

What is Abuse?

3

3.1 Types of physical abuse

- Assault, hitting, slapping, punching, kicking, hair-pulling, biting, pushing
- Rough handling
- Scalding and burning
- Physical punishments
- Inappropriate or unlawful use of restraint
- Making someone purposefully uncomfortable (e.g. opening a window and removing blankets)
- Involuntary isolation or confinement
- Misuse of medication (e.g. over-sedation)
- Forcible feeding or withholding food
- Unauthorised restraint, restricting movement (e.g. tying someone to a chair)

Signs and indicators

- No explanation for injuries or inconsistency with the account of what happened
- Injuries are inconsistent with the person's lifestyle
- Bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps
- Frequent injuries
- Unexplained falls
- Subdued or changed behaviour in the presence of a particular person
- Signs of malnutrition
- Failure to seek medical treatment or frequent changes of GP

Neglect also results in bodily harm and/or mental distress. It can involve failure to provide help and support in daily living tasks. Often there is a failure to meet basic needs (e.g. warmth, nutritional diet). It can involve failure to intervene in behaviour which is likely to cause harm to a person or to others. Neglect can occur because of lack of knowledge by the carer.

The Mental Capacity Act 2005 (The Act) introduced two new criminal offences:

- Ill treatment and wilful neglect of a person who lacks capacity to make relevant decisions.

These offences are known as Section 44 of the Act and applies to anyone Caring for a person who lacks capacity – this includes;

- family carers, healthcare and social care staff in hospital or care homes and those providing care in a person's home
- An attorney appointed under an LPA or an EPA, or a deputy appointed for the person by the court

3.2 Types of neglect and acts of omission:

- Failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care
- Providing care in a way that the person dislikes
- Failure to administer medication as prescribed
- Refusal of access to visitors including family, friends and health and social care professionals.
- Not taking account of individuals' cultural, religious or ethnic needs
- Not taking account of educational, social and recreational needs
- Ignoring or isolating the person
- Preventing the person from making their own decisions
- Preventing access to glasses, hearing aids, dentures, etc.
- Failure to ensure privacy and dignity

Signs and indicators

- Poor environment – dirty or unhygienic
- Poor physical condition and/or personal hygiene
- Pressure sores or ulcers
- Malnutrition or unexplained weight loss
- Untreated injuries and medical problems
- Inconsistent or reluctant contact with medical and social care organisations (failure to attend appointments)
- Accumulation of untaken medication
- Uncharacteristic failure to engage in social interaction including confusion
- Inappropriate or inadequate clothing
- Lack of funds to buy essentials, large purchases but not seen in the person home, no money despite benefits, pension paid.

3.3 Self Neglect

Relevant legislation

- **The Care Act (2014) statutory guidance** – self-neglect is included as a category under adult safeguarding.
- **Article 8 of the Human Rights Act 1998** gives us a right to respect for private and family life. However, this is not an absolute right and there may be justification to override it, for example, protection of health, prevention of crime, protection of the rights and freedoms of others.
- **Mental Health Act (2007) s.135** – if a person is believed to have a mental disorder and they are living alone and unable to care for themselves, a magistrate's court can authorise entry to remove them to a place of safety.
- **Mental Capacity Act (2005) s.16(2)(a)** – the Court of Protection has the power to make an order regarding a decision on behalf of an individual. The court's decision about the welfare of an individual who is self-neglecting may include allowing access to assess capacity.
- **Public Health Act (1984) s.31-32** – local authority environmental health could use powers to clean and disinfect premises but only for the prevention of infectious diseases.
- **The Housing Act 1988** – a landlord may have grounds to evict a tenant due to breaches of the tenancy agreement.
- **Inherent Jurisdiction** - an automatic, non-statutory power that the Court can exercise on behalf of the Crown. The crown as 'parens patriae' or father of the nation, has a special duty to protect its subjects, particularly those who cannot protect themselves.

Types of self-neglect

- Lack of self-care to an extent that it threatens personal health and safety
- Neglecting to care for one's personal hygiene, health or surroundings
- Inability to avoid self-harm
- Failure to seek help or access services to meet health and social care needs
- Inability or unwillingness to manage one's personal affairs
- Also see: Self-neglect at a glance

Signs and indicators

- Very poor personal hygiene
- Unkempt appearance
- Lack of essential food, clothing or shelter
- Malnutrition and/or dehydration
- Living in squalid or unsanitary conditions
- Neglecting household maintenance
- Hoarding
- Collecting a large number of animals in inappropriate conditions
- Non-compliance with health or care services
- Inability or unwillingness to take medication or treat illness or injury

What causes self-neglect?

It is not always possible to establish a root cause for self-neglecting behaviours. Self-neglect can be a result of:

- a person's brain injury, dementia or other mental disorder
- obsessive compulsive disorder or hoarding disorder
- physical illness which has an effect on abilities, energy levels, attention span, organisational skills or motivation
- reduced motivation as a side effect of medication
- addictions
- traumatic life change

Sometimes self-neglect is related to deteriorating health and ability in older age and the term 'Diogenes syndrome' may be used to describe this. People with mental health problems may display self-neglecting behaviours. There is often an assumption that self-neglecting behaviours indicate a mental health problem, but there is no direct correlation.

Hoarding is now widely considered as a mental health disorder and appears in the US 'Diagnostic and statistical manual of mental disorders' (5th Edition). Hoarding can sometimes relate to obsessive compulsive disorder, but hoarding and self-neglect do not always appear together and one does not necessarily cause the other.

Barriers to good practice

- Working with people who self-neglect can be alarming and very challenging
- People who self-neglect may refuse support or fail to acknowledge the problem
- The risks associated with self-neglect can be high and the options for intervention are limited
- There can be pressure on professionals to take action, but often very little they can do
- There is often a lack of clarity about who should take responsibility for supporting people who self-neglect
- Work patterns and resources don't support long-term, relationship-based work
- Individuals don't always have care and support needs – so safeguarding responses may not be appropriate
- Where the Safeguarding Adults Board isn't appropriate there may be no alternative decision-making forum
- Information sharing is sometimes problematic, particularly when the person refuses help
- Limited legal literacy – professionals may not have a good understanding of the law that can be utilised in relation to self-neglect
- Application of the Mental Capacity Act can be very complex in relation to self-neglect
- Lack of resources can prevent appropriate service responses

Approach

In the past we may have intervened in ways that prioritised the views of others rather than trying to work from the perspective of the individual. Research has shown that those who self-neglect may be deeply upset and even traumatised by interventions such as 'blitz' or 'deep cleaning'. When developing an approach it is important to try to understand the individual and what may be driving their behaviour. There are some general pointers for an effective approach:

- **Multi-agency** – work with partners to ensure the right approach for each individual
- **Person centred** – respect the views and the perspective of the individual, listen to them and work towards the outcomes they want; "If I am worried about you, what you want me to do? How would you like me to support you?"
- **Acceptance** – good risk management may be the best achievable outcome, it may not be possible to change the person's lifestyle or behaviour
- **Analytical** – it may be possible to identify underlying causes that help to address the issue
- **Non-judgemental** – it isn't helpful for practitioners to make judgements about cleanliness or lifestyle; everyone is different
- **Empathy** – it is difficult to empathise with behaviours we cannot understand, but it is helpful to try
- **Patience and time** – short interventions are unlikely to be successful, practitioners should be enabled to take a long-term approach
- **Trust – try to build trust and agree small steps**
- **Reassurance** – the person may fear losing control, it is important to allay such fears
- **Bargaining** – making agreements to achieve progress can be helpful but it is important that this approach remains respectful
- **Exploring alternatives** – fear of change may be an issue so explaining that there are alternative ways forward may encourage the person to engage
- **Always go back** – regular, encouraging engagement and gentle persistence may help with progress and risk management

Practical tasks

- **Risk assessment** – have effective, multi-agency approaches to assessing and monitoring risk (link to MARM)
- **Assess capacity** – ensure staff are competent in applying the Mental Capacity Act in cases of self-neglect
- **Mental health assessment** – it may, in a minority of cases, be appropriate to refer an individual for Mental Health Assessment
- **Signpost** – with a multi-agency approach people can be signposted to effective sources of support
- **Contact family** – with the person's consent, try to engage family or friends to provide additional support
- **Decluttering and cleaning services** – where a person cannot face the scale of the task but is willing to make progress, offer to provide practical help
- **Utilise local partners** – those who may be able to help include the RSPCA, the fire service, environmental health, housing, voluntary organisations
- **Occupational therapy assessment** – physical limitations that result in self-neglect can be addressed
- **Help with property management and repairs** – people may benefit from help to arrange much needed maintenance to their home
- **Peer support** – others who self-neglect may be able to assist with advice, understanding and insight
- **Counselling and therapies** – some individuals may be helped by counselling or other therapies. Cognitive behaviour therapy, for example, may help people with obsessive compulsive disorder, hoarding disorder or addictions

[Self-neglect policy and practice: building an evidence base for adult social care \(SCIE, 2014\)](#)

[Safeguarding Adults Inter Agency Policy and Procedure Guidelines \(tameside.gov.uk\)](https://www.tameside.gov.uk/safeguarding-adults-inter-agency-policy-and-procedure-guidelines)

3.4 Psychological Abuse

Psychological abuse results in mental distress and may affect a person's physical health. It can involve the denial of choice, dignity and respect.

Types of psychological or emotional abuse

- Enforced social isolation – preventing someone accessing services, educational and social opportunities and seeing friends
- Removing mobility or communication aids or intentionally leaving someone unattended when they need assistance
- Preventing someone from meeting their religious and cultural needs
- Preventing the expression of choice and opinion (over-riding consent or views)
- Failure to respect privacy
- Preventing stimulation, meaningful occupation or activities
- Intimidation, coercion, harassment, use of threats, humiliation, bullying, swearing or verbal abuse
- Addressing a person in a patronising or infantilising way
- Threats of harm or abandonment
- Cyber bullying

Signs and indicators

- Apparent false claims, by someone involved with the person, to attract unnecessary treatment
- An air of silence when a particular person is present
- Withdrawal or change in the psychological state of the person (Depression, low mood, anxiety)
- Insomnia
- Low self-esteem
- Uncooperative and aggressive behaviour
- A change of appetite, weight loss/gain
- Signs of distress: tearfulness, anger

3.5 Sexual Abuse

Sexual abuse occurs when an adult at risk is of abuse is involved in sexual activities she/he does not want to be involved in or does not understand, or to which she/he is unable to give informed consent.

Types of sexual abuse

- Rape, attempted rape or sexual assault
- Inappropriate touch anywhere
- Non- consensual masturbation of either or both persons
- Non- consensual sexual penetration or attempted penetration of the vagina, anus or mouth
- Any sexual activity that the person lacks the capacity to consent to
- Inappropriate looking, sexual teasing or innuendo or sexual harassment
- Sexual photography or forced use of pornography or witnessing of sexual acts
- Indecent exposure

Signs and indicators

- Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck
- Torn, stained or bloody underclothing
- Bleeding, pain or itching in the genital area
- Unusual difficulty in walking or sitting
- Foreign bodies in genital or rectal openings
- Infections, unexplained genital discharge, or sexually transmitted diseases
- Pregnancy in a woman who is unable to consent to sexual intercourse
- The uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude
- Incontinence not related to any medical diagnosis

- Self-harming
- Poor concentration, withdrawal, sleep disturbance
- Excessive fear/apprehension of, or withdrawal from, relationships
- Fear of receiving help with personal care
- Reluctance to be alone with a particular person

Exploitation is a subset of sexual abuse. It involves exploitative situations and relationships where people receive 'something' (e.g. accommodation, alcohol, affection, money) as a result of them performing, or others performing on them, sexual activities.

3.6 Financial or Material Abuse

Types of financial or material abuse

- Theft of money or possessions
- Fraud, scamming
- Preventing a person from accessing their own money, benefits or assets
- Employees taking a loan from a person using the service
- Undue pressure, duress, threat or undue influence put on the person in connection with loans, wills, property, inheritance or financial transactions
- Arranging less care than is needed to save money to maximise inheritance
- Denying assistance to manage/monitor financial affairs
- Denying assistance to access benefits
- Misuse of personal allowance in a care home
- Misuse of benefits or direct payments in a family home
- Someone moving into a person's home and living rent free without agreement or under duress
- False representation, using another person's bank account, cards or documents
- Exploitation of a person's money or assets, e.g. unauthorised use of a car
- Misuse of a power of attorney, deputy, appointeeship or other legal authority
- Rogue trading – e.g. unnecessary or overpriced property repairs and failure to carry out agreed repairs or poor workmanship.

Signs and indicators

- Missing personal possessions
- Unexplained lack of money or inability to maintain lifestyle
- Unexplained withdrawal of funds from accounts

- Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity
- Failure to register an LPA after the person has ceased to have mental capacity to manage their finances, so that it appears that they are continuing to do so
- The person allocated to manage financial affairs is evasive or uncooperative
- The family or others show unusual interest in the assets of the person
- Signs of financial hardship in cases where the person's financial affairs are being managed by a court appointed deputy, attorney or LPA
- Recent changes in deeds or title to property
- Rent arrears and eviction notices
- A lack of clear financial accounts held by a care home or service
- Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person
- Disparity between the person's living conditions and their financial resources, e.g. insufficient food in the house
- Unnecessary property repairs

[Scams and fraud | Money Matters | Age UK](#)

[Why supporting scamming victims is a core safeguarding issue for social workers \(communitycare.co.uk\)](#)

[39 Essex Chambers | Mental Capacity Guidance Notes Archives - 39 Essex Chambers](#)

[39 Essex Chambers | Mental Capacity Guidance Note: Capacity Assessment - May 2021 - 39 Essex Chambers | Barristers' Chambers](#)

3.7 Organisational Abuse

Organisational abuse in care practice can occur in any group living situation e.g. day centres, supported housing, residential, hospitals, or nursing homes etc. Any of the abuse described above could happen in an organisational setting.

Types of organisational or institutional abuse

- Discouraging visits or the involvement of relatives or friends
- Run-down or overcrowded establishment
- Authoritarian management or rigid regimes
- Lack of leadership and supervision
- Insufficient staff or high turnover resulting in poor quality care
- Abusive and disrespectful attitudes towards people using the service
- Inappropriate use of restraints
- Lack of respect for dignity and privacy
- Failure to manage residents with abusive behaviour
- Not providing adequate food and drink, or assistance with eating
- Not offering choice or promoting independence
- Misuse of medication
- Failure to provide care with dentures, spectacles or hearing aids
- Not taking account of individuals' cultural, religious or ethnic needs
- Failure to respond to abuse appropriately
- Interference with personal correspondence or communication
- Failure to respond to complaints

Signs and indicators

- Lack of flexibility and choice for people using the service
- Inadequate staffing levels

- People being hungry or dehydrated
- Poor standards of care
- Lack of personal clothing and possessions and communal use of personal items
- Lack of adequate procedures
- Poor record-keeping and missing documents
- Absence of visitors
- Few social, recreational and educational activities
- Public discussion of personal matters
- Unnecessary exposure during bathing or using the toilet
- Absence of individual care plans
- Lack of management overview and support

“I visited my mother in a residential home and was surprised that everyone had to go to bed at the same time and that there was a line of people in wheelchairs outside the toilet. Everyone had to sit in the main lounge in a circle against the wall – there were no walking aids allowed in the room (these were taken away by the staff) and the television was on so loud, blasting out Top of the Pops, that nobody could hear what was being said. Is this right?”

“The Home care worker always puts my teeth in the same bowl as my wife’s at night to soak – I hate it and asked her not to do it time and time again, but she just ignores me. Should she give me my wife’s medicine at night – it worries me, you know. The thing that really upsets me is that she says she can’t help me to wash myself – I smell and look a mess. I was never like this before the stroke and I am sure her boss said that she had to help me wash myself – what can I do?”

“I am grateful that my dad is in hospital now, but they took his teeth out before his operation and now cannot find them. They call him Freddy, instead of Mr Heathcote. He looks so much older - no one takes time to help him choose his meals or eat properly. He has lost all his dignity.”

3.8 Domestic Abuse

The statutory definition of Domestic Abuse is documented in Section 1 of the Domestic Abuse Act 2021:

- An incident or pattern of incidents 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.
- Includes: psychological, physical, sexual, financial, emotional abuse; so called 'honour based violence; Female Genital Mutilation; forced marriage
- Age range extended down to 16

For the purpose of the safeguarding adult arrangements, safeguarding children arrangements would be applied to a person under 18.

[Domestic Abuse Act statutory guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statutory-instruments/domestic-abuse-act-2021)

Types of domestic violence or abuse

Domestic violence or abuse can be characterised by any of the indicators of abuse outlined in this briefing relating to:

- psychological
- physical
- sexual
- financial
- emotional.

Signs and indicators

- Low self-esteem
- Feeling that the abuse is their fault when it is not

- Physical evidence of violence such as bruising, cuts, broken bones
- Verbal abuse and humiliation in front of others
- Fear of outside intervention
- Damage to home or property
- Isolation – not seeing friends and family
- Limited access to money

Domestic violence and abuse includes any incident or pattern of incidents of controlling, coercive or 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. It also includes so called 'honour' -based violence, female genital mutilation and forced marriage.

Coercive or controlling behaviour is a core part of domestic violence. Coercive behaviour can include:

- acts of assault, threats, humiliation and intimidation
- harming, punishing, or frightening the person
- isolating the person from sources of support
- exploitation of resources or money
- preventing the person from escaping abuse
- regulating everyday behaviour.

Predatory Marriage

Predatory marriage is also a form of domestic abuse and exploitation. This type of abuse is where an individual marries someone who lacks the mental capacity to consent, often for financial gain or other benefits. This type of abuse typically targets older adults or those with cognitive impairments, such as dementia.

Key aspects of predatory marriage include:

Coercion and control: The perpetrator may isolate the victim from their family and manipulate them into marriage.

Financial abuse: The new spouse may inherit the victim's assets, as marriage can revoke any existing wills

Lack of consent: If a person does not have the mental capacity to consent to marriage

Best Practice

Recognising carers-Carers Assessment - [My Carer's Assessment \(tameside.gov.uk\)](#) link not found

Further reading

[Recognising domestic abuse](#)

Safe Later Lives – [Safe Later Lives: Older People and Domestic Abuse | Safelives](#)

Care UK Link – TH <https://www.ageuk.org.uk/our-impact/campaigning/no-age-limit/>

ManKind – TH www.mankind.org.uk

[Recognising and responding to domestic violence and abuse | SCIE](#)

Disclosure/Clare's Law [Clare's Law \(clares-law.com\)](http://clares-law.com)

Link to DASH/ MARAC / Bridges [SM artwork copy 2 \(jigsawhomes.org.uk\)](http://jigsawhomes.org.uk)

Domestic Abuse Strategy [Domestic Abuse Act statutory guidance - GOV.UK \(www.gov.uk\)](#)

3.9 Modern Slavery

Modern Slavery is the illegal Exploitation of people for personal/commercial gain. Victims trapped in servitude they were deceived or coerced into. Modern Slavery is an international crime, it can include victims that have been brought from overseas, and vulnerable people in the UK. Slave Masters and Traffickers will deceive, coerce and force adults into a life of abuse, callous treatment and slavery:

www.gov.uk/government/collections/modern-slavery

Types of modern slavery

- Human trafficking
- Forced labour
- Domestic servitude
- Sexual exploitation, such as escort work, prostitution and pornography
- Debt bondage – being forced to work to pay off debts that realistically they never will be able to

GOV.UK has more information on [identifying and reporting modern slavery](#)

Signs and indicators

- Signs of physical or emotional abuse
- Appearing to be malnourished, unkempt or withdrawn
- Isolation from the community, seeming under the control or influence of others
- Living in dirty, cramped or overcrowded accommodation and or living and working at the same address
- Lack of personal effects or identification documents
- Always wearing the same clothes
- Avoidance of eye contact, appearing frightened or hesitant to talk to strangers
- Fear of law enforcers

Domestic servitude:

<https://www.tameside.gov.uk/documents/d/guest/domestic-servitude> 1

<https://www.westyorks-ca.gov.uk/policing-and-crime/domestic-servitude-animation/>

3.10 Discriminatory Abuse

Abuse can be experienced as harassment, insults or similar actions due to race, religion, gender, gender identity, age, disability, sexual orientation

Types of discriminatory abuse

- Unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation (known as 'protected characteristics' under the Equality Act 2010)
- Verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic
- Denying access to communication aids, not allowing access to an interpreter, signer or lip-reader
- Harassment or deliberate exclusion on the grounds of a protected characteristic
- Denying basic rights to healthcare, education, employment and criminal justice relating to a protected characteristic
- Substandard service provision relating to a protected characteristic

Signs and indicators

- The person appears withdrawn and isolated
- Expressions of anger, frustration, fear or anxiety
- The support on offer does not take account of the person's individual needs in terms of a protected characteristic

<https://www.local.gov.uk/parliament/briefings-and-responses/discriminatory-abuse-briefing-practitioners#:~:text=Discriminatory%20abuse%20is%20a%20category%20of%2>

3.11 Safeguarding Children and Young People

Safeguarding Children is everyone's responsibility. Abuse within families reflects a diverse range of relationships and power dynamics which may affect the causes and impact of abuse. These can challenge professionals to work across multi-disciplinary boundaries in order to protect all of those at risk. Working Together to Safeguard Children statutory guidance (2018) states that when staff are providing services to adults, they should ask whether there are children in the family and consider whether the children need help or protection from harm. If you have a concern about a child or a young person, you will need to complete and submit a Multi-Agency Request for Service (MARS) using the secure Tameside link:

<https://secure.tameside.gov.uk/forms/mars/f1312mars.asp>.

If you have immediate concerns about a child's safety and risk of harm you should ring 999.

3.12 Abuse by Children

Parents experiencing abuse from their children may be reluctant to seek help, fearing judgement from agencies or negative consequences for their child. It is important to note that young people using violence against parents may sometimes have safeguarding needs themselves. Alongside raising a safeguarding adults concern for the parent/person at risk, there may also be a need to make a referral to the Children Services to assess the young person's needs, or to assess the immediate risk to other family members such as other siblings in the home.

3.13 Exploitation – Complex Safeguarding

Criminal

County Lines

County lines is where criminals from larger cities expand their drug networks to other areas of the country – usually rural and suburban areas. The crime is called ‘county lines’ because dealers use dedicated mobile phone ‘lines’ to supply drugs. These criminals often exploit vulnerable adults to move and store drugs and money and regularly use coercion, intimidation, violence (including sexual violence) and weapons.

County lines activity can still be exploitation even if it appears consensual. It can involve force and/or enticement-based methods of compliance and is often accompanied by violence or threats of violence. Vulnerable adults who use drugs, are in financial difficulty or have mental health problems are at greatest risk of being exploited by county lines gangs. These adults are groomed through offers of ‘free’ drugs, causing them to accumulate debts which can only be paid off by participating in county lines activities (also known as debt bondage).

Sometimes drug dealers will take over the home of a vulnerable person – this is known as cuckooing.

Common signs that someone is being exploited include those listed below. Please note that this is not an exhaustive list and that warning signs will show themselves differently in each person. It is important to explore all concerns over someone’s behaviour and personal circumstances and to consider whether they could be signs of exploitation:

- becoming more secretive, aggressive or violent
- meeting with unfamiliar people
- persistently going missing – someone may go missing from their home or local area when they are trafficking drugs along ‘deal lines’

- leaving home without explanation or staying out unusually late
- loss of interest in school, college or work and decline in performance
- suspicion of physical assault or unexplained injuries – including ‘DIY injuries’, (knife and puncture wounds) which are signs of punishment for drug-related debts
- using language relating to drug dealing, violence or gangs
- carrying a weapon.
- associating with a gang
- becoming isolated from peers and social networks
- having a friendship or relationship with someone who appears older or controlling
- using drugs, especially if their drug use has increased
- unexplained acquisition of money, drugs or mobile phones

Transitional safeguarding

‘Transitional safeguarding’ is about recognising that the needs of young people do not change or stop when they reach 18, although the laws and services supporting them often do. It is about making sure they have the help they need to keep themselves safe and as independent as possible.

It is an approach to safeguarding that moves through developmental stages, rather than just focusing on chronological age, building on best practice and learning from both adult and children’s services. “Those working with adults should be curious about the childhood of the adult they are supporting. And those working with children should be ambitious about the adult they are helping to create” (Dez Holmes, 2021).

There are several reasons why a more fluid and transitional approach is needed for young people entering adulthood. These are summarised as:

- Adolescents may experience a range of risks and harms, and so may require a distinctive safeguarding response.

- b. Harm, and its effects, do not stop at the age of 18.
- c. Many of the environmental and structural factors that increase a child's vulnerability persist into adulthood, resulting in unmet needs and costly later interventions.
- d. The children's and adults safeguarding systems are arguably conceptually and procedurally different, and governed by different statutory frameworks, which can make the transition to adulthood harder for young people facing on going risk.
- e. Young people entering adulthood can experience a 'cliff-edge' in terms of support.

Adolescents may experience a range of risks and harms, some of which are often distinct from those experienced by younger children, and so may require a distinctive safeguarding response.

The risks adolescents face are often inter-connected. This may include:

- Sexual abuse
- Physical abuse
- Neglect
- Emotional abuse
- Homelessness
- Poor mental health and self harm
- Criminal exploitation including gang association
- Substance misuse

(Research in practice- transitional safeguarding adolescence to adulthood)

[Transitional safeguarding | adolescence to adulthood | Research In Practice](#)

Sexual exploitation

“Sexual exploitation involves exploitative situations, context and relationships where individuals receive something (e.g. food, accommodation, alcohol, cigarettes, affection, money) as a result of them performing and / or others performing on them, Sexual activities”.

The definition developed by the Children’s Society is also particularly helpful: ‘Someone taking advantage of you sexually, for their own benefit, through threats, bribes, violence, humiliation, or by telling you that they love you, they will have the power to get you to do sexual things for their own or other people’s benefit or enjoyment (including: touching or kissing private parts, sex or taking sexual photos)’

Adults can be sexually exploited in many ways. Examples include:

- Rape (which can include rape by a partner, if the sex is unwanted – no means no, with no exception)
- Sexual assault
- Being tricked or manipulated into having sex or performing a sexual act
- Being trafficked into, out of, or around the UK for the purpose of sexual exploitation (i.e. prostitution)
- Being forced to take part in or watch pornography
- Being victim to revenge porn (when a previously taken video or photograph, which was taken with or without consent, is shared online)

Anybody could be a victim of sexual exploitation, rape or sexual assault. While a majority of victims are women, men can also be victim.

The following are especially vulnerable:

- Victims of domestic violence and abuse
- Drug and alcohol abusers
- Homeless people and those with limited or no immigration status
- Nightlife / weekend party goers
- Adults with physical, learning or mental disabilities
- Victims of forced marriage

Perpetrators

Anybody could be a perpetrator of sexual exploitation, rape or sexual assault. Commonly, perpetrators include:

- Partners – boyfriends/girlfriends or husbands/wives
- Family members
- Gang members (organised traffickers or drug gangs)
- Drug and alcohol abusers
- Illegal minicab drivers
- Persons in position of trust, including landlords

Victims

Signs that an adult may be victim of sexual exploitation, rape or sexual assault:

- Demonstrating signs of domestic violence and abuse
- Becoming alcohol dependent or user of drugs
- Showing signs of change in behaviour and emotions
- Testing positive for sexually transmitted infections
- Their passport or identity documents taken away by gang members
- They have been subject to a forced marriage

Grooming

Very often there is an element of grooming involved in advance of the abuse or exploitation. Grooming refers to actions deliberately undertaken with the aim of befriending and establishing an emotional connection with a person, in order to lower their inhibitions in preparation for abuse or exploitation.

Cuckooing

Who might be at Risk of Cuckooing?

We know that exploitation is widespread, adults can be targeted individually or the exploitation can be connected to gangs involved in county lines who are known to target children and adults; some of the factors that heighten a person's risk of cuckooing include:

- having prior experience of neglect, physical and / or sexual abuse
- lack of a safe / stable home environment, now or in the past (domestic abuse or parental substance misuse, mental health issues or criminality, for example)
- social isolation or social difficulties
- economic deprivation
- homelessness or insecure accommodation status
- connections with other people involved in gangs
- having a physical or learning disability
- having mental ill health
- substance misuse issues
- history of being in care

Signs and Indicators of Cuckooing

People who choose to exploit will often target the most vulnerable in society. They establish a relationship with the person to access their home. Once they gain control over the person- whether through drug dependency, debt or as part of their relationship – larger groups will sometimes move in. Threats are often used to control the person.

It is common for the perpetrators to have access to several cuckooed addresses at once, and to move quickly between them to evade detection. The victims of cuckooing are often people who misuse substances such as drugs or alcohol, but also can be people with learning difficulties, learning disabilities, mental health issues, physical disabilities or socially isolated.

Signs that cuckooing may be going on at a property include but are not limited to:

- an increase in people entering and leaving
- an increase in cars or bikes outside
- an increase in anti-social behaviour
- people coming and going at strange times
- damage to the door / the door propped open
- unknown people pressing buzzers to gain access to the building
- you have not seen the person who lives there recently or, when you have, they have been anxious or distracted
- unexplained acquisition of money, clothes, or mobile phones
- excessive receipt of texts / phone calls and / or having multiple handsets
- relationships with controlling / older individuals or groups
- leaving home / care without explanation
- suspicion of physical assault / unexplained injuries
- carrying weapons
- gang association or isolation from peers or social networks
- self-harm or significant changes in emotional well-being
- lack of healthcare visitors
- presence of young people frequenting the property

It is important to remember that not all of these issues will be a sign of cuckooing but may indicate other support needs.

How we tackle Cuckooing

Cuckooing may be part of wider and more organised crime with links to criminal exploitation, but it may also be a less organised and more localised issue.

Clearly any response to cuckooing concerns needs to be person centred and when safeguarding criteria is also met in line with making safeguarding personal. However, it also really important to recognise patterns and themes within an area, as this may indicate the concerns are more widespread and more people are at risk from the same perpetrators.

For this reason it is really important that agencies working with people with different needs, such as older people, people with learning disabilities or learning difficulties and people with mental health needs ensure that they have an awareness of the indicators of cuckooing and discuss whether there are any known concerns within the area in forums such as team meetings. It is important for agencies to share relevant information about what they know about the situation, as this can help inform the response needed.

A multi-agency response is key to working to address concerns around cuckooing and exploitation and this is likely to include police, social care including children's services, the local authority, housing, health workers, substance abuse support agencies, the voluntary sector and care providers. It is vital that practitioners recognise, and by working partnership, identify tactics to disrupt multiple types of exploitation. This will include an understanding of existing legislative opportunities at their disposal and to target specific risks.

In some cases where there is immediate risk to someone it may be necessary to take steps on an urgent basis to support them to move to alternative accommodation to safeguard them.

There are also other tools and powers which can be used to remove the people who are exploiting and keep the tenant safe. In the more extreme cases, the local authority and police will work together to obtain closure orders or injunctions on the cuckooed properties.

The Anti-Social Behaviour; Crime and Policing Act (Section 8) allows for closure orders to prohibit access (up to three months) to a property. Injunctions can also restrict who can enter a property. Breaking a closure order is a criminal offence punishable by imprisonment, meaning police can immediately arrest unwanted people found in a home with a closure order on it.

Further legislation can also be used, such as, CAWN's (can be used for adults in certain situations), Serious Crime Act (specifically Section 34 (gang injunctions)) as well as Modern Slavery Act 2015 (specifically Part 2, Slavery and Trafficking Prevention / Risk Orders).

It is important to remember that perpetrators of cuckooing and exploitation may have support needs of their own such as around their mental health or substance misuse. Agencies should consider whether offering support or assessment to them may also help to mitigate risks.

There could also be children who may be perceived as alleged perpetrators of abuse but are themselves being victimised so it is key that a referral is made with children's services where there may be a child/children identified.

Tricky Friends: <https://youtu.be/zv4yvDMhgHg>

Adult safeguarding guidance - safeguarding, extremism and Prevent

Vulnerable adults may be susceptible to recruitment 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, embed their extreme views and persuade vulnerable individuals of the legitimacy of their cause.

What is Prevent?

The threat we face from terrorism is real and the Prevent strategy recognises that we can't arrest our way out of the problem. The Prevent strategy therefore aims to stop people becoming terrorists or supporting terrorism.

The focus of Prevent is on the significant threat posed by international terrorism and those in the UK who are inspired by it. But it is also concerned with reducing threats, risks and vulnerabilities posed by domestic extremists such as those from the far right and far left, extreme animal rights activists and those involved in Northern Irish related terrorism.

Prevent is supported by three objectives:

- Responding to the ideological challenge of terrorism and the threat we face from those who promote it (ideology)
- Preventing people from being drawn into terrorism and ensure that they are given appropriate advice and support (individuals); and
- Working with sectors and institutions where there are risks of radicalisation which we need to address (institutions)

Channel

The multi-agency approach to protect people at risk from radicalisation is called Channel. This uses existing collaboration between local authorities, statutory partners (such as the education and health sectors, social services, children and youth services and offender management services), the police and the local community to:

- Identify individuals at risk of radicalisation or involvement in terrorism
- Assess the nature and extent of that risk; and
- Develop the most appropriate support plan for the individuals concerned

Channel is about safeguarding children and adults from being drawn into involvement in terrorism. It is about early intervention to address vulnerabilities, and divert people from harm.

For more information on Prevent and Channel including how to make a referral please go to: <https://www.tameside.gov.uk/extremism>