent the SU recognise that ability and disability can change over time, such that some adults may be additionally vulnerable to abuse, for example those who have a dependency on others or have different communication needs. We also recognise that an adult with disability may or may not identify themselves or be identified as an adult 'at risk'.

2.2 We expect all those who work, are members or those representing the SU who come into contact with adults who may be at risk to;

- protect them from abuse whilst they are participating in any activity associated with the SU;
- promote and prioritise their safety and wellbeing;
- create a culture where all adults at risk, parents, guardians, advocates, carers and others who may have a concern are encouraged to report their concerns about the abuse that has happened to them or others;
- have a clear understanding of their duties and responsibilities to safeguard adults at risk;
- take appropriate action in the event of incidents/concerns of abuse and support the individual/s who raise or disclose the concern.

2.3 The SU will;

- provide a caring, positive, safe and stimulating environment that promotes the social, physical, mental wellbeing and moral development of all adults;
- implement a safeguarding governance structure with assigned roles and responsibilities including the identification of DSL's (and Deputies). These posts will be clearly advertised and promoted throughout the organisation;
- promote the SU's safeguarding arrangements to all of those who occupy positions of responsibility, who work, are members or who come into contact with adults at risk;
- ensure robust safeguarding arrangements and procedures are in operation;
- maintain and securely store confidential, detailed and accurate records of all safeguarding concerns;
- reinforce the importance of working with all partner agencies with the aim of achieving the best possible outcomes for those who we are aiming to protect from the risk of harm/abuse;
- provide the details about the action that will be taken by the SU when a safeguarding concern is reported;
- notify Adult Social Care as soon as there is a significant concern;

- recognise that all of those who occupy positions of responsibility, who work and /or are members for the SU have an equal responsibility to act on any suspicion or disclosure that may suggest an adult is at risk of harm;
- ensure that staff/members involved in adult protection issues receive appropriate support and supervision;
- prevent the employment/deployment of unsuitable individuals;
- ensure that staff and members working for the SU with roles and responsibilities for adults at risk will be subject to appropriate safe recruitment checks and safeguarding training;
- ensure that staff and members are trained in and receive regular safeguarding updates including how to report concerns;
- advise all DSL's to maintain current safeguard training and send them regular safeguarding updates
- Encourage anyone representing the SU to engage with all parents, advocates, carers and other relevant individuals to ensure that they are made aware of the responsibilities with regard to adult protection procedures through induction packs and the publication of this policy and on the SU website;
- clearly advertise and promote the details of the designated members of staff for adults at risk.

3.0 **Application**

3.1 These procedures apply to **all** members of staff, members and those working on behalf of the SU. The policy and associated procedures will be promoted to all new staff, members and participants as part of their induction process depending on their role. Those overseeing SU activities will have responsibility for maintaining quality and practices through their members.

3.2 All team members and those working on behalf of SU must be sent a copy of this policy and signify they have received it and are conversant with the content. It is crucial Designated Safeguarding Leads promote this policy and ensure safeguarding is embedded into the culture of the team.

3.3 Where the SU is working in partnership with other organisations, including affiliated organisations, they will be expected to have their own safeguarding arrangements and policies in place. It is the duty of the SU Designated Safeguarding Lead (or Deputy) to ensure that they have suitable policies in place and that this is recorded centrally within SU records.

4.0 **Legislation & Statutory Guidance**

4.1 The practices and procedures within this policy are based on the principles contained within the UK legislation and government guidance. They take the following into consideration:

- The Care Act 2014
- The Protection of Freedoms Act 2012
- Domestic Violence, Crime and Victims (Amendment) Act 2012
- The Equality Act 2010
- The Safeguarding Vulnerable Groups Act 2006
- Mental Capacity Act 2005
- Sexual Offences Act 2003

- The Human Rights Act 1998
- The Data Protection Act 2018

5.0 **Definitions & Terminology**

5.1 To assist in understanding this policy a number of key definitions need to be explained:

Adult - An **adult** is anyone aged 18 or over.

Adult at risk³ - An adult who has needs for care and support (whether or not the authority is meeting any of those needs), and is experiencing, or is at risk of, abuse or neglect; and as a result of those needs is unable to protect themselves against the abuse or neglect or the risk of it.

Whilst not an exhaustive list, an adult who may be at risk of harm or abuse may include:

- An older person,
- A person with a physical disability, a learning difficulty or a sensory impairment,
- Someone with mental health needs, including dementia or a personality disorder,
- A person with a long-term health condition,
- Someone who is substance dependant to the extent that it affects their ability to manage day to day living. In such cases the capacity of an individual to make informed decisions (due to mental capacity-see Section 8.0) may alter on a regular basis

People with care and support needs are not inherently vulnerable, but they may become vulnerable to the risk of abuse, harm or neglect at any point due to:

- Physical or mental ill-health,
- Becoming disabled,
- Getting older,
- Not having support networks, appropriate accommodation or financial stability,
- Being socially isolated.

Adult safeguarding - is protecting a person's right to live in safety, free from abuse, harm and neglect.

Harm- The ill-treatment or impairment of the health or development of an individual, including impairment suffered from seeing or hearing the ill-treatment of another.

Concern⁴ - Any situation when there is information that an Adult at risk⁵ has been harmed, or is at risk of being harmed or abused, by their own or someone else's behaviour.

If the information identifies the involvement of an employee, of a member, or of anyone representing the SU this will be known as a "Safeguarding Allegation". This will apply where a person in connection with their employment or membership with the SU has:

³ Defined by the Care Act 2014 and only applies to local authorities in England. Social Care in Scotland, Wales and Northern Ireland have devolved responsibility. However, the principles of good practice set out in this document apply throughout the UK.

⁴ [Understanding What Constitutes a Safeguarding Concern- ADASS](#)

- Behaved in a way that has harmed/may have harmed an adult at risk,
- Possibly committed a criminal offence against or related to an adult at risk,
- Behaved towards an adult at risk in a way that indicates he or she may pose a risk of harm to them; or
- Behaved or may have behaved in a way that indicates they may not be suitable to work with adults at risk.

Capacity (see section 8.0) - refers to the ability of an individual to make a decision at a particular time. The starting assumption must always be that a person has the capacity to make a decision unless it can be established that they lack capacity (Mental Capacity Act 2005).

6.0 SU Adult at Risk Safeguarding Procedures

6.1 The aim of these procedures is to detail how members of the SU should respond if:

- they suspect that an adult is suffering abuse.
- An adult makes a disclosure or reports that they, or someone else, has been abused.
- the behaviour of an adult or child or young person towards an adult at risk (sometimes referred to as elder abuse) gives them cause for concern.

6.2 The procedures also detail the action that will be taken by the SU DSL or Deputy when a safeguarding concern is reported.

6.3 The Code of Conduct and the Professional Boundaries Guidance and Practice outlines the behaviour expected of staff and members, and those assisting in SU activities when they are engaging with adults at risk. Following the Code of Conduct and the Professional Boundaries Guidance and Practice will help to vulnerable people from abuse and/or inappropriate behaviour.

6.4 Where concerns are raised regarding the adherence to the Code of Conduct and the Professional Boundaries Guidance and Practice these should be reported to the DSL or their Deputy. Serious breaches may also result in a referral being made to the police or a Local Authority if it is thought the breach amounts to a risk of harm to an adult at risk, and/or constitutes a crime.

7.0 Reporting a Concern

7.1.1 All staff and members, and those assisting in SU activities have a responsibility to be alert to the fact that adults who may be vulnerable or at risk are abused and that they **MUST** report safeguarding concerns.

7.1.2 By following the four simple safeguarding principles of Recognise, React, Record and Report, the SU can keep those adults who may be at risk of abuse safe from harm.



- Be aware of the signs and indicators of abuse and neglect.
- React appropriately to what you are being told or what you see.
- All records must be accurate and comprehensive.
- SU DSL/Deputy

7.2 Recognise

7.2.1 We should all be alert for the signs and indicators that adults including those who may be at risk and who interact or engage with the SU may be suffering abuse, either within the organisation or in external environments (i.e. home, relationships etc). We should remember that adults may be abused by their peers (mate crimes).

Indicators that an adult may be being abused may include the following:

- unexplained or suspicious injuries such as bruising, cuts or burns, particularly if situated on a part of the body not normally prone to such injuries,
- signs of self-neglect,
- an injury for which the explanation seems inconsistent,
- the adult at risk describes what appears to be an abusive act involving him/her,
- someone else (a young person or adult) expresses concern about the welfare of another,
- unexplained changes in behaviour (e.g., becoming very quiet, withdrawn or displaying sudden outbursts of temper),
- sudden or unusual distrust of adults, particularly those with whom a close relationship would normally be expected,
- having difficulty in making friends,
- displaying variations in eating patterns including overeating or loss of appetite; or a sudden weight change

7.2.2 It should be recognised that this list is not exhaustive and the presence of one or more of the indicators is not proof that abuse is actually taking place. Establishing a professional relationship with the adult and anyone who represents them may assist in identifying any issues or concerns.

7.2.3 It is important to note that not all adults are able to express themselves verbally. Communication difficulties, language barriers or specific disabilities may mean that it is hard for them to complain or to be understood. In some instances adults, particularly those with disability may need to be supported by an advocate⁶.

7.2.4 We also recognise that many adults may have experienced trauma in their past (Adverse Childhood Experiences) which could be affecting their behaviour and outcomes in life. We recognise that we have an important part to play in providing a

⁶ [National Youth Advocacy Service](#)

safe environment for those who have suffered from such trauma and we will provide help and support through signposting them to specialist help and support.

7.2.5 See Appendix A for types of abuse.

7.3 **React**

7.3.1 It is always difficult to hear about or witness harm or abuse experienced by any person. The following points will be helpful for both you and the adult concerned should they choose to disclose abuse to you:

- Stay calm.
- Listen carefully to what is said and try not to interrupt.
- Find an appropriate point early on to explain that it is likely that the information will need to be shared with others – do not promise to keep it confidential.
- Allow them to continue at their own pace.
- Ask questions for clarification only and avoid asking questions that suggest an answer (leading questions).
- Reassure them that they are not to blame and have done the right thing in telling you. If the concern is serious explain that you will need to get support from other trained people to help keep them safe.
- Tell them what you will do next and with whom the information will be shared. If they are adamant that they do not wish the information to be shared, explain that you will have to tell the DSL (or Deputy) and that it will be discussed further with them.
- Be aware of the possibility of forensic evidence if the disclosure relates to a recent incident of physical harm or injury and try to protect any supporting materials e.g. clothing.
- Seek medical attention where appropriate.
- Report the disclosure to the SU DSL (or Deputy) **at the earliest** opportunity.
- Don't confront the alleged abuser.

7.3.2 Where the concern or allegation is about a member of staff, this must like all other instances be reported to the DSL or their Deputy. If the DSL or Deputy considers the circumstances to relate to a 'Safeguarding Allegation', they must report the incident through the Persons in Position of Trust procedure within the Local Authority. Depending on the circumstances it may also be necessary to inform the police.

7.3.3 When a safeguarding concern or poor practice has been identified concerning a specific adult who is being supported by their parents/guardians/carers they should be notified (with consent) **unless** this could put the adult concerned at increased risk. Where the DSL/Deputy has reported the incident to a statutory agency, for example the Local Authority or police, advice should be sought from them regarding this duty before notifying the parents/guardians/carers.

7.3.4 Hearing about suspected or actual abuse can be upsetting. If you need advice and support you can contact your line manager, the UCL Wellbeing team, or the [Employee Assistance Programme](#).

7.4 **Record**

- 7.4.1 All records must be accurate and comprehensive. Wherever possible you should use the Safeguarding Reporting Form and ensure you also notify the SU DSL or Deputy DSL.
- 7.4.2 You must record all potential safeguarding issues including low level concerns. Such concerns may be an indicator of that more complex harm is occurring and could identify patterns of abuse.
- 7.4.3 All records must,
 - be made as soon as possible after the event/concern is raised.
 - contain the date, time, people present, anything said (verbatim if possible).
 - detail the behaviour and demeanour of the person disclosing the safeguarding issue.
 - detail any action you have taken (for example how you have reduced risk or whether you have referred the matter to a Designated Safeguarding Lead or Deputy).
 - be a factual account of what has happened.
 - Adhere to confidentiality (only share with appropriate people).
- 7.4.4 Do not record any opinion about what has happened. You are not there to judge or ascertain whether what you are being told is correct.

7.5 **Report**

Remember you have a clear responsibility to report the concerns that have been raised with you immediately. Any delay in reporting could potentially cause more harm.

- 7.5.1 In the first instance you must report concerns that you have to the SU DSL (or Deputy) **on the telephone, in person or where appropriate, via email.** Where you use email, please ensure that you follow this up with a telephone call. The details of all safeguarding positions will be displayed on the SU website and other IT platforms used by students and the University. You can also report the matter to the UCL Safeguarding team. The details for the SU safeguarding team are below;

Responsibility	Name	Contact
Safeguarding Lead	Carl Salton-Brooks	su.safeguarding@ucl.ac.uk (TBC)
Deputy Safeguarding Lead	Governance and Compliance Manager	su.safeguarding@ucl.ac.uk (TBC)

- 7.5.2 If staff and members, and those assisting in SU activities are working away from premises controlled by the SU for a partner organisation, then the Safeguarding Policy of that organisation should be followed. Concerns must also still be reported to the SU DSL or Deputy, and they will in turn offer any assistance to the other organisation.
- 7.5.3 Where the concern or allegation relates to the SU DSL then the matter should be referred to a member of the SU executive team.

- 7.5.4 Safeguarding concerns **MUST** be reported immediately (or where this is not possible at the earliest opportunity) so that the report can be assessed, and action taken to protect the person involved. If you are unsure whether you are dealing with a safeguarding concern, then you should always take advice from the DSL. We encourage everyone to take the approach 'IF IN DOUBT SHOUT'. **If any person is at immediate risk of harm or requires medical attention, then the emergency services should be contacted immediately by telephoning 999.**
- 7.5.5 Where you are unable to contact a DSL, advice can be sought from statutory agencies or by calling or emailing the following;
- Camden Adult Services <https://www.camden.gov.uk/safeguarding-adults> or call 020 7974 4000 (select option 1)
 - Local Police - Telephone 101 for non-emergency referrals and 999 for emergency response.
- 7.5.6 If the allegations are against a SU or UCL employee, the Designated Safeguarding Lead will liaise with their equivalent in UCL and also contact Camden Adult Services within 24 hours to report the allegations. They will also contact the Employee Relations team in HR. Staff members accused of misconduct will be signposted to support.
- 7.5.7 There is an expectation that all members of the SU Safeguarding Team will work closely together and where circumstances dictate share agreed responsibilities and functions. However, it will be the Designated Safeguarding Lead (DSL) or in their absence their deputy, that has primacy in terms of decision making around safeguarding concerns or allegations.

8.0 Consent

- 8.1 The issue of capacity is complex. Under the Mental Capacity Act (2005), adults should be assumed to have capacity to make decisions about their own life. As such SU staff, and members will seek to work proactively with individuals and involve them wherever possible in decisions about their care and safety.
- 8.2 Where there is a safeguarding concern, a referral to statutory services will be the correct course of action, and the SU staff or members will endeavour to speak to the individual and obtain their permission to refer to the Police, Adult Social Care or other appropriate services. To obtain consent a member of staff or member should discuss the nature of the concern with the individual (an advocate or carer may assist in this process), the reasons why a referral is appropriate and explain the potential outcomes. This will enable the person to make an informed decision about the next steps that they may wish to make.
- 8.3 Where there are questions or concerns about an individual's capacity to make a decision contact should be made with the SU DSL or Adult Social Care for advice and guidance. Remember that a person's capacity may fluctuate due to such issues as drug/alcohol dependency, mental health etc.
- 9.0 **What happens if a person does not consent?**

- 9.1 Where an adult refuses to give consent to a referral or their information being shared, careful consideration must be given to whether there is sufficient reason to complete a referral without the adult's consent. This may be instances where;
- There are significant concerns about the adult's capacity to make decisions about their safety and/or support care needs.
 - There are concerns of coercion, threats or other pressure that may impact on their ability to make an informed decision.
 - Where others may be at risk of harm.
 - The alleged abuser has care and support needs and may also be at risk.
 - A referral to a statutory agency is in the public interest. This can include sharing information to protect adults from serious harm, promote their welfare or prevent crime and disorder.
- 9.2 If the person cannot be persuaded to give their consent, then unless it is considered dangerous to do so, it should be explained to them that the information will be shared without consent. The reasons should be given and **recorded**.
- 9.3 If the person does not give their consent to share information and there is no justifiable reason to do so (as detailed above) then the matter should be recorded locally and no further action will be taken.
- 9.4 Staff, members, or those acting on their behalf of the SU should aim to gain consent to share information but should be mindful of situations where to do so would place the adult or others at increased risk of harm. Advice concerning consent should be sought from the DSL or Deputy.

10.0 **Confidentiality and sharing information**

- 10.1 Effective and timely sharing of information is essential for the early identification of a person's needs and to ensure that the most appropriate services are provided to keep them safe.
- 10.2 Those with concerns should be proactive in sharing information as early as possible to help the DSL and other professionals identify, assess, and respond to risks or concerns about the safety and welfare of the adult.
- 10.3 Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare, and protect the safety, of adults at risk, which must always be the paramount concern. The Data Protection Act (2018)⁷ and/or the General Protection Regulations (2018) do not prevent you from sharing information in relation to safeguarding.
- 11.4 You should not assume that someone else will pass on information that you think may be critical to keeping a adults who may be vulnerable safe.

⁷ The Data Protection Act 2018 contains 'safeguarding of children and young people and individuals at risk' as a processing condition that allows practitioners to share information. This includes allowing practitioners to share information without consent, if it is not possible to gain consent, it cannot be reasonably expected that a practitioner gains consent, or if to gain consent would place a that individual at risk

11.5 The DSL (or Deputy) must always be contacted before information is shared with an external organisation except in cases where there is a risk of immediate or serious harm and an emergency referral is necessary. The DSL or Deputy will manage the process of sharing information with the police, local authority services and/or any third-party organisation.

11.6 Information should be kept confidential and should only be shared with SU members and those working on their behalf who need to know the information. If there is any doubt about whether to share information, or who to share it with, the DSL should be contacted for advice by telephoning or by emailing, before disclosing any information.

12.0 **Action by the Designated Safeguarding Lead or Deputy**

12.1 The SU DSL or their Deputy will manage and respond to any safeguarding concern. Their role is **not** to investigate the concern reported or to make judgements about the individuals or allegations involved but to ensure that appropriate referrals are made to statutory agencies and that effective internal action is taken to keep people safe.

12.2 When a safeguarding concern has been reported the Designated Safeguarding Lead or Deputy will:

- Make an initial assessment of the information received and ensure, if not already done so, the details are comprehensively recorded. If necessary, they will advise the reporting person on the quality of the submission and can ask for further detail to be added.
- Identify any immediate risks to individuals contained within the report and respond accordingly. This could include calling 999, ensuring all possible action is taken to remove, reduce or control the risks identified.
- Where an adult is, or may be, at risk of harm from abuse or neglect then a safeguarding adult concern referral can be made to Adult Social Care (see section 8.5.5 for contact details). Each Local Authority will have its own submission criteria.
- Should the DSL or Deputy dispute the outcome from the Local Authority consideration will be given to follow the local escalation or professional difference policy which can be accessed on the local Adult Safeguarding Partnership website.
- All action taken will be recorded in the SU Safeguarding records.
- The DSL or Deputy will actively monitor all referrals that are made and will make reasonable enquiries around progress with the Local Authority.
- Where it is decided that the information contained in the safeguarding concern constitutes a **Safeguarding Allegation** the DSL or Deputy will follow the SU's /UCL's procedure for complaints and they will make a referral to Adult Social Care. Internal investigations will be conducted in line with best practice ([Conducting Workplace Investigations](#)).

- 12.3 When a safeguarding concern is raised the DSL or their Deputy will determine what action is needed. The action taken may include monitoring the situation, a referral to Adult Social Care or the Police. The decision may also be to take no action. Whatever decision is taken the DSL or their Deputy will record this together with a rationale, even if no further action is to be taken. A decision to take no further action, monitor, or defer a decision is taken as seriously as a decision to make a referral.
- 12.4 Any referrals to statutory services must be made by the DSL or Deputy by the next working day, unless it is an emergency, or they consider it better for another person to make the referral and report back.
- 12.5 Any referrals to statutory services must be followed up in writing within forty eight hours and feedback received/sought within three working days of having submitted the referral. This follow up is required to check what action is being/has been taken. It is the responsibility of the DSL or Deputy to ensure this takes place and to ensure that comprehensive records are maintained.
- 12.6 The SU DSL in consultation with the Senior Management Team may make the decision to suspend a member of staff or SU member from their role/post. This action will not be taken without informing the relevant individual of the rationale behind the decision and ensuring that the appropriate welfare support is put into place. Any such suspension will be in accordance with other related SU policies and procedures. This information will also be shared with UCL safeguarding team.
- 13.0 **Procedural implementation and review:**
- 13.1 These procedures were implemented on 08/06/2023 and will be reviewed on an annual basis or in response to changes in safeguarding legislation and/or best practice.
- 13.2 The following SU additional policies **currently in development** are also relevant to this document
- UCL Safeguarding Policy⁸
 - Low Level Concerns Policy
 - Prevention of Bullying, Harassment and Sexual misconduct Policy
 - Safer Recruitment Policy
 - Safeguarding Children and Young People Policy
 - Vulnerable Persons Policy
 - Whistle Blowing Policy
 - Safeguarding Code of Conduct

⁸ [UCL safeguarding Policies](#)

Appendix A

Types of Abuse

Based on the statutory guidance supporting the implementation of the Care Act 2014:

- Abuse is a violation of an individual's human and civil rights by another person or persons.
- Adults at risk may be abused by a wide range of people including family members, professional staff, care workers, volunteers, other service users, neighbours, friends, and individuals who deliberately exploit vulnerable people. Abuse may occur when an adult at risk lives alone or with a relative, within nursing, residential or day care settings, hospitals and other places assumed to be safe, or in public places.

The following is not intended to be an exhaustive list of types of abuse or exploitation but an illustrative guide as to the sort of behaviour which could give rise to a safeguarding concern.

Types of abuse:

- Physical abuse - including assault, hitting, slapping, pushing, misuse of medication, restraint, or inappropriate physical sanctions,
- Domestic violence – including psychological, physical, sexual, financial, emotional abuse; so, called 'honour' based violence,
- Sexual abuse - including rape, sexual assault, indecent exposure, sexual harassment, inappropriate touching, sexual teasing or innuendo, exposure to sexual images, subjections to indecent images or witnessing sexual acts. The adult may not have consented or may have been 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 unreasonable and unjustified withdrawal from services or supportive networks,
- Financial or material abuse - including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits. People with learning disabilities or dementia are particularly vulnerable to this type of abuse,
- Discriminatory abuse - including forms of harassment or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion,
- Neglect and acts of omission - including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating,
- Self-neglect – this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as

hoarding. Self-neglect might indicate that the person is not receiving adequate support or care or could be an indication of a mental health issue such as depression,

- Organisational abuse – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one-off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation,
- Modern slavery – encompasses slavery, human trafficking, forced labour and domestic servitude. 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.

Types of abuse not included in the Care Act 2014 but also relevant:

- Bullying (including 'cyber bullying' by text, e-mail, social media etc.) - may be seen as deliberately hurtful behaviour, usually repeated or sustained over a period of time, where it is difficult for those being bullied to defend themselves. The bully may be another vulnerable person. Although anyone can be the target of bullying, victims are typically shy, sensitive and perhaps anxious or insecure. Sometimes they are singled out for physical reasons – being overweight, physically small, having a disability - or for belonging to a different race, faith or culture,
- Mate Crime – a 'mate crime' is 'when vulnerable people are befriended by members of the community who go on to exploit and take advantage of them. It may not be an illegal act but still has a negative effect on the individual. Mate Crime is carried out by someone the adult knows. There have been a number of serious cases relating to people with a learning disability who were seriously harmed by people who purported to be their friends
- Radicalisation- The aim of radicalisation is to inspire new recruits, embed extreme views and persuade vulnerable individuals to the legitimacy of a cause. This may be direct through a relationship, or through social media. Whilst there is a National Prevent agenda⁹ all concerns should be reported through normal Adult protection procedures.
- Female genital mutilation (FGM)¹⁰ - is the partial or total removal of external female genitalia for non-medical reasons. It is also known as female circumcision or cutting. Religious, social or cultural reasons are sometimes given for FGM. FGM is dangerous and a criminal offence. There are no medical reasons to carry out FGM. It does not enhance fertility and it does not make childbirth safer. It is used to control female sexuality and can cause severe and long-lasting damage to physical and emotional health

⁹ [Prevent Guidance](#)

¹⁰ [Forced Marriage Guidance](#)



Disclosure The 'One Chance' rule As with Forced Marriage there is the 'One Chance' rule. It is essential that settings take action without delay and make a referral to Adult services.