

## Worcester Community Trust

### Safeguarding Policy

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## **1. Our commitment**

Worcester Community Trust recognises the need to provide a safe and caring environment for children, young people, and adults at risk. We acknowledge that children, young people, and adults at risk can be the victims of physical, sexual, and emotional abuse, and neglect. We accept the UN Universal Declaration of Human Rights and the International Covenant of Human Rights, which states that everyone is entitled to "all the rights and freedoms set forth therein, without distinction of any kind, such as race, colour, gender, sexual orientation, language, religion, political or other opinion, national or social origin, property, birth or other status".

We also concur with the Convention on the Rights of the Child which states that children should be able to develop their full potential, free from hunger and want, neglect and abuse. They have a right to be protected from "all forms of physical or mental violence, injury or abuse, neglect or negligent treatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s), or any other person who has care of the child."

Worcester Community Trust have therefore adopted the procedures set out in this safeguarding policy in accordance with statutory guidance. We are committed to building constructive links with statutory and voluntary agencies involved in safeguarding.

As part of our commitment to safeguarding we will have policies and procedures including:

- Child Protection
- Health and Safety and Risk Assessment
- Safe Recruitment, Selection and Retention of Workers and Volunteers
- Codes of Conduct
- Reporting of Complaints, Concerns or Allegations
- Disciplinary Procedures
- Management of Allegations against Workers and Volunteers
- Equal Opportunities and Diversity
- PREVENT

## **2. Definitions of abuse, harm, and neglect**

Defining child abuse or abuse against an adult at risk is a difficult and complex issue. A person may abuse by inflicting harm or failing to prevent harm. Children and adults in need of protection may be abused within a family, an institution, or a community setting. Very often the abuser is known or in a trusted relationship with the child or adult at risk.

### **2.1 Children and Young People**

Our policies recognise the obligations and duty of care on WCT working with children and young people as identified in the Children Act 1989 and the Children Act 2004. These acts define children and young people as anyone up to the age of 18 years. We recognise that similar responsibilities cover our work with young people with learning disabilities until they are 25 years of age.

The types of abuse can be found in appendix 1

## **2.2 Adults at Risk**

The Care Act 2014 defines Adult Safeguarding as 'Protecting an adult's right to live in safety, free from abuse and neglect'. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's well-being is promoted, including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action'. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear, or unrealistic about their personal circumstances.

The types of abuse can be found in appendix 2

## **2.3 Recognising potential signs of abuse or neglect in a child, young person, or adult at risk**

The following signs could be indicators that abuse has taken place but should be considered in context of the child's whole life.

### **Physical**

- Injuries not consistent with the explanation given for them
- Injuries that occur in places not normally exposed to falls, rough games, etc
- Injuries that have not received medical attention
- Reluctance to change for, or participate in, games or swimming
- Repeated urinary infections or unexplained tummy pains
- Bruises on babies, bites, burns, fractures etc which do not have an accidental explanation
- Cuts/scratches/substance abuse

### **Sexual**

- Excessive preoccupation with sexual matters and detailed knowledge of adult sexual behaviour
- Age-inappropriate sexual activity through words, play or drawing
- Child who is sexually provocative or seductive with adults
- Disclosure of inappropriate bed-sharing arrangements at home
- Severe sleep disturbances with fears, phobias, vivid dreams, or nightmares, sometimes with overt or veiled sexual connotations
- Eating disorders - anorexia, bulimia

### **Emotional**

- Changes or regression in mood or behaviour, particularly where a child withdraws or becomes clinging
- Depression, aggression, extreme anxiety
- Nervousness, frozen watchfulness
- Obsessions or phobias
- Sudden under-achievement or lack of concentration
- Inappropriate relationships with peers and/or adults
- Attention-seeking behaviour
- Persistent tiredness
- Running away/stealing/lying

### **Neglect**

- Under nourishment, failure to grow, constant hunger, stealing or gorging food

- Untreated illnesses, inadequate care, etc

### **3. Processes and Procedures for dealing with safeguarding allegations, incidents, and concerns**

Worcester Community Trust recognises that the welfare of young people and adults at risk or with care and support needs is paramount and that we have a duty of care when they are in our charge. We will do everything we can to provide a safe and caring environment whilst they attend our activities.

This policy and procedure has been developed following the recommendations laid out in HM Governments Guidance on handling safeguarding allegations in a charity. Further details of which can be found here: <https://safeguarding.culture.gov.uk/>

#### **3.1 Role of the Safeguarding Lead**

The Trustees have appointed the Chief Officer as the Safeguarding Lead who will be the day to day contact for safeguarding. S/he is responsible for:

- receiving, monitoring, and recording safeguarding concerns
- handling allegations against staff/volunteers
- making referrals to the local authority Children's Services, Adult Social Care safeguarding team or Out of Hours Emergency Duty Team
- advise the Board on whether this is a serious incident which needs to be reported to Ofsted or the Charity Commission and make appropriate referral where required\*.
- liaising with other agencies
- keeping written records of concerns and allegations securely.

The Operations Manager will be the deputy safeguarding lead. They will be responsible for all the above in the absence of the Chief Officer or if the concern is about the Chief Officer.

\*Government Guidance describes a serious incident as:

A serious incident is an adverse event, whether actual or alleged, which results in or risks significant:

- harm to your charity's beneficiaries, staff, volunteers or others who come into contact with your charity through its work (who are collectively referred to throughout this guidance as people who come into contact with your charity through its work)
- loss of your charity's money or assets
- damage to your charity's property
- harm to your charity's work or reputation

For the purposes of this guidance, "significant" means significant in the context of your charity, taking account of its staff, operations, finances and/or reputation

Further guidance on making this decision and taking any required action can be found here:

<https://safeguarding.culture.gov.uk/handling-safeguarding-allegations-charity>

#### **3.2 Allegations of abuse or neglect of a child**

##### **Concerns about behaviour of any adults towards children and Young People**

Concerns about the behaviour of any adult will be referred without delay to the Safeguarding Lead who may contact Children's Services, including the LADO (Local Authority Designated Officer) or the Police as appropriate.

## **Allegations against workers/volunteers**

If an accusation is made against a worker (whether a volunteer or paid member of staff) whilst following the procedure outlined below, the Safeguarding Lead/Deputy, in accordance will need to liaise with Children's Services in regards to the suspension of the worker. Any internal investigations into the conduct of the worker/volunteer need to be carefully managed whilst any child protection investigations are taking place.

### **If a child discloses that they are being abused or neglected all workers should:**

- Keep calm. Do not show you are shocked.
- Listen to the child or young person.
- Accept what you hear without passing judgement.
- **Ask questions only for clarification, no leading questions.**
- **Do not investigate.**
- **Do not make promises.**
- Offer support and understanding.
- Explain that you cannot keep it secret and what may happen. (This gives them the choice to continue telling you or stop.)
- Reassure the child or young person that they were right to talk to you.
- **Write down notes – dates, times, facts, who were involved, observations using actual words used if possible.**

#### **Check that, if possible, you have the following information:**

- **name(s), address, date(s) of birth of the child/children or young person/people**
- **parent/carer's name and contact details**
- **name of the person said to be involved**
- **names of any witness to the incident (if appropriate)**
- **Report to your Safeguarding Lead or Deputy as soon as possible (or contact immediately if you believe the matter is urgent).**
- If the allegation is against the parents/carers then this should not be discussed with them, unless advised to do so, as this could place the child or young person at further risk.

## **Absence of Safeguarding Lead/Deputy**

**Whilst allegations or suspicions of abuse will normally be reported to the Safeguarding Lead, the absence of the Safeguarding Lead or Deputy should not delay referral to Children's Services or the Police.**

### **If a child has a physical injury, a symptom of neglect or where there are concerns about emotional abuse, the Safeguarding Lead/Deputy will:**

- Contact Children's Services for advice in cases of deliberate injury, if concerned about a child's safety or if a child is afraid to return home.
- Not tell the parents or carers unless advised to do so, having contacted Children's Services.
- Seek medical help if needed urgently, informing the doctor of any suspicions.
- For lesser concerns, (e.g. poor parenting), encourage parent/carer to seek help, but not if this places the child at risk of significant harm.
- Where the parent/carer is unwilling to seek help, offer to accompany them. In cases of real concern, if they still fail to act, contact Children's Services direct for advice.

## **Allegations of Sexual Abuse**

- In the event of allegations or suspicions of sexual abuse, the Safeguarding Lead/Deputy should contact the Children's Services or Police Child Protection Team direct. They will NOT speak to the parent/carer or anyone else.

### **In all allegations, incidents, or concerns**

- Keep notes of your conversation with the Safeguarding Lead/Deputy and any advice offered.
- Act on the advice given.
- Sign and date the notes and keep them in a confidential file.

### **ALWAYS REMEMBER – IF IN DOUBT – CONSULT**

Respect confidentiality of everyone involved in the incident keeping the matter restricted only to those who need to know.

### **Confidentiality:**

In cases of disclosure of abuse or neglect, whether by children, young people, parents, carers or other adults, confidentiality cannot be promised. We are obliged to share the information with the Safeguarding Lead who may have to refer our concerns to Children's Services.

Further guidance on making a safeguarding referral can be found here: <https://safeguarding.culture.gov.uk/handling-safeguarding-allegations-charity>

### **3.3 Allegations of abuse or neglect of an adult at Risk**

We recognise that all adults are:

- experts in their own lives and will work alongside them
- respond in safeguarding situations in a way that enhances their involvement, choice and control as well as improving the quality of their lives, wellbeing, and safety

Where there is a suspicion or where an adult at risk makes a disclosure about abuse:

#### **All workers/Volunteers should:**

- Discuss any concerns with the individual themselves giving due regard to their autonomy, privacy, and rights to lead an independent life.
- Always seek the consent of the individual before taking any action or sharing personal information.
- Report to your Safeguarding Lead or Deputy as soon as possible (or contact immediately if you believe the matter is urgent).
- If the person is in immediate danger or has sustained a serious injury and the safeguarding Lead or Deputy is unavailable to speak to contact the Emergency Services, informing them of any suspicions.

#### **Role of the safeguarding Lead/Deputy**

- If the adult at risk has given permission to act and share the information this should be reported to the Adults Safeguarding Team
- There may be circumstances when consent cannot be obtained because the adult lacks the capacity to give it, but the best interests of the individual or others at risk, demand action. If after discussion with the adult at risk who has mental capacity, they refuse any intervention; their wishes will be respected unless:
  - There is a public interest, e.g., not acting will put other adults or children at risk
  - There is a duty of care to intervene, e.g., a crime has been or may be committed

- The person alleged to have caused harm is employed in a position of trust, such as a health, social care, or pastoral professional

For advice contact the Adult Social Care Safeguarding Adults Team who have responsibility under Section 42 of the Care Act 2014 to make or cause an enquiry to be made regarding all safeguarding referrals.

## **Confidentiality**

In cases of disclosure of abuse whether by the individual, other concerned adults, or parents/carers we will share the information with the Safeguarding Lead for Adult Protection, and we may have to refer the concerns to Adult Social Care.

We will ensure that information about the concern is restricted to those who need to know

Further guidance on dealing making a safeguarding referral can be found here: <https://safeguarding.culture.gov.uk/handling-safeguarding-allegations-charity>

## **4. Responsibilities of the Safeguarding Lead**

### **4.1 In relation to children and young people**

- Disseminate and implement Safeguarding and Child Protection Procedures within the group/organisation
- Be familiar with Local Safeguarding Children Board (LSCB) procedures for safeguarding and investigating child abuse
- Receive information from workers, volunteers, children and young people, parents and carers about child protection issues including any allegations against workers or volunteers
- Assess information promptly and take appropriate action
- Ensure that the child/young person and their parents/carers are offered appropriate support
- Refer child protection concerns to Children's Services
- Maintain records of all information received and actions taken
- Know the relevant contacts within Children's Services and, if appropriate, within own group/organisation
- Advise the Board on whether this is a serious incident which needs to be reported to Ofsted or the Charity Commission and make appropriate referral where required.
- Be familiar with Children's Services and Police procedures for investigating child abuse
- Monitor safeguarding concerns and report, on an annual basis, to the group/organisation's management committee
- Monitor safeguarding procedures in the group/organisation including:
  - checking that a parent/carer consent form for every child and young person is completed and stored safely
  - checking that safe recruitment and selection procedures are being followed
  - checking that child protection awareness training is undertaken so that workers, including volunteers, know how to recognise and respond to a disclosure or concerns about a child or young person
- Offer advice, guidance and support to workers and volunteers dealing with child protection
- Identify training needs

**Remember** – it is not the role of the Safeguarding Lead to decide whether or not the child or young person has been abused. This is the task of Children's Services.

The safeguarding lead must however decide whether the incident needs to be reported to Ofsted or the Charity Commission. This decision needs to be made in consultation with the Board, or the

Board Safeguarding Champion or Board Chair, if the matter is urgent. Further guidance on making this decision and taking any required action can be found here:

<https://safeguarding.culture.gov.uk/handling-safeguarding-allegations-charity>

## 4.2 In relation to Adults at Risk

- Disseminate and implement Safeguarding Procedures within the group/organisation
- Receive information from adults with additional needs, their family or carers, workers, volunteers, about adult protection issues including any allegations against workers or volunteers
- Assess information promptly and take appropriate action
- Ensure that the adult is offered appropriate support
- Refer adult safeguarding concerns to the County Council's Safeguarding Team
- Advise the Board on whether this is a serious incident which needs to be reported to the Charity Commission and make appropriate referral where required.
- Maintain records of all information received and actions taken
- Be familiar with Local Safeguarding Adults Board (LSAB) procedures for safeguarding and investigating abuse and neglect
- Know the relevant contacts within Adult Services and, if appropriate, within own group/organisation
- Be familiar with Adult Social Care and Police procedures for investigating abuse
- Monitor safeguarding concerns and report, on a regular basis, to the group/organisation's management committee
- Monitor safeguarding procedures in the group/organisation including:
  - checking that safe recruitment and selection procedures are being followed
  - checking that safeguarding awareness training is undertaken so that workers, including volunteers, know how to recognise and respond to a disclosure or concerns about an adult with additional needs
- Offer advice, guidance and support to workers and volunteers dealing with safeguarding issues
- Identify training needs

**Remember** – it is not the role of the Safeguarding Lead to decide whether or not abuse has taken place. This is the task of Adult Social Care.

The safeguarding lead must however decide whether the incident is serious enough to be reported to the Charity Commission. This decision needs to be made in consultation with the Board, or the Board Safeguarding Champion or Board Chair, if the matter is urgent.

## 5. Safeguarding Champion

The Management Committee will appoint, from within its membership, a Champion for Safeguarding. He/she will regularly report to the Management Committee on any safeguarding and/or child protection issues and/or any allegation which have arisen.

## Responsibilities of Safeguarding Champion

- To ensure that both a Safeguarding Policy and a Child Protection Policy are in place and that they are reviewed annually by the Management Committee/Trustees
- To receive information about any disclosure, concern or allegation made within WCT
- To ensure that any concern or disclosure is dealt with appropriately
- To work alongside the Safeguarding Lead in making the decision on whether the incident needs to be reported to Ofsted or the Charity Commission and make appropriate referral where required
- To ensure that safe recruitment procedures are in place
- To ensure that procedures are in place for handling allegations against paid workers and volunteers
- To provide regular reports to the Management Committee and Board about any safeguarding and child protection issues, including allegations.

## 6. Prevention

### 6.1 Safe recruitment

The Leadership will ensure all workers will be appointed, trained, supported, and supervised in accordance with government guidance on safe recruitment. This includes ensuring that:

- There is a written job description / person specification for the post which clearly states the posts role in relation to safeguarding
- Safeguarding has been discussed at interview
- Written references have been obtained, and followed up where appropriate
- An appropriate level of Disclosure and Barring Service check has been completed (we will comply with Code of Practice requirements concerning the fair treatment of applicants and the handling of information)
- A suitable training programme is provided for the successful applicant
- Training around safeguarding will be at the appropriate level for their role and dependant on the level of contact they have with people who use WCT services.
  - For Adults this is set out in WSAB competency framework which can be found at: <https://www.safeguardingworcestershire.org.uk/wp-content/uploads/2019/05/Competency-framework-to-support-organisations-to-map-training-content-to-staff-needs-for-Safeguarding-Adults.pdf>
  - For Children and Young people this is set out in the WSCB Training Strategy which can be found at: [https://www.safeguardingworcestershire.org.uk/wp-content/uploads/2019/04/Training\\_strategy\\_2017.pdf](https://www.safeguardingworcestershire.org.uk/wp-content/uploads/2019/04/Training_strategy_2017.pdf)
- The applicant has been given a copy of the organisation's safeguarding policy and knows how to report concerns.

### 6.2 Management of Workers – Codes of Conduct

WCT are committed to supporting all workers and ensuring they receive support and supervision. WCT undertakes to follow the principles found within the 'Abuse Of Trust' guidance issued by the Home Office and it is therefore unacceptable for those in a position of trust to engage in any

behaviour, which might allow a sexual relationship to develop for as long as the relationship of trust continues.

More detailed guidance can be found at

<http://www.ccpas.co.uk/Documents/AbuseOfTrustQRG.pdf>

This guidance is intended to apply to those caring or supporting young people or vulnerable adults in both paid and unpaid work, including volunteers, regardless of whether they are in the public, private, voluntary, or volunteering sectors.

### **6.3 Supporting those affected by abuse**

WCT is committed to offering pastoral care, working with statutory agencies as appropriate, and support to all those who have been affected by abuse who have contact with or are part of the organisation. At the leaders' discretion, affected people will be offered support from an identified, accredited counsellor.

### **6.4 Working with offenders**

When someone attending WCT is known to have abused children, or is known to be a risk to adults at risk, a clear plan of action for working with that person will be set out by the Safeguarding lead, in consultation with the safeguarding champion. This will include those people where an allegation has been made and is still under investigation. All known offenders or people under investigation who present a risk to children and young people or adults at risk will not be allowed to attend activities within WCT premises, or organised by WCT where those people identified as a risk are present.

### **6.5 Working in Partnership**

The diversity of other organisations that WCT work with means there can be great variation in practice when it comes to safeguarding children, young people, and adults at risk. We will therefore have clear guidelines in regard to our expectations of those with whom we work in partnership.

### **6.6 Trustees**

All trustees need to familiarise themselves with the WCT Safeguarding Policies and Procedures. They must also ensure they are clear on their role in relation to safeguarding as a trustee. Further information can be found here:

<https://www.gov.uk/government/publications/strategy-for-dealing-with-safeguarding-issues-in-charities/strategy-for-dealing-with-safeguarding-issues-in-charities#trustees-duties>

<https://www.gov.uk/guidance/safeguarding-duties-for-charity-trustees>

## **Appendix 1**

### **Children - Definitions of abuse**

#### **Physical abuse**

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

#### **Emotional abuse**

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development.

It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger,

or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

#### **Sexual abuse**

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.

The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing, and touching outside of clothing.

They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

#### **Neglect**

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing, and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger.
- ensure adequate supervision (including the use of inadequate caregivers); or
- ensure access to appropriate medical care or treatment.

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

## **Appendix 2 Types of Adult Abuse**

**Physical abuse** – including assault, hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate physical sanctions.

**Sexual abuse** – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts to which the adult has not consented or was pressurised into consenting.

**Psychological abuse** – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

**Financial or material abuse** – including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance, financial transactions, or the misuse or misappropriation of property, possessions or benefits.

**Neglect and acts of omission** – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition, and heating.

**Discriminatory abuse** – including forms of harassment, slurs or similar treatment because of race, gender and gender identity, age, disability, sexual orientation, or religion.

**Organisational abuse** – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home or in relation to care provided in a person's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes, and practices within an organization.

**Domestic Abuse (and Coercive Control)** Incidents or patterns of controlling, coercive or threatening behaviour, violence, or abuse by someone who is or has been an intimate partner or family member regardless of gender or sexuality. This can include psychological, physical, sexual, financial, emotional abuse, so called 'honour' based violence.

**Self-Neglect** – This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviours such as hoarding.

**Modern Slavery** – Encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive, and force individuals into a life of abuse, servitude, and inhumane treatment. Incidents may be a one-off or multiple and affect one person or more.

*(Based on guidance in The Care Act 2014)*