

Adults at Risk Policy

Policy Data Sheet

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Contents

1. Aim
2. Scope
3. Roles and responsibilities
4. Legislative Framework
5. Who is an Adult at Risk?
6. What is abuse?
7. Who Might Abuse?
8. Principles for the prevention of abuse
9. Safeguarding Adults at Risk in practice
10. Procedure for raising concerns and reporting
11. When a concern become an incident
12. Associated policies

Appendices

1. Procedure for raising concern flow chart
2. Safeguarding concerns reporting form
3. DSL contact details
4. Safeguarding statement
5. DSL role description
6. DSL responsibilities
7. Forms of abuse
8. Clare's Law

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1. Aim

The Big Life group believes that it is always unacceptable for adults to experience abuse of any kind and recognises its responsibility to safeguard the welfare of all adults, by a commitment to a practice which protects them. The aim of this policy is to ensure that the Big Life group safeguard the welfare of adults by:

- Stopping abuse and neglect wherever possible
- Supporting adults in a way that supports them in making choices and having control about how they want to live
- Indicating that abuse will be taken seriously and acted upon
- Clearly outlining risk factors associated with abuse, enabling individuals to identify where abuse is happening
- Providing a clear framework for action wherever abuse is suspected, setting out how an investigation should be undertaken and the responsibilities of key individuals involved
- Raising awareness about what abuse is, how to stay safe and how to raise a concern about the safety or wellbeing of an adult.

2. Scope of this policy

This policy applies to all Big Life staff and volunteers whose work brings them into contact with Adults that may be at risk of abuse or neglect. It sets out The Big Life group's procedures for safeguarding which is supplemented by procedures from each Local Authority Adult Safeguarding Board.

3. Roles and Responsibilities

The Board and Executive Team are responsible to ensure that policies to protect vulnerable adults are in place and the Big Life group staff operate according to them. They shall ensure that there is adequate staff training and awareness training of staff and volunteers. They shall ensure compliance with legislative requirements regarding reporting and sharing information. The Executive Team will appoint a Director with responsibility for overseeing and providing leadership on Adults at Risk. The Designated Executive Director is Priti.Butler@thebiglifegroup.com.

The **Clinical Service Governance Board** is a sub-committee of the Group Board and is responsible for overseeing the risk management system and for assuring the Board that services are delivered safely and to a high standard. All safeguarding issues should be recorded and reported through the safeguarding reporting procedures for The Big Life Group (see **Appendix 1**).

The **Group Adult Safeguarding Lead** is responsible for oversight of the operation of the Adult at Risk Policy; ensuring audits of systems and processes; keeping the group up to date with changes in best practice and legislation; and providing advice and guidance to staff on Adult Safeguarding issues. A full role description is attached in **Appendix 5**. The Group Adult Safeguarding Lead is: Simon Kweeday. simon.kweeday@biglifecentres.com.

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Each service also has a named **Local Designated Adult Safeguarding Lead** who is named in the relevant local version of the reporting concerns flowchart. They are responsible for providing information about Local Safeguarding Board procedures and contacts; ensuring all safeguarding concerns are reported and acted on; and liaising with the Group Adult Safeguarding Lead. A full description of responsibilities is in **Appendix 6**.

All **staff and volunteers** are responsible for keeping adults at risk safe. They must:

- Report to their line manager any suspicion of abuse by fellow staff or clients
- Report to the police, social services or another agency if abuse is suspected or known to be taking place
- Give accurate information to the best of their ability, to any person involved in the investigation of abuse
- Pass on any information which may affect the outcome of the investigation
- Take reasonable measures to protect evidence in the event of a police investigation

Members of public and service users will be made aware of this Adult Safeguarding Policy and be supported to report any concerns about vulnerable adults.

4. Legislative Framework

The main legislative framework covering safeguarding adults is The Care Act 2014. The Care Act is a law about the care and support for adults in England, outlining what care people are entitled to, the key principles for supporting adults who have been or are at risk of abuse or neglect and making local authorities accountable for investigating concerns of abuse or neglect. It sets out a clear legal framework for how local authorities and other parts of the health and care system should protect adults at risk of abuse or neglect.

5. Who is an adult at risk?

Guidance issued under *Care Act 2014*¹ states that

“The safeguarding duties apply to an adult who has needs for care and support (whether or not the Local Authority is meeting any of those needs) is experiencing, or at risk of abuse or neglect and 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 can present with the following:

- Learning or physical disability
- Physical or mental illness, chronic or otherwise, including addiction to alcohol or drugs
- A reduction in physical or mental capacity
- Being substantially dependent upon others in performing basic physical functions
- Impaired ability to communicate: or
- Incapable of protecting themselves from assault or other physical abuse

¹ Care Act guidance can be found at

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366104/43380_2390277_7_Care_Act_Book.pdf

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- There is a potential that his/her will or his/her moral wellbeing may be subverted or overpowered.

People can be abused in any setting; they may be considered at risk if they receive:

- Accommodation and nursing or personal care in a care home, or
- Personal care in his own home through a domiciliary care agency, or
- Services provided in an establishment catering for a person with learning difficulties
- In consequence of any one or any combination, of the following factors, namely:
 - A substantial learning or physical disability, or
 - A physical or mental illness, chronic or otherwise, including an addiction to alcohol or drugs or
 - A substantial reduction in physical or mental capacity due to advanced age

6. What is abuse?

Abuse can be something that is done to a person, or omitted from being done. Abuse may consist of single or repeated acts and can be carried out by anyone, in any setting. It may result in significant harm to or exploitation of, the individual. Repeated instances of poor care may be an indication of more serious problems and of what we now describe as organisational abuse. In order to see these patterns it is important that information is recorded and appropriately shared. - *Care Act 2014*

Abuse may come in many forms:

- Sexual
- Financial or material
- Psychological or emotional
- Neglect and acts of omission
- Self neglect
- Discriminatory
- Institutional or organisational
- Domestic
- Modern Slavery
- Radicalisation

A full description of the different forms of abuse is in **Appendix 7** and staff should ensure they are familiar with the signs of abuse listed here.

7. Who might abuse?

Abuse of vulnerable adults may be perpetrated by a wide range of people including relatives, family members, professional staff, paid care workers, volunteers, other service users, neighbours, friends and associates, people who deliberately exploit vulnerable people and strangers.

8. Principles for the prevention of abuse

The Big Life Group are guided by the principles set out in *The Care Act 2014* and aim to work within the following principles when developing and implementing service for adults.

- **Empowerment**

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We give individuals the right information about how to recognise abuse and what they can do to keep themselves safe. We give them clear and simple information about how to report abuse and crime and what support we can give. We consult them before we take any action. Where someone lacks capacity to make a decision, we always act in his or her best interests.

- **Protection**
We have effective ways of assessing and managing risk. Our complaints and reporting arrangements for abuse and suspected criminal offences work well. People understand how we work and how to make contact with the right people in our organisation. We take responsibility for dealing with any information we have and ensuring the information is provided to the right people.
- **Prevention**
We help our community to identify and report signs of abuse and suspected criminal offences. We train staff how to recognise signs and take action to prevent abuse occurring. In all our work, we consider how to make communities safer. Working with abuse demands a high level of skill and can be very stressful. Training and support for workers accused of or investigating potential abuse situations are a high priority
- **Proportionality**
We discuss with the individual and where appropriate, with partner agencies what to do where there is risk of significant harm **before** we take a decision. Risk is an element of many situations and should be part of any wider assessment.
- **Partnership**
We are good at sharing information locally. We have multi-agency partnership arrangements in place and staff understand how to use these. We foster a “one” team approach that places the welfare of individuals before the “needs” of the system.
- **Accountability**
The roles of all people are clear, together with the lines of accountability. Staff understand what is expected of them and others involved. Vulnerable people have the right to expect that staff working with them should have the appropriate level of skill. This is particularly important in relation to extremely sensitive issues, such as suspected or alleged abuse. Staff working with vulnerable adults will be trained to recognise signs of abuse, and to recognise disclosure. Staff involved in, or leading investigations, will receive specialist training

9. Safeguarding Adults at Risk in practice

We all have a duty to ensure that the services we deliver keep adults at risk safe. The Big Life group has adopted a **Safeguarding Statement** which should be displayed in all settings. See **Appendix 4**.

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Safe recruitment is ensured through the rigorous application of the following policies and procedures:

- Recruitment and selection policy
- Disclosure policy
- Employment of ex-offenders

All Big Life staff and volunteers receive a **mandatory induction**, in accordance with our Induction Policy. The mandatory induction covers group policies and procedures including this Safeguarding Adults Policy. The mandatory induction also includes local information specific to the service, including local variations to safeguarding procedures, such as the reporting concerns flowchart.

All Big Life staff and volunteers receive **mandatory training** on joining the organisation; this includes introductory level safeguarding training, including training on types of abuse; recognising signs of abuse; duty of report; their role in responding to suspected abuse; risk assessment and management. Managers should in addition to the above receive training in supervision of risk assessment and management; internal disciplinary procedures; supporting staff through an investigation.

Directors should receive training also in interviewing and investigation skills. All adults at risk safeguarding leads will access further training to equip them with the skills to deal with enquires and support staff through concerns and incidents. Some leads will also be trained to deliver the mandatory course for staff

Safeguarding training is refreshed every three years for all staff and volunteers.

There is also training available for CHANNEL and PREVENT, to increase awareness of radicalisation to terrorism for vulnerable groups and how to report any concerns. Details of local CHANNEL contacts can be sourced through the training department or the local or group Adult Safeguarding Lead

Continued **learning** will be implemented through learning from reported concerns and sharing scenarios with teams to review and discuss the best course of action.

All staff receive regular **Supervision** in accordance with the Supervision Policy. The frequency of supervision is determined by the role: for staff with extensive contact with Adults at risk it will be at least every 4-6 weeks. Safeguarding is a mandatory agenda item in all supervision sessions. This provides an opportunity to raise concerns, although staff should be clear that they can speak to their line manager about safeguarding issues at any time and should not wait for a supervision session to do so. The supervision session also provides an opportunity to reflect on safeguarding practice and identify ways to improve individual performance in this area.

Big Life has a range of **Policies and Procedures** in place to support staff to achieve this. These include:

- Recruitment and selection policy
- Disclosure policy
- Employment of ex-offenders
- Health and Safety
- Risk Management Framework

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- IT, Internet, email and social networking policy
- Information Governance Framework
- Keeping Records and Data Protection
- Volunteering
- Lone and Home working

The Big Life group's **Health and Safety policy and Risk Management framework** ensure all our work is thoroughly risk assessed and carried out in a safe manner.

Sharing information is an essential part of effective safeguarding practice. It allows multiple staff and / or agencies to build a complete picture of a situation where one individual or agency would be unable to do so. Often it is only when information from a number of sources is shared that it becomes clear that an adult is at risk of harm. This then enables early intervention and prevention work to be carried out.

Confidentiality and consent are key issues to be considered when sharing information. Confidential information is information which is personal, sensitive, not already lawfully in the public domain, and shared in confidence or the reasonable expectation of confidence. Confidential information may be shared with the consent of the person who provided it or to whom it relates.

Confidential information may also be shared without consent under the following circumstances:

- If there is evidence or reasonable cause to believe that an adult is suffering or at risk of suffering significant harm, or of causing significant harm to themselves or others.
- To prevent significant harm to children.

For further information, refer to the Big Life Group Information Governance Framework and Information Governance Lead.

10. Procedure for raising concerns and reporting

A step by step flowchart detailing the procedure to raise a concern about the welfare of an adult at risk is available in **Appendix 1**. Each service holds a local copy of this flowchart including local contact details and Safeguarding Adults Board procedures. The safeguarding internal reporting form to be used to report any concerns can be found in **Appendix 2**.

If a person witnesses abuse taking place:

Initial action to be taken:

- Immediately challenge the person who is abusing the individual, even though this may be difficult to do, and try to persuade him or her to stop whilst ensuring that personal safety is not compromised.
- Report the incident to a senior manager straight away.

If the immediate risk to the individual has passed, the person witnessing the abuse should:

- Write down all the relevant facts
- Consider using the Complaints or Grievance procedure if relevant

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- Consider the most appropriate senior manager to approach and contact them
- Take advice from the Adult safeguarding lead (details in **Appendix 3**)
- Carry out a risk assessment
- Maintain confidentiality without compromising the need to report

If a manager or member of staff receives an accusation of abuse:

- Support and reassure the person making the accusation, recording what is said and/or observed, but avoiding asking leading questions
- Carry out a risk assessment and ensure the safety of the individual and if in immediate danger, contact the relevant emergency services
- Log the nature of the alleged abuse, any information given or witnessed, actions taken, who was present at the time, dates and times of incidents using the Adult safeguarding reporting form (Appendix 2).
- Consider any other agencies who may need to be informed – i.e. agencies also working with the people involved, statutory agencies
- Ensure all discussions and decisions are recorded
- Report immediately to your local DSO
- Maintain confidentiality without compromising the need to report

If a senior manager receives a report of an accusation of abuse they should:

- Review what has been done so far, including any associated risk assessments
- Consider if there are any immediate safety/protection issues
- Consider if the police/social services need to be involved at this stage
- Examples of when to make contact with the police if any physical or sexual abuse has taken place or on theft of personal possessions. Social Services would be informed if the adult is known to have a designated social worker of accusation of any abuse. Any incident or allegation involving harm to a child must be reported immediately to social services.
- Consider if there is a need to share information – if so, who with – the alleged abused person, the alleged abuser
- Consider if an investigation needs to be carried out by The Big Life group, or by another agency. For instance if the alleged abuser is another client it will usually be appropriate to investigate this internally first. If however, the alleged abuser is a member of staff from another organisation, a relative or a member of the public, it will usually be appropriate to support the individual to report his/her complaint to another agency
- Consider how vulnerable adults/the alleged perpetrator/other staff and concerned individuals are going to be involved. Consider if they need support
- If the allegation is against a member of staff/volunteer consult with the HR manager.
- Consider contact with other agencies, ensuring that the individual alleged to be responsible for the abuse are not contacted at this point
- Consider if there is a need to carry out cross checks with other agencies and if there is a need for joint investigation. Has there been any other allegations of abuse from this individual or against the alleged perpetrator in the past?
- Maintain confidentiality whilst not compromising on the need to report
- Plan the investigative process. Are they able to carry out the investigation or do they need to pass to another senior manager? What information needs gathering? What evidence needs securing?

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- If they are carrying out the investigation they will need to plan interviews – who will be interviewed (this must include the alleged perpetrator and the alleged victim). Who will carry out the interviews and how - ensuring the interviewer has the necessary skills, training and freedom from conflict of interest; and that the alleged perpetrator and alleged victim are supported to participate fully in this process. Repeated interviewing should be avoided

If an **allegation is made against a member of staff or a volunteer:**

Please refer to the Managing Allegations against staff and volunteer policy.

11. When a safeguarding concern become an incident

There may be times when a safeguarding concern is deemed to be an incident or a serious untoward incident, as defined in the incident and serious untoward incident (SUI) and incident policy, which is;

An Incident

An incident is defined as an event that caused harm or had the potential to cause harm to clients, volunteers or staff. This could include verbal or physical aggression or a breach of policy or procedure (such as confidentiality or data protection) whether by accident or intentionally.

A Serious Untoward Incident (SUIs)

SUIs is a term used by the NHS, although the term 'SIRI' – Serious Incident Requiring Investigation is also now being used. A SUI is 'something out of the ordinary or unexpected, with the potential to cause serious harm, and or likely to attract public and media interest'. This may be because it involves a large number of service users, it involves poor professional or managerial judgement, a service has failed, a service user has died under unusual circumstance or there is a perception that any of these has occurred.'

Under such circumstances then both reporting processes must be followed in parallel and adhered to. If you require any guidance or support please contact the Designated Safeguarding Officer for your business area or the Group Safeguarding Lead.

12. Associated Policies

- Children and Young People Safeguarding
- Health and safety
- Risk management framework
- IT, email, social networking
- Mobile phones and camera
- Information governance framework
- Keeping records and data protection
- Volunteering
- Lone and home working
- Recruitment and selection
- Disclosure policy
- Employment of ex-offenders

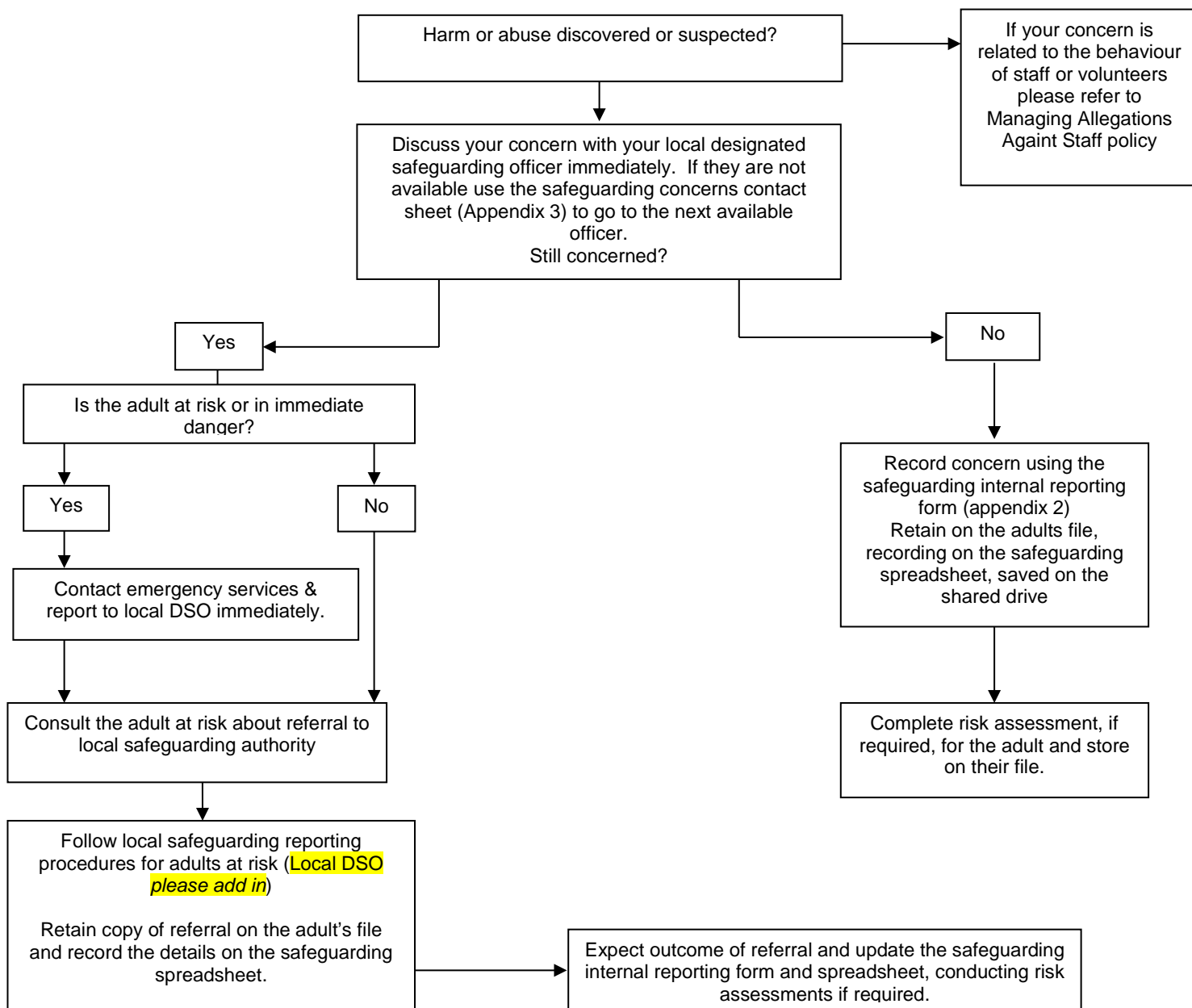
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- Induction policy
- Supervision
- Managing allegations against staff and volunteers
- Drugs and alcohol
- Incident and serious untoward incident reporting
- Whistle blowing
- Domestic Abuse
- Comments and Complaints policy

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Appendix 1: Process for raising a concern



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Appendix 2: Internal Safeguarding reporting form

When you have a concern about the welfare of a child or adult at risk please complete this form, submit it to your service's Designated Safeguarding Lead/Officer and retain a copy on the child's / adults file. DSL to retain the form within the safeguarding folder for your business area.

Basic details (to be completed by the worker)	
Date of concern	Time of concern
Who is raising the concern/ how was it brought to your attention	
Date of reporting to Designated Safeguarding Lead/Designated Safeguarding Officer	
Is the concern relating to:	
An Adult at Risk (Y/N)	
A Child (Y/N)	
Both (Y/N)	
Children's or Adults Concerns:	
	Details of children
Adult full name:	Childs Name:
Date of Birth:	DOB & Age:
Gender:	Gender:
Address:	Address:
Does the Adult have a carer (Y/N)	Name of child Primary carer:
Name:	Relationship to child:
Address:	Parents address if different from above:
Email:	
Phone number:	
Does the adult have a social worker (Y/N)	Has a social care referral form been completed and submitted to children's services i.e. Multi Agency Safeguarding Hub/contact centre.
Name:	Yes No
Email:	If 'YES': Name of Service you have you referred to:
Contact:	Email (Y/N) Post (Y/N)

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	Other (Y/N) Date of contact: Attach a copy of the referral and continue to Section Two If 'NO (Continue to Section One)
Are there any other services involved in relation to this incident (please add as many as needed) Service: Contact name: Phone number: Email:	
Section one (to be completed by the worker)	
Reason for concern: (give a clear and concise account of concerns, stating times and dates, people present, and relationships): 	
If the concern is regarding an Adult at Risk, are they aware of the concern Yes No	If the concern is regarding a child, is the child aware of the concern Yes No
Are carers or family aware of the concern Yes No (state why)	Are the parents/ carers aware of the concerns Yes No (State Why)
	Is an Early Help Assessment or Common Assessment Framework in place for this child? Yes No List the actions taken or support provided so far (for example: referral/reported to children's social care, signposting to Early Help Hub / Common Assessment Framework)

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	<p>Will your service be remaining involved? Yes No (State Why)</p>
<p>Section Two (Children) (DSL/DSO to complete this section)</p>	
<p>Outcome of initial action What was the outcome of the EHA undertaken?</p> <p>Was the referral accepted by Social Care?</p> <p>Does your service remain involved? Yes No (State Why)</p> <p>Have the family been signposted for Early Help Assessment or additional support? Please give details:</p> <p>Staff/volunteer name</p> <p>Job title/role</p>	
<p>Section Two Adults:</p>	
<p>Outcome of initial action:</p> <p>Has a referral been made To social Services (Y/N)</p> <p>What happened:</p> <p>To another service (Y/N) (please add as many as needed)</p> <p>Service name:</p> <p>What happened</p> <p>Other actions:</p>	

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Staff / Volunteers Name:
Job Title/ Role:
Section Three -
DSL comments- (analysis of the outcome)/lessons learned
Signed DSL
Concern form completed by
Name
Job role
Tel

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Appendix 3: contact details for Local Designated Safeguarding Lead

Service	Location	Safeguarding Lead	Contact
Living Well	Rochdale	Anne Howarth	anne.howarth@biglifecentres.com
Pathways	Rochdale	John Rossington	John.rossington@biglifecentres.com
Zion / KLC	Manchester	Paul Mattis	paul.mattis@biglifecentres.com
Salford HLC	Salford	Louise Lawlor	louise.lawlor@biglifecentres.com
You First	Manchester	Francesca Archer Todde	francesca.archer- todde@biglifecentres.com
Working Well	Greater Manchester	Priti.Butler	priti.butler@thebiglifegroup.com
Self Help	North West	Tabitha Jones	tabitha.jones@selfhelpservice.org.uk
Children and Family services including Schools	All	Joanne Ryan	joanne.ryan@thebiglifegroup.com
Big Issue North	North West and Leeds	Daniel Achim	daniel.achim@bigissueinthenorth.com
Big Issue North	Sheffield	Ben Stevenson	ben.stevenson@bigissueinthenorth.com
Big Life Company	Manchester	Susan Taylor	Susan.taylor@biglifegroup.com

If above not available, contact another lead above or Divisional Director

Divisional Director	Division	Contact
Keith Smith	Children and Families	keith.smith@biglifegroup.com 07967440991
Mike Narayn-singh	Health and Wellbeing	mike.narayn-singh@thebiglifegroup.com 07976460161
Emma Eaton	Work and Skills	emma.eaton@thebiglifegroup.com 07974989915
Simon Kweeday	Health and Wellbeing	simon.kweeday@biglifecentres.com 07989552680
Joanne Ryan	Children and Families	joanne.ryan@thebiglifegroup.com 07791210097

Still no Contact? The Big Life Groups designated safeguarding leads is next

Safeguarding Lead	Contact
Simon Kweeday	07989 552 680
Joanne Ryan	07791210097

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Appendix 4. The Big Life Group Safeguarding statement

Big Life believes that it is always unacceptable for a Child, young person or adult at risk to experience abuse of any kind and recognises its responsibility to safeguarding the welfare of all adults, children and young people, by a commitment to practice which protects them.

Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person, child or young person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.

Abuse of children, young people or adults at risk, may be perpetrated by a wide range of people including relatives, family members, professional staff, paid care workers, volunteers, other service users, neighbours, friends and associates, people who deliberately exploit children and vulnerable people

It is not always obvious when someone is being abused, there may be specific signs or your instincts may tell you something is wrong. Abuse is never acceptable in any circumstances and everyone has the right to be safe. Safeguarding children, young people and adults at risk is everyone's business

Working in partnership with the community and safeguarding authorities The Big Life group aims to make sure that children, young people and adults at risk using its services are listened to and protected from abuse. Big Life staff must report all incidents or concerns they have relating to the wellbeing of anyone at risk.

Members of the public who have concerns should follow guidance offered by their local Safeguarding Board. If you wish to notify or log a safeguarding concern about a Child, young person or adult at risk accessing any of the Big Life services you can contact the following:

The local designated safeguarding lead: ***add relevant person with contact details***

The Big Life group safeguarding leads:

Adults at Risk: Simon Kweeday simon.kweeday@biglifecentres.com

Children and Young people: Joanne Ryan joanne.ryan@biglifefamilies.com

Statutory organisation: ***Add information and contact number add relevant details and contact numbers***

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Appendix 5: Role of the Group Safeguarding Lead

The group safeguarding lead has day to day responsibility for safeguarding across The Big Life group including:

- To act as an ambassador for The Big Life Group in the capacity of adults at risk.
- To provide leadership on all aspects of adults at risk within The Big Life group.
- To champion safeguarding within The Big Life group; ensuring that it has a high profile within the organisation.
- To feed into the Service Governance Board by advising and take forward any actions around safeguarding that have been identified.
- To advise volunteers and staff within The Big Life group on safeguarding issues (including implementation of policy, working with service users, development of services, policy developments – both national, regional and local developments, service audits etc.).
- To keep Big Life group staff/volunteers updated on relevant safeguarding issues/policy updates via email/other means of information dissemination.
- To act as an information source on safeguarding and to assist Big Life group staff/volunteers with identification of key contacts/networks within the field of safeguarding/ adults at risk.
- Ensuring that all new adults at risk services are developed in line with best and current practice; ensuring that service user involvement is embedded during service development and subsequent delivery.
- To keep up to date on any changes to policy and new policies, which could affect the different service areas of The Big Life group.
- To train staff on safeguarding and advise on further potential training.

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Appendix 6: Responsibilities of Local Designated Safeguarding Leads

- Downloading relevant ASB procedures and ensuring staff and volunteers know where this is located in their setting.
- Downloading any new ASB protocols on a regular basis.
- Ensuring that a local version of the reporting concerns flowchart is created and kept up to date.
- Ensuring this local flowchart is communicated to all staff and volunteers as part of their local induction.
- Ensuring safeguarding is on team meeting agendas to ensure staff have the chance to feedback on any concerns.
- Collate safeguarding internal report forms (appendix 1) for service to feed through to business area safeguarding lead for reporting to the CSGB.
- Liaising with the group Safeguarding Lead for support on procedures and their implementation or to audit current practice.

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Appendix 7: Different forms of Adult Abuse

Abuse can be in many forms:

a. Physical abuse

The physical mistreatment of one person by another which may or may not result in physical injury, this may include slapping, burning, punching, unreasonable confinement, pinching, force-feeding, misuse of medication, shaking.

Signs and indicators

Over or under use of medication, burns in unusual places; hands, soles of feet, sudden incontinence, bruising at various healing stages, bite marks, disclosure, bruising in the shape of objects, unexplained injuries or those that go untreated, reluctance to uncover parts of the body.

b. Sexual abuse

Any form of sexual activity that the adult does not want and or have not considered, a sexual relationship instigated by those in a position of trust, 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.

Signs and indicators

Signs of being abused may include recoiling from physical contact, genital discharge, fear of males or female, inappropriate sexual behaviour in presence of others, bruising to thighs, disclosure, and pregnancy. Abusers may take longer with Personal care tasks, use offensive language, work alone with clients, or show favouritism to clients.

c. Financial or material abuse

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

Signs and indicators

This may include not allowing a person to access to their money, not spending allocated allowance on the individual, denying access to their money, theft from the individual, theft of property, misuse of benefits. There may be an over protection of money, money not available, forged signatures, disclosure, inability to pay bills, lack of money after payments of benefits or other, unexplained withdrawals. An abuser may be evasive when discussing finances, goods purchased may be in the possession of the abuser, there may be an over keenness in participating in activities involving individuals money

d. Psychological or Emotional abuse

This abuse may involve the use of intimidation, indifference, hostility, rejection, threats of harm or abandonment, humiliation, verbal abuse such as shouting, swearing or the use of discriminatory and or oppressive language. A deprivation of contact, blaming, controlling, coercion, harassment, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks. There may be a restriction of freedom, access to personal hygiene restricted, name calling, threat to withdraw

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care or support, threat of institutional care, use of bribes or threats or choice being neglected

Signs and indicators

Stress and or anxiety in response to certain people, disclosure, compulsive behaviour, reduction in skills and concentration, lack of trust, lack of self-esteem, someone may be frightened of other individuals, there may be changes in sleep patterns

e. Neglect and acts of omission

Behaviour by carers that results in the persistent or severe failure to meet the physical and or psychological needs of an individual in their care. This may include 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 wilful failure to intervene or failing to consider the implications of non-intervention in behaviours which are dangerous to them or others, failure to use agreed risk management procedures, inadequate care in residential setting, withholding affection or communication, denying access to services,

Signs and indicators

There may be disclosure. Someone being abused may have low self-esteem, deterioration, depression, isolation, continence problems, sleep disturbances, pressure ulcers. There may be seemingly uncertain attitude and cold detachment from a carer, denying individuals request, lack of consideration to the individuals request, denying others access to the individual health care professionals

f. Self-neglect

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

g. Discriminatory Abuse

This includes forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation, and religion or health status and may be the motivating factor in other forms of abuse. It can be personal, a hate crime or institutional

Signs and indicators

There may be a withdrawal or rejection of culturally inappropriate services e.g. food, mixed gender groups or activities. Individual may simply agree with the abuser for an easier life, there may be disclosure, or someone may display low self-esteem. An abuser may react by saying " I treat everyone the same", have inappropriate nick names, be uncooperative, use derogatory language, or deny someone social and cultural contact.

h. Institutional or Organisational Abuse

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.

Signs and indicators

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This may include a system that condones poor practice, deprived environment, lack of procedures for staff, one commode used for a number of people, no or little evidence of training, lack of staff support/supervision, lack of privacy or personal care, repeated unaddressed incidents of poor practice, lack of homely environment, manager implicated in poor practice. There may be a lack of personal clothing, no support plan, lack of stimulation, repeated falls, repeated infections, unexplained bruises/burns, pressure ulcers, unauthorised deprivation of liberty. Abusers may have a lack of understanding of a person's disability, misuse medication, use illegal controls and restraints, display undue/inappropriate physical intervention, and inappropriately use power/control.

i. Domestic abuse

In 2013 the Home Office announced a change to the definition of domestic abuse to include psychological, physical, sexual, financial, emotional abuse. There can be an incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse by someone who is or has been an intimate partner or family member regardless of gender or sexuality and may include Female Genital Mutilation; forced marriage and so called honour based violence. People can now ask for information from the police if they suspect a partner has committed domestic Violence in the past through **Clare's Law** (see **Appendix 8** for further details)

Signs and indicators

Will include all those include under previous categories in this document, including unexplained bruising, withdrawal from activities, work or volunteering. Not being in control of finances, having options and making decisions.

j. Modern slavery

Encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

Signs and indicators

There may be signs of physical or psychological abuse, people may look malnourished or unkempt, or appear withdrawn. People may rarely be allowed to travel on their own, seem under the control, influence of others, rarely interact or appear unfamiliar with their neighbourhood or where they work. They may be living in dirty, cramped or overcrowded accommodation, and / or living and working at the same address. People may have no identification documents, have few personal possessions and always wear the same clothes day in day out. What clothes they do wear may not be suitable for their work. People may have little opportunity to move freely and may have had their travel documents retained, e.g. passports. They may be dropped off / collected for work on a regular basis either very early or late at night. People may avoid eye contact, appear frightened or hesitant to talk to strangers and fear law enforcers for many reasons, such as not knowing who to trust or where to get help, fear of deportation, fear of violence to them or their family²

k. Radicalisation to terrorism

² <https://modernslavery.co.uk/spot-the-signs.html>

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The Government through its PREVENT programme has highlighted how some adults may be vulnerable to radicalisation and involvement in terrorism. This can include the exploitation of vulnerable people and involve them in extremist activity. Radicalisation can be described as a process, by which a person to an increasing extent accepts the use of undemocratic or violent means, including terrorism, in an attempt to reach a specific political/ideological objective. Vulnerable individuals being targeted for radicalisation/recruitment into violent extremism is viewed as a safeguarding issue.

Signs and indicators

May include being in contact with extremist recruiters. Articulating support for violent extremist causes or leaders. Accessing violent extremist websites, especially those with a social networking element. Possessing violent extremist literature. Using extremist narratives to explain personal disadvantage. Justifying the use of violence to solve societal issues. Joining extremist organisations. Significant changes to appearance and/or behaviour.

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Appendix 8: Clare's Law

Clare's Law came into effect in 2014 after Clare Wood was murdered by her ex - partner in 2009. The aim of this scheme is to give members of the public a formal mechanism to make enquires about an individual who they are in a relationship with or who is in a relationship with someone they know and there is a concern that the individual may be abusive towards their partner. The local police force will discuss any concerns and decide whether it is appropriate to be given more information to help protect the person who is in the relationship about individual of concern.

The scheme aims to enable potential victims to make an informed choice on whether to continue the relationship, and provides help and support to assist the potential victim when making that informed choice.

Anyone can make an application about an individual who is in an intimate relationship with another person and where there is a concern that the individual may harm the other person. Any concerned third party, such as a parent, neighbour or friend can make an application not just the potential victim. However, a third party making an application would not necessarily receive the information about the individual concerned.

If you have concerns about a person you are working with and want to request a disclosure, please speak to your DSL about how to do this, following normal internal safeguarding reporting procedures

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