

Safeguarding Adults in Wiltshire Revised Guidance for Staff



Recognising and Responding to the Abuse or Neglect of Adults with Care and Support Needs

WSAB Policy and Procedures Sub-Group

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Version 1.2

This guidance should be read in conjunction with **the Wiltshire Adult Safeguarding Policyⁱ and Procedures** and **HM government Care and Support statutory guidance Chapter 14 Adult Safeguarding Guidance 2016** which replaces **No Secrets**

The Guidance tells you what to do if you **think an adult with care and support need is experiencing, or is at risk of, abuse and neglect, and who, because of their care and support needsⁱⁱ, is unable to protect themselves from abuse or neglect.**

1. Principles

Safeguarding Adults is underpinned by **6 statutory principles** which all **staff and organizations are expected to work within and be guided by** when undertaking any Safeguarding activity. The principles are:

- ➡ **Empowerment:** People should be supported and encouraged to make their own decisions and give informed consent based on the best possible information
- ➡ **Protection:** Support and representation for those in greatest need.
- ➡ **Prevention:** Being proactive, it is better to take action before harm occurs.
- ➡ **Proportionality:** Anything we do should be proportionate or least intrusive to the risk: we shouldn't be over-protective if the risk is low as this in itself could mean people feel they are not listened to, are disempowered or not allowed to make their own decisions
- ➡ **Partnership:** safeguarding is about different people, professions, groups and communities working together to cover all the angles in preventing, detecting and reporting neglect and abuse. Local solutions through services working with their communities.ⁱⁱⁱ
- ➡ **Accountability:** Accountability and transparency in delivering safeguarding.

You should receive training from your employer on safeguarding that will allow you to explore these principles more fully. If you haven't been able to get such training, speak to your manager or supervisor

2. Adult Safeguarding – what is it and why it matters.

“Safeguarding means 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 wellbeing 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. Professionals should work with the adult to establish what being safe means to them and how that can be best achieved. Professionals and other staff should not be advocating ‘safety’ measures.” The Care Act statutory Guidance. HM Gov. 2016

3. Making Safeguarding Personal [MSP]

Making Safeguarding Personal is about making sure safeguarding is **person centered, outcome focused and less “process driven”**. This means supporting the individual by involving them and supporting them to have choice and control to improve their quality of life, safety and well-being. It is about **empowering the individual to remain in control or regain control of their lives**.

PRINCIPLE
Am I **EMPOWERING** the individual?

What does the **Adult** want?

How can I help the adult at risk to take part?

PRINCIPLE
Is this a **PROPORTIONATE** response?

This is a move away from safeguarding being “done to” an individual to **working with them to make choices and understanding risk taking**. The emphasis must be on sensible risk appraisal, not risk avoidance, which takes into account individual’s preferences, histories, circumstances and lifestyles to achieve a **proportionate tolerance of acceptable risks**.

4. Definitions

4.1. Adults at risk

The Care Act 2014 identifies an **Adult at risk** as an adult aged **18 and over** whom:

Has CARE & SUPPORT NEEDS whether or not they are met by the local authority.	Is EXPERIENCING , or is AT RISK OF EXPERIENCING ABUSE OR NEGLECT	As a RESULT OF THOSE NEEDS is UNABLE TO PROTECT THEMSELVES from the RISK OR EXPERIENCE OF ABUSE OR NEGLECT
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4.2. Abuse or neglect

Defining abuse or neglect is complex and rests on many factors. The term “abuse” can be subject to wide interpretation. It may be **physical, verbal or psychological**, it may be an act of **neglect**, or occur where a **vulnerable person is persuaded to enter into a financial or sexual transaction to which they have not, or cannot consent**. Abuse or neglect may be the result of **deliberate intent, negligence or ignorance**. **Exploitation can be a common theme** in the experience of abuse or neglect.

The Care Act statutory guidance identifies the following types of abuse or neglect:

- ➡ **Physical abuse** – including assault such as hitting, kicking, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
- ➡ **Domestic violence**^{iv} – including psychological, physical, sexual, financial, emotional abuse; so called ‘honour’ based violence
- ➡ **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, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured 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 or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- ➡ **Modern slavery**^v – 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.
- ➡ **Discriminatory abuse**^{vi} – 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, for example, or in relation to care provided in one’s own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
- ➡ **Neglect and acts of omission** – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational

services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

- ➡ **Self-neglect**^{vii} – this covers a wide range of behaviour; neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding. NB: an assessment demonstrating consideration of the adult’s ability to protect themselves by controlling their own behaviour should be made on a case by case basis.

5. Responsibilities

Under the Care Act 2014, The Local Authority retains overall responsibility for the Safeguarding of Adults at risk.

There are some key responsibilities and actions for anyone who identifies the possibility of abuse or neglect. These responsibilities must be addressed on the same day as the Alert is raised. We all remain **accountable** for our actions / inaction.

5.1. Provider Responsibilities

Any organisation providing a service to adults with care and support needs in Wiltshire has a responsibility to:

- ➡ Actively promote **partnership** working and ensure that all staff understand their responsibilities in accordance with section 42-46 of the Care Act and statutory guidance 2016.
- ➡ Ensure they have the right systems and processes in place to protect adults from abuse and neglect.
- ➡ Actively promote the **empowerment** and well-being of adults through the services they provide.

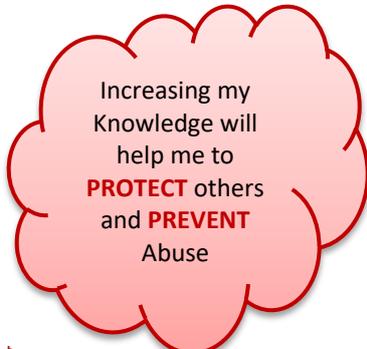


- ➡ Support an open culture within which anyone who expresses concern will be treated seriously and will receive a positive response from management^{viii} in accordance with the Public Interest Disclosure Act 1998 revised (2013)

5.2. Individual Responsibilities

All staff has the following responsibilities:-

- ➡ To **PROTECT** by reporting any concerns, allegations or disclosures of abuse immediately through Wiltshire Multi-Agency Policy and Procedures; regardless of their role or grade; not to “sit” on the information over the weekend until next on duty.
- ➡ **PROTECT** and **PREVENT** by being able to identify any signs of abuse or neglect– this will involve ensuring you undertake training and maintain your competence.



- ➡ To attend safeguarding adults training appropriate to their role and level of responsibility and draw any learning needs (in relation to safeguarding adults) to the attention of their manager.

- ➡ **PROTECT** individuals by taking immediate action to minimize risk to adults where abuse is suspected.

- ➡ **EMPOWER** the adult by supporting their rights to lead an independent life based on self-determination and personal choice.



- ➡ To ensure that any decisions made will be compliant with the Mental Capacity Act (MCA). See Good Practice Guide: MCA Principles.

- ➡ **EMPOWER** the individual by promoting their right to advocacy

- ➡ **PROTECT** others by being aware that others may be at risk of harm and making an appropriate referral.

- ➡ **PROTECT AND PREVENT** through recognition of the impact of a carer’s physical and mental health on the wellbeing of the person and their ability to maintain a caring role.

Responding to abuse or neglect – What to do.



You may become aware of abuse or neglect through various means – it could be that you witness a situation, something may be disclosed to you or you may have suspicions or a feeling that “things aren’t quite right”. It could also be a third party allegation of abuse or a complaint or concern which the complainant does not realise is abuse. Abuse may also be unintentional or inadvertent.

Concerns can also relate to an Individual with no impact on other vulnerable people, an organisation where the culture or policies could affect multiple people or a lone person abusing or neglecting multiple people.

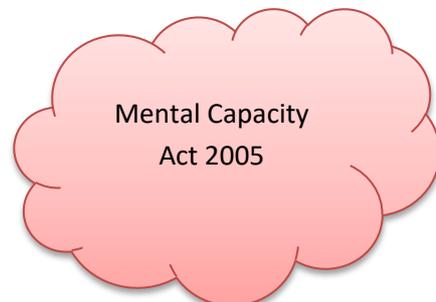
7.1 Establish the Wishes of the Adult at Risk & Dealing with Disclosures

The safety of the adult and the potential for increasing the risk should always be considered when planning to speak to the person. Any situations where there is the potential to increase risk should be assessed carefully and discussed with your management, or advice sought from an external agency as appropriate to **PROTECT** the Adult and **PREVENT** further harm.



Speak to the adult in a private and safe place and inform them of the concerns. Establish their views and what they would like to happen. These views should directly inform what happens next. Give the adult information about the adult safeguarding process and how that could help to make them safer.

➡ Do you have the adult's **INFORMED CONSENT** to continue? Does the adult have capacity to make an **INFORMED DECISION TO CONSENT** to the referral?^{ix} See Mental Capacity Flowchart.



➡ Remember it takes a lot of courage for the person to tell you that something has happened. They may fear the abuse could get worse if they tell. Fear of not being believed can also cause people not to tell.

➡ Discuss what could be done to make them feel safer. Accept what the person is saying – do not question the person or get them to justify what they are saying – reassure the person that you take what they say seriously.

MENTAL CAPACITY FLOWCHART

Can the Adult Understand the Information Relevant to the Decision?

- ➡ Nature of decision
- ➡ Purpose of the decision
- ➡ Effects and consequences of making, or not making, a decision.

- ➡ Do not interview/ interrogate the person; just listen calmly to what they are saying for more details (a factual investigation may take place later, so it is important to avoid unnecessary stress and repetition for the person concerned).
- ➡ You can ask questions to establish the basic facts, but try to avoid asking the same questions more than once, or asking the person to repeat what they have said- this can make them feel they are not being believed.
- ➡ Ensure that you remain calm and do not show shock or disbelief.
- ➡ Do not be judgmental e.g. why didn't you try to stop them?
- ➡ Do not stop someone who is freely recalling significant events. If the person wants to give you lots of information, let them. Try to remember what the person is saying in their own words so that you can record it later.
- ➡ Don't promise the person that you'll keep what they tell you confidential or "secret". Explain that you will need to tell another person but you'll only tell people who need to know so that they can help.
- ➡ Do not 'check things out' with the alleged abuser.
- ➡ Make a written record of what the person has told you as soon as possible

7.2 Whistleblowing

People are living longer, with multiple and complex needs and high expectations of what health, care and support can and should deliver.

Health and Social care staff increasingly work together to provide care and support for people in a variety of settings including hospitals, care homes and private homes. This involves us working in **partnership** with colleagues and service users, engaging with and supporting people to making choices about their health, care and support needs - 'no decision about me without me'.

The health, care and support system provides people with a good and often excellent service. However, things can go wrong; sometimes there is poor or very poor care. Sometimes the Abuse or Neglect may put other people at risk of harm.



- ➡ The first step is to discuss the problem with line management which means they can take steps to sort out any problems if necessary. They may not be aware of the problem. Keep a record of the conversation.

- ➡ If the concerns are not resolved the problems should be raised using the organisations Raising Concerns (whistleblowing) policy. Keep a record.
- ➡ It is not the individual employee's responsibility to investigate or decide if abuse has happened.
- ➡ If none of the above resolve the issue it can be raised by following Wiltshire's Multi-Agency policy and Procedure.
- ➡ Concerns can be **raised anonymously through CQC For regulated providers** or through the **Whistleblowing helpline 08000 724 725** * (Free Advice for NHS and Social Care)

7.3 Address any immediate safety and protection needs.



- ➡ Make an immediate evaluation of the risk and take steps to ensure that the adult is not in immediate danger.
- ➡ Where a person is in immediate danger or in need of medical attention the appropriate emergency services must be called.
- ➡ Consider if there are other adults with care and support needs or children who are at risk of harm, and take appropriate steps to safeguard them.
- ➡ Consider supporting and encouraging the adult to contact the Police if a crime has been, or may have been, committed.
- ➡ Take steps to preserve any physical evidence if a crime may have been committed, and preserve evidence through recording.

7.4 Raising a Safeguarding Concern:

- ➡ If you have a concern you must contact the Wiltshire Council Customer Advisors or out of hours Service. (See flowchart)

ABUSE / NEGLECT OF ADULT AT RISK IS SUSPECTED, DISCLOSED OR DISCOVERED

- Assess situation for IMMEDIATE RISK
- Call for emergency support if required
- Do Not Investigate
- CLARIFY Basic Information
- Record details of concern
- Do Not promise 'Not to Tell Anyone'
- Preserve any Evidence
- Inform / discuss with appropriate manager

If Allegation concerns an employee

- Inform appropriate manager / Safeguarding Adults Lead
- Discuss next steps.
- Initiate company incident reporting policy
- Continue with this flowchart as for all referrals

ABUSE/ NEGLECT STILL SUSPECTED OR CONFIRMED?

NO

CONSIDER:

Are there other adults or children at risk?

DOCUMENT CONCERNS/OUTCOME

NO

YES

YES

Inform adult of your concern and proposed actions, including the duty to report concerns to manager - **CONSIDER:**

- Do you have the adult's **INFORMED CONSENT** to continue?
- Does the adult have capacity to make an **INFORMED DECISION TO CONSENT** to the referral?

LACKS CAPACITY to make this decision - document your belief
Record the BEST INTEREST DECISION

CONSIDER:

Is an IMCA / or other advocate required?

INFORMED CONSENT NOT GIVEN
Make a record

Are other Adults at risk Or Public Interest Concerns?

YES

NO

SEEK ADVICE and / or MAKE A REFERRAL TO SAFEGUARDING ADULT TEAM (SAT)

Triage Advice: 01380 826510 / Referral: 0300 4560111

Out of Hours No: 0300 456 0100

- Wiltshire council /SAT will notify referrer of referral triage decision
- Keep a written record of your actions.
- Record the Referral including advice given and triage decision

FOLLOW-UP ACTIONS

- Inform your organisations Safeguarding Lead
- Complete incident report
- Follow your company incident procedure if indicated
- DO NOT Leave sensitive/incriminating documentation in the adult's home – this could increase risk.

Consider if other services needed?
Refer on for additional support e.g. social services, CMHT, respite services etc

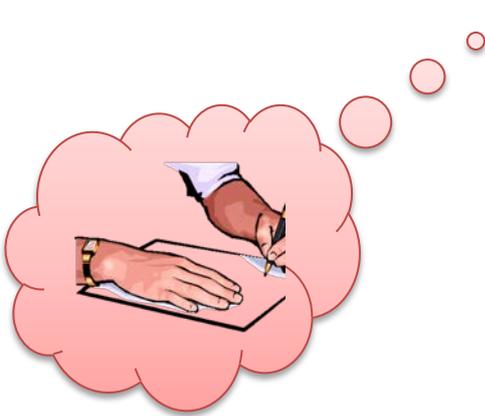
REMEMBER – DOING NOTHING IS NOT AN OPTION

Preserving Evidence

If it appears a crime has been committed DO NOT touch anything; seek advice before taking any action.

Note in writing the state of the clothing of both the victim and alleged perpetrator. Note injuries in writing. As soon as possible, make full written notes on the conditions and attitudes of the people involved in the incident.

9 Record Keeping



- Record accurately and in detail what you have seen, been told or have concerns about on the same day. Use the person's own words and record what action you have taken. Try to make sure anyone else who saw or heard anything relating to the concern of abuse also makes a written report.
- Record the date, time and setting in which the allegation was made or the event was witnessed.

- The presence and demeanour of witnesses to an incident must be recorded in detail. Information should only be shared on a 'need to know' basis.
- Facts must be clearly separated from opinion.
- When the disclosure was made, or when you were told about/witnessed this incident/s,
- Make sure you have printed your name on the report and that it is signed and dated
- Record if the adult is aware that an alert is being raised.



IN SUMMARY: Responding to Adult Safeguarding Concerns –what to do.

- **Immediate protection.** - Take any immediate actions to PROTECT anyone at immediate risk of harm, including summoning emergency / urgent medical or police assistance.
- **Speak to the adult wherever it is safe to do so.** -Get the views of the adult on the concern or incident, and see what they would like to happen next.
- **Record and Preserve evidence.** - Seek advice and record what you see
- **Report** to adult social care as soon as possible, and in all circumstances on the same day as the concern is raised.
- Report the matter internally through your internal reporting procedure (e.g. incident or serious untoward incident reporting procedures).

	A. Poor practice that requires actions by a provider agency.	B. Incidents which require a safeguarding Care Act (2014) s.42 enquiry.
1	<p>A significant assessed need has been omitted from the Adult at Risk's care / treatment plan a section that addresses e.g.</p> <ul style="list-style-type: none"> ➤ Management of behaviour to protect self or others. ➤ Liquid diet because of swallowing difficulty. ➤ Protective measures such bed rails, high low beds etc. installed to prevent falls and injuries. <p>Single incident appropriately managed by provider agency, care plan reviewed and omission addressed.</p>	<p>A significant assessed need has been omitted from the Adult at Risk's care / treatment plan a section that addresses e.g.</p> <ul style="list-style-type: none"> ➤ Management of behaviour to protect self or others. ➤ Liquid diet because of swallowing difficulty. ➤ Protective measures such bed rails, high low beds etc. installed to prevent falls and injuries. <p>A recurrent omission in relation to a single assessed need, this may have occurred over a prolonged period of time.</p> <p>Multiple incidents indicating a wider systemic failure in an institution.</p>
2	<p>A significant assessed need is specified in the Adult at Risk's care / treatment plan but has not been followed.</p> <p>Single incident appropriately managed by provider agency.</p>	<p>A significant assessed need is specified in the Adult at Risk's care / treatment plan but has not been followed.</p> <p>Single incident not managed by provider and as resulted in predictable and preventable harm.</p>
3	<p>Adult at Risk does not receive necessary help to have a drink / meal.</p> <ul style="list-style-type: none"> ➤ Drink left out of reach ➤ Meal taken away before it has been eaten. <p>Single incident appropriately managed by provider agency, alternative meal or fluids provided when omission noted.</p>	<p>Adult at Risk does not receive necessary help to have a drink / meal.</p> <ul style="list-style-type: none"> ➤ Drink left out of reach. ➤ Meal taken away before it has been eaten. ➤ Residents noted to be losing weight no appropriate action taken to remedy. <p>Is a recurring event, or happening to more than one Adult at Risk. Harm has been experienced by the Adult at Risk.</p>
4	<p>Adult at Risk does not receive necessary help to maintain continence e.g.</p> <ul style="list-style-type: none"> ➤ help to get to the toilet ➤ Appropriate assistance with changing incontinence pads. <p>Single incident, omission rectified. Appropriately managed by provider.</p>	<p>Adults at Risk are not receiving necessary help to maintain continence e.g.</p> <ul style="list-style-type: none"> ➤ help to get to the toilet ➤ Appropriate assistance with changing incontinence pads. <p>A recurring event or happening to more than one Adult at Risk.</p>

	A. Poor practice that requires actions by a provider agency.	B. Incidents which require a safeguarding Care Act (2014) s.42 enquiry.
5	<p>Adult at Risk who is known to be at risk of pressure damage has not had a risk assessment or a care plan.</p> <p>Single incident appropriately managed by provider - risk assessment completed and care plan in place as soon as provider aware of omission.</p>	<p>Adult at Risk has not been formally assessed / advice not sought with respect to pressure area management or no care plan.</p> <p>A recurring event e.g. multiple residents with predictable / preventable pressure damage e.g. several residents with category 2 ulcers or single resident with preventable category 3-4 damage.</p>
6	<p>Adult does not receive their medication as prescribed.</p> <p>Single resident / incident appropriately managed by provider agency – resident is reviewed and issue is addressed. No harm occurs.</p>	<p>Adult does not receive their medication as prescribed on one or more occasions.</p> <p>A recurring / regular event, or happening to more than one Adult at Risk. Potential of harm occurring to adult at risk.</p>
7	<p>Appropriate moving and handling procedures not followed or staff not trained and competent to use the required equipment posing a risk of predictable / preventable injury to service users.</p> <p>Situation appropriately managed by provider agency, the concern is addressed immediately – Training, supervision, performance management as appropriate</p>	<p>Appropriate moving and handling procedures not followed or staff not trained and competent to use the required equipment posing a risk of predictable / preventable injury to service users.</p> <p>Persistent non-compliance with moving and handling policy and procedures. Adult at risk of harm and / or harm occurs.</p>
8	<p>An Adult at Risk is discharged from hospital without adequate discharge planning, procedures not followed but no harm occurs.</p> <p>Single incident appropriately managed by provider agency. Omission is followed up with the appropriate agency and action taken to prevent recurrence.</p>	<p>Poor discharge from hospital without adequate discharge planning, procedures not followed.</p> <p>Adult at Risk experiences harm as a consequence or multiple incidents indicating a wider systemic failure in an institution.</p>
	A. Poor practice that requires actions by a provider agency.	B. Incidents which require a safeguarding Care Act (2014) s.42 enquiry.

9	<p>An Adult at Risk does not receive a scheduled domiciliary care visit / no other contact is made to check on their well-being, no harm occurs.</p> <p>Single incident appropriately managed by provider agency.</p>	<p>Scheduled domiciliary visit missed.</p> <p>Single or multiple missed visits to an individual OR calls missed to more than one Adult at Risk indicating a wider systemic failure in an institution. Harm experienced by the Adult at Risk.</p>
10	<p>Two Adults at Risk have an altercation; there is no physical assault or emotional harm experienced by either party.</p> <p>Incident appropriately managed by provider. Incident reviewed and measures in place to minimise the risk.</p>	<p>An incident between two Adult at Risks where physical contact occurs, there may be bruising, abrasions or other injuries sustained and / or emotional distress caused.</p> <p>A recurring event, or happening to more than one Adult at Risk, the incident is predictable and preventable, a physical assault has occurred, adult at risk experiences harm.</p>
11	<p>Failure to meet agreed contribution to residential care by family member or attorney, placement not at risk [should be treated as failure to meet lawful debt].</p> <p>Single incident appropriately managed by provider agency and resolved.</p>	<p>Failure to meet agreed contribution to cost of residential care by family member or attorney.</p> <p>Ongoing situation which jeopardises placement.</p>
12	<p>Failure to ensure access to medical advice, assessment or appointments happening to more than one Adult at Risk.</p> <p>Single incident appropriately managed by provider; staff member challenged by colleagues or management appropriately.</p>	<p>Clinical needs requiring additional / external support identified but no attempt to access medical attention in a timely fashion. This occurs on more than one occasion or for multiple people.</p> <p>A recurring or frequent event, or happening to more than one Adult at Risk from the same location. At risk of harm as a result of the act of omission.</p>
	<p>A. Poor practice that requires actions by a provider agency.</p>	<p>B. Incidents which require a safeguarding Care Act (2014) s.42 enquiry.</p>

13	<p>An adult at Risk who is capacitated in relation to management of finances is choosing to give sums of money to another person on a regular basis, not affecting their ability to manage on a day to day basis with no evidence of coercion or duress</p> <p>Single incident appropriately managed by provider agency.</p>	<p>An adult at Risk who is capacitated in relation to management of finances is giving sums of money to another person on a regular basis.</p> <p>Some concerns that the individual is being coerced or are acting under duress of others.</p>
14	<p>An Adult at Risk in a supported living environment reports that they find support staff overbearing and intrusive.</p> <p>Single incident appropriately managed by provider; staff member appropriately challenged by colleagues and / or management.</p>	<p>An Adult at Risk in a supported living environment reports that they find support staff overbearing and intrusive.</p> <p>One or more tenants report they feel intimidated and / or bullied by support staff. Emotional harm occurs, incident not appropriately addressed by the provider agency.</p>
15	<p>An Adult at risk who is isolated and lonely is befriended by an individual or group of people. Further inquiries identify no concerns and not affecting the ability to manage their day to day living needs.</p> <p>Single incident appropriately managed by Provider;</p>	<p>An Adult at risk who is isolated and lonely is befriended by an individual or group of people for their own purposes</p> <p>The ‘friends’ have deliberately targeted the individual for their own gain and have adversely affected the Adult at Risk ability to manage day to day i.e. tenancy at risk due to anti-social behaviour, no money left to buy food or pay for bills, drugs being dealt from the property, violent arguments and fights break out amongst those visiting etc.</p>

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ii <https://www.gov.uk/guidance/care-and-support-statutory-guidance>

iii <http://rcnhca.org.uk/sample-page/safeguarding-adults-and-children/principles-of-safeguarding>

iv https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/482528/Controlling_or_coercive_behaviour_-_statutory_guidance.pdf

v <https://www.england.nhs.uk/2015/10/trafficking-tool/>

vi <https://www.gov.uk/discrimination-your-rights/types-of-discrimination>

viii <http://www.legislation.gov.uk/ukpga/1998/23/section/1>

ix http://www.cqc.org.uk/sites/default/files/20160519_Better_care_in_my_hands_FINAL.pdf

x <http://wbhelpline.org.uk/wp-content/uploads/2014/04/Raising-Concerns-at-Work.pdf>