

Surrey County Council Adult Social Care

Safeguarding Good Practice Guidance

Part 2: Key issues in adult safeguarding work

Version 1.04
January 2020



SURREY

Version 1.00	As agreed by ASC Leadership Team 21/8/2018
Version 1.01	Updated by C Guerin Head of Adult Safeguarding 24/08/2018
Version 1.02	Updated by C Guerin Head of Adult Safeguarding 30/11/2018
Version 1.03	Updated by C Guerin Head of Adult Safeguarding 19/03/2019
Version 1.04	Updated by C Guerin Head of Adult Safeguarding 29/01/2020

Content includes material adapted, with thanks, from

- Sussex Safeguarding Adults Policy and Procedure
- [William Hare, "Helping Open-Mindedness to Flourish" *Journal of Thought* 47\(2001\)](#)
- ["How to make organisations more innovative, open minded and critical in their thinking and judgment"](#) WARC Best Practice September 2017
- "Safeguarding adults at risk: Financial abuse toolkit" Kent County Council
- Solihull Local Practice Guidance 21 "Financial Abuse and Safeguarding Adults"
- ["Financial Abuse and Scams"](#) (ADASS / LGA / PSW network / National Trading Standards scams team)
- Hampshire Safeguarding Adults Board Policy and Procedure

Contents

1	USING A THEORY OF CHANGE IN SAFEGUARDING ADULTS WORK	7
2	USING IMCAS IN ADULT SAFEGUARDING	11
2.1	CONSIDERATION OF THE INVOLVEMENT OF AN IMCA	11
2.2	STEPS TO TAKE WHEN CONSIDERING THE USE OF AN IMCA	12
2.3	THE ROLE OF AN IMCA IN ADULT SAFEGUARDING	12
3	MEETINGS IN ADULT SAFEGUARDING WORK	14
3.1	STATEMENTS ON CONFIDENTIALITY	14
3.2	PLANNING AND RECORDING ADULT SAFEGUARDING MEETINGS	15
3.3	USE OF LANGUAGE IN RECORDING ADULT SAFEGUARDING WORK	16
4	RESPONDING TO ORGANISATIONAL ABUSE	17
5	ADULT SAFEGUARDING AND CRIMINAL INVESTIGATIONS	19
5.1	SUSPECTED CRIMINAL OFFENCES	19
5.2	CONSENT	19
5.3	SAFEGUARDING ENQUIRIES AND CRIMINAL INVESTIGATIONS	20
5.4	REFERRALS FROM THE POLICE	21
5.5	PARTNERSHIP WORKING WITHIN SAFEGUARDING ENQUIRIES AND CRIMINAL INVESTIGATIONS:	21
5.6	ENDING SAFEGUARDING ENQUIRIES WHEN A CRIMINAL INVESTIGATION IS ONGOING	21
5.7	ACHIEVING BEST EVIDENCE INTERVIEWS	22
5.8	APPROPRIATE ADULTS	22
5.9	SERVICES IN SURREY FOR PEOPLE WHO HAVE EXPERIENCED SEXUAL ASSAULT	22
5.10	MULTI-AGENCY PUBLIC PROTECTION ARRANGEMENTS	22
5.11	INFORMATION SHARING WITHIN CRIMINAL INVESTIGATIONS	23
5.12	PRINCIPLES OF PRESERVING EVIDENCE	23
6	COUNTER-TERRORISM AND PREVENTING RADICALISATION	25
6.1	PREVENT AND CHANNEL	25
6.2	REFERRING TO PREVENT	26
6.3	REFERRING TO CHANNEL	26
6.4	ATTENDING CHANNEL PANEL	27
6.5	RISK FACTORS REGARDING RADICALISATION	27
6.6	INFORMATION FROM THE SURREY COUNTER TERRORISM LOCAL PROFILE 2018	30
6.7	AL MUHAJIROUN (ALM)	31
6.8	EXTREMIST TRAVEL	32
6.9	EXTREMISM WITHIN THE PRISON ESTATE	32
6.10	THREATS TO PLACES AND EVENTS	32
6.11	AN EMERGING FAR RIGHT THREAT: THE IDENTITARIAN MOVEMENT	32
6.12	BREXIT	34
6.13	ADVERSE EXPERIENCES AND EXTREMISM	34
7	SAFEGUARDING CHILDREN	36
8	ADULT SAFEGUARDING ENQUIRIES AND DOMESTIC ABUSE	37
8.1	UNDERSTANDING DEFINITIONS OF SAFEGUARDING AND DOMESTIC VIOLENCE AND ABUSE	37
8.2	KEY MESSAGES	38
8.3	IDENTIFICATION	39
8.4	RESPONSE	39
8.5	RISK AND CONSENT	40
8.6	CARERS AND DOMESTIC ABUSE	40
8.7	DEVELOPING A SAFETY PLAN WITH A PERSON WITH CARE AND SUPPORT NEEDS	41
8.8	MARAC	42

8.9	FURTHER INFORMATION	43
9	FINANCIAL ABUSE AND ADULT SAFEGUARDING	44
9.1	WHY IS RECOGNISING FINANCIAL ABUSE IMPORTANT?	44
9.2	RECOGNISING SOMEONE AT RISK OF FINANCIAL ABUSE	45
9.3	RECOGNISING FINANCIAL ABUSE	45
9.4	BARRIERS TO RECOGNISING AND ACTING ON FINANCIAL ABUSE	46
9.5	SCAMS	47
9.6	VULNERABLE VICTIM FRAUD.....	47
9.7	CARRYING OUT AN ADULT SAFEGUARDING ENQUIRY INTO A CONCERN ABOUT FINANCIAL ABUSE	48
9.8	WORKING WITH PARTNERS IN RESPONDING TO CONCERNS ABOUT FINANCIAL ABUSE.....	50
9.9	OPTIONS FOR LEGAL REDRESS.....	51
9.10	PREVENTING FINANCIAL ABUSE WHEN ASSESSING CARE AND SUPPORT NEEDS.....	52
9.11	FURTHER INFORMATION.....	53
10	GUIDANCE ON HONOUR BASED VIOLENCE, FORCED MARRIAGE AND FEMALE GENITAL MUTILATION .	54
10.1	FORCED MARRIAGE	54
10.2	ACTIONS TO TAKE WHERE THERE IS A CONCERN ABOUT FALSE MARRIAGE.....	54
10.3	OPTIONS AVAILABLE TO PEOPLE REGARDING FORCED MARRIAGE.....	55
10.4	PERSONAL SAFETY ADVICE AND DEVISING A STRATEGY FOR LEAVING HOME	56
10.5	HONOUR BASED VIOLENCE.....	58
10.6	MODERN SLAVERY AND HUMAN TRAFFICKING	59
10.7	WHAT IS HUMAN TRAFFICKING?	59
10.8	IDENTIFYING VICTIMS.....	60
10.9	REPORTING HUMAN TRAFFICKING	61
11	ADULT SAFEGUARDING CONCERNS ABOUT FALLS	65
11.1	HOW CAN YOU IDENTIFY THAT A FALL IS THE RESULT OF NEGLIGENCE?.....	65
11.2	PLANNING AN ENQUIRY REGARDING FALLS	67
11.3	RECOGNISING RISKS OF FALLS	67
11.4	HOW DOES A FALL AFFECT AN INDIVIDUAL?	68
11.5	PREVENTION.....	68
11.6	LEGAL CONTEXT	73
11.7	BEDSIDE RAILS.....	74

Good Practice in Adult Safeguarding Work

Part 2: Key issues in adult safeguarding work

1 Using a theory of change in safeguarding adults work

In some circumstances, the use of a theory of how people achieve change in their lives can help in safeguarding adults work, particularly with

- Understanding why the adult appears not to recognise the risks they face
- Supporting them to engage with the safeguarding enquiry
- Developing a protection plan that is “good enough” in situations where people are resistant to intervention
- Develop a protection plan that supports recovery

One model that has been found to be effective is Prochaska and DiClemente’s model. This is sometimes called the trans-theoretical model of change, because it can be adapted to a range of situations and used alongside other theories and models.

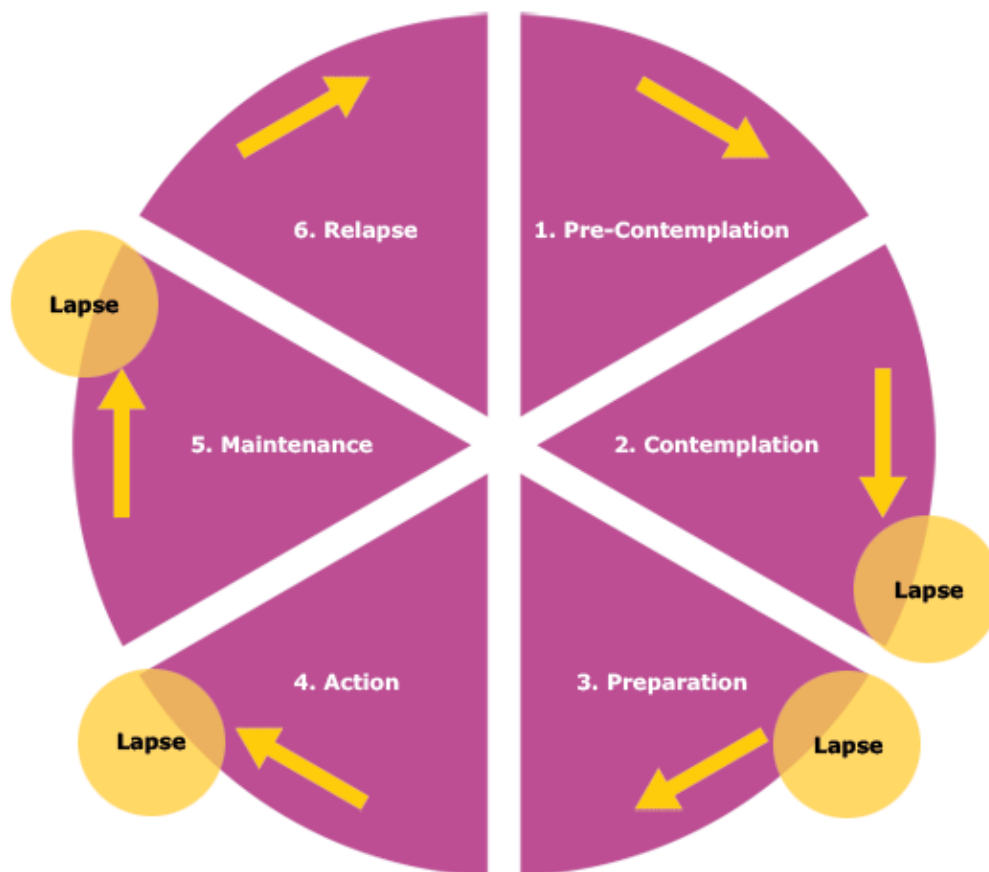
This model

- Gives tools for working with people who are not yet ready to make changes – principally, create cognitive dissonance: give people messages that might challenge their worldview and lead them to reevaluate
- Builds in an expectation that ‘relapse’ is inevitable, and can be a learning opportunity – when someone makes changes again after a relapse, they have more experience to draw on to help avoid the same difficulties

This model

- Is stage-based: it does not see change coming from a single, spontaneous event. Change happens over time
- Suggests that people at different stages respond to different types of intervention
- Builds in an expectation that relapse is a possibility, and does not mean the end of change

1.1 Diagram of Prochaska and Di Clemente's cycle of change



1.2 The stages of change and associated interventions

The stages are

- **Precontemplation:** In which people are not intending to take action in the foreseeable future, usually measured as the next six months. People may be in this stage because they are uninformed or under-informed about the consequences of their behaviour. Or they may have tried to change a number of times and become demoralized about their ability to change. Both groups tend to avoid reading, talking or thinking about their high risk behaviours. They are often characterized in other theories as resistant or unmotivated or as not ready for health promotion programs. The fact is traditional health promotion programs are often not designed for such individuals and are not matched to their needs.
- **Contemplation:** In which people are intending to change in the next six months. They are more aware of the pros of changing but are also acutely aware of the cons. This balance between the costs and benefits of changing can produce profound ambivalence that can keep people stuck in this stage for long periods of time. We often characterize this phenomenon as chronic contemplation or behavioural

procrastination. These people are also not ready for traditional action oriented programs.

- **Preparation:** In which people are intending to take action in the immediate future, usually measured as the next month. They have typically taken some significant action in the past year. These individuals have a plan of action, such as joining a health education class, consulting a counselor, talking to their physician, buying a self-help book or relying on a self-change approach. These are the people that should be recruited for action- oriented smoking cessation, weight loss, or exercise programs.
- **Action:** In which people have made specific overt modifications in their life-styles within the past six months. Since action is observable, behavior change often has been equated with action. But in the Transtheoretical Model, Action is only one of five stages. Not all modifications of behavior count as action in this model. People must attain a criterion that scientists and professionals agree is sufficient to reduce risks for disease. In smoking, for example, the field used to count reduction in the number of cigarettes as action, or switching to low tar and nicotine cigarettes. Now the consensus is clear--only total abstinence counts. In the diet area, there is some consensus that less than 30% of calories should be consumed from fat. The Action stage is also the stage where vigilance against relapse is critical.
- **Maintenance** is the stage in which people are working to prevent relapse but they do not apply change processes as frequently as do people in action. They are less tempted to relapse and increasingly more confident that they can continue their change.

Stage	Characteristics	Techniques and interventions
Pre-contemplation	Not currently considering change: "Ignorance is bliss"	<p>Validate lack of readiness</p> <p>Clarify: decision is theirs</p> <p>Encourage re-evaluation of current behaviour</p> <p>Encourage self-exploration, not action</p> <p>Explain and personalize the risk</p>
Contemplation	<p>Ambivalent about change: "Sitting on the fence"</p> <p>Not considering change within the next month</p>	<p>Validate lack of readiness</p> <p>Clarify: decision is theirs</p> <p>Encourage evaluation of pros and cons of behaviour change</p> <p>Identify and promote new, positive outcome expectations</p>
Preparation	<p>Some experience with change and are trying to change: "Testing the waters"</p> <p>Planning to act within 1 month</p>	<p>Identify and assist in problem solving re: obstacles</p> <p>Help individual identify social support</p> <p>Verify that individual has underlying skills for behaviour change</p> <p>Encourage small initial steps</p>
Action	Practicing new behaviour for 3-6 months	<p>Focus on restructuring cues and social support</p> <p>Bolster self-efficacy for dealing with obstacles</p> <p>Combat feelings of loss and reiterate long-term benefits</p>
Maintenance	<p>Continued commitment to sustaining new behaviour</p> <p>Post-6 months to 5 years</p>	<p>Plan for follow-up support</p> <p>Reinforce internal rewards</p> <p>Discuss coping with relapse</p>
Relapse	Resumption of old behaviours: "Fall from grace"	<p>Evaluate trigger for relapse</p> <p>Reassess motivation and barriers</p> <p>Plan stronger coping strategies</p>

2 Using IMCAs in adult safeguarding

Prior to making a decision on whether an IMCA is required, please refer to the Advocacy Service Policy regarding Care Act advocates. The threshold for a Care Act advocate is lower and as we have a duty to provide this for safeguarding adult enquiries and reviews, it may be more appropriate in this scenario. Information about making referrals for Care Act Safeguarding Advocates and IMCAs can be found on [the website for MATRIX](#).

Under the Mental Capacity Act 2005, a National Health Service (NHS) body or local authority may request the services of an IMCA where a safeguarding adults concern has been made and is being investigated under local adults safeguarding procedures. Whilst there is no requirement that an IMCA be appointed in each case, where the qualifying criteria are met, it would be unlawful for the local authority or the NHS not to consider the exercise of their power to instruct an IMCA for safeguarding adult's purposes.

The IMCA service is a limited resource and it is important that the use of the IMCA focuses on situations where other arrangements are not robust enough to support the necessary decision making for the individual. When the adult at risk is already supported by an approved advocacy service, there should be no need to involve the IMCA service. In many cases, if an independent advocate has been assessed to be desirable, the adult at risk will be best served by having an 'ordinary' advocate who can address a wide range of issues without time limitations on their involvement.

2.1 Consideration of the involvement of an IMCA

The need to consider the involvement of an IMCA within safeguarding adults applies equally to an adult at risk who may have been abused or neglected or to an adult at risk who is alleged to be the abuser.

Consideration of the request for an IMCA can be made either:

- At the initial Safeguarding concerns stage where the risk is serious and the individual is unable or refuses to engage with the Safeguarding Adults process because of mental incapacity OR
- At the stage of the initial Safeguarding Adults Discussion/Meeting OR
- At the Safeguarding Adults Outcomes / Review meeting so that the IMCA can provide input into the safeguarding plan.

In order to ensure that the IMCA service is targeted to those who would most benefit from the service, it is Surrey County Council's policy that, in relation to safeguarding adults, the request for an IMCA is considered against the following criteria:

- Where the person lacks the mental capacity to consent to or comply with one or more of the potential or actual protective measures being proposed as part of a protection plan AND
 - Where there are no family, friends or other unpaid persons able and willing to represent the interests of the adult at risk OR
 - Where the family, friends or other unpaid persons do not appear to be acting in the best interests of the adult at risk OR
 - Where there is a conflict of interest between the adult at risk and their family, friends or other unpaid persons who purport to be representing their interests OR

- Where there is a dispute between the decision maker and the family, friends or other unpaid person as to what protective measures would be in the best interests of the adult at risk
- AND, in every case, where it has been determined that it would be of particular benefit to the person for an IMCA to be appointed.

2.2 Steps to take when considering the use of an IMCA

Steps to take when considering the use of an IMCA in relation to a safeguarding adults case:

1. Prior to requesting an IMCA the decision to request an IMCA must be made at Responsible Manager level following a full discussion between the decision-maker and their line manager.
2. If the Responsible Manager is in agreement, a request for an IMCA can then be discussed with the Senior Manager for MCA and DOLS responsible for the implementation of the Mental Capacity Act and commissioning IMCA services in Surrey.

The IMCA service will be available to receive referrals between the hours of 9.00am till 5.00pm (Monday to Friday) on normal working days.

Informal advice and discussions regarding the appropriate use of an IMCA regarding safeguarding adults should be directed to the Senior Manager for MCA and DOLS.

Please note that although the IMCA service will be commissioned and invoiced for centrally, this is a discretionary use of the service for Safeguarding Adults and the SAM will need to ensure that funding is budgeted for within the team in case there is insufficient capacity in the central IMCA budget.

2.3 The role of an IMCA in adult safeguarding

The role of the IMCA in these circumstances is to support the relevant person through the safeguarding process and discussions, to represent their interests and to provide independent checks that any safeguarding actions or decisions made are person-centred and in their best interests. They have a responsibility to raise questions or challenge decisions, which appear not to be in the best interests of the person.

In order to provide this support and carry out their role the IMCA has the legal right to:

- Interview the person in private
- Take copies of, or examine any records (NHS, Local Authority or Care Home), which the record holder considers relevant to the advocates role.
- Obtain a further medical opinion if considered necessary for treatment decisions

In addition to these rights the IMCA has a duty (as far as is practicable and appropriate) to consult with staff providing care or treatment to the person and other people who can comment on their wishes, feelings, beliefs or values (family and friends for example). The IMCA must also take all practicable steps to obtain any other information (as they consider necessary) about the person.

It is not, however, the role of the IMCA to assess the person's mental capacity or decide what is in their best interests, neither are they a substitute for the local authority or other professional agency carrying out their own professional assessments. Whilst there is no restriction on an IMCA being involved where there are family members or other third parties who could be consulted or provide support to the person (as is the case with all

other IMCA appointments) it is not the role of the IMCA to have difficult discussions with family members, who disagree with the proposed safeguarding actions, on behalf of the statutory agencies.

3 Meetings in adult safeguarding work

The Care Act and the Care and Support statutory guidance don't mention Strategy Meetings, Case Conferences or Outcomes Meetings, though these have often featured in the thinking and practice of safeguarding adults work.

Likewise, these do not feature in the Surrey Safeguarding Adults Board adult safeguarding policy and procedure, nor the Adult Social Care Safeguarding policy and procedure. The reason for not including these was because

- Practice risked becoming rules based, with practice veering toward “there must be a strategy meeting”, “there “must be a case conference” or some such. This could get in the way of asking “what is the right way to do this particular work with this particular person, in these particular circumstances”
- As can happen when people follow rules, they can lose sight of the original intention. Too often what were called Strategy Meetings ticked the box of having a meeting, but either failed to come up with a strategy or failed to involve the right people to have an effective strategy. “Case Conferences” often happened before there was an understanding about what had happened and why, so there was no chance of there being effective planning about what needed to happen next.
- The process took over from the practice. In particular, sight was lost about having person-centred practice that really involved the person, and really understood and aimed to achieve the outcomes that mattered to them

The Care Act and Care and Support statutory guidance allow a more flexible way of doing things. To get the best of from this requires practitioners to ask

- What am I trying to achieve?
- What are my options for doing this?
- Which is the best one in these circumstances and for this person?

If the best answer is to have a meeting, then that is what should be done. Those closest to the work can decide what to call the meeting, who needs to be at it, and what it will involve.

3.1 Statements on confidentiality

In the past, practice has included having an expectation that a statement on confidentiality will always be read out at the start of a meeting being held as part of adult safeguarding work, and would feature in the minutes of all such meetings.

This was problematic because

- It fettered the discretion of the person convening the meeting to run the work in whatever way was best for the circumstances
- It gave the impression that there is something different about information governance and data sharing in the context of adult safeguarding work, when it is no different to anything else that we do
- It meant that where someone decided not to read out the statement, it would still appear in the minutes of that meeting which broke the reliability of those minutes

The Chair of the meeting will decide what to say, or not to say, about confidentiality, and the minutes should reflect this.

3.2 Planning and recording adult safeguarding meetings

In the past we have had standard templates for agendas and records of meeting in adult safeguarding work. We no longer have these as

What any given meeting will need to cover will be determined by

- The needs of the person who has convened the meeting
 - A meeting convened by the SAD may focus on informing the decisions about what the enquiry involves, whether the enquiry has completed, what actions may be needed as a result of the enquiry, or whether there may be a need to refer for consideration for a SAR
 - A meeting convened by the SAM may focus on whether the enquiry is making the expected progress, whether the resources available are a match for the demands of the enquiry, and whether the contributions from partners are happening as expected
 - A meeting convened by the LEO may be reviewing the information received, analysing it, and coordinating actions to progress the enquiry
- At what point in the process the work is at. Is the meeting needed to inform
 - A decision whether or not there will be an enquiry.
 - The planning of what an enquiry will involve. This could be the initial planning, or reviewing and revising the plan for an enquiry that is already underway.
 - Reviewing what has been learned from a completed enquiry and deciding what needs to be in a Safeguarding Plan about what actions are needed and who by as a result of what has been established by the enquiry.
 - Reviewing and revising, if needed, a Safeguarding Plan
- What is needed at that point in order to understand and to work towards meeting the outcomes that the adult wants from the adult safeguarding work

As with other information we handle, records of adult safeguarding meetings should have security classification marking in line with Surrey County Council policy, so they should be marked [OFFICIAL - SENSITIVE], [OFFICIAL] or [NOT PROTECTIVELY MARKED] (or may have no marking) as appropriate.

Practice varies around whether to record the names of people or to desensitise the document by using initials or aliases in the minutes of meetings. This will need to be a decision made case-by-case by the person convening the meeting, but some issues to take in to consideration are

- Records of meetings are usually easier to read when names are used, so the starting position should be that this will be the approach, unless there are reasons not to in a particular instance
- Replacing names with initials or aliases may be an effective way of desensitising the information in a document, but other options such as ensuring the document is stored and transmitted securely should be considered in preference to doing this

3.3 Use of language in recording adult safeguarding work

Adult safeguarding work comes with some challenges. People's usual ways of working may come under strain because of they are concerned about the level of risk in the work or some other factor, which leads them to do things differently from how they usually would. This is sometimes seen in the language used in records of adult safeguarding work. Often, it is better to keep things simple and straightforward. For example

- Avoid saying someone "feels" something, when what you mean is they "said", "believe" or "know" something
- Avoid using synonyms for "says" or "said", such as "responded", "reported", "interjected" and so on. It is easier on the reader. The writer may be concerned about overusing "said" too many times in the same document, but this is unnoticed by readers
- Avoid "advised" as it can be ambiguous which person did the advising, and which person was advised. Use more straightforward alternatives such as "X told Y ...", "X wrote to Y ..." or "X said to Y ..."

4 Responding to Organisational Abuse

Managers of care and support services and commissioners of those services have responsibility to ensure safe, quality services that will reduce the need for safeguarding interventions, and providers are accountable for responding to issues relating to poor care and quality using their own incident management processes

However in cases of organisational abuse it is recognised best practice that commissioning and quality assurance must work in partnership with relevant agencies according to Care Act duties and local adult safeguarding policy and procedures and their functions are not carried out in isolation.

Indicators of when issues of organisational abuse may be more likely to need to be considered include, but are not limited to:

- Safeguarding concerns involving serious organisational abuse with evidence of criminal neglect, ill treatment, network abuse or death;
- Where it is suspected that a number of adults at risk have been abused by the same person, or group of people in the same setting;
- Where there is clear indicators from safeguarding activities relating to an individual adult that other adults are at risk of significant harm;
- Where patterns of trends are emerging which suggests serious concerns about poor quality of care from a provider;
- Where a provider has failed to engage with other safeguarding activities to date resulting in continued harm or continued risk of harm to one or more adults at risk;
- Where there is clear evidence that despite contract monitoring, quality improvement and / actions by a regulatory body such as CQC there is insufficient evidence of improvements within the service. This is resulting in continued harm or continued risk of harm to one or more adults at risk.

Responses to organisational abuse should involve key partner agencies and sufficiently senior managers from the earliest stage. This is essential in ensuring the appropriate personnel and resources are identified to carry out the enquiry. The level and nature of the concern will influence which organisations need to be involved and the required level of authority to make decisions on behalf of those organisations.

An enquiry into organisational abuse is still a process about a single person with care and support needs. It may need to be synchronised with enquires about other adults who are at risk from the same source of risk. It is vital that the enquiry includes the consideration of the views and outcomes of any individual adult involved, and incorporates these into any wider strategic learning within the enquiry, whilst at the same time ensuring the confidentiality of specific individuals is maintained.

It is good practice in any enquiry for service providers to be fully involved from an early stage to promote effective partnership working and bring about the best outcomes for adults with care and support needs. All care and support services should demonstrate and aspire to a duty of candour. All services registered with the Care Quality Commission are legally obliged to disclose to adults (or family members / representatives where appropriate), when there

have been failures in service provision. The regulation aims to ensure that service providers are open and transparent with adults using their services in relation to care and support, and runs in parallel to safeguarding procedures.

5 Adult Safeguarding and criminal investigations

This section outlines the interface between safeguarding adults procedures and criminal investigations, clarifying the expectations regarding the roles and responsibilities of the local authority and police when working in partnership during enquiries concerning abuse or neglect.

Everyone is entitled to the protection of the law and access to justice. Some types of abuse and neglect often constitute criminal offences (for example physical or sexual assault or rape, psychological abuse or hate crime, anti-social behaviour, wilful neglect or unlawful imprisonment). Other criminal offences could be theft and fraud and certain types of discrimination.

Although the local authority has the lead role in undertaking safeguarding enquiries or requesting others to do so, where criminal activity is suspected, early involvement of the police is essential. Police investigations should be coordinated with the local authority who may support other actions, but should always be police led.

5.1 Suspected Criminal Offences

The primary focus must be to ensure the safety and well-being of the adult who is alleged to have been harmed. In an emergency situation call the police / ambulance immediately on 999.

Anyone can report a crime or suspected crime to police – This can be done by calling 101 or [online](#)

In situations where there has been, or may have been, a crime committed it is important that any evidence is preserved / secured wherever possible.

The police response will depend upon which criminal offences are suspected, whether the crime is still taking place, and on other factors such as whether anyone is at immediate risk of harm. The police may need to attend the scene and agencies and individuals can play an important part in ensuring that evidence is not contaminated or lost. They will liaise with Trading Standards Service in relation to some crimes, particularly those relating to scams and doorstep crime.

5.2 Consent

Wherever practicable, the consent of the adult affected should be sought before reporting a suspected crime to the police.

There may of course be circumstances where consent cannot be obtained because the adult lacks the capacity to give it but it is in their best interests to contact the police.

Whether or not the adult has the capacity to give consent, the police will need to be informed if other people are already or would be at risk. The police should also be informed where it is in the public interest due to the seriousness of the alleged criminal offence.

In certain circumstances an adult's right to confidentiality is overruled. Information about a suspected crime should be shared with the police in the following circumstances:

- If others are, or may be, at risk of abuse or neglect.
- Where there are legal or professional responsibilities of staff who have become aware of the concern, for example, if this relates to a breach of regulation, professional code of conduct, or an offence appears to have been committed.
- Where the adult to whom the concern relates lacks capacity and in this situation the Mental Capacity Act should be followed.
- If the adult is believed to be subject to undue influence such that they are unable to exercise free will, for example Modern Slavery, controlling and coercive behaviour or domestic violence and abuse.

If an adult is disclosing potential criminal offences, any initial questioning should be intended only to elicit a brief account of what is alleged to have taken place. This brief account should include where and when the alleged incident took place and who was involved, and should be recorded in writing at the time or as soon as possible afterwards. A more detailed account will be obtained by the police at later stage.

Where police are informed and a criminal investigation is started, the adult's views will be considered by the police investigating officers even when the adult had not consented to the report being made.

5.3 Safeguarding enquiries and criminal investigations

Where the local authority receives a safeguarding concern from a third party agency or individual, consideration should be given if the information indicates that a criminal offence has, or may have been committed. Where a criminal offence has, or may have, been committed and there is any doubt if it has previously been reported to police, a referral should be made to the police.

If the police decide not to undertake a criminal investigation where there has an allegation of a criminal offence, the rationale for this decision making should be shared by the police in writing with the Lead Enquiry Officer. If more information becomes available which indicates this decision needs reviewing then the Lead Enquiry Officer must inform the police.

Where a safeguarding concern is received which does not, at the outset, appear to constitute a criminal offence, there is no requirement to notify police, but this decision should be kept under review. In the event that new information comes to light through the

course of an enquiry, which then indicates that a criminal offence has been, or may have been, committed then it should be reported to the police.

Where it is identified that a police referral is required, whether at the outset of an enquiry, or as a result of new information received, the referral should be completed without delay.

5.4 Referrals from the Police

Surrey Police has a direct referral process for police officers to raise a safeguarding concern with the local authority. The Vulnerable Adult at Risk (VAAR) section of the Single Combined Assessment of Risk Form (SCARF) will be completed by the police for every safeguarding concern. The expectation is that the submitting officer will include sufficient and accurate detail to allow specialist teams and the local authority to act on it, they will state on the form why they are making the referral and whether the adult at risk is aware of it. The referrals come to ASC via the MASH.

5.5 Partnership working within safeguarding enquiries and criminal investigations:

If, as a result of a safeguarding concern, both a safeguarding enquiry and a criminal investigation are required the following will apply:

- The criminal investigation will take primacy.
- Depending on the nature of the safeguarding concern, a joint visit to the adult may need to take place with the police and the Lead Enquiry Officer.

A multi- agency discussion or planning meeting may need to be convened to agree:

- The main lines of enquiry for the criminal investigation.
- The safeguarding plan for the adult and any other vulnerable adults including the suspect.
- The lead individual for each action within the safeguarding plan.
- Ownership of any actions ancillary to the investigation, such as Disclosure and Barring Service referrals.
- The process and time scales for ongoing updates and reviews.

5.6 Ending safeguarding enquiries when a criminal investigation is ongoing

When there is a safeguarding enquiry involving a criminal investigation, the police will lead the criminal investigation and contribute towards the safeguarding enquiry.

The safeguarding enquiry may be closed whilst a criminal investigation is still ongoing, when the local authority is satisfied that it has discharged its Section 42 duty to undertake a safeguarding enquiry, and established a safeguarding plan, where necessary. The police will notify the local authority on the outcome of the criminal investigation and at which point any further follow up or further safeguarding enquiry required will be led by the local authority.

5.7 Achieving Best Evidence interviews

Achieving Best Evidence (ABE) is the national approach to securing evidence or accounts from vulnerable witnesses / victim by means of video recorded interviews (often referred to as ABEs). Surrey Police will adhere to the Authorised Professional Practice (College of Policing) in relation to investigative interviewing to ensure the best possible outcome for victims and witnesses of crime.

The main principle of an Achieving Best Evidence is to maximise the chance of vulnerable or intimidated witnesses giving their best evidence at court by the use of 'special measures'.

The purpose of an Achieving Best Evidence is to ensure that accurate and reliable accounts are obtained from victims and witnesses.

A vulnerable witness as defined within Section 16 of the Youth Justice and Criminal Evidence Act 1999 concerns witnesses eligible for assistance in criminal proceedings on grounds of age and incapacity:

- If under the age of 18 at the time of the hearing, or,
- Suffers from mental disorder within the meaning of the Mental Health Act 1983, or,
- Otherwise has a significant impairment of intelligence and social functioning, or,
- Has a physical disability or is suffering from a physical disorder.

An Intimidated Witness as defined within Section 17 of the Youth Justice and Criminal Evidence Act 1999 concerns witnesses eligible for assistance in criminal proceedings on grounds of fear or distress about testifying. This includes complainants in cases of sexual assault, victims of domestic abuse, some hate crime and adults with care and support needs.

5.8 Appropriate Adults

If a vulnerable adult is detained or questioned in relation to a suspected crime, the police are required to consider whether the services of an Appropriate Adult are necessary.

5.9 Services in Surrey for people who have experienced sexual assault

The [Solace Centre](#) free support and practical help to anyone in Surrey who has experienced sexual violence and/or sexual abuse. The service is completely confidential and you do not

The [Rape and Sexual Abuse Support Centre](#) runs helplines and provides advice and counselling.

5.10 Multi-agency Public Protection Arrangements

Multi-Agency Public Protection Arrangements (MAPPA) are in place to ensure the successful management of violent and sexual offenders. The [MAPPA guidance](#) sets out the responsibilities of the police, probation trusts and prison service.

The Lead Enquiry Officer should be aware of this guidance which includes information on the following:

- identification and notification of MAPPA offenders,
- ViSOR which is the secure database that holds details of MAPPA offenders,
- information sharing,
- disclosure and risk assessment,
- risk management plans,
- multi-agency public protection meetings,
- MAPPA documents set,
- custody, recall and transfer of MAPPA cases,
- critical public protection cases,
- mentally disordered offenders and MAPPA.

Further information on MAPPA can be found at www.mappa.justice.gov.uk

5.11 Information sharing within criminal investigations

If a safeguarding enquiry has a criminal element to it, information may need to be shared between agencies.

The police have a general power at common law to disclose information for the prevention, detection and reduction of crime.

Section 115 of the Crime and Disorder Act 1998 established the power for agencies to disclose information to the police and other agencies. The purposes of the Act broadly cover the prevention and reduction of crime and the identification or apprehension of offenders.

This is a power and not a duty and the requirements of the Human Rights Act, Common Law and the Data Protection Act must still be met.

The disclosure of confidential information held by an agency is allowed with that adult's consent, or if not, where there is a serious overriding public interest to do so if the information relates to serious crime, danger to life or the community, serious threat to others (including staff), serious infringement of the law or risk to the health of the person concerned.

If in doubt seek advice from the SAD or SAM for the work, a Safeguarding Advisor, or the Information Governance team.

5.12 Principles of preserving evidence

The preservation of forensic evidence is time critical. Much can be lost from the victim within the first few hours through activities such as washing, using the toilet, eating, smoking or other forms of contact. Therefore, to maximise the opportunities for forensic

recovery and remove the need to unduly restrict certain basic needs of the victim, there are a number of simple considerations that can be considered which will benefit both the victim and any possible future investigation. These actions will be guided or directed by the police.

Where a crime or incident has occurred in a particular place, for example in an adult's home or a particular room within their home, the police may wish to examine the scene for evidence. Evidence recovered from scenes can help establish who was present when an incident occurred as well as indicating what, specifically, did occur.

Where a suspected crime has recently occurred, care should be taken to try to avoid moving things (for example clearing up) and try to prevent people going into the area who do not need to be there. When the report is made to the police, advice will be given about what may be needed to help preserve the scene.

If the victim or vulnerable adult is present at the scene, their immediate safety and welfare, including any requirement for medical attention, must always be prioritised over scene preservation.

If the victim discloses that they have an item which they took from the suspect, this should be brought to the attention of the police at the earliest opportunity as there may well be a chance to recover fingerprint or other forensic evidence from the item. Similarly, if the victim discloses that the suspect has taken an item of personal property from them, again, this should be disclosed to the police at the earliest opportunity.

6 Counter-terrorism and preventing radicalisation

Individuals may be susceptible to exploitation into violent extremism by radicalisers. Violent extremists often use a persuasive rationale and charismatic individuals to attract people to their cause. The aim is to attract people to their reasoning, inspire new recruits and embed their extreme views and persuade vulnerable individuals of the legitimacy of their cause.

The government's anti-radicalisation and anti-terrorism work is intended to deal with all kinds of terrorist threats to the UK. The most significant of these threats is currently from Al Qa'ida associated groups and from other terrorist organisations in Syria and Iraq. But terrorists associated with the extreme right also pose a continued threat to our safety and security. There are a number of factors that may make the individual susceptible to exploitation by violent extremists, such as identity or personal crisis, particular personal circumstances, unemployment or underemployment and criminality. None of these factors should be considered in isolation but in conjunction with the particular circumstances of the individual.

The police should be the initial point of contact in relation to such concerns. A safeguarding adult alert will also be required where the person is an adult with care and support needs and the tests in s42 of the Care Act appear to be met.

6.1 Prevent and Channel

6.1.1 *What is Prevent?*

Prevent is one of four strands of the government's counter-terrorism strategy, known as Contest. The other strands are: Prepare; Protect; and Pursue.

Prevent is designed to support people at risk of joining extremist groups and carrying out terrorist activities.

In practice it aims for police and other organisations to build relations across the UK and requires faith leaders, teachers, doctors and others to refer any suspicions about people to a local Prevent body. An assessment is then made about whether further action is needed.

6.1.2 *What is Channel?*

Channel is a multi-agency approach to provide support to individuals who are at risk of being drawn into terrorist related activity

Channel seeks to

- Safeguard individuals who might be vulnerable to being radicalised, so that they are not at risk of being drawn into terrorist related activity;
- Ensure that individuals and communities have the ability to resist all forms of terrorism and violent extremist activity likely to lead to terrorism.

Channel is a voluntary process and the person must consent to being part of it.

6.1.3 How does Channel work?

The Channel process identifies those most at risk of radicalisation, and refers them via the police or local authority for assessment by a multi-agency panel. The panel, chaired by the local authority, considers how best to safeguard them and support their vulnerability through a support package tailored to individual needs.

The Channel Panel usually meets once a month, and will discuss each case that is currently known to the Panel. It will also regularly review cases closed to it in past. The Panel will usually have representation from

- Surrey County Council Adult social care, Children’s social care, Education and Community Safety Services
- Surrey and Borders Partnership NHS Trust
- Surrey CCGs Safeguarding Team
- Surrey Police

Key professionals involved with a person known to the Channel Panel will be invited to the relevant part of the Channel Panel.

6.1.4 What does the Channel Panel do?

The Channel Panel is principally about getting the best out of what is business-as-usual for the partner agencies. It helps to ensure that there is a shared understanding of the issues for the person and the risks to them regarding radicalisation. It helps the partner agencies to coordinate the work they are doing and ensure they are paying particular attention to what they can each do to help reduce the radicalisation risk.

The Channel Panel can refer a person to an Intervention Provider. The [Channel Duty Guidance](#) says

“Where the individual has a need for theological/ideological support, Home Office approved intervention providers must be commissioned to mentor them. The mentoring aims to increase theological understanding and challenge extremist ideas where they are used to legitimise terrorism.”

6.2 Referring to Prevent

Referrals for Prevent are made to the Police via 101.

6.3 Referring to Channel

The Channel process only takes referrals from the Police, once they have assessed the situation to consider if other policing options are more relevant and whether the matter is

potentially suitable for the Channel programme. The referral is then considered by the Channel Panel.

6.4 Attending Channel Panel

If you are working with someone who is known to the Channel Panel you may be invited to the relevant part of a Channel Panel meeting.

The purpose of the Panel meeting is to ensure there is a shared understanding of the risks to the person of radicalisation, that they have the right support to reduce those risks, and that this support is working as it should be.

There may be limited time to discuss each person, so making best use of that time is important.

The Panel will expect that you will have prepared for the meeting. That means you will have to hand the relevant information, and you will be clear what information you need the panel to know and what, if anything, you need from the other partner agencies at the meeting.

A key part of the work of the Panel is to understand what the risk issues are and, in particular, how they may have changed since the Panel last met. It can be helpful to review the risk issues below and consider which of them are relevant for the Panel to know about at this meeting.

6.5 Risk factors regarding radicalisation

The Government's Channel programme uses the Vulnerability Assessment Framework (VAF) to consider risks regarding radicalisation. This looks at risks in three areas

- Engagement with a group, cause or ideology
- Intent to cause harm
- Capability to cause harm

6.5.1 Engagement with a group, cause or ideology

Engagement factors are sometimes referred to as “psychological hooks”. They include needs, susceptibilities, motivations and contextual influences and together map the individual pathway into terrorism.

They can include:

- Feelings of grievance and injustice
- Feeling under threat
- A need for identity, meaning and belonging

- A desire for status
- A desire for excitement and adventure
- A need to dominate and control others
- Susceptibility to indoctrination
- A desire for political or moral change
- Opportunistic involvement
- Family or friends involvement in extremism
- Being at a transitional time of life
- Being influenced or controlled by a group
- Relevant mental health issues

Example indicators that an individual is engaged with an extremist group, cause or ideology include

- spending increasing time in the company of other suspected extremists;
- changing their style of dress or personal appearance to accord with the group;
- day-to-day behaviour becoming 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.

6.5.2 Intent to cause harm

Not all those who become engaged by a group, cause or ideology go on to develop an intention to cause harm, so this dimension is considered separately. Intent factors describe the mindset that is associated with a readiness to use violence and address what the individual would do and to what end.

They can include:

- Over-identification with a group or ideology
- 'Them and Us' thinking
- Dehumanisation of the enemy
- Attitudes that justify offending
- Harmful means to an end
- Harmful objectives

Example indicators that an individual has an intention to cause harm, 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; or
- plotting or conspiring with others.

6.5.3 Capability to cause harm

Not all those who have a wish to cause harm on behalf of a group, cause or ideology are capable of doing so, and plots to cause widespread damage take a high level of personal capability, resources and networking to be successful.

What the individual is capable of is therefore a key consideration when assessing risk of harm to the public.

Factors can include:

- Individual knowledge, skills and competencies
- Access to networks, funding or equipment
- Criminal Capability

Example indicators that an individual is capable of causing harm or 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); or
- having technical expertise that can be deployed (e.g. IT skills, knowledge of chemicals, military training or survival skills).

The examples above are not exhaustive and vulnerability may manifest itself in other ways. There is no single route to terrorism nor is there a simple profile of those who become involved. For this reason, any attempt to derive a 'profile' can be misleading. It must not be assumed that these characteristics and experiences will necessarily lead to individuals becoming terrorists, or that these indicators are the only source of information required to make an appropriate assessment about vulnerability. Outward expression of faith, in the absence of any other indicator of vulnerability, is not a reason to make a referral to Prevent.

6.6 Information from the Surrey Counter Terrorism Local Profile 2018

6.6.1 *National*

Main issues

- The UK continues to experience a period of heightened threat
- There is an increasing threat from right-wing extremism
- Daesh's appeal in the UK has not diminished
- Lower sophistication methodologies continue to be favoured, e.g. vehicles, bladed weapons and home-made explosives

Perceptions and motivations

- Perceptions of capability may have changed in light of successful attacks in the UK and Europe, lowering barriers to action
- There is a greater threat from lone actors, who are more difficult to detect and disrupt
- This applies to domestic extremism as well as to Islamic-inspired extremism

Firearms

- The government continue to build resilience against marauding firearms terrorist attacks nationally
- Handguns remain the most commonly available firearm
- General reluctance of criminals to enable terrorists
- Connections made in prison or online are an area of vulnerability

6.6.2 *Right-wing extremism*

Surrey has felt the impact of online campaigns to distribute XRW propaganda in local neighbourhoods, by groups including the New British Union or Fascists and British Movement. Despite the proscription of National Action and removal of accounts from major social media companies it's content remains easily accessible online. Surrey has experienced a disproportionate increase in far-right and XRW activity compared to the national picture. Stickers and posters associated (or consistent with) far right or XRW activity continue to be reported across the County

Key threats

- Nationally, the proscribed group National Action (NA) remains a significant threat. Some of its members have planned attacks.
- The XRW movement is increasingly targeting a younger audience.
- Right wing extremists are increasingly focusing their activities online and adopting more secretive forms of communication. Groups have adopted similar tactics to Islamist extremists and have shifted to lesser known platforms

What you might see

- Symbolology—misappropriation of runes and/or sigils; swastikas or Nazi salutes
- Flags—e.g. Confederate; home-made/not easily recognisable;
- Books—historical (e.g. Mein Kampf) or ideological (e.g. about Wotanism, extreme Satanism)
- Tattoos—e.g. swastikas; runes; eagles; the numbers 14 and 88
- Clothing—combat clothing; historical

What you might hear

- Anti-communism—not all people have an equal claim to property
- Anti-Semitism—a hostility, prejudice, and/or discrimination against the Jewish community
- Pro-Apartheid—a belief in white minority rule in South Africa and elsewhere
- Anti-immigration/xenophobia—a dislike of foreign nationals, or those with a foreign heritage
- Homophobia
- “Hitler was Right” or Nazi slogans

6.7 Al Muhajiroun (ALM)

Al Muhajiroun (ALM) is a proscribed Islamist group that uses extremist rhetoric and activism to advance its objective of establishing an Islamic Caliphate governed by shariah law. Group leaders have voiced support for ISIS and encouraged travel to conflict zones. Individuals affiliated with the group have been convicted of planning or committing terrorist offences, most recently in 2018.

ALM ideology is pervasive and has previously been found across the south-east region. Its online presence transcends physical borders and can reach anyone active on social media or the internet. The group promotes a narrative of ‘Muslim persecution’ and may seek to exploit local issues affecting the Muslim community. ALM, as a coherent entity in the south-east, has diminished. ALM’s ideology endures through legacy, and social media, and may still have a region-wide impact.

What you might hear

Fundamental ALM beliefs include:

- Man-made law is haram (forbidden), entailing a rejection of state authority, democracy and traditional British values
- Shariah law should be established in the UK and globally
- Terrorist acts are justified in retaliation for the perceived persecution of Muslims

What you might see

- Although it has a number of legitimate uses, Dark Web access, when observed in combination with other factors, should be considered a possible area of concern meriting further attention.
- Ensure that extremist online activity continues to be reported by professionals to enable the identification of the use of new platforms and technologies.

6.8 Extremist travel

- The number of individuals within Surrey who have travelled or aspire to travel to conflict zones continues to be very low. In 2018, less than one percent of referrals to Prevent in Surrey were aspirant travellers
- A number of individuals remain in conflict zones having travelled to fight for or against Daesh. The number of aspirant travellers to Syria has reduced as a result of military developments. Frustrated travellers continue to pose a threat.
- A number of returning individuals fighting for the moderate opposition have been arrested and released without charge and the media have questioned whether such individuals should be arrested at all, given that the government and The British Army are assisting Iraqi and Kurdish forces.
- The February 2019 interview of Bethnal Green schoolgirl Shamima Begum highlights the conflicting attitudes likely to be generated by returnees and any support given to them.

6.9 Extremism within the Prison Estate

- The population in prison is transient and it is therefore difficult to articulate the current threat based on prison information that may have only been relevant across a finite time period.
- There is a common risk across the prison estate of radicalisation. There is an enduring risk of contact with TACT offenders as they are dispersed across the estate, and of violence/organised crime crossover.

6.10 Threats to Places and Events

The threat to specific sites and events in the Surrey is low. There is little information relating to specific venues. Two separate threats were made to bomb schools; Neither were corroborated or borne out by subsequent events. However, in 2018, Daesh propaganda encouraged followers to target events including Christmas markets and major events such as the World Cup. Some intent on causing harm may judge events such as the new Pride festival in Woking or events at Sandown and Epsom Racecourses which are frequented by VIPs and the Royal Family or venues such as theme parks or Christmas markets to be attractive targets as demonstrated by events elsewhere.

6.11 An Emerging Far Right Threat: The Identitarian Movement

Identitarian groups such as Generation Identity and the Hundred-Handers promote a blend of far right and extreme right ideology within a seemingly moderate 'ethnocultural identity' narrative. They present themselves as vanguards of a romanticised white European heritage against non-white immigration and multi-culturalism. Overtly non-violent, their 'stage one' objective is to influence what is considered palatable routine discourse, thereby creating tolerance for their ideas.

What you might see

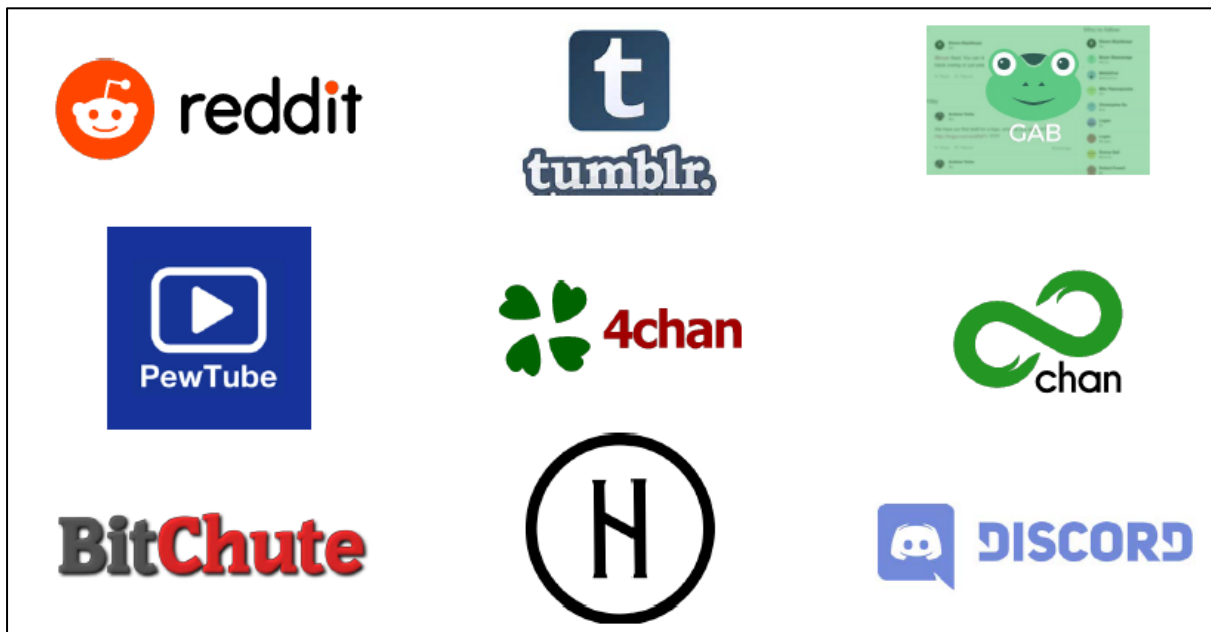
- Marches or protests
- Presence at colleges or universities

- Usurping issues relating to Muslim communities for propaganda purposes
- Leafleting
- Stickers
- Presence at far right events
- Presence on fringe and mainstream social media

What you might hear

- 68ers
- White guilt
- Remigration
- Ethnocultural identity
- Ethnomasochism
- Ethnopluralism
- Shifting the Overton Window
- NPC
- The great replacement
- White genocide

Social media used by extreme right-wing sympathisers



6.12 Brexit

Surrey is likely to feel the effects of Brexit in the form of hate crime, though less acutely than in other parts of the south-east. The events surrounding Brexit provided a platform for open discussion of immigration issues and for anti-government views. Ideological groups from the left and the right have used the opportunity to promote their agendas through protests and on social media. It is likely that right-wing groups will feel empowered regardless of how Brexit unfolds.

6.13 Adverse Experiences and Extremism

It is highly likely that early traumatic experiences increase vulnerability to violent behaviour and involvement with violent extremism of any type. Adverse childhood experiences (ACEs) can lead to an individual developing a need for identity that can be fulfilled by extremist causes. ACEs do not determine who will engage in violent extremism. Rather, they influence an individual's decisions over time, shaping their pathway towards or away from extremism. The number of risk factors (rather than any specific combination) is what matters.

Emotional trauma can lead to increased anger and hostility and greater desire for revenge or redress, which can find an outlet in violent extremism. Expectations of a bleak future can make the idea of dying for a cause more appealing. These factors are exacerbated by weak social ties among family, the community and society at large.

Risk factors have a cumulative influence, leading to increased vulnerability to involvement in extremism. Physical, emotional or sexual abuse, physical neglect and parental abandonment have been found to be predictors of future violent behaviour. Other key factors are marginalisation, poverty and deprivation, inequality and government failures (perceived or actual). The pathway to radicalisation is extremely complex, and is unique to each person

Some recurrent referral characteristics

- Poor mental health
- Social isolation
- Refugee status or asylum seeker (often refused)
- Influenced by or related to another referral subject
- Drug use
- Involvement in criminality
- Violent tendencies
- Prior exposure to violence
- Former missing person
- CSE vulnerability

Signposts to Vulnerability: What You Can Look For

- A lack of integration into the local community
- Home schooling of children
- Involvement in or fundraising for extremist purposes or for aid convoys to conflict zones

- Payments or travel (including aspirational travel) to countries of concern, especially if for extremist purposes
- Promoting a narrative of Muslim suffering
- Social isolation or alienation
- Excessive time spent online at the expense of 'real world' relationships
- Dark web usage, or use of social media platforms as a tool in the facilitation and/or radicalisation of oneself or others
- Disengagement from family and friends
- Promoting an anti-immigration or anti-Muslim narrative
- An overt change in behaviour and appearance
- Associations with professional enablers who can supply firearms
- Fascination with massacre, death, weaponry or contemporary military events
- Grievances against HMG or UK authorities
- Evidence of community tensions
- Leaflets and stickers relating to ideological or single issues
- Extremist speakers at education venues, community centres, hired venues or other locations
- Use of anti-government, anti-democracy or anti-Western rhetoric, in an ideological context
- Subversion of lawful dawah activity, or attempted radicalisation of others in public spaces
- Use of de-humanising or derogatory language that marginalises a specific group
- Possession of weapons (consider axes, knives and crossbows as well as firearms) or an 'experimental' interest in bomb-making
- Membership of, sympathy for or interest in proscribed, ideological or single-issue groups (e.g. National Action or ALM)
- Possession of ideological or single-issue-related paraphernalia (e.g. flags and other symbols; books and documents such as the 'Anarchist's Cookbook')
- Individuals or groups seeking to cause unlawful disruption, disorder, damage or intimidation

7 Safeguarding children

The Children Act 1989 provides the legislative framework for agencies to take decisions on behalf of children and to take action to protect them from abuse and neglect. “Working Together to Safeguard Children” is the relevant statutory guidance.

It is essential that those working to safeguard adults at risk are also aware of their responsibilities to safeguard and promote the welfare of children and young people. There will be occasions when those working with adults at risk identify risks to children and young people, and occasions when safeguarding adults and safeguarding children’s procedures need to operate side by side.

If during the course of responding to a safeguarding adults concern, or any other work being undertaken by Adult Social Care, concerns should arise about abuse or neglect of children and young people under the age of 18 the following steps should take place

- Advice should be sought from a Safeguarding Adults Advisor
- The Surrey Safeguarding Children’s Board’s procedures should be followed

Any concerns about someone under 18 years old should be treated as a concern about abuse or neglect of a child or young adult and managed under child protection procedures, even if the person makes the disclosure when they are an adult.

Where a young person may remain at risk after the age of 18 and they are likely to have care and support needs at that age, representatives from adult services may need to be involved in order to contribute to the development of protective measures and plan for the young person’s future. Once a young person turns the age of 18, protection arrangements would then be reviewed by adult services.

If an allegation of abuse is with regard to an adult at risk who has turned 18 years of age where children services have previously been involved in relation to related issues of support or concern, it may be appropriate to invite representatives from children services to attend strategy meetings in order to advise on relevant issues.

8 Adult Safeguarding Enquiries and Domestic Abuse

8.1 Understanding Definitions of Safeguarding and Domestic Violence and Abuse

A significant proportion of adults who need safeguarding support may be experiencing domestic abuse. This was reflected in the Care Act 2014 function to help and protect adults with care & support needs experiencing or at risk of abuse and neglect, where domestic abuse was included explicitly as a category.

The Government definition of domestic abuse is:

“Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- Psychological
- Physical
- Sexual
- Financial
- emotional

Controlling behaviour - 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 - 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”

The Government definition, which is not a legal definition, includes so called 'honour' based violence, female genital mutilation and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

Whatever form it takes, domestic abuse is rarely a one-off incident and therefore the agencies should be aware that there may be a pattern of abusive and controlling behaviour through which the abuser seeks power over the victim. While the majority of victims are female, men are affected as well. Children are also affected both directly and indirectly and there is also a strong correlation between domestic violence and abuse and child abuse

While victims of domestic abuse are most likely to be an adult former or current partner, professionals need to be able to recognise abuse in other contexts. That can include:

- Honour-based Violence (HBV), which is defined as: a violent incident or crime committed to protect or defend the honour of the family or community.” It is often committed with some involvement or co-operation from the family and/or community and is designed to punish an individual for behaving in a way that is not in keeping with traditional cultural beliefs.
- Violence between family members, for example an adult child to a parent. Nationally, Adult Family Homicide is where a parent is murdered by adult child (usually a son). These cases are often associated with mental health issues.

It is important that all agencies are robust in their interventions with intra familial domestic abuse. Appropriate support services should be sought to meet the needs of the adult who is experiencing domestic violence and abuse.

8.2 Key messages

Staff need to have the knowledge and skills to work with domestic abuse in an adult safeguarding context. Depending on the role and circumstances this might include: responding to a disclosure sensitively and in a way that ensures people's safety; asking about domestic abuse in a way that makes it easier for people to disclose it; assessing someone's immediate safety; offering referral to specialist; providing advice and support to people experiencing domestic abuse including assessment, safety planning and continued liaison with specialist support services

- Some adults who are subject to adult safeguarding enquiries will be experiencing domestic abuse
- Domestic abuse can be hard to identify:
 - It can include multiple forms of harm or abuse by people who are or have been intimate partners
 - It can be hidden due to the complexity of family dynamics or be disguised as another issue such as carer stress
 - It may not be identified because of assumptions about age or as a result of health or social care needs, which mean people are seen as having injuries or experiencing depression, for example, rather than as a person experiencing domestic abuse
- There is a responsibility on professionals to provide opportunities for disclosure, this is not a responsibility that should be located with victims, especially those who may find it harder to tell
- There are numerous services responses that can be used to address domestic abuse
- Close multiagency working is key

Factors which may impact/increase the risk for the person.

- Women who have disabilities are at significant and higher risk of domestic abuse (Rich, 2014)
- More than 50% of disabled women in the UK may have experienced domestic abuse (Magowan, P. 2004)
- People who experience poor mental health are more likely to experience domestic abuse (Trevillion et al 2012)

- Domestic abuse can cause mental health problems
- Older women who have experienced abuse over a life time may face particular barriers to seeking support; challenge for practice in recognising domestic abuse for older people

8.3 Identification

Where a member of staff ask about domestic violence and abuse in a way that makes it easier for people to disclose it, or someone makes a disclosure, staff should respond with empathy and ensures that the person is seen private on a one-to-one basis in an environment where the person feels safe, and in a kind, sensitive manner. Ensure people who may be experiencing domestic violence and abuse can be seen on their own (a person may have multiple abusers and friends or family members may be colluding in the abuse).

It is good practice [to complete a Domestic Abuse Stalking and Harassment Risk Identification Checklist](#). This is commonly known as the 'DASH RIC'. The DASH RIC is designed to help professionals make an accurate and fast assessment of the danger someone is in. The DASH RIC helps professionals to identify what support someone might need, which could include a referral to the local MARAC.

The DASH covers 6 areas of risk, but staff should also consider issues that might make someone more vulnerable in the context of safeguarding e.g. the victim or the abuser have dementia or any other form of cognitive impairment, there are concerns about capacity to make informed decisions or one or other person is their carer?

8.4 Response

Staff need to know about, and have access to information regarding , local protocols and information sharing agreements and are confident to make onward referral and access local care pathway

Build arrangements for personalised and robust enquiries and assessments of risk that address someone's risks and needs – this should include identifying how to help someone be safe, but also to cope and recover

In the contest of DVA this could include considering referral and / or joint working with specialist DVA services tailored to their level of risk and specific needs. This should include providing support in different languages, as necessary.

It may also be appropriate to refer someone to the local Multi-Agency Risk Assessment Conference (MARAC).

- Where someone is subject of a safeguarding enquiry, the MARAC referral should include information on the progress of the enquiry, and what information or support is being sought from agencies at the MARAC.
- At the MARAC it is critical to agree what process is responsible for managing the case in the future, so this should be discussed. As an enquiry is statutory process, this will normally take precedence. Additionally the MARAC is risk focussed and is a time limited meeting.

- Many victim/survivors will need when support to help cope and recovery and staff should use the using a Making Safeguarding Personal approach to explore these issues.

Staff should also consider whether it would be appropriate to consider a 'Right to Ask' or 'Right to Know' application under the Domestic Violence Disclosure Scheme (DVDS), which is sometimes called 'Clare's Law'. If a MARAC referral is made, staff are prompted to consider this as part of the referral. The aim of the Domestic Violence Disclosure Scheme is to enable potential victims to make an informed choice about whether to continue with a relationship if a new or current partner has a history of violence or abuse. It also aims to provide help and support to assist a potential victim when making that informed choice.

8.5 Risk and consent

Coercive control is a core part of domestic violence and abuse. The extension of the Government definition to address this issue explicitly highlights the importance of professionals being able to recognise coercive control as a complex pattern of overlapping and repeated abuse perpetrated within a context of power and control. This is particularly important in the context of mental capacity.

Assessing capacity can be particularly challenging in domestic violence and abuse situations, where the person is cared for or lives with a family member or intimate partner, and is seen to be making unwise decisions which put or keep themselves in danger. In making an assessment, professionals will need to make a judgement whether decisions described as 'unwise' in these situations are truly free and informed decisions, or if they are made in fear of retribution from the perpetrator.

Professionals should also recognise that isolation is a critical factor in domestic violence and abuse, particularly where there is coercive control. Ways that an abuser may further isolate someone who is experiencing domestic violence and abuse, or make them more vulnerable to it, include those life changes that reduce or remove their independence (e.g. loss of driving licence, increased social isolation due to care needs or changes to social network, loss of ability to communicate).

A tool for assessing coercive control risks can be found in Appendix B.

8.6 Carers and domestic abuse

It is also important to consider the carer role in the context of DVA, both as a potential victim or perpetrator:

- A carer may experience intentional or unintentional harm from the adult they are trying to support.
- A carer may unintentionally or intentionally harm or neglect the adult they support e.g. this may include preventing services from engaging with the person they care for

- A carer may witness or speak up about abuse or neglect but not recognise this as domestic violence and abuse or not recognise they are a carer (e.g. a spouse).

In making an assessment, professionals should consider:

- Amount of time spent with cared for person
- Lack of engagement with support services
- Unexpected changes to gendered role
- Fear of failure
- 'Dementia burden'.

8.7 Developing a safety plan with a person with care and support needs

Professionals advising adults with care and support needs (referred to here as 'adults') and managing safety plans should:

- Establish how the survivor can be contacted safely and seek their permission to pass this information onto all professionals in contact with them
- Establish the location of the perpetrator, if separated from the adult
- Establish if the perpetrator is the adult's carer.
- Obtain the survivor's views about the level of risk
- Determine methods to facilitate any existing child contact arrangements safely
- Ensure that the survivor has the means to summon help in an emergency
- Identify where a survivor might go if they have to leave quickly and what they will take with them
- Encourage victims to report all incidents to the police or other organisations that will record the incident and maintain accurate and detailed records
- With their permission, refer the survivor to organisations that provide specialist support and advice
- Refer the case and details of the safety plan to a Multi-Agency Risk Assessment Conference (MARAC) in cases identified as high risk
- Encourage the victim to seek professional advice about legal and financial matters and child contact
- Inform survivors of criminal or civil law provisions which may be applicable, e.g., restraining or non-molestation orders
- Make survivors aware of the potential pitfalls of social media use, e.g. identifying current location through status updates/geo-location systems on smartphones which automatically update to publicly display current location
- Consider that victims with insecure immigration status, from minority ethnic communities, victims with disabilities or from socially isolated communities may fear contact with the police
- Where appropriate and safe to do so, involve the survivors' friends, family or neighbours in the safety planning process where appropriate and safe to do so

- With permission, involve other professionals in the plan such as support workers, GPs, drug and alcohol services, mental health workers, schools etc.
- Encourage the survivor to keep a diary (where you have established it is safe to do so).
- Assess whether the adult has the mental capacity to make informed choices about how to protect themselves.
- Consider coercive control and the new law. Consider if there is evidence of this – i.e. isolation, control, intimidation, financial abuse.
- If you are aware that the adult is accessing other support services, consider who is offering specialised support for domestic abuse.
- Be aware of safety and confidentiality particularly around sensitive documentation for the survivor.
- Where the perpetrator is a caregiver, discuss how the survivor could continue to maintain their independence if they were to cease contact with the perpetrator.

Taken from "[Checklist: Developing safety plans with adults with care and support needs experiencing domestic abuse](#)" ©Research in Practice for Adults and Women's Aid, 2016

8.8 MARAC

MARAC is the multi-agency risk assessment conference for high risk domestic abuse cases. The MARAC local to where the victim lives is the one that will discuss the case. It is held monthly and admissions for that month's MARAC close 14 days before the meeting. There are 5 geographical areas for MARAC.

- Northern Runnymede, Elmbridge and Spelthorne
- Guildford and Waverly
- Woking and Surrey Heath
- Eastern – Reigate and Banstead
- Eastern – Epsom, Ewell, Mole Valley and Tandridge

There are currently four criteria for assessing the risk of harm and for referring a case to MARAC:

- **Professional judgement:** This judgement would be based on the professional's experience and/or the victim's perception of their risk even if they do not meet criteria and even if the victim has been unable to disclose the information that might highlight their risk more clearly.
- **Potential Escalation:** Five or more incidents which are a cause of concern as a result of domestic abuse/violence in the past 12 months.
- **Repeat cases:** A repeat case is one which has been previously referred to a MARAC and at some point in the 12 months, from the date of the last referral, a further incident has occurred. This incident must include one of the following:
 - Rape
 - Sexual Abuse
 - Pattern of Stalking and Harassment
 - Violence or the threat of violence
- **Assessed High Risk:** A high risk of serious harm has occurred or is likely to. This is determined by the scoring on the DASH risk assessment

After all agencies have shared their information at the conference, risks and measures are set to safeguard the subjects going forward. The MARAC coordinator will task Officers via Niche if any resulting action is required of them and MARAC will track the tasks of all agencies to ensure completion.

MARAC do not carry out any investigation or hold any caseload, their function is to purely help the agencies involved to coordinate support.

Please see [the information on MARAC on Surrey County Council's website](#) for information on referring to MARAC. Safelives have [an information resource on MARACs](#).

8.9 Further information

[Surrey Against Domestic Abuse](#)

[RiPFA's website on coercive control](#)

9 Financial abuse and adult safeguarding

Financial abuse includes:

- theft, fraud and exploitation,
- pressure in connection with wills, property, inheritance or financial transactions,
- misuse or misappropriation of property, assets, possessions, savings, capital or benefits

Examples of adult safeguarding concerns relating to financial abuse include

- Money or possessions stolen, borrowed or withheld without permission.
- Wrongfully controlling access to money or benefits.
- Preventing someone buying goods, services or leisure activities.
- Money being absorbed into a care home or household budget without the person's consent.
- Being deliberately overcharged for goods or services, or being asked to part with money under false pretences.
- Not providing the care that the person is charged for
- Carrying out unnecessary work and / or overcharging.
- Postal, telephone and internet scams where the person has interacted with someone and has lost money.
- Unlicensed money lending (loan sharks) i.e. being offered a loan on very bad terms.
- Staff or volunteers borrowing money, or accepting gifts or money from clients.
- Misuse of a person's assets by professionals
- Altering ownership of property without consent.
- Exerting undue influence to give away assets.
- Pressure in connection with wills, property, inheritance, possessions or benefits.
- Putting undue pressure on the person to accept lower-cost or lower quality services in order to preserve more financial resources to be passed to beneficiaries on death.
- Misuse of powers of attorney

9.1 Why is recognising financial abuse important?

The impact of financial abuse should not be underestimated and can be every bit as significant as physical abuse. Even small losses have the potential for significant impact when considered in context with a person's overall wealth / income and whether or not they have access to the right support.

The negative impact of financial abuse, regardless of the source, can leave people unsettled and without the confidence to live independently. It can cause the person who previously did not have a need for social care services to deteriorate to the level at which they require services.

9.1.1 How does financial abuse affect someone?

A person may experience any of the following:

- Depression / anxiety
- Distress
- Anger
- Embarrassment / loss of self-esteem
- Self-blame – decline in mental health
- Denial / fear
- Betrayal
- Stress
- Loss of confidence to live independently
- Deterioration in physical health (leading to premature death)
- Social isolation
- More vulnerable to further exploitation
- Inability to replace lost savings due to lack of earning potential

9.2 Recognising someone at risk of financial abuse

While a person who lacks capacity may be considered to be more at risk of financial abuse, it should be remembered that someone with capacity can be equally susceptible. For example, it should not be assumed that if a person who has capacity makes a gift, then it cannot be regarded as theft. Coercion and undue influence, emotional grooming and predatory behaviours as well as the reasonableness of the transaction all need to be considered.

An adult at risk of financial abuse may display one or more of the following:

- The person is unable to manage their own finances due to lack of capacity or sufficient numeracy skills
- The person is dependent on another person or people to manage their money.
- The person is dependent on others for all aspects of daily living, such as those who live in residential care.
- The person is known to be isolated or is regarded as at risk within the community.
- A person who is isolated or lives on their own may be more at risk of being exposed to financial pressure e.g. from salespersons, loan firms, rogue traders or bogus callers.
- The person is of a trusting nature or unable to recognise and manage risks of financial abuse
- The person is susceptible to emotional grooming
- Diminishing mental or physical capacity

9.3 Recognising financial abuse

Indicators of financial abuse include

- Having cash or items stolen
- Unexplained withdrawals from a person's bank account.
- Cheque withdrawals to unknown businesses / persons.

- An unexplained shortage of money, despite an adequate income or immediately following benefit day.
- Unpaid or a sudden inability to pay bills.
- Payment of client contribution suddenly stops.
- Disparity between assets and satisfactory living conditions.
- The person lacks belongings or services which they can clearly afford.
- Reluctance on the part of family, friends or the person controlling funds to pay for replacement clothes or furniture.
- Items purchased which are not appropriate for the person.
- Home improvements or repairs that are 'out of fashion' with the person's lifestyle or are 'worrying' the person or staff.
- Loans or credit being taken out by a person in circumstances that give cause for concern, such as the age of the person taking out the loan and the alleged reason for the loan.
- Pressure by family members and other people to sign over assets or alter wills.
- Recent change of deeds or title of house.
- A person's inability to explain what is happening to their own income.
- The disappearance of bank statements, other documents or valuables, including jewellery.
- Family or friends asking only financial questions of the worker, does not ask questions about care.
- Large volumes of 'junk' mail
- Lack of records within a care home or supporting living accommodation, such as time sheets, invoices and receipts
- After a period of grooming, have strong emotional ties with the scammer
- Receives a high volume of phone calls
- Become extremely distressed, angry or aggressive to learn that they are a scam victim

9.4 Barriers to recognising and acting on financial abuse

[Research by Age UK](#) identified possible barriers to recognising and acting on concerns about financial abuse

- In the case of financial abuse by family, friends, and carers, the abuse tends to start out as legitimate transactions and escalate over time, making it difficult to know when it has crossed the line into abuse.
- There may be indications of consent, such as a signed document or an apparent gift, but these may not be what they seem, as there could have been coercion, which would be very difficult to spot.
- One study found Professional 'bystanders', such as health, care and finance professionals, were less likely to intervene where victims of financial abuse were not perceived as having any cognitive impairment.
- Reporting is more frequent for less intimate relationships and less common for abuse in the closest relationships
- a fear on the part of staff that the abusers might become abusive towards them
- staff reluctance to 'intrude' into 'private' matters
- Where a large number of professionals are involved, there is evidence that some people feel there is a diffusion of responsibility

9.5 Scams

Scams are misleading or fraudulent offers designed to con people out of money. They may be received by post, email, telephone, text or face to face. They target millions of people, not just older or vulnerable people. These scams are becoming ever more sophisticated and elaborate. For example:

- Internet scammers can build very convincing websites
- People can be referred to a website to check the caller's legitimacy but this may be a copy of a legitimate website
- Postal scams are mass-produced letters which are made to look like personal letters or important documents

Often fraudsters will target lonely people on the telephone. They will groom their victims and persuade them to part with money for fake shares etc. They will often pretend to be calling from the victim's bank and get them to provide their bank account details over the telephone.

Doorstep criminals call unannounced at the adult's home under the guise of legitimate business and offering to fix an often non-existent problem with their property. Sometimes they pose as police officers or someone in a position of authority

In all cases this is financial abuse and the adult at risk can be persuaded to part with large sums of money and in some cases their life savings. These instances should always be reported to the police, [Action Fraud](#) and [Trading Standards](#) for investigation.

9.6 Vulnerable Victim Fraud

It is recognised that some types of offending disproportionately affects some groups of people who are vulnerable but who do not lack capacity.

Fraud is a hidden and under-reported crime, with victims often in denial or unaware of the criminality behind it. Increasingly fraud is becoming more complex and sophisticated, much of which is targeted at vulnerable and elderly people.

The nature of fraud victimisation is not only financial. The emotional impact is significant and includes guilt, misplaced trust and diminished confidence, resulting in detrimental effects on physical and mental health and increased social isolation.

A number of victims of fraud remain in denial having been successfully groomed by fraudsters. Identifying scam victims can be difficult as they:

- May be unaware of their victim status
- Are instructed to remain quiet by the criminals
- Feel guilt, shame or are in denial
- Fear that they will lose their social or financial independence if they tell friends or family

- Don't want to lose their 'friendship' with the criminals

This can result in extensive losses sometimes amounting to whole life savings. These victims can refuse to allow officers to inform their next of kin or family members. Whilst the gravity of overriding a victim's wishes should never be ignored, there will be circumstances when it may be in their best interests to do so. This will often be the most effective way to reduce the victim's vulnerability from further financial loss.

9.7 Carrying out an adult safeguarding enquiry into a concern about financial abuse

Safeguarding enquiries regarding financial abuse will need:

- To consider welfare and prevention alongside any investigatory actions.
- To work with the adult at risk to identify and manage their expectations and focus on their desired outcomes.
- To consider the breadth of remedies available to the person at risk of financial abuse
- A robust plan for the enquiry which involves and utilises the skills of partners at the earliest opportunity.

Consideration will need to be given to the dynamics of financial abuse which include

- The intentions of the potential abuser and their relationship with the person
- The nature of the actions taken to access the money
- The extent to which the money is being used to meet the person's needs
- The degree of harm or loss to the person
- Any conflicting interests the potential abuser or other interested parties have in terms of access to the money or property

9.7.1 Planning the enquiry

When planning the enquiry, consider the following questions

- What does the victim know? Do they understand what is/has happened?
- What do they want to happen now? What outcome do they want?
- Do they have capacity?
- Do they want to make a complaint to the police?
- Do they need support from an advocate?
- Who is the suspected perpetrator?
- What is their relationship to the victim?
- What 'control' do they have?
- Is this 'control' legal (e.g. registered LPA, EPA)

- Has the perpetrator committed a criminal offence?

When considering how the agencies involved might work together in carrying out the enquiry, consider the following questions

- What action can be taken to immediately protect the individual?
- Can DWP freeze the Appointeeship?
- Is there a role for the Court of Protection?
- Is there a need to contact banks or building societies? Is there a need to request them to restrict access to accounts?
- Is there a legal call on assets or an estate?
- How can continuity of any care service be maintained?
- Is the person who may be a risk also a risk to anyone else?
- Identify who is going to investigate what, including the Police, Social Care, DWP, services provider and so on. If any agencies will not investigate when it seems that they reasonable should, identify why.
- Identify who is going to contact the perpetrator and how. If by post – use recorded delivery for proof of delivery. If in person, consider risks and how to respond to difficult people. Choose venue carefully. Ensure contact with perpetrator is timely – the perpetrator avoiding contact will only delay the process considerably.
- Identify who has the evidence:
 - Bank Statements
 - DWP
 - Local authority departments
 - Court of Protection
 - NHS fraud services
 - Landlords

9.7.2 Identifying if there has been abuse

A widely used tool in the USA is the Older Adult Financial Abuse Measure (OAFEM). [A study in Ireland](#) of the applicability of it in that context found that a preliminary use of an abbreviated version of the OAFEM, reduced to 6 questions. This shortened tool may be of use in an adult safeguarding enquiry. The six questions are

- Has someone borrowed money from you but not paid it back?
- Has someone felt entitled to use your money for him/herself?
- Has someone used your money on their own behalf instead of for your benefit?
- Have there been unexplained disappearances of your funds or possessions?
- Has someone lied about how they were spending your money?
- Has someone demanded money from you?

9.7.3 Developing a protection plan

When developing a protection plan regarding financial abuse, options for action include

- Making changes to increase security such as arranging for a safe or strong box, or a key safe
- Change in appointeeship arrangements
- Criminal prosecution
- Application to the Court of Protection to change Lasting Power of Attorney or Deputyship arrangements
- Bank account suspended/changed
- Action required in relation to the perpetrator, for example if they carried out financial abuse through their role at work or as a volunteer
- Provide new or increased support services
- Empower the individual to take control of the situation, through measures such as education, or therapeutic input

9.8 Working with partners in responding to concerns about financial abuse

9.8.1 Trading Standards

[Buckinghamshire and Surrey Trading Standards](#) can help to protect against financial abuse by:

- Providing information and advice on how the adult at risk can protect themselves from being deceived in relation to doorstep crime, rogue traders, loan sharks and mass marketing scams such as lottery, postal or internet scams.
- Known scam victims can be supported by Trading Standards, and interventions can take place where necessary to support the person.

[National Trading Standards](#) is responsible for gathering important intelligence from around the country to combat rogue traders and tackle a number of priorities. These priorities currently include mass marketing and internet scams, illegal moneylending and other enforcement issues that go beyond local authority boundaries.

9.8.2 Social care service providers

Residential care homes should have policies and procedures in place for dealing with clients' finances and valuables, and keep proper auditable records.

Home care providers should have formal arrangements in place for home care staff to take on financial responsibilities.

Supported living accommodation should have systems in place to support clients in managing their finances which do not put staff in conflict with their employer. Clear auditable records should exist to show the client has been invoiced in accordance with the care that has been delivered.

9.9 Options for legal redress

9.9.1 *The criminal courts*

If a criminal offence, such as theft or fraud has been committed, the person experiencing financial abuse may wish to press criminal charges against the person alleged responsible.

9.9.2 *The civil courts*

Where a criminal offence has not been committed, it may be possible for the person subjected to financial abuse to obtain relief through civil law. This would be the case where financial abuse occurs as a result of undue influence or duress.

Undue influence occurs when a person's wishes regarding a gift or bequest are overruled as a result of coercion or undue pressure by somebody else. Duress relates to a person entering into an agreement as a result of threats.

Where it is established that duress or undue influence has been exerted, any contract the person experiencing financial abuse has entered into may be set aside and they must take steps to void the contract. Where duress has occurred, it may also be possible to obtain damages; damages are not available with undue influence.

9.9.3 *Office of the Public Guardian*

If the abuse is perpetrated by an attorney or deputy and the donor still has capacity, he / she can revoke the Lasting Power of Attorney (LPA) by way of a Deed of Revocation. The attorney should be alerted and, where the LPA is registered, the Office of the Public Guardian informed. Where the donor lacks capacity case managers can [refer concerns directly to the Office of the Public Guardian](#). A local authority can make representations to the Office of the Public Guardian if there is reasonable belief that an attorney or deputy is not acting in the person's best interest.

Where someone claims to hold a Lasting Power of Attorney or Deputyship, or if it is not known if there is one in place, this should be checked. The Attorney or Deputy should be asked to produce the relevant documents, and the [OPG provides an online checking service](#).

9.9.4 *The Court of Protection*

Where the person experiencing financial abuse lacks capacity the Court of Protection has wide powers to deal with the consequences of financial abuse.

These include:

- Making an order prohibiting a named person from having contact with the person experiencing financial abuse.
- Making an order enabling another person to bring proceedings on behalf of the person experiencing financial abuse, for example, for redress in the civil court. This may involve claims of fraud, coercion, undue influence, lack of capacity, and breach of trust.
- Appointing a deputy.

In addition, the Court can simply set aside gifts or wills on the grounds that the person lacked capacity at the relevant time.

9.9.5 The High Court

The High Court can make:

- freezing injunctions to prevent money or property being disposed of
- search orders to allow access to the home or workplace of the person alleged responsible to search for documents.
- Injunctions to prevent the person alleged responsible from leaving the country.

A person acting as a 'litigation friend' (ie. representing a person with mental health issues) can also apply to the High Court for recovery of funds.

9.10 Preventing financial abuse when assessing care and support needs

Adults with care and support needs, as set out in the Care Act 2014, may or may not have mental capacity to manage their financial and property affairs and their condition may be stable, improving or deteriorating. Depending on the person's capacity various options for managing a person's money or property exist. A person assessing their care and support needs should ensure that responsibility for this function is addressed during the assessment and care & support planning.

The functions may be fulfilled by relatives, professionals, or statutory agencies and consideration of who should undertake this role should be part of the risk and wider assessment process. If an applicant for care has substantial financial assets, they or their representative should be advised to seek guidance from a professional advisor who is covered by the financial services authority. Where legal provisions are already in place the assessor must see and take a copy of evidence of Enduring/Lasting Power of Attorney/Deputyship/DWP Appointeeship during the assessment.

9.10.1 Giving Financial Advice

In discharging a duty in the Care Act about providing information and advice the Local Authority must ensure that information and advice is provided on:

- how to access independent financial advice on matters relating to care and support
- the extent of an adult's responsibilities to pay for it
- their rights to statutory financial and other support, locally and nationally

The Care Act Statutory Guidance says that financial information and advice is fundamental to enabling people to make well-informed choices about how they pay for their care. This is deemed integral to the adult in their consideration of how they may be able to pay care costs, either now or in the future. In addition to the Local Authority making this information available, the duty must be delivered proportionately, but without regard to eligible need.

Actions should include:

- working with adults, representatives and partners to communicate messages about the benefits of financial information and advice
- considering an adult's need for financial information and advice when they make first contact with the authority (and throughout assessment, care and support planning and review processes)

- consideration of adult's who become known through a referral (including self-referral)
- consideration of adult's who are currently in need of, or who are receiving care and support
- adult's whose care is being reviewed
- family members with care and support needs (or likely to develop them)
- identification of carers, with identified actions to reduce needs for support
- adults who are subject to adult safeguarding concerns or anyone who may benefit from financial information and advice on matters concerning care and support.

Local authorities must have regard to identifying these adults, to help them understand the financial costs of their care and to support and help them to access independent financial information and advice including that from regulated financial advisers. Where this includes advice on welfare benefits it should be provided by specialist personnel.

9.11 Further information

<http://www.elderfinancialabuse.co.uk/>

[“Financial Abuse and Scams”](#) (ADASS / LGA / PSW network / National Trading Standards scams team)

<https://www.friendsagainstscams.org.uk/>

10 Guidance on honour based violence, forced marriage and female genital mutilation

10.1 Forced marriage

Forced marriage is when a person faces physical pressure to marry, such as threats, physical violence or sexual violence, or emotional and psychological pressure, such as a person being made to feel like they are bringing shame on your family.

Forced marriage is a criminal offence under the Anti-social Behaviour, Crime and Policing Act 2014. The offences apply if either the perpetrator or victim is in England and Wales, habitually resident there or a UK national. This legislation bans

- Marrying someone who lacks the mental capacity to consent to the marriage, regardless of whether they are pressured to do it
- Taking someone overseas to force them to marry even if the marriage does not take place
- The use of violence, threats or coercion to cause someone else to marry, or behaviour that they should reasonably believe may cause the other person to marry without free and full consent.
- The breaching of forced marriage protection orders. Anyone who has been forced to marry or threatened with it can apply for a protection order as can third parties such as the police, relatives and voluntary organisations.

10.2 Actions to take where there is a concern about false marriage

- Make a referral to the police
- If possible, see the victim immediately in a secure and private place where the conversation cannot be overheard.
- See them on their own, even if they attend with others.
- Develop and agree a safety plan in case they are seen i.e. make out another reason why you are meeting.
- Explain all the options available to them.
- Recognise and respect their wishes.
- Perform a DASH risk assessment including HBA section
- Reassure the victim about confidentiality where appropriate e.g. police / other agencies will not inform their family/community.
- Establish and agree an effective method of contacting the victim discreetly in the future, possibly using a code word to confirm identity and/or to establish if safe for them to speak. Ensure the code word is chosen by the victim.
- Consider different code words for different situations and ensure these code words are recorded
- Obtain full contact details.
- Where appropriate, consider the need for immediate protection and suitable placement away from the family. Continued support is paramount as victim will feel isolated
- Provide personal safety advice.

- If appropriate, record any injuries.
- Establish if there is a family history of Forced Marriage or HBA. To include extended family and hierarchical structure of family.
- Advise the victim not to travel overseas and identify any planned trips. If any trip is planned then obtain ALL passport details / flight details / destination date and time. If imminent consider advice such as concealed metal spoon (this will alert a security search where the victim has an opportunity to discreetly disclose they need help).

DO NOT:

- Send them away.
- Approach members of the family or the community.
- Use family members or members of the community as interpreters.
- Use local transport arrangements i.e. local taxis.
- Attempt to mediate or encourage reconciliation or family counselling.
- Share information with anyone without the victim's consent unless there is an imminent risk of serious harm or threat to life.

Information it can be helpful to establish if possible

- The nature and level of risk to the safety of the person e.g. is she pregnant? Do they have a secret boyfriend or girlfriend? Are they already secretly married?
- If there are any other family members at risk of HBA or forced marriage or if there is a family history in relation to this to ensure protective measures are extended to them too.
- If there is a risk to the boyfriend / girlfriend to ensure protective measures are extended to them too.
- If person under threat entered into their current relationship of their own free will.
- If person under threat is free to choose who they have a relationship with.
- If members of family threaten them over religious matters, achievement or marriage plans.
- If the person under threat has ever been forced to meet a prospective marriage suitor.
- If there has been any emotional pressure or threats of violence/intimidation in connection with a proposed marriage arrangement, or even some form of cultural obligation.
- If any assaults have occurred as a result of refusal to comply with the wishes of parents or other family member over marriage, religious or cultural issues

10.3 Options available to people regarding forced marriage

Advice on the options open to someone facing forced marriage will often come from the police, or the Forced Marriage Unit, but where there is limited opportunity to have contact with someone, any professional who has that opportunity may be the best placed person to give this information.

If someone fears they may be forced to marry, they have limited choices:

- To leave their family, start a new life and possibly have to remain in hiding but offer reassurance about other available support.
- To leave their family, start a new life knowing they face a life of ostracism and isolation but offer reassurance about other available support.
- To leave their family, start a new life and prosecute their family.
- To return to the family and hope the situation can be resolved.
- To seek legal protection.

If someone is already trapped in a forced marriage, they have limited choices:

- To stay with the marriage.
- To flee the marriage, start a new life and possibly have to remain in hiding (will require lots of support and reassurance about available support).
- To leave their family, start a new life knowing they face a life of ostracism and isolation (will require lots of support and reassurance about available support).
- To flee the marriage, start a new life and prosecute the family.
- Other issues such as having young children or younger siblings will affect the options available to them and this may limit their choices further.
- There may be serious risk of harm, especially for women, if they choose to return to the family or stay within the marriage.
- To leave and start a new life can make them extremely vulnerable. Their family or spouse may search for them through routes such as housing records, benefit records, employment records and health records. However, these records can be protected.
- For many people prosecuting their family is something they will not consider.
- If the victim is from overseas, fleeing the marriage and applying to remain in the UK is an extremely complicated process and requires professional immigration advice.
- For many victims from overseas returning to their country of origin is not an option. They may be ostracised, subjected to violence or even killed. These risks should be explained, even just to exclude this option.
- Many people, especially women, may be extremely frightened by contact with any statutory agency as they may have been told that the authorities will deport them and/or take their children away from them. Professionals need to be extremely sensitive to these fears when dealing with a victim from overseas, even if they have indefinite leave to remain or a right of abode as they may not be aware of their true immigration position. These circumstances make them particularly vulnerable.
- If it is discovered that they are in breach of immigration rules (e.g. an over stayer), remember they may also be the victim of a crime and be traumatised as a result.
- Male victims of forced marriage may have difficulty in being taken serious. If they then wish to leave the family home, refuge accommodation tends to be limited for men so the use of hostels may be the only alternative.

10.4 Personal Safety Advice and Devising a Strategy for Leaving Home

Leaving home is the most dangerous time for victims experiencing forced marriage or HBA. Therefore, if someone is planning to leave or the perpetrators may suspect they might leave, measures should be taken to ensure their safety.

Even if someone is not ready or willing to leave, they should still be advised of their options and helped with safety planning so they can take measures to protect themselves at home and make arrangements to leave home in an emergency.

The victim, with their consent, should be referred to local and national support groups.

Get the victim to think about:

- Who they could go to in an emergency?
- Who would be able to send them money if necessary?
- All the things they may need to start a new life.
- The possible finality of this decision and the ongoing lack of contact between them, their family and extended family (the reality of this may discourage victims to leave or if they have left, they may return; therefore ensure they are offered ongoing support).

When devising a strategy for an adult to leave home, they should:

- Be fully consulted as to their future needs and their wishes respected.
- Consider the risk to themselves and whether they should involve police.
- Open a separate/secret bank or savings account in their name.
- Leave copies of important documents such as passport, National Insurance number and birth certificate with police, social services or a trusted friend.
- Leave spare clothing and cash etc. with a trusted friend.
- Keep helpline numbers close at hand.
- Have a telephone card or change for urgent phone calls.
- Arrange alternative emergency accommodation should the need arise.

If the person is leaving the family home:

- Complete a safety plan before they leave the family home.
- Arrange for an escort to accompany them if they insist on returning to the family home to collect their possession or to visit on behalf of the victim with a list of the items.
- Advise the victim how their actions may compromise their safety.
- Take precautions to ensure that the person's identity, benefit and other records are confidential.
- Encourage them to change their bank account details and mobile phone so that they cannot be traced; this includes other social media accounts.
- Refer them, with their consent, to local and national support agencies.
- Use secure methods of transport i.e. not local taxi firms.

Personal possessions should include:

- Proof of identity (something with a photograph and signature e.g. passport, driving licence, student ID).
- Benefit books, money, cheque books, bank and credit cards.
- Medication and medical card.
- Address book, photographs, jewellery and clothing.
- Marriage/divorce papers.
- Documents relating to immigration status.

The victim to consider who they want told that they are safe and what information they want given out as well as amount of contact with their family they wish to continue without compromising their safety.

10.4.1 Further information

The [Forced Marriage Statutory Guidance](#)

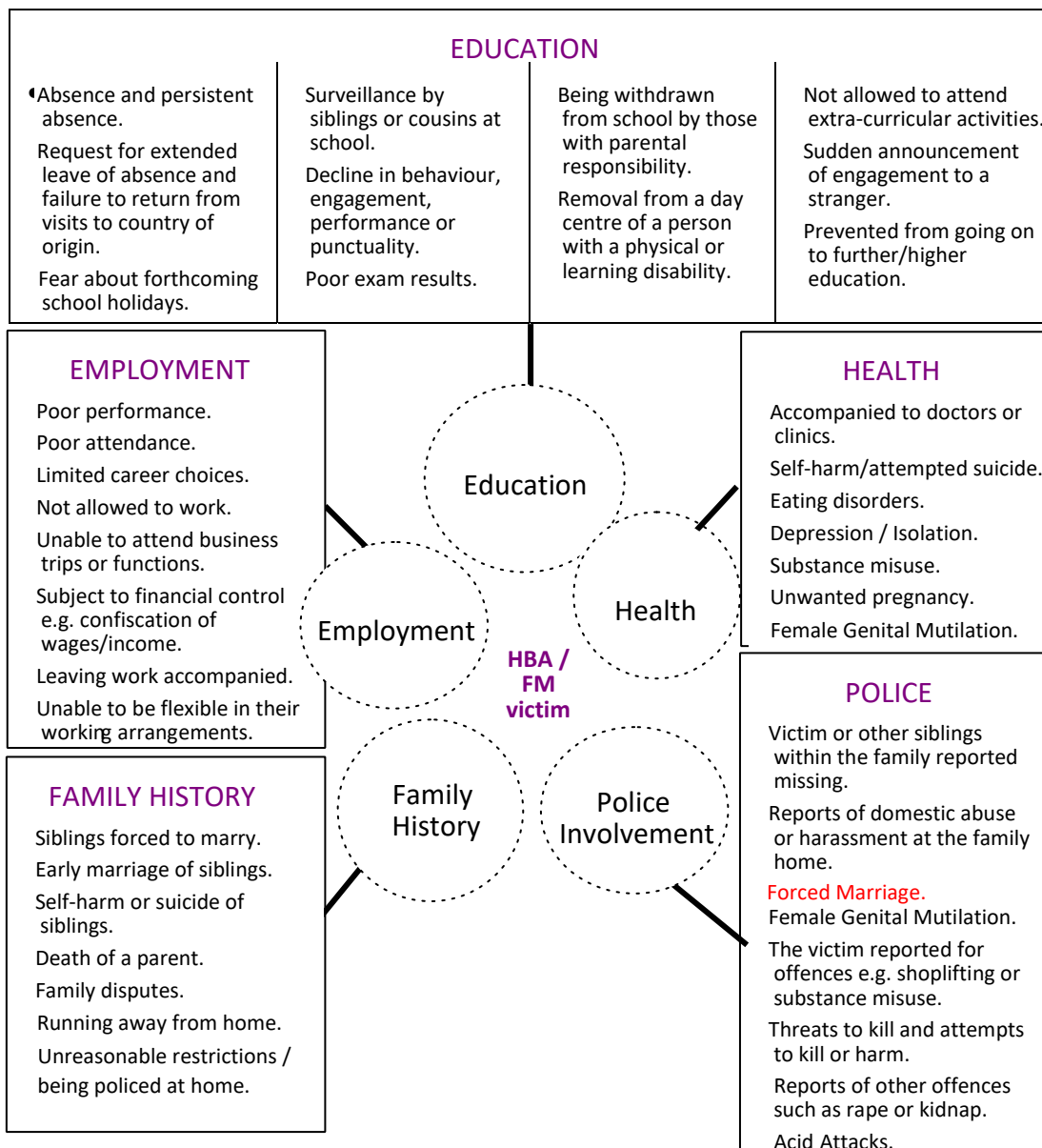
The [Forced Marriage Unit](#)

[Guidance on forced marriage and people with learning disabilities](#)

10.5 Honour based violence

10.5.1 Warning signs

The chart below shows potential warning signs or indicators for honour-based violence. These indicators are not intended to be an exhaustive list.



10.6 Modern Slavery and Human Trafficking

Modern Slavery includes human trafficking, slavery, servitude and forced and compulsory labour. It is an offence under the Modern Slavery Act 2015.

10.7 What is human trafficking?

Human trafficking is defined as the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or

of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation.

The greatest numbers of adult victims come to the UK from China, South East Asia, and Eastern Europe; child victims are trafficked in the greatest numbers from Vietnam, Nigeria, China and Eastern Europe. However, this is a truly international crime, with potential victims from over 80 different countries referred to the National Referral Mechanism since its inception and 47 different countries identified as sources of child trafficking to the UK by the Child Exploitation and Online Protection Centre (CEOP).

Victims may travel to the UK willingly, in the belief that they are destined for a better life, including paid work and may start their journey believing they are economic migrants, either legally or illegally. They may also believe that the people arranging their passage and papers are merely facilitators, helping with their journey, rather than people who aim to exploit them. In other cases, victims may start their journey independently and come to rely on facilitators along different stages of their journey to arrange papers and transportation.

The ease of international travel has led to the opportunity for increased movement of people across borders, both legally and illegally, especially from poorer to wealthier countries such as the UK. This has created opportunities for traffickers who use poverty, war, crisis and ignorance to lure vulnerable migrants to the UK for exploitation.

Traffickers use threats, force, coercion, abduction, fraud, deception, abuse of power and payment to control their victim. And most traffickers are organised criminals. It is estimated that 17% of organised criminal networks operating in the UK are involved in organised immigration crime, of which a small proportion is human trafficking. Some groups organise the trafficking process from beginning to end, while others sub-contract aspects of the process, such as money laundering, or obtaining illegal passports and visas.

10.8 Identifying victims

There is no typical victim and some victims don't understand they have been exploited and are entitled to help and support. Victims are often trafficked to a foreign country where they cannot speak the language, have their travel and identity documents removed, and are told that if they try to attempt an escape, they or their families will be harmed. The following questions may be helpful in identifying potential victims of human trafficking:

- Is the victim in possession of a passport, identification or travel documents? Are these documents in possession of someone else?
- Does the victim act as if they were instructed or coached by someone else? Do they allow others to speak for them when spoken to directly?
- Was the victim recruited for one purpose and forced to engage in some other job? Was their transport paid for by facilitators, whom they must pay back through providing services?
- Does the victim receive little or no payment for their work? Is someone else in control of their earnings?
- Was the victim forced to perform sexual acts?
- Does the victim have freedom of movement?

- Has the victim or family been threatened with harm if the victim attempts to escape?
- Is the victim under the impression they are bonded by debt, or in a situation of dependence?
- Has the victim been harmed or deprived of food, water, sleep, medical care or other life necessities?
- Can the victim freely contact friends or family? Do they have limited social interaction or contact with people outside their immediate environment?

Adult safeguarding enquiries regarding a concern about human trafficking

Where a person thought to have been a victim of human trafficking has care and support needs, the response to that concern will be coordinated through a s42 Care Act enquiry.

Matters that will need to be considered in that work include

- Victim support – Local Authorities will need to attend to the immediate physical needs of victims, as well as the longer term social and psychological needs
- Assistance with the repatriation of victims – in some instances, Local Authorities will be involved in the return of a victim to their country of origin
- Working in partnership – Local Authorities will need to cooperate with other agencies such as Third Sector and community organisations, the Police and immigration services, as well as other levels of government

10.8.1 The National Referral Mechanism (NRM)

The [National Referral Mechanism](#) grants a minimum 45-day reflection and recovery period for victims of human trafficking or modern slavery. Trained decision makers decide whether individuals referred to them should be considered to be victims of trafficking according to the definition in the Council of Europe Convention. In England and Wales, further consideration is made to those who do not meet the definition of trafficking. Their cases are then considered against the definitions of slavery, servitude and forced or compulsory labour.

To be referred to the NRM, potential victims of trafficking or modern slavery must first be referred to one of the UK's two competent authorities (CAs). This initial referral will generally be handled by a referring authority known as the 'first responder'. Local authorities such as Surrey County Council are first responders.

The first responder will complete a referral form to pass the case to the CA. Referral to a CA is voluntary and can happen only if the potential victim gives their permission by signing the referral form. In the case of children their consent is not required.

10.9 Reporting human trafficking

Any suspicion that someone is at risk of harm or exploitation due to trafficking should be referred to the police for investigation. If there is immediate danger to the suspected victim or if it is believed the suspected victim is under 18 or a vulnerable adult, the police should be contacted straightaway. If there is urgent information that requires an immediate response, dial 999. If general information is held that could lead to the identification,

discovery and recovery of victims in the UK, the police should be contacted using the 101 number.

The [Modern Slavery Human Trafficking Unit \(MSHTU\)](#) is a multi-agency organisation led by the National Crime Agency. It can help with advice on whether someone may be a victim of trafficking UKHTC's tactical advisors can also help you in engaging the police and other agencies investigating human trafficking. The UKHTC manages the National Referral Mechanism which is the process by which an individual is identified as a victim of human trafficking.

The [Salvation Army](#) under a contract with the Ministry of Justice has responsibility for overseeing and co-ordinating the provision of a diverse range of quality support services to all identified adult victims of human trafficking in England and Wales. In accordance with Article 12 (1) and (2) of the Council of Europe Convention on Action against Trafficking in Human Beings possible victims of trafficking are entitled to such support, from the moment they are referred into the National Referral Mechanism for a minimum recovery and reflection period of 45 days. The Salvation Army has a 24-hour confidential Referral Helpline on 0300 3038151 available 24 hours a day, seven days a week which can be called not only by people who consider themselves a victim of trafficking and are in need of assistance but also nominated First Responders, other professionals or concerned individuals who have come into contact with someone they suspect may be a victim of trafficking and in need of assistance.

10.9.1 Making a referral about human trafficking

The National Referral Mechanism is the process by which an individual is identified as a victim of human trafficking. Anyone considered under the National Referral Mechanism to be a possible victim of human trafficking is entitled to support – provided centrally, not locally - for a minimum recovery and reflection period of 45 days, during which any action to remove them from the UK is halted.

Referrals to the National Referral Mechanism can only be made by authorised agencies known as First Responders. Authorised agencies in the UK are the Police, UK Border Force, Home Office Immigration and Visas, adult and children's social services and certain Non-Governmental Organisations.

The First Responder should complete a referral form to pass the case to MSHTU which deals with referrals from the police, Local Authorities and Non-Governmental Organisations. The Home Office Immigration and Visas Service deals with referrals identified as part of the immigration process, for example where trafficking may be an issue as part of an asylum claim.

Referral to the MSHTU is voluntary and can happen only if the potential victim gives their permission by signing the referral form. In the case of children their consent is not required. Where an adult who is thought to be a potential victim of trafficking and may lack capacity, a best interest decision may be needed about making the referral. To download an adult or child referral form go to the [Gov.uk website](#). Completed forms should be sent to the UKHTC Competent Authority via e-mail at UKHTC@nca.x.gsi.gov.uk or by fax to 0870 496 5534.

10.9.2 After a referral about human trafficking

Stage one – “Reasonable grounds”

The National Referral Mechanism Team has a target date of 5 working days from receipt of referral in which to decide whether there are reasonable grounds to believe the individual is a potential victim of human trafficking. This may involve seeking additional information from the first responder or from specialist NGOs or social services. The threshold at the Reasonable Grounds stage for the case manager is “From the information available so far I believe but cannot prove” that the individual is a potential victim of trafficking.

If the decision is affirmative then the potential victim will be:

- Allocated a place within Government funded safe house accommodation, if required
- Granted a recovery and reflection period of 45 days. This allows the victim to begin to recover from their ordeal and to reflect on what they want to do next, for example, co-operate with police enquiries, return home
- The referred person and the first responder are both notified of the decision by letter.

Stage two – “Conclusive decision”

During the 45 day recovery and reflection period the MSHTU will gather further information relating to the referral from the first responder and other agencies. This additional information is used to make a conclusive decision on whether the referred person is a victim of human trafficking. The target for a conclusive decision is within the 45 recovery and reflection period. The case manager’s threshold for a Conclusive Decision is that on the balance of probability “it is more likely than not” that the individual is a victim of human trafficking.

The First Responder and the potential victim will both be notified of the decision. If the referred person is conclusively identified as a victim of trafficking, what happens next will depend on their wishes.

10.9.3 What happens next?

Co-operating with police enquiries

The victim may be granted discretionary leave to remain in the UK for one year to allow them to co-operate fully in any police investigation and subsequent prosecution. The period of discretionary leave can be extended if required.

Other circumstances

If a victim of trafficking is not involved in the criminal justice process, the Home Office may consider a grant of discretionary leave to remain in the UK, dependent on the victim’s personal circumstances.

Returning home

If they are from outside the European Economic Area, the victim can receive help and financial assistance to return home through the Home Office Assisted Voluntary Return of

Irregular Migrants (AVRIM) process. If they are an EEA national, support organisations will put them in touch with their embassy and any relevant non-government organisations who may be able to help.

10.9.4 What if the referred person is not found to be a victim?

If at any stage the referred person is confirmed not to be a victim of trafficking then dependent on the circumstances they may be referred to the appropriate law enforcement agency – the relevant police force or the Home Office. If it is decided by the Home Office that the person was not trafficked, and there are no other circumstances that would give them a right to live in the UK, they will be offered support to voluntarily return to their country of origin. The person can also be offered support to return to their country if they have been trafficked and do not wish to stay in the UK.

11 Adult safeguarding concerns about falls

Falls should be referred as adult safeguarding concerns, and lead to adult safeguarding enquiries, where there is a concern about possible abuse or neglect of an adult with care and support needs in line with s42 Care Act 2014 in the same way as any other issue.

Possible indicators of abuse or neglect in regard to falls might include

- No falls specific risk assessment in place for a person at risk of falls
- No care plan in place, or not updated, following the identification of a risk of falls or a fall having taken place
- No evidence of necessary alterations to the environment, and/or risks from and to others through interaction with others using the service.
- No appropriate medical intervention sought or given
- No plan to review the assessment of risks of falls.

11.1 How can you identify that a fall is the result of neglect?

When considering whether or not a fall is the result of neglect, it is necessary to establish that everything practicable was done to reduce the risk of the person falling. Whilst not an exhaustive list, the following should be taken into account:

11.1.1 *Assessment and recording*

- Has an adequately detailed falls risk assessment, including a falls screening tool, been undertaken?
- Has there been a reassessment of the adult's risk factors after each fall, and control measures updated?
- Is there evidence that the adult has been supported to make decisions about how they might reduce their risk of falling?
- Has a Mental Capacity Assessment been undertaken where a lack of mental capacity might compromise the person's ability to understand the risk of falling?
- Are any falls-related restrictions or restraint measures taken for an adult who lacks capacity evidenced in best interest records and in their support plan?
- Does the recording of incidents or accidents meet the required CQC standards for the home or ward?
- Has falls data shown patterns that have been identified, evaluated and acted upon? For example, time of falls, meal times, environmental factors.

11.1.2 *Nutrition and hydration*

- Is there evidence of good nutritional care, for example is the client well-nourished and hydrated?

11.1.3 Independence

- Does the adult's support plan reflect the support needed to remain safely active and mobile?
- Are there opportunities for the adult to exercise safely, and is support given to enable them to remain as mobile as possible?

11.1.4 The workforce

- Are there enough staff to support the needs of the client group?
- Are staff trained to ensure they are competent in moving and handling of adults in relation to falls prevention?

11.1.5 Referrals to specialist professionals

- Is there evidence that referrals have been made to appropriate health care professionals once a risk has been identified, such as GP, CMHN, eye specialist, Falls Clinic and Falls Management Team?

11.1.6 Safe systems

- Is there clear guidance for staff to follow once an adult has fallen, including:
 - Immediate action including examination, signs to look for, whether to move the client if injury is suspected.
 - Who to contact (such as GP, emergency services and so on) and when.
 - Follow-up action – reporting, recording, supervision and monitoring and reviewing of an adult.

11.1.7 Appropriate equipment

- Have appropriate equipment and aids to help prevent falls been provided once a risk has been identified?
- Is equipment in good repair?
- Is there appropriate equipment and training to assist staff to safely lift an adult from the floor following a fall?
- Are bedside rails being used appropriately? (see below "Safe use of bedside rails")

11.1.8 Environment / footwear

- Are there hazards around the premises that could lead to falls such as uneven, and worn flooring / ground, changes in level, types floor covering, lack of appropriate safety measures around stairs, poorly lit areas, trailing wires?
- Is the adult wearing poorly fitting or inappropriate footwear?

11.2 Planning an enquiry regarding falls

An adult safeguarding enquiry regarding falls will aim to establish the facts to determine whether neglect or other abuse has occurred. This will include:

- Assessing whether those providing care carried out appropriate risk assessments considering both intrinsic and extrinsic risk factors.
- Assessing whether patterns of falls for both the individual and the service have been identified, and risk factors acted upon in a timely manner.

11.3 Recognising risks of falls

There are two separate sets of factors leading to falls:

- The characteristics of the person at risk of falling (intrinsic risk factors).
- The factors associated with the environment in which the fall occurs (extrinsic risk factors).

11.3.1 *Intrinsic risk factors*

Intrinsic risk factors specific or generic can include:

- Medical conditions and changes associated with ageing.
- Balance, gait or mobility problems.
- Dizziness / blackouts.
- Vision / hearing.
- Confusion / cognitive impairment.
- Bone health.
- Medication.
- Continence.
- Footwear.
- Nutrition.
- History of falls.

11.3.2 *Extrinsic risk factors*

Extrinsic risk factors in the home / ward environment specific or generic can include:

- Lighting including poor lighting (particularly on stairs) and glare as some people find too much lighting a problem.
- Poor contrast eg objects that blend into the background are more likely to cause trips and falls.
- Steep stairs.
- Inaccessible lights or windows.
- Lack of safety equipment, such as grab rails.
- Loose carpets or rugs.
- Slippery floors.

- Badly fitting footwear or clothing.
- Insufficient staffing to meet the level of care and support needs.
- Changes in level and types of floor covering.

11.4 How does a fall affect an individual?

The impact of a fall should not be underestimated. The adverse physical consequences on someone who suffers harm or significant harm as a result of a fall can be devastating. However, the psychological and social impact may be more prevalent and have far reaching consequences.

11.4.1 Fear of falling and loss of confidence

Fear of falling has been linked to increased levels of depression, anxiety and dependency. In addition, the fear of falling can increase the risk of falls occurring because the individual tends to freeze, becomes agitated and panics.

11.4.2 Physical health

Falls can lead to serious injury and a variety of physical disabilities.

Falls are the main cause of disability and the leading cause of death from injury among people aged over 75 in the UK. (Age UK)

11.4.3 Psychological health

Falls or the fear of falling can lead to social isolation and depression. People with a fear of falling tend to reduce their activity levels, possibly to avoid putting themselves in a situation which may result in anxiety over falling or in an actual fall.

11.4.4 Loss of independence

Reduced activity and associated increased levels of dependency can result in greater demands being placed on carers.

11.5 Prevention

Falls prevention is a key aspect in safeguarding people from harm. This section can help identify risks so that measures can be put in place that will reduce the incidence or recurrence of falls, which can inform a safeguarding plan.

11.5.1 Mobility / balance

Is the adult unsteady or have mobility problems? Does the adult have a fear of falling?

Consider:

- Moving and handling assessment.
- Mobility assessment.
- Activity of Daily Living Skills assessment including transfers
- Support plan.
- Encouraging safe activity with use of appropriate and monitored walking aids.
- Referral to a Rehabilitation Service or Falls Clinic.
- Assessment for hip protectors.
- Monitoring alcohol/drugs intake.

11.5.2 Confusion / cognitive impairment

Is the adult cognitively impaired? Is the adult currently presenting as more confused?

Consider:

- Current health including pain, dehydration, nutrition, constipation.
- Ruling out infection / delirium/other Mental Health conditions.
- Seeking advice from GP / CMHN.
- Optimising environmental safety.
- Telecare.
- Promoting safe exercise and activity.
- Assessment for hip protectors.

11.5.3 Falls history

Have there been previous falls? If so, how many; what were the causes and consequences?

Consider:

- Pre-admission information / strategies.
- Supervision plan, using walking aids where required.
- Encouraging safe activity.
- Referral for further assessment such as physio, GP or falls service, if high risk, or unexplained or several recent falls.
- Assessment for hip protectors.

11.5.4 Medication

Is the adult taking benzodiazepine / psychotropics, four or more medicines, or any other high risk drugs? Consider:

- Asking about and observing for dizziness / drowsiness.
- Checking blood pressure (lying / standing).
- Medication review by GP.
- CMHN review.

11.5.5 Dizziness / blackouts

Does the adult appear to be dizzy or have fainting attacks? Consider:

- GP review, including medication review.
- Checking lying / standing blood pressure.
- Referral to Falls Clinic.

11.5.6 Continence

Are there any continence issues? Consider:

- Checking for infection.
- Toileting regime/Suitable toilet facilities.
- Positioning near toilet/location/distance.
- Referral to DN or continence service.
- Appropriate clothing.
- A commode or urinal.
- Using night lights.

11.5.7 Bone health

Does the adult have osteoporosis or osteoporosis risk factors? Consider:

- Osteoporosis medication and / or calcium and vitamin D.
- Discussing bone health with GP.
- Lifestyle advice eg. calcium rich diet, safe sunlight exposure, sensible alcohol intake, smoking cessation, weight-bearing activity.

11.5.8 Poor nutrition/hydration

Is the adult underweight or have poor food/liquid intake? Consider:

- Referral to GP or dietician.
- Starting a food record chart (as advised by GP or dietician).
- Encouraging good fluid intake.

11.5.9 Foot health / footwear

Is footwear suitable? Are there foot health problems? Consider:

- Discussing suitable footwear with adult and family.
- Introducing a foot care regime.
- Referral to podiatry.

11.5.10 Vision / hearing

Does the adult have impaired hearing or sight? Consider:

- Ensuring glasses have the right prescription as there is higher risk of falls in older people who wear bifocal/varifocal spectacles.
- Ensuring staff have understanding of eye conditions which includes Age Related Macular Degeneration (AMD), glaucoma and cataracts.
- Ensuring staff have understanding of sensory needs which includes loss of colour, loss of central or peripheral vision, loss of depth perception and problems with glare.
- Ensuring glasses and hearing aids are in a good state of repair.
- Ensuring lighting is good.
- Checking for ear wax.
- Referral to optician / audiologist.

11.5.11 Environment

Is the environment safe and suitable for the adult? Consider:

- Orientating client to the environment.
- Using the 'Environment Assessment Tool'.
- Aids, appliances and / or signage.

11.5.12 Environment and orientation check

This tool can be used as a prompt to consider environmental risks relating to the individual and their own surroundings.

Footwear / clothing

Is footwear correct and non-slip? Are clothes non-slip and correct length? Consider:

- Liaising with next of kin and discussing with the adult the importance of suitable footwear and clothing.
- Checking footwear monthly.
- Provision of equipment eg. Long handled shoehorn, helping hand if required.

Mobility aid / wheelchair

Do they require an appropriate mobility aid? Do they require an assessment for mobility? Is their own walking aid / wheelchair clean and in a good state of repair? Consider:

- Referral to the Occupational Therapy Team (equipment) or Rehabilitation Service / Falls Clinic (rehabilitation), a Physiotherapist, or the Wheelchair Service.
- Checking condition of mobility aid, replace ferrules if required.
- Checking condition of wheelchair, arrange wheelchair repair if required.
- Check if lap belts are being used appropriately.

Flooring

Is the flooring in good condition and non-slip? Are all thresholds flush? Is there adequate space, free from clutter? Consider:

- Reporting and recording any problems.
- Re-arranging furniture if required.

- Encouraging good housekeeping.

11.5.13 Bathroom/Toileting

Does the bathroom meet the adult's / staff needs? Can the adult access and use the bathroom? Consider:

- Position/height of buzzer / hand washer/call bell/alarm.
- Position/height of soap / hand towels/toilet rolls.
- Using a raised toilet seat / toilet frame.
- Is there space for walking aid / moving and handling equipment?
- Signage.
- Grab rails.
- Lightweight door.
- Adequate circulation space.
- Contrasting colours.

11.5.14 Furniture

Is there adequate space including circulation space for mobility aid / moving and handling equipment? Consider:

- Rearranging furniture.
- Removing unnecessary furniture.
- Are footstools able to be moved and stored safely?
- Accessibility to:
 - buzzer/call bells/alarm.
 - electrical equipment.
 - wardrobes and drawers.

11.5.15 Bed

Is the bed suitable for the adult's assessed needs? Consider:

- Height.
- Mattress suitability.
- Position in room.
- Circulation around bed.
- Accessibility and ability to use buzzer.
- Grab rails.
- Need for bedside rails.

11.5.16 Chair

Is their chair suitable for the adult's assessed needs? Consider:

- Height.
- Arm rests.
- Support for transfer.

- Depth and width.
- Accessibility to buzzer/call bells/alarms.

11.5.17 Surrounding area

Are the hallways well lit and well signposted for the adult? Is there level and well lit access? Consider:

- Additional lighting.
- Additional signage.
- Marking edges (eg. steps or stairs, or a change in surfaces) with a bright contrast edging, so they are visible.
- Floors different colour from walls. (eg. door frames different colour from door and door handle different colour from door) – for colour contrast.
- Adequate and well designed handrails.
- Clutter free.
- Reporting and recording any issues.

11.5.18 Lighting

Is the lighting suitable for the adult's needs within their room? Consider:

- Night light.
- Bedside light.
- Accessibility to adult.
- Adjustable lighting that is sufficient to see but not so bright that it causes glare.
- Additional lighting if required.
- Timer lighting if required.
- Appropriate monitoring technology including telecare.

11.6 Legal Context

For regulated services, in addition to the usual expectations in regard to quality of care, there are some issues that may be particularly relevant for safeguarding concerns regarding falls

11.6.1 Health and Safety in Care Homes 2001

This Health and Safety Executive guidance advises on a wide range of legal, managerial and technical matters relating to effective health and safety management. The guidance is intended for owners and managers of care homes, their staff and safety representatives. It describes the main risks found in care homes and how to safeguard workers and residents.

11.6.2 The Health and Safety at Work Act 1974

This act places a duty on employers to protect those not in their employment (eg. care home residents, patients and members of the public) from health and safety risks.

The act also demands that employees conduct themselves appropriately to safeguard their own health and safety and that of others affected by their actions. They should also co-operate with their employer over the employer's health and safety obligations.

11.6.3 *The Workplace (Health, Safety and Welfare) Regulations 1992*

These regulations stipulate that every floor and the surface of every thoroughfare should be suitable for the purpose for which it is used. Floors should not pose a risk to a person's health or safety because they slope, or are uneven or slippery.

11.6.4 *The Management of Health and Safety at Work Regulations 1999*

These regulations require employers to carry out an appropriate assessment of the risks, arising from the business, to the health and safety of those not in their employment.

Three recent examples of falls-related prosecutions against care homes may be found on the Health and Safety Executive website:

- [Western Park Leicester Ltd](#)
- [GA Projects Ltd](#)
- [Bupa Care Homes Ltd](#)

11.7 Bedside rails

Bedside rails can be used to reduce the risk of falls from a bed. They should only be prescribed where there is a risk of the bed occupant falling out of bed, and when bed safety rails are considered to be the safest way forward.

They are not:

- intended to limit the freedom of movement,
- meant to be used to restrain people, or
- to be used as grab handles.

There have been more than 20 deaths from bedside rails in the UK since 2007.

The risks associated with the use of bedside rails are:

- entrapment of the head or neck,
- hitting head on rails if restless,
- attempts to climb over the rail, head or footboard,
- unlatching the device,
- violently shaking the rails and dislodging them,
- adult fear of confinement by bedside rails.

The following should be considered when using bedside rails:

*ASC Safeguarding Good Practice Guidance
Part 2: Key issues in adult safeguarding work*

Version 1.04 January 2020

- A thorough risk assessment must be carried out by a qualified person before bedside rails are ordered. This should be reviewed regularly with further risk assessments completed after any change in bed equipment or the bed occupant's condition.
- Only use bedside rails when they are the right solution to prevent falls.
- The Mental Capacity Act and deprivation of liberty should be considered.
- The rail must be suitable for the bed and mattress.
- The mattress must fit snugly between the rails.
- The bedside rail must be correctly fitted.
- Gaps that could cause entrapment of the neck, head and chest must be eliminated.
- Staff must be fully trained in the safe use of bedside rails.
- The client and their family must be involved in the decision.