



**Royal
Osteoporosis
Society**

Better bone health for everybody

Safeguarding and Protecting People from Harm Policy

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Audience: Board of Trustees, All employees and volunteers

Proposed Issue date: December 2018

Review date: October 2019

Updated to Royal Osteoporosis Society on 5 February 2019

Contents

1.	Introduction and context.....	3
2.	Scope of this policy	3
3.	Principles underpinning our approach to safeguarding	4
5.	Identifying those at risk.....	5
6.	Procedure for reporting, recording and managing safeguarding concerns ...	6
7.	Implementation and quality monitoring	8
8.	Safeguarding and Trustee Duties	9
9.	Good Practice and Supporting Documentation	9

Safeguarding Policy

1. Introduction and context

Protecting people and safeguarding responsibilities is a priority for the Royal Osteoporosis Society.

- 1.1 The charity supports and works with a wide range of people throughout the UK and we recognise that some people we are in contact may be at risk of harm.
- 1.2 The charity supports the rights of people to live in safety, free from abuse and neglect. We aim to provide a safe and trusted environment that safeguards everyone, including beneficiaries, employees and volunteers.
- 1.3 The aim of this policy is to set out how the charity promotes an organisational culture that prioritises safeguarding and manages reported incidents or concerns sensitively and properly. It demonstrates how safeguarding concerns and incidents are prevented, identified and handled, and the responsibilities of the Board of Trustees to ensure that risks are managed appropriately with clear routes of escalation.
- 1.4 Ultimately, trustees have accountability to safeguard children and adults at risk and protect anyone that comes into contact with the charity from harm.
- 1.5 The policy has been written with the Charity Commission guidelines 2018, Human Rights Act 1998, Care Standards Act 2000, Mental Capacity Act 2005, the Safeguarding Vulnerable Groups Act 2006 and the Care Act 2014.
- 1.6 See Appendix F for further details of the relevant legislation and guidance that shapes and informs our approach.

2. Scope of this policy

- 2.1 The charity follows the broadest definition of safeguarding outlined by the Charity Commission in 2018 which goes beyond traditional vulnerable and 'at risk' groups and applies to **protecting anyone that comes into contact with the charity from harm.**
- 2.2 This policy therefore applies to all contexts in which we come into contact with individuals who may be at risk of harm.
- 2.3 However, given the nature of the condition and the services that the charity provides, it is recognised that the *most likely* individuals that we will come into contact with, in the context of this policy, are 'Adults at Risk'.

2.4 The Care and Support Statutory Guidance, issued under the Care Act, 2014 defines an adult at risk as:

Any adult (aged 18 or over) who:

- has needs for care and support (whether or not the local authority is meeting any of those needs and regardless of mental capacity)
- is experiencing, or at risk of, abuse or neglect
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

An 'adult at risk' could include:

- People with a disability/physical impairment
- Older people
- People with learning difficulties/disabilities
- People with mental health needs
- People with sensory impairments
- People who have suffered a head/brain injury
- People who misuse drugs and alcohol.

2.5 Safeguarding means protecting individual's rights to live in safety, free from abuse, harm and neglect. See Appendix G for more information about different types of abuse.

3. Principles underpinning our approach to safeguarding

3.1 Protecting people and safeguarding responsibilities is a priority for the charity. This includes recognising that safeguarding and protecting people from harm goes beyond simply implementing policies and processes. As a fundamental responsibility for trustees, safeguarding and protecting people must go to the heart of the charity's culture.

3.2 The charity aims to provide a safe, trusted environment for all employees, volunteers and beneficiaries and to respond promptly and appropriately to reports of adults who are actually or potentially at risk. We do this by:

- a) Safeguarding the welfare of all our beneficiaries, employees and volunteers, embedding it in everything that we do.
- b) Having recruitment, selection and training procedures for employees and volunteers.
- c) Requiring all external agencies that we work with to comply contractually with the policy.
- c) Providing training to all employees and volunteers to ensure they understand and follow the approach and procedures laid out in this policy.

- d) Having procedures to ensure that concerns of abuse or neglect are dealt with appropriately and that action is taken promptly.
- e) Providing all employees with access to a designated lead who will have the details of the appropriate local agencies to whom they can report concerns of abuse.
- f) Recognising differences in legislation for safeguarding across the UK but adopting the equal principle that these people should be protected from abuse and neglect.
- g) Ensuring our fundraising activities are ethical. Fundraising activities are carried out in accordance with the charity's values and we strive to meet the highest of ethical standards.
- h) Conducting a rolling programme of Disclosure and Barring Service Checks on *appropriate* employees in line with our Recruitment and Selection Policy.

4. Designated Leads

- 4.1 All employees and volunteers have a responsibility to report concerns relating to abuse or neglect that arise in the course of their work.
- 4.2 The designated leads within the charity to whom an employee should report such concerns are the Clinical Director and the Corporate Services Director.
- 4.3 The Board holds ultimate accountability for the governance of all safeguarding matters. Please see Appendix A for lines of accountability and responsibility within the charity and the role of Trustees.

5. Identifying those at risk

- 5.1 The following is a list of ways in which a safeguarding incident may occur. (It is noted that this list is not exhaustive):
 - a) Telephone calls into the charity from members of the public (including Membership and Specialist Nurse Helpline)
 - b) Public events and talks (including support group and information events)
 - c) Health Professional events and talks
 - d) Employee/volunteer report or complaint
 - e) Beneficiary reporting an incident or complaint
 - f) Outbound calls from the charity
- 5.2 In some cases, there may be a caller who makes more than 3 calls in a two-week period, they are regarded as a "frequent caller".
- 5.3 There is a process for handling frequent callers; as it is important to establish if a safeguarding need exists. Frequent callers may be more

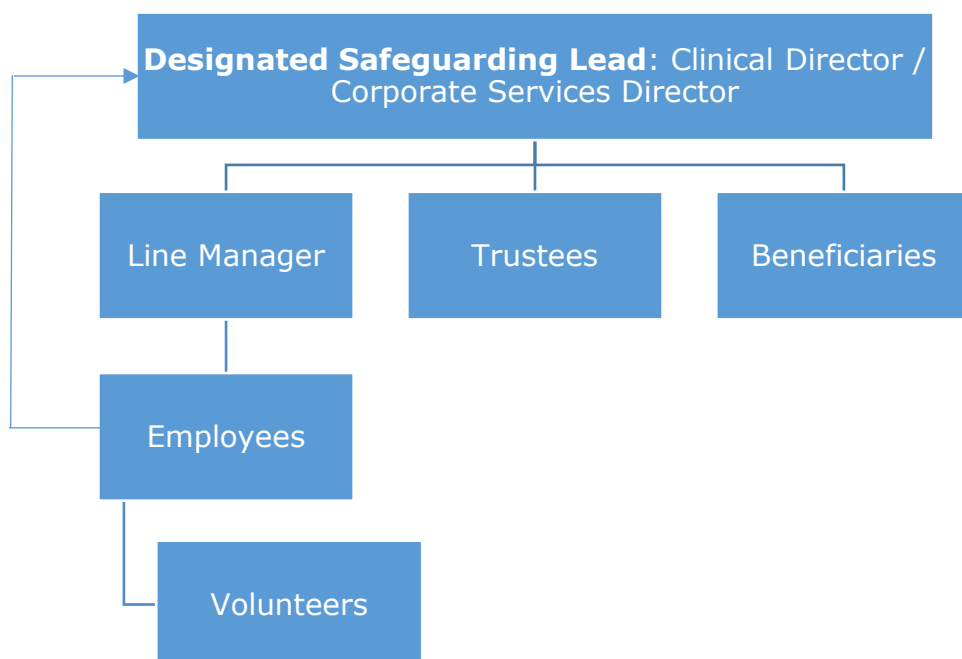
at risk, and our experience has demonstrated that they are often more likely to be vulnerable. If so, there is a procedure to be followed which is outlined in the Management Plan for Safeguarding Frequent Callers in the Safeguarding Procedure (Appendix D).

- 5.4 The Safeguarding Procedure describes the process for reporting safeguarding concerns or incidents and outlines how we handle incidents affecting those without mental capacity.

6. Procedure for reporting, recording and managing safeguarding concerns

- 6.1 The first priority is to ensure the safety and protection of the person at risk of harm. To this end it is the responsibility of all employees and volunteers to act on any concerns of abuse or neglect and pass these to the designated lead within the charity.
- 6.2 Please see Appendix B Procedure for employees, volunteer and trustee reporting concerns/incidents of suspected risk or abuse.
- 6.3 The supporting Safeguarding Procedure also outlines practical steps to follow if on a potential safeguarding call.
- 6.4 It is not the responsibility of anyone working, either paid or unpaid, within the charity, to decide whether or not abuse has taken place or to carry out an investigation as this is the role of the local authority and/or police. These agencies hold the lead responsibility for establishing and co-ordinating the local intra-agency framework for safeguarding adults at risk.
- 6.5 All employees are required to act on any concerns raised and ensure that a decision is made on the appropriate action to be taken in each case. They are required to ensure that they act in line with charity policy.
- 6.6 If someone with whom the charity is in contact with makes a disclosure of abuse or neglect, care should be taken to explain to them that a report will be made to the designated lead and/or appropriate agency.
- 6.7 If it is considered by an employee or volunteer that someone is in immediate danger, then the police should be contacted without delay and a report made to the Clinical Director or Corporate Services Director.
- 6.8 Any suspected abuse or neglect must be reported to the designated lead as soon as is practically possible to the designated lead, so a decision can be made as to who will report the concerns to the appropriate agency.

Figure 1. Process for reporting incidents internally



- 6.9 If an employee or volunteer is suspected of abuse this must be brought to the immediate attention of the Designated Safeguarding Lead who will alert the appropriate agency. The Director will suspend or remove from active service the employee or volunteer pending the outcome of an investigation.
- 6.10 If either the Clinical Director or Corporate Services Director is suspected of abuse this must be reported to the Chief Executive.
- 6.11 If a trustee or the Chief Executive is suspected of abuse this must be reported to the Chair of Trustees, supported by the Clinical Director and Corporate Services Director.
- 6.12 If the Chair of Trustees is suspected of abuse this must be reported to the Vice-Chair of Trustees, supported by the Clinical Director and Corporate Services Director.
- 6.13 Any concern should be documented in the safeguarding proforma with further actions and outcomes and stored in a protected file to be accessed only by the designated leads.
- 6.14 Personal information may be disclosed without the individual's consent if there are reasonable grounds to believe that an individual is at risk of harm.

7. Implementation and quality monitoring

- 7.1 All employees, volunteers and trustees will be made aware of the updated policy and be required to confirm that they have read it. The policy will be published on our website.
- 7.2 The policy will be reviewed on an annual basis to ensure it meets best practice, legislative and Charity Commission guidelines.
- 7.3 All employees who may come into contact with those at risk from harm receive specialist training bi-annually and regular updates. See details below:
 - All new employees, volunteers and trustees will attend induction which contains information on all relevant policies and procedures.
 - Refresher training will be provided bi-annually unless a change in national safeguarding policy / guidance indicates otherwise.
 - Allied Health Professionals employed by the Royal Osteoporosis Society will undertake safeguarding training bi-annually
 - Designated safeguarding leads will receive specialist safeguarding training on an annual basis.
 - Specialist training is provided to teams where 'one-to-one' contact with those at risk from harm is an integral part of the role, this includes the Fundraising Team being trained to recognise trigger phrases which may identify potential vulnerable people.
 - Updates and internal communications will update employees and volunteers annually on any changes to the relevant safeguarding legislation.
 - In addition, all employees receive a reminder of our internal safeguarding procedures.
- 7.3.1 The charity's approach to safeguarding will be outlined in the Trustees Annual Report.
- 7.3.2 The charity will ensure that any external agencies it works with to provide fundraising activities has a Safeguarding Policy in place.
- 7.3.3 The charity will fully comply with the requirements relating to fundraising practice and vulnerable people as outlined in the Charities (Protection and Social Investment) Act 2016.
- 7.3.4 All reported incidents will be recorded by the charity in line with this policy and reported to the Executive Team, Finance, General Purpose and Audit Committee, and Board of Trustees on a quarterly basis. However, in exceptional cases the Designated Safeguarding Lead may decide to inform these committees earlier in order to bring it to the attention of the Executive Team and Board of Trustees.
- 7.3.5 Incidents will be reported to the Trustees regularly or by exception where necessary. The nominated safeguarding lead on the Board of Trustees will be kept informed regularly, as appropriate.

7.3.6 Calls to the specialist nurse helpline and membership team are recorded for quality monitoring purposes and to assist with handling safeguarding concerns. See the Call Recording Policy for details information around the data protection principles and actions.

7.3.7 A thematic review of safeguarding concerns will be undertaken on an annual basis to ensure that learning is embedded into the charity's practices.

7.3.8 If it is found that a charity representative has not followed the requirements of this policy and the associated legislation, this may result in disciplinary action in line with the Disciplinary Policy.

8. Safeguarding and Trustee Duties

8.1.1 The Board of Trustees have the following responsibilities:

- To take reasonable steps to protect people who come into contact with the charity from harm, including:
 - people who benefit from the charity's work
 - employees
 - volunteers

This may also include other people who come into contact with the charity through its work.

- Promote the well-being and welfare of charity beneficiaries

8.1.2 This involves managing safeguarding risks, conducting an annual review of the Safeguarding Policy, and making sure this is available to the public, all employees, volunteers and beneficiaries.

8.1.3 All trustees will receive safeguarding training to assist them in being able to fulfil the above responsibilities.

8.1.4 There is a nominated trustee who has specific responsibility for safeguarding (see Appendix A). However, it is the Board of Trustees that will be held accountable for ensuring those at risk from harm in the organisations care receive high quality, evidence-based care and personalised safeguarding.

8.1.5 The Board of Trustees must also ensure that any safeguarding incidents meeting the criteria of a serious incident according to the Charity Commission, are reported.

9. Good Practice and Supporting Documentation

- Appendix A Safeguarding Accountability Flowchart
- Appendix B Procedure for reporting concerns/incidents of suspected abuse / risk by employees, volunteers and trustees.

- Appendix C Safeguarding: Practical steps if on a call
- Appendix D Management plan for safeguarding frequent callers
- Appendix E Safeguarding proforma
- Appendix F References and further reading

Other relevant policies:

- Data Protection Policy
- Whistleblowing Policies
- Complaints Policy
- Health and Safety Policy
- Lone Working Policy
- Serious Incident Policy

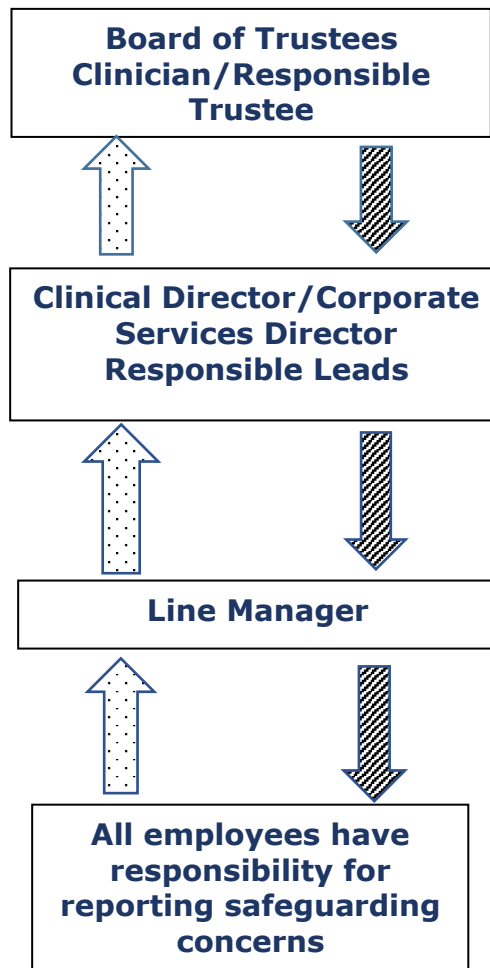
Appendix A

**Adults at Risk
Safeguarding Role: Trustee**

The Board of Trustees holds accountability for all safeguarding practices for the charity - an accountability chart is provided below:

Accountability 

Responsibility 



Through the Appointments and Governance Committee a *nominated trustee* will be appointed to be the Board of Trustees Safeguarding lead. The role carries a shared corporate responsibility for the quality of care and professional standards provided by the charity in relation to safeguarding.

The role is to be undertaken by a trustee with a clinical background who holds a current registration with a professional body (GMC, NMC, HPC).

The term of office will, in line with sub-committee appointments, be three years and will be reviewed by the Chair and Chief Executive.

The Trustee Safeguarding lead will meet with the Designated Safeguarding Leads (Corporate Services Director and Clinical Director) on an annual basis to review the Safeguarding policy, work plan and agree the contents of the Annual Safeguarding report to be presented to the Board of Trustees.

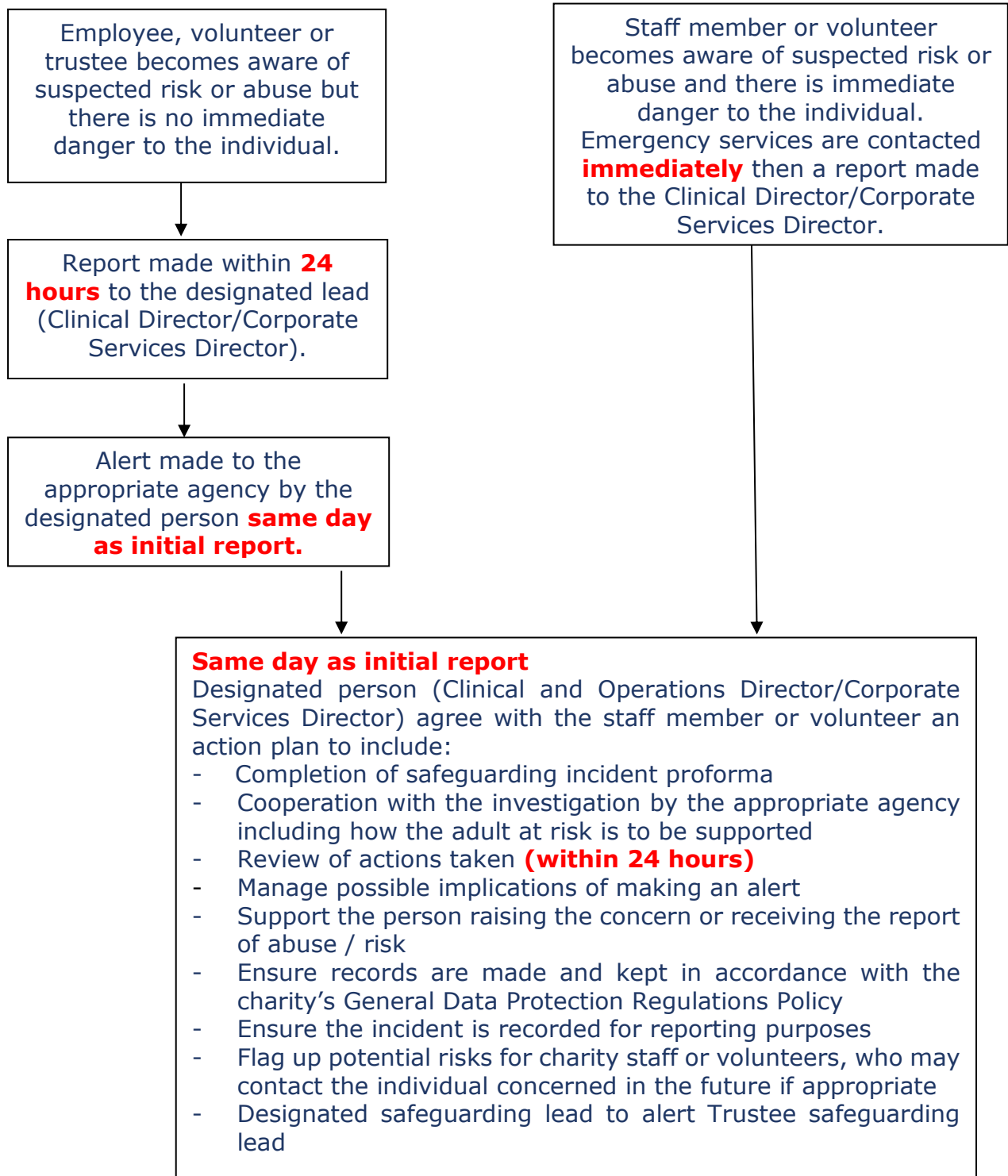
Role of the safeguarding lead:

- Provide support to the designated safeguarding leads (Corporate Services Director and Clinical Director) to ensure the charity delivers a continuous high-quality approach to the safety and welfare of beneficiaries, health professionals and employees.
- Seek assurance that effective strategic, operational governance and control arrangements for safeguarding are in place.
- Bring an independent and external perspective knowledge, skills and experience to the safeguarding practices of the charity.
- Constructively challenge the policies, plans and processes of the safeguarding practice within the charity.
- Support the development of plans to improve safeguarding processes and practice.

The FGP&A Committee receive quarterly Governance and Compliance reports. These will be shared with the Trustee Safeguarding lead for monitoring purposes.

PROCEDURE FOR REPORTING AND MANAGING ADULTS AT RISK

This flowchart is to be used in conjunction with section 3 above.



Appendix C

Safeguarding: practical considerations whilst taking a safeguarding call

1. If you think this caller may be at risk / in need of safeguarding, get a colleague to listen into your call (wave yellow card)

2. What is it about this call which is making you concerned?

(Think about the types of abuse-what are they actually saying?)

3. Is there anyone else with the caller?

(Are they at risk too e.g. another at risk adult or child, or are they causing the problem?)

4. Is the caller safe right now?

(Because of their situation or another person?)

If your answer really is "no", you may need to contact the emergency services by dialling 999 (-See emergency card **NB** make sure you give the callers telephone number when calling 999, to prevent the emergency service coming to you!)

Be honest, tell the caller your concerns and what you wish to do

NB if the caller is in a violent situation, you may need to call police and ambulance.

BUT consider the caller's right to refuse help or make unwise decisions, even if this leaves them at risk (unless they are very confused. See *below)

Box 1

Essential information to collect on any potential safeguarding call

- Caller's name
- Address
- Telephone number (see the display on your phone)
- Age
- GP
- What the caller is concerned about
- What they would like to happen

5. What needs to happen to keep them safe?

(Emergency services not needed)

A) Caller gives consent to you sharing information to get them help

Box 2

- **Ensure you have the information in box 1 above**
- Close the call, advising that you are sharing the information with those that can help
- Discuss the call with your line manager and the designated safeguarding lead(s). A management plan will be formulated
- Complete the safeguarding proforma and send this to the safeguarding lead(s)

B) Caller refuses consent to share information or receive help

It is not our place to decide if a caller has mental capacity since this not possible to assess accurately over the telephone.

However, there are times when the callers decision to refuse consent to share information with safeguarding partners can be overridden. This is when:

- the person lacks the mental capacity to make that decision – this must be properly explored and recorded in line with the Mental Capacity Act
- other people are, or may be, at risk, including children
- sharing the information could prevent a crime
- the alleged abuser has care and support needs and may also be at risk
- a serious crime has been committed
- employees are implicated
- the person has the mental capacity to make that decision but they may be under duress or being coerced
- the risk is unreasonably high and meets the criteria for a multi- agency risk assessment conference
- a court order or other legal authority has requested the information.

If you consider the risk is sufficient that you need to share information without consent, tell the caller you are very concerned about the report of injury/abuse and that you have a responsibility (duty of care) to send them help. Follow the steps in box 2 above. *Remember*, this is an information breach and must be reported as such to the Information Governance team.

Emergency Card template

<p>Urgent Help Card!</p> <p>Can you listen in please?</p> <p>PTO for listening-in instructions</p>	<p style="text-align: center;">999 Conference call To put caller through to emergency services</p> <ol style="list-style-type: none"> 12. Take caller's: <ul style="list-style-type: none"> • phone number (in case disconnected) & • address (to be put through to their local emergency services) 13. Tell caller: "Stay on the line whilst I transfer you to the ambulance/police operator. It may take a couple of minutes so don't hang up. The next voice you'll hear will be the operator" 14. On the phone: press Conference button 15. Dial 9 999 16. Immediately tell operator "Disregard this number" & provide caller's address or landline phone number 17. Then request Ambulance (and/or Police if caller is in immediate danger) 18. When emergency services operator is on the line answer their questions but tell them asap: <ul style="list-style-type: none"> • Who you are • Caller is on the line • Caller's address & phone number • Reason for call 19. To bring caller into the call: on the phone press Yes 20. Stay quiet whilst operator speaks to caller 21. When operator has finished you can continue to speak to caller until ambulance/police arrives 22. Press Hang up to end call.
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Listening in to a call (Silent Monitor)

1. Press **Monitor** (top button on left of phone screen).
2. Enter **extension number** of the helpline nurse you want to listen-in to (see below)
3. The line gives a single ring tone (which only you hear) then you're connected automatically.
4. To stop listening, press **Hang up** on the phone.

Name	Ext		Name	Ext
Name	Ext		Name	Ext
Name	Ext		Name	Ext
Name	Ext		Name	Ext
Name	Ext		Name	Ext
Name	Ext		Name	Ext

Conference call to Language Line

1. Take the **caller's phone number** (in case disconnected) & required **language**.
2. Tell caller: "**Please stay on the line while I contact to the interpreting service. This may take a few minutes so don't hang up. The next voice you'll hear will be the interpreter's**".
3. On the phone: press **Conference** button
4. Dial **9 0845 310 9900 option 1**
5. When Language Line answers:
 - Give ID code **L35233**
 - Request interpreter in required language
 - Explain you have the caller on the line
6. To the interpreter:
 - Explain who you are &
 - Caller is on the line waiting to be brought into the conference call
 - Give caller's name if you know it (not essential because of confidentiality)
7. To bring caller into the conference call:
 - On the phone: press **Yes**
 - If you've lost the caller, Language Line can usually ring them to bring them into the call
8. Talk as though addressing the caller directly as this makes it easier for the interpreter to make a direct translation of what you're saying
9. To end the conference call:
 - Wait for caller & interpreter to hang up first before you **hang up** (this prevents them continuing any discussion without your knowledge)

Management Plan for Safeguarding – Frequent Caller (over 3 calls in 2 weeks)

Appendix D

Telephone calls trigger a safeguarding concern



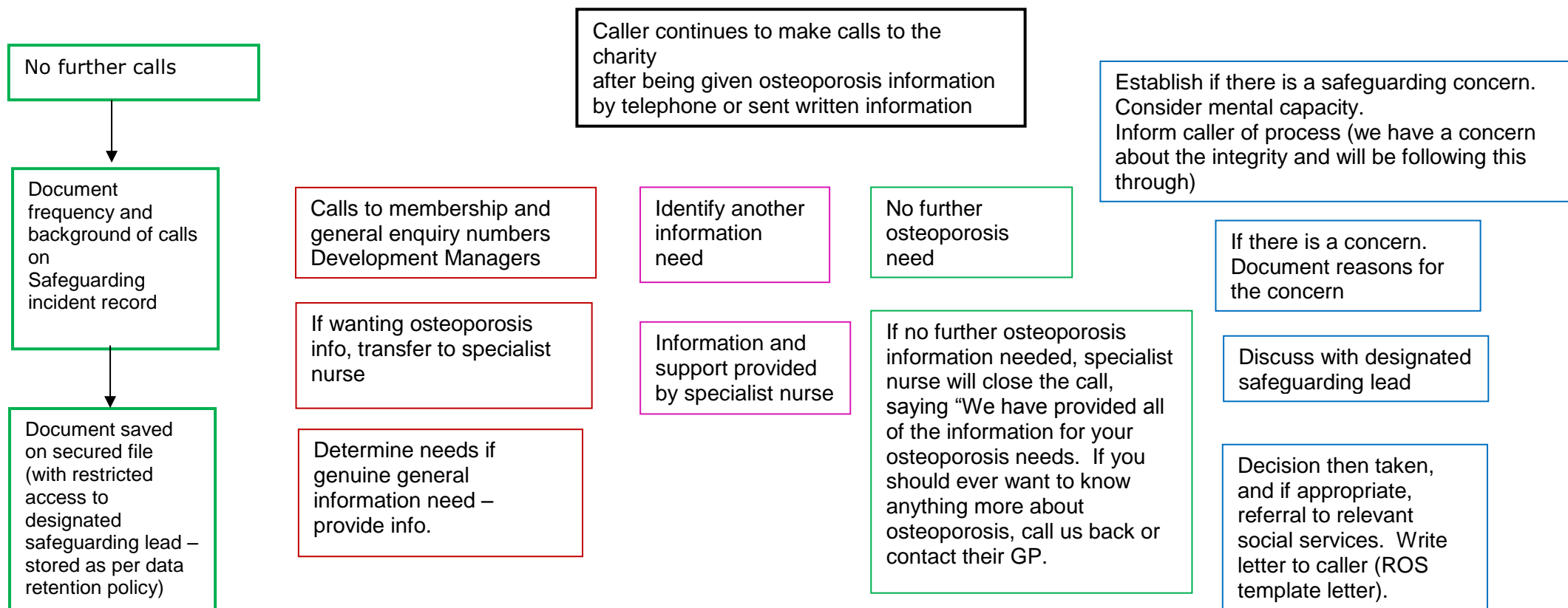
Establish Concern

Document chronology of calls

(finding out personal information including address)

Outline concerns in ROS Safeguarding incident record

(information sharing of name, personal information to be shared with professionals on a need to know basis)



Safeguarding proforma

Safeguarding incident record

Check to make sure your report is clear to someone else reading it.

This is an electronic form, so the fields can be expanded to include all the information you want to record.

Incident date refers to the date of the recording of this incident (this should be the date you are made aware of the concern), if you have any information regarding a relevant past incident add into details of concern section.

This will be the main record of the safeguarding incident and will need updating until concern closed.

Form completed by	Date	Role	
Information about person you have safeguarding concerns for			
Full Name	DOB/Age	Gender	Additional needs e.g. Health/disabilities/social/housing/other
Home Address/current address if different from home address			
E mail		Telephone	
G.P details if known			
If concern raised by third party add their details here			
Significant Others if known (relatives, carers, friends, health/social care /other professionals to brackets etc.)			
Name	Relationship to person	Address	Tel No
Details of concern			
Date of incident			

What happened/ what is the concern?

Has person involved expressed what they want to happen? Do they have mental capacity to make an informed decision?

Breach of Confidentiality Information: Y/N

Is the person concerned aware that information has been shared with outside agencies & why?
 Did caller give permission for information to be shared with outside agencies?
 Was caller informed of the helpline's confidentiality policy?

What needs to happen? Note actions, including names of anyone to whom your information was passed and when.

Status

Recommendation	Action	Who responsible	Completion date	Progress Update

Children: are there is a children or other vulnerable adult in the household even if not the subject of the immediate safeguarding concern
Y/N

Details:

Inform	Date
Your Manager	

Designated safeguarding lead	
Corporate governance lead	
Record keeping	
Recorded on safeguarding database	

Breach of confidentiality may include:

Was information shared with an outside agency?

(Indicate with 'YES' where relevant below & provide additional details)

- 999 Ambulance &/or Police
- GP (GP name / Surgery name / phone number)
- Safeguarding Adult Team (name of person receiving your referral / location /phone number)
- Other health professional (please specify & give name / phone number)
- Quality Care Commission (name of person receiving your referral / phone number)
- Other charity or organisation e.g. Action on Elder Abuse

References & Further Reading

- Human Rights Act 1998
- Care Standards Act 2000
- Mental Capacity Act 2005
- The Safeguarding Vulnerable Groups Act 2006
- Dignity in Care Campaign 2006
- Deprivation of Liberty Safeguards 2009
- Charity Commission - Strategy for dealing with safeguarding issues in charities – updated 2018
- Care Act 2014
- Charities (Protection and Social Investment) Act 2016
- General Data Protection Regulations 2016/679
- OSCR, Interim Safeguarding Guidance: Keeping vulnerable beneficiaries safe
- Gov.UK (2018) Charity Commission Regulatory Alert 2018
- Care and support statutory guidance 2018
- Finding new trustees (Charity Commission, 2012)
- Strategy for dealing with safeguarding vulnerable groups including children issues in charities (Charity Commission, 2013)
- Charities: how to protect vulnerable groups including charities (Gov.uk 2013)
- The Essential Trustee (Charity Commission, 2015)
- White Paper: Guidelines for Contact Centres dealing with vulnerable consumers (Direct Marketing Association 2015)

Types of Abuse

People with care and support needs, such as older people or people with disabilities, are more likely to be abused or neglected. They may be seen as an easy target and may be less likely to identify abuse themselves or to report it. People with communication difficulties can be particularly at risk because they may not be able to alert others. Sometimes people may not even be aware that they are being abused, and this is especially likely if they have a cognitive impairment. Abusers may try to prevent access to the person they abuse.

Signs of abuse can often be difficult to detect. Below are some examples:

Psychological – includes emotional abuse / threats of harm or abandonment / deprivation of contact / humiliation / controlling behaviour / exploiting, corrupting/ cyber bullying / exposure to the ill treatment of someone else

Discriminatory – includes forms of harassment/slurs similar treatment because of race/gender/gender identity/age/disability/sexual orientation or religion.

Physical – includes assault/ hitting/ slapping/ pushing/ restraint/ inappropriate punishment/ shaking/ burning etc. Misuse of medication and/ or physical harm caused when a parent/carer fabricates the symptoms of or deliberately induces illness in a child.

Financial/material – includes theft/fraud/internet scams/coercion/misuse or misappropriation of property or possessions etc.

Neglect/acts of omission – persistent ignoring of medical, emotional or physical care needs / failure to provide access to appropriate healthcare / withholding the necessities of life / unsupervised in inappropriate situations.

Sexual – Includes rape / indecent exposure / sexual harassment / exposure to pornography against the person's will / other sexual acts without consent etc.

Organisational – covers neglect and poor practice within an institution or specific care setting or in someone's own home. Can be through neglect or poor professional practice resulting from policies/culture/systems.

Self-neglect – covers a wide range of behaviour e.g. neglecting to care for one's own health/hygiene/surroundings/hoarding etc.

Modern slavery - covers human trafficking / forced labour / domestic servitude / forcing individuals into a life of abuse or inhumane treatment

Domestic violence and abuse – the definition of domestic abuse is "Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial, or emotional, controlling and coercive) between those aged 16 and over who are or have been intimate partners or family members, regardless of gender and sexuality. This includes issues of concern to black and minority ethnic (BME) communities such as so-called 'honour killings'."

This list may not be exhaustive but provides examples.

Abuse may be carried out deliberately or unknowingly and it may be a single or repeated act.

NB *People at risk may be abused in more than one way.*

For further reading regarding types of risk:

<https://www.scie.org.uk/safeguarding/adults/introduction/types-and-indicators-of-abuse>