TOWER HAMLETS GP CARE GROUP (THGPCG) CIC

Safeguarding Vulnerable Adults Policy

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Title	Safeguarding Vulnerable Adults Policy
Supersedes	All previous Policies
This policy will impact on	All staff
Related Documents	Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse,Whistle Blowing Policy,PREVENT Policy, Managing Allegations against staff
Policy Area	Quality, Safety & Governance
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Issued By	Governance Team
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1. INTRODUCTION

THGPCG is committed to providing high quality care to all patients at all times. This policy offers guidance and procedures to protect adults at risk who access services provided by THGPCG. It is a local internal adaptation of the Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse (2011).

The increasing and expanding use of terminology such as „safeguarding" and „vulnerable adult" has led to the widening of the parameters within which staff are required to A) think and B) Act when considering their responsibilities to the national agenda for protecting adults at risk. While this area of care can become complex, this policy aims to provide staff with the knowledge and information required to raise any concerns they may have about the welfare of any individual or alleged abuse of any adult at risk to the safeguarding adults team who will then support the continued management of any referral as necessary.

Escalating concerns raised about abuse which has happened elsewhere is always easier than acknowledging neglect or harm from our own staff. However, it is important that all staff are aware that part of their responsibility in protecting adults at risk is to ensure they are free from harm and abuse which may result from poor care or while in receipt of healthcare services from healthcare staff.

All staff working for THGPCG therefore have a responsibility to protect adults at risk and ensure that those most vulnerable are free from abuse both in their own lives and when under our care.

2. AIMS OF POLICY

The aim of this policy is to provide staff with guidance and procedures to protect adults at risk whilst attending services provided by THGPCG. The key responsibilities of all staff members are awareness (of potential or actual safeguarding concerns) and reporting (to the appropriate manager and the safeguarding team). It provides all staff with guidance and procedures to enable them to fulfil their role in protecting adults at risk, or those who have suffered physical or psychological harm, either as a single incident/omission or as part of a systematic pattern of harmful behaviour, including domestic violence or neglect.

3. DEFINITION OF AN ADULT AT RISK

The term ‘adult at risk’ has been used to replace ‘vulnerable adult’. This is because the term ‘vulnerable adult’ may wrongly imply that some of the fault for the abuse lies with the adult abused.

The term ‘adult at risk’ is used as an exact replacement for ‘vulnerable adult’, as used throughout No secrets. However, this section gives some more detail as to what this term can mean in practice.

An adult aged 18 years or over ‘who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to

take care of him or herself, or unable to protect him or herself against significant harm or exploitation' (DH, 2000). This definition is taken from the current Department of Health guidance to local partnerships. Other definitions exist in partner organisations. An adult at risk may therefore be a person who:

- Is elderly and frail due to ill health, physical disability or cognitive impairment
- Has a learning disability
- Has a physical disability and/or a sensory impairment
- Has mental health needs including dementia or a personality disorder
- Has a long-term illness/condition
- Misuses substances or alcohol
- Is a carer such as a family member/friend who provides personal assistance and care to adults and is subject to abuse
- Is unable to demonstrate the capacity to make a decision and is in need of care and support.

(This list is not exhaustive.)

This does not mean that just because a person is old or frail or has a disability they are inevitably 'at risk'. For example, a person with a disability who has mental capacity to make decisions about their own safety could be perfectly able to make informed choices and protect themselves from harm. In the context of Safeguarding Adults, the vulnerability of the adult at risk is related to how able they are to make and exercise their own informed choices free from duress, pressure or undue influence of any sort, and to protect themselves from abuse, neglect and exploitation. It is important to note that people with capacity can also be vulnerable.

An adult at risk's vulnerability is determined by a range of interconnected factors including personal characteristics, factors associated with their situation or environment and social factors.

4. THE ROLE OF THE SAFEGUARDING LEAD FOR VULNERABLE ADULTS

The Safeguarding Lead for THGPCG is Dr Kamaldeep Tamber.

The role of the Safeguarding Lead is to:

- Ensure that the welfare of vulnerable adults is given the highest priority by our organisation, its management and staff/volunteers Act as the main contact for sharing information around Adult Safeguarding concerns
- Ensure that the concerns of Vulnerable Adults are heard and acted upon
- Be responsible for ensuring concerns are reported to appropriate authorities

- Work with the Organisational Development Team to ensure training is provided for all staff/volunteers, and remain up to date with current practice and legislation
- Ensure all staff/volunteers service users and families have access to further appropriate information

5. RECRUITMENT

All staff and volunteers working for THGPCG will follow this recruitment process:

- Completion of the Practices application form
- satisfactory checking of two references, at least one of which is from a person who has experience of the applicant's paid work or volunteering with adults
- Criminal Record Bureau (CRB) Disclosure will be required at a level appropriate for the role
- Successful completion of a probationary period

All staff and volunteers have a duty to declare any existing or subsequent convictions, adverse child protection or care proceedings. Failure to do so will be regarded as gross misconduct possibly resulting in dismissal.

6. MANAGEMENT

It is the line manager's responsibility to outline the roles and responsibilities regarding safeguarding to the workers and or volunteers. Regular supervision will monitor the work and offer staff and volunteers the opportunity to raise any issues. For those working directly with vulnerable adults, a like-minded professional currently practicing with vulnerable adults may be made available for regular or clinical supervision.

7. TYPES OF ABUSE

- **Physical abuse**

Definition - Non accidental harm to the body caused by the use of force, which results in pain, injury or a change in the person's natural physical state.
Some examples are: hitting, slapping, pushing, kicking, misuse of medication, restraint, inappropriate sanctions, rough handling, pinching, punching, shaking, burning, and forced feeding.

- **Sexual abuse**

Definition - Sexual abuse is the involvement of a vulnerable adult in sexual activities or relationships, which are for the gratification of the other person and which: they have not consented to, or they cannot understand and are not able to consent to, or which violates the individual's expressed cultural or religious preferences, sexual taboos, or family custom and practice.
Some examples are: rape and sexual assault or sexual acts to which the vulnerable adult has not consented, or could not consent or was pressured into consenting.

Inappropriate touching and fondling, indecent exposure, penetration (or attempted penetration) of vagina, anus or mouth by penis, fingers, or other objects.

- **Psychological abuse**

Definition - Psychological or Emotional abuse is behaviour that has a harmful effect on a vulnerable adult's emotional health and development.
Some examples are: emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks, withholding affection, shouting, depriving the person of the right to choice, information and privacy. Behavior that has a harmful effect on the vulnerable adult's emotional health and development.

- **Financial or material abuse**

Definition - Financial or material abuse involves the use of a vulnerable adult's property, assets or income without their informed consent or making financial transactions that they do not understand to the advantage of another person.
Some examples are: theft, fraud, exploitation, and pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

- **Neglect and acts of omission**

Definition - Neglect is behavior that results in the vulnerable adult's basic needs not being met.
Some examples are: ignoring medical or physical care needs, persons physical condition/appearance is poor e.g. ulcers, pressure ulcers, soiled or wet clothing, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating and undermining personal beliefs.

- **Professional abuse**

Definition - Is the misuse of power and abuse of trust by professionals, the failure of professionals to act on suspected abuse/crimes, poor care practice or neglect in services, resource shortfalls or service pressures that lead to service failure and culpability as a result of poor management systems/structures.

- **Abuse by Organisations – Institutional Abuse**

Definition - Involves the collective failure of an organisation to provide an appropriate and professional service to vulnerable people. It can be seen or detected in processes, attitudes and behavior that amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and stereotyping. It includes a failure to ensure the necessary safeguards are in place to protect vulnerable adults and maintain good standards of care in accordance with individual needs, including training of staff, supervision and management, record keeping, unable or unwilling to implement professional or clinical guidelines and liaising with other providers of care.

Abusive behavior may be part of the accepted custom and culture within an organisation or an individual member of staff, or particular group of staff may carry it out.

The key risk factors for institutional abuse are:

- it is widespread within the setting
- it is repeated
- it is generally accepted by the staff and not seen as being poor practice
- it is sanctioned, it is encouraged or condoned by line managers
- it takes place in a setting where there is poor monitoring by senior management
- there are environmental factors (e.g. unsuitable buildings, lack of equipment, many temporary staff) that adversely affect the quality of care
- it is systemic e.g. factors such as a lack of training, poor operational procedures, poor supervision and management all encourage the development of institutionally abusive practice

- **Domestic abuse and violence**

Definition - Domestic abuse and violence is best described as the use of physical and/or emotional abuse or violence, including undermining of self-confidence, sexual violence or the threat of violence, by a person who is or has been in a close relationship.
Domestic abuse can go beyond actual physical violence and involve emotional abuse, the destruction of a spouse's or partner's property, their isolation from friends, family or other potential sources of support, threats to others including children, control over access to money, personal items, food, transportation, telephone, and stalking.
It can include violence perpetrated by a son, daughter or any other person who has a close or blood relationship with the victim. It can also include violence inflicted on, or witnessed by children. The wide adverse effects of living with domestic violence for children must be recognised as a child protection issue. It may link to poor educational achievement, social exclusion and to juvenile crime, substance abuse, mental health problems and homelessness from running away.
Domestic violence is not a 'one-off' occurrence but is frequent and persistent aimed at instilling fear into and compliance from, the victim.
Reference: Department of Constitutional Affairs Domestic Violence Guide to Civil Remedies & Criminal Sanctions.
Any incident of threatening behavior, violence or abuse, psychological, physical, sexual, financial or emotional between adults who are, or have been intimate partners or family members, regardless of gender or sexuality'. (Source Home Office Definition 2004)
Domestic violence takes place within an intimate or family-type relationship and that forms a pattern of coercive and controlling behavior. This can include forced marriage and so-called 'honour crimes'. Domestic violence may include a range of abusive behaviors. (Source: Women's Aid)

- **Discriminatory abuse**

Definition - Discriminatory abuse is behavior that makes or sees a distinction between people as a basis for prejudice or unfair treatment.

Some examples are: racism, sexism, religious and ageism, based on a person's disability, and other forms of harassment, slurs or similar treatment.

Significant harm

A key concept in adult safeguarding work is 'significant harm', which helps to determine how serious or extensive abuse must be to justify intervention. This has been defined as follows: "harm" should be taken to include not only ill treatment (including sexual abuse and forms of ill treatment that are not physical), but also the impairment of, or an avoidable deterioration in, physical or mental health and the impairment of physical, emotional, social or behavioural development.

8. SPECIFIC INDICATORS OF ABUSE

Although abuse often comes to light through disclosure by the person, who sensing they are safe, confides in a trusted person, there are situations or events that might indicate that all is not well.

The following list highlights situations or events that may require closer attention. They are merely indicators, the presence of one or more does not confirm abuse and they are no substitute for a thorough assessment.

However, a cluster of several indicators may indicate a potential for abuse and a need for assessment.

For ease of use the indicators have been grouped under a number of headings. Typically an abusive situation may well involve indicators from a number of groups in combination.

9. GENERAL INDICATORS OF ABUSE

The denial (often forthright) that anything is amiss, with an accompanying emphasis that things 'have never been better'.

Resignation, stoicism, and, sometimes, an acceptance of incidents as being part of being old/vulnerable:

- inconsistency of information
- seeking (attention/protection), often from numerous sources
- the vulnerable adult appears to be withdrawn or agitated and anxious
- they may be isolated in one room of the house or confined to living in a small space
- mobility is restricted due to absence of suitable mobility aids
- they may be excluded from outside social contacts
- they are overly subservient or anxious to please
- professional and other visitors may have difficultly gaining access to the vulnerable adult or may find confidential interaction inhibited
- lack of eye contact – looking at the floor during discussions or looking to others to answer questions even when directed to the individual
- dramatic changes in behaviour or personality; depression or confusion, for which no medical explanation can be offered
- refusal to allow person into respite/permanent care
- poor conditions, lack of clothing, lack of access to own money
- reluctance to return home or to service placement

10. INDICATORS OF PHYSICAL ABUSE

- multiple bruising that is not consistent with the explanation e.g. a fall
- cowering and flinching
- bruised eyes, marks resulting from a slap and/or kick, other unexplained bruises
- abrasions, especially around the neck, wrists and/or ankles
- unexplained burns, especially on the back of the hands
- scalds, especially with a well-defined edge from immersion in water
- hair loss in one area – scalp sore to touch
- frequent minor accidents without seeking medical help
- unusually sleepy or docile, tendency to flounder or slip over
- unexplained fractures
- malnutrition, ulcers, pressure sores and sores due to lack of care for incontinence
- frequent 'hopping' from one GP, hospital or care agency to another
- need for health or social care services ignored or obstructed
- misuse of medication

11. INDICATERS OF SEXUAL ABUSE

- changes i.e. the person starts to seek or avoid attention where previously they did not, by expressing over sexualised behaviour, or becoming fixated on sexual matters
- complaints of soreness in genital/anal area, no medical cause known
- recurring conditions such as thrush or cystitis
- pregnancy or diagnosis of a sexually transmitted disease when the person is not known to be sexually active
- bruising on the inner thighs or shoulders, breasts and/or genital area
- objects to being washed in genital areas, which is a change in behaviour

12. INDICATORS OF FINANCIAL OR MATERIAL ABUSE

- unexplained or sudden inability to pay bills
- gifting and transferring of assets and property
- unexplained or sudden withdrawal of money from accounts
- contrast between known income or capital and unnecessarily poor living conditions especially where this has developed recently
- personal possessions of value go missing from the home without satisfactory explanation
- contrast with their previous lifestyle and standards
- someone has taken responsibility for paying rent, bills, buying food etc. - but is clearly not doing so
- unusual interest taken by relative, friend, neighbour or other in financial assets especially if little real concern is shown in other matters

- next of kin refuse to follow advice regarding control of property via Court of Protection or through securing Enduring Power of Attorney/Lasting Power of Attorney, but insist upon informal arrangements
- care services including residential care are refused by family or other potential inheritors
- unusual purchases unrelated to the known interests of the vulnerable adult e.g. purchases of fashionable clothes, expensive make-up, food and holidays
- reluctance to accept financial assessment or engagement from department

13. INDICATORS OF ORGANISATIONAL/INSTITUTIONAL ABUSE

- poor staff morale, high turnover or high sickness rate amongst staff; excessive hours are worked and there is frequent use of agency staff
- general lack of consideration of privacy e.g. staff walk casually into bedrooms; washing and personal care tasks (going to the toilet) lack appropriate privacy and dignity; there is no telephone that can be used privately
- residents/service users appear unusually subdued, especially when compared to their previous behaviour; they retreat into their own room or other areas out of the way of staff
- lack of care when dealing with personal clothing, e.g. loss of clothes, being dressed in other people's clothes, dirty or unkempt, spectacles not clean, wearing other people's spectacles, hearing aid or false teeth
- poor hygiene e.g. strong smell of urine, dirty clothing or bed linen, only changed when staff consider it necessary
- inappropriate and thoughtless use of equipment e.g. restraint and buzzers out of reach
- lack of internal procedures, including poorly written and/or outdated policies
- lack of clear lines of responsibility and consistency of management
- lack of staff training, supervision, appraisals and assessment of competencies
- lack of appropriate skill mix and assessment of staff competencies and training and development plan
- inadequate care/support plans and risk assessment
- inappropriate use of medical or nursing procedures e.g. enemas, catheterisation, over reliance on medication
- lack of appropriate relevant information sharing between staff about service users
- lack of open transparent communication from staff to relatives
- reliance on rigid routines
- staff feel powerless to influence good practice; they may be discouraged from participating in discussions with outside agencies

14. INIDICATORS OF PROFESSIONAL ABUSE

- entering into a sexual relationship with a service user
- failure to refer disclosure of abuse, poor, ill-informed or outmoded care practice
- failure to support vulnerable adult to access health care/treatment, denying vulnerable adults access to professional support and services such as advocacy

- service design where groups of users living together are incompatible, punitive responses to challenging behaviours, failure to whistle-blow on issues when internal procedures to highlight issues are exhausted

15. INDICATORS OF DOMESTIC ABUSE AND VIOLENCE

It must be remembered that all categories of abuse may be found within a domestic environment, i.e. close family relationships.

16. REACTION TO ABUSE

The consequences of abuse can have profound effects on all the parties involved. These may include:

- denial that abuse has occurred may be strongly stated, even in the face of compelling evidence to the contrary, there may be an attempt to persuade others that an abusive relationship is normal
- withdrawal from social activity can occur, ranging from withdrawal from normal activities to total lack of communication
- increased agitation and anxiety may also present itself in a variety of forms from attention-seeking behaviour to overly subservient behaviour
- parties involved can experience depression
- parties involved can experience confusion, this can be characterised by the marked deterioration in a previously confident person, someone who may appear to be confused might be trying to communicate his or her distress about an abusive event
- a dramatic change in behaviour or personality can occur suddenly and unexpectedly and can be associated with fear following an incident of abuse
- physical or verbally aggressive behaviour can occur and an individual may seem unusually hostile or be prone to over-reaction
- self-neglect can also occur including the loss of self-esteem, deterioration in appearance, weight loss or erosion of personal confidence

17. RESPECT

When abuse has been disclosed, reported or observed, it is important that the person be treated with dignity and respect and is involved as an equal in the investigation, and kept fully informed on a regular basis.

They have the right:

- to be believed when they report abuse of themselves and/or others, unless there is direct and unequivocal evidence to the contrary
- to appropriate education/information in order to identify behaviour which constitutes abuse and the rights to informed decision-making and consequent risk

- to have the investigation processed where possible through a timescale with which they can be comfortable
- to privacy and confidentiality in the conduct of the investigation (see practice guidance 24, sharing of information)

- to be assisted by an interpreter, advocate, relative or carer in giving information, or evidence, unless the evidence which is to be given is subject to separate rules, e.g. police procedures
- where a person's capacity is compromised to have decisions made in their best interest
- to expect arrangements to be made to promote safety and welfare in both the short and long term
- to expect that the issues of power, coercion and intent on the part of the alleged abuser to the alleged victim are given particular attention
- not to have to undergo repeated presentations of information/evidence, except as required in criminal proceedings
- to be involved in decisions made as a result of the investigation
- to not participate in the investigation
- to have access to the police action for justice procedures where appropriate

18. REPORTING AND RECORDING PROCEDURE

Anyone who suspects that a vulnerable adult may be at risk of abuse or is being abused must report their concern immediately. People have the right to expect that information shared with a member of staff should be treated as confidential. However, it should be made clear that where the staff member has a reason to be concerned for the welfare of a vulnerable person they **must** share the information with someone who is in a position to take action or responsibility.

Abuse of vulnerable adults can take many forms including physical, emotional, sexual and financial. It is not the responsibility of anyone working within ***THGPCG*** in a paid or unpaid capacity to decide whether or not abuse has taken place. It is therefore vital that staff raise all cases of suspected or alleged abuse in line with the procedures identified in this policy. It is important to do this, as there may already have been concerns expressed by other members of staff and failure to report concerns may put a vulnerable person at risk.

19. PROCEDURES AND PROCESSES TO FOLLOW WHEN ABUSE IS SUSPECTED

Any member of the THGPCG staff who suspects that a patient, relative, visitor or any other adult at risk is being or has been abused has a responsibility to ensure that they: -

- Ensure the "Adult at risk" is safe
- Report to their line manager or in their absence the Safeguarding Lead
- Complete a Serious Incident form

- Refer to the Adult safeguarding team
- Manager to consider contacting the police

- Refer to Social Worker after discussion with Safeguarding Lead

20. CONSENT

Many of the Data Protection issues surrounding the disclosure of information can be avoided if the informed consent of the individual has been sought and obtained.
Consent must be freely given after the alternatives and consequences are made clear to the person from whom permission is being sought.
If the data is classified as sensitive data, the consent must be explicit. In this case, the specific detail of the processing should be explained, the particular types of data to be processed, the purposes of the processing and any specific aspects of the processing which may affect the individual disclosures.

21. WHERE AN OVERRIDING PUBLIC INTEREST EXISTS:

If informed consent has not been sought or sought and withheld, the Practice /Service must consider if there is an overriding public interest of justification for the disclosure being made to a third party.
In making this decision and compliant with the Human Rights Act, the following questions may be considered:

- Is the disclosure necessary for the prevention or detection of crime, to protect public safety or to protect the rights and freedoms of others?
- Is the disclosure necessary for the protection of young or vulnerable people?
- What risk to others is posed by this individual (alleged offender)?
- What will be the impact of the disclosure on the offender?
- Is the disclosure proportionate to the intended aim?
- Is there an equally effective but less intrusive alternative means of achieving that aim?

Having due regard to the seriousness of the abuse and the potential risk to others, disclosure in such circumstances would be justified. It is important that it is made clear to the alleged victim and their relatives (if appropriate) that in these cases there is a necessity for the police and/or Practice /service to investigate due to the possible risk to other vulnerable persons.

22. CONFIDENTIALITY

Whether or not planning a response to an adult safeguarding concern is through informal consultations or a formal meeting you are likely to be sharing information that would normally be considered confidential.
Each agency holds information, which in the normal course of events, is regarded as confidential and will have their own safeguards and procedures for sharing this with

other related agencies. Some information will be subject to the Data Protection Act 1998.
An adult safeguarding concern provides sufficient grounds to warrant sharing information on a “need to know” basis and/or “in the public interest” and unnecessary delays in sharing that information should be avoided. Whenever possible the vulnerable adult must be consulted about information being shared on their behalf.

There will be a need to share information with other agencies for example Health, Advocacy and the Police, and generally permission would be asked before doing so. However in exceptional circumstances e.g. if it is considered someone is at serious risk of abuse then information may be disclosed without consent.
Where they have capacity and they are not being pressured or intimidated their agreement should be sought and their refusal respected.
If other adults are at risk the “public interest” principle may override their decision.
The principles governing the sharing of information include:

- confidentiality must not be confused with secrecy
- information will only be shared on a ‘need to know basis’ when it is in the best interests of the service user(s)
- informed consent should be obtained but if it is not possible and other adults are at risk, it may be necessary to override the requirement
- it is inappropriate for agencies to give assurances of absolute confidentiality in cases where there are concerns about abuse, particularly in those situations when other vulnerable people may be at risk

23. WHISTLEBLOWING

All staff/volunteers and others with serious concerns about any aspect of their work are encouraged to come forward and voice those concerns. The Whistleblowing Policy has been designed to assist, encourage and enable employees to make serious concerns known within the service.

Furthermore, in respect of issues concerning adult abuse if any employee suspects fraud, corruption or other malpractice then they must report their concerns to the safeguarding Lead – Dr Kamaldeep Tamber. In his absence, report to Dr Phillip Bennett-Richards – Clinical Director.

Whistleblowers should know how to access support and to protect their own interests. Even if they decide that they wish to make an anonymous report, the information they provide will be taken into account and treated seriously. Further support can be found at Public Concern at Work – on their website or call for confidential whistleblowing advice - 020 7404 6609. For staff working within the NHS or Social Care Sector, call 08000 724 725.
All requests for anonymity by the referrer will be fully respected. It cannot however be guaranteed, especially if the referrer’s information becomes an essential element in any subsequent legal proceedings.
In addition, the Data Protection Act 1998 removes the blanket confidentiality of third party information.

Staff who do not report concerns about the possible abuse of a vulnerable adult in accordance with the multi-agency practice guidance and procedures, could be disciplined for not doing so, or for colluding with the abuse.
For the purposes of the practice guidance and procedures “staff” includes volunteers as well as employees of agencies.

Refer to our own internal Whistleblowing Procedures for further information. Whistleblowers should know how to access support and to protect their own interests. Even if they decide that they wish to make an anonymous report, the information they provide will be taken into account and treated seriously.

24. REPORTING TO CQC

The Adult Safeguarding Lead will follow outcome 20 of the CQC Essential Standards and will complete Outcome 20 notification to the care quality commission where the Outcome 20 criteria are met.

25. PREVENT

The purpose of the Prevent strategy: is an early intervention to prevent vulnerable people supporting terrorism. Prevent is one of the four main work streams of the overall UK strategy for Countering Terrorism, known as CONTEST. In June 2011 the Government reiterated its commitment to the prevention of radicalisation as an integral part of the counter-terrorism strategy. It addresses all forms of terrorism and focuses work to prevent radicalisation on three key objectives:
1) Challenging ideology that supports terrorism;
2) Protecting vulnerable individuals;
3) Supporting sectors and institutions where there is a risk of radicalisation.

All staff must report concerns through the Safeguarding Adults Lead / Security and these will be shared with the local Contest Team.