

The BCHA Group

Safeguarding Adults at Risk

SUBJECT: Safeguarding Adults at Risk SECTIONS: All Departments REVIEWED BY: Head of Quality and Safeguarding	Policy No: 313	HCA Regulatory Code: QAF C1.4, C1.3
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1. Scope

1.1. This policy applies to:

- All workers, volunteers, agents (e.g. contractors), board members and anyone working on our behalf
- Applicants for employment or placement within the organisation
- All BCHA customers aged 18 or over

For the purposes of this policy “BCHA” will be taken to mean BCHA and any of its subsidiaries.

1.2. BCHA’s will not tolerate of abuse, neglect and radicalisation and strives to create a culture where individuals are able to bring complaints or concerns without fear or embarrassment.

1.3. BCHA delivers a range of services and housing to a variety of customers across a wide geographical area including to those with a range of support needs. We are committed to safeguarding and protecting the welfare of anyone using our services. We recognise the important role we hold in safeguarding and promoting the welfare of our customers.

1.4. This policy applies to safeguarding anyone who is over 18. Please refer to the Safeguarding Children Policy and procedures for safeguarding concerns relating to someone under 18.

1.5. BCHA will not hesitate to take action against any person or persons responsible for inflicting abuse upon customers or subjecting them to deprivation or neglect.

1.6. All BCHA colleagues have a duty to ensure that action is taken if they have any concerns that an adult is at risk of abuse or neglect. This document sets out BCHA’s approach to preventing and responding to concerns of abuse, harm or neglect of adults and the procedure for reporting and investigating allegations of abuse.

1.7. All BCHA colleagues ‘safeguarding duties’ as set out in point 16 above are in addition to their wider ‘duty of care’ to promote wellbeing for customers and staff.

2. Policy Statement

- 2.1. This policy and procedure aims to ensure that our colleagues are able to respond to any concerns in a consistent manner.
- 2.2. In meeting the standards that our customers, regulators and commissioners expect, this policy is developed in line with the:
- Care and Support Statutory Guidance 2014 - The Care Act 2014
 - Regulations 2014 Adult Safeguarding for Housing Colleagues (Social Care Institute for Excellence (SCIE 2014)
 - Multi-Agency Adult Safeguarding Policy and Procedures – please see Supporting Documents on the Safeguarding Hub
 - Making Safeguarding Personal 2014 Local Government Association
 - The Mental Capacity Act (2005)
 - The Human Rights Act (1998)

The Human Rights Act (1998) imposes a positive duty on the State to protect individuals from serious breaches of their personal integrity such as violence and abuse. It is therefore necessary that all agencies working with adults at risk of abuse or neglect have mechanisms in place to minimise the risks of harm and abuse occurring and, where concerns exist, to ensure appropriate action is taken to address them. Working in partnership with other agencies is also integral to Safeguarding, and a multi-agency approach must be adopted in response to all instances of abuse, neglect or suspected abuse or neglect.

3. Definitions

- 3.1. This policy defines Safeguarding as set out in the Care Act 2014, Care and Support Statutory Guidance as:
- “...protecting a person’s right to live in safety, free from abuse and neglect.”
- 3.2. **Safeguarding** is achieved by “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”. (**Care and Support Statutory Guidance, 2025**)

3.3. An 'at risk' adult is someone who:

- Is 18 years of age or over
- has needs for care and support (whether or not the authority is meeting any of those needs),
- is experiencing, or is at risk of, abuse and/or neglect and
- as a result of those needs is unable to protect himself or herself against the abuse and/or neglect or the risk of abuse and/or neglect

3.4. **Section 42 of the Care Act** places a duty on the Local Authority to make enquiries (or cause enquiries to be made) where there is reasonable cause to believe that an 'at risk' adult in its area is unable to protect him or herself against abuse and/or neglect or the risk of abuse and/or neglect

3.5. Someone may be considered to be an 'at risk' adult if they

- Have a learning disability
- Experience mental ill health
- Have an addiction to alcohol or use/misuse drugs
- Have a physical disability
- Have acute ill health
- Have a condition which affects capacity to make decisions (as defined by The Mental Capacity Act 2005)
- Are elderly or frail

3.6. Whilst many BCHA customers will meet the definitions of an 'at risk' adult in the Care Act, some customers will not meet the local authority threshold of having 'care and support needs' which require services to be provided. BCHA will exercise a duty of care to safeguard the person from the experience or risk of abuse or neglect.

3.7. **Abuse** is commonly defined as "a violation of an individual's human and civil rights by someone else". There are many different types and patterns of abuse and neglect: see appendix 2 for more information on this and the context in which abuse can occur.

- 3.8. Adults can suffer abuse by a range of possible perpetrators including relatives, carers, friends, acquaintances, ‘trusted adults’ (for example a professional who works with them), neighbours, other customers, and strangers. Abuse can be something that is done, or something that is omitted from being done This is not an exhaustive list and should not limit staff views of what constitutes abuse or neglect.
- 3.9. Further information on recognising signs and symptoms of abuse are available in the appendices and also on BCHA’s intranet, the Safeguarding Hub.
- 3.10. **Alert:** A concern that an adult with care and support needs is experiencing or is at risk of abuse or neglect which has been escalated. Arises from a **safeguarding concern**
- 3.11. **Best Interest** If a person lacks capacity to make a particular decision then whoever is making that decision or taking any action on that person’s behalf must do so in the person’s ‘best interest’, that is a decision which may take into account the individual’s past and present wishes and feelings, values and beliefs, and in a way that provides a net benefit to the individual. This is principle 4 of the Mental Capacity Act (2005). Please refer BCHA policy Mental Capacity Act
- 3.12. **Capacity** is an important principle in safeguarding adults. Capacity is the ability to understand information, retain information, make decisions based on that information, and communicate that decision. An adult is assumed to have capacity unless shown otherwise, for example through a mental capacity assessment conducted by the local authority. Mental capacity legislation across Child/Minor: a child is any person under the age of 18.
- 3.13. **Child/Minor** a child is any person under the age of 18
- 3.14. **Concern:** the term used to describe the suspicion or worry there is or might be an incident of abuse or neglect
- 3.15. **Dependent** A person who is related to and dependent on another person. Dependents may be adults or minors. Dependents are not considered to be service users .
- 3.16. **Duty of Care** Colleagues to always act in the best interests of individuals and others, not to act (or fail to act) in a way that results in harm and to act within their competence ie not take on anything which they cannot complete safely

- 3.17. **Enquiry** establishes whether any action needs to be taken to stop or prevent abuse or neglect, and if so, what action and by whom the action is taken
- 3.18. **Safeguarding Adults:** Defined as ‘protecting an adult’s right to live in safety, free from abuse and neglect’
- 3.19. **Prevent** is part of the current UK Government’s counter terrorism strategy. Its aim is to stop people becoming terrorists, or supporting terrorism or getting drawn towards violent extremism. Section 26 of the CounterTerrorism and Security Act 2015 places a duty on local authorities to prevent people from being drawn into terrorism (the Prevent Duty).
- 3.20. **Radicalisation** is the process by which a person comes to support terrorism and forms of extremism leading to terrorism. The risk of radicalisation is recognised as a safeguarding issue by the government.
- 3.21. **Safeguarding Children and Young People** Defined as ‘the action taken to promote the welfare of children and protect them from harm’ and includes protecting children from maltreatment, preventing impairment of children’s health or development, ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and taking action to enable all children to have the best outcomes.
- 3.22. **Young people/person** Used to refer to children between the ages of 16 and 17 years old. This reflects the legal recognition of decreasing vulnerability for this age group.

4. The Key Principles of Safeguarding

4.1. The Care Act sets out six key principles and individual outcomes which underpin all safeguarding work:

Principle	Description	Outcome for adult at risk
Empowerment	Presumption of person led decisions and informed consent	<i>"I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."</i>
Prevention	It is better to take action before harm occurs	<i>"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."</i>
Proportionality	Proportionate and least intrusive responses appropriate to the risk presented	<i>"I am sure that the professionals will work for my best interests, as I see them and will only get involved as much as needed." "I understand the role of everyone involved in my life."</i>
Protection	Support and representation for those in greatest need	<i>"I get help and support to report abuse. I get help to take part in the safeguarding process to the extent to which I want and to which I am able"</i>
Partnership	Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse	<i>"I know that staff will treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together to get the best result for me."</i>
Accountability	Accountability and transparency in delivering safeguarding.	<i>"I understand the role of everyone involved in my life."</i>

4.2. Furthermore, BCHA's Safeguarding Adults Policy is based on the following principles:

- ✓ ensuring suitable and appropriate colleagues are recruited
- ✓ ensuring effective management of colleagues through regular supervision, support and training
- ✓ sharing information about customers on a 'need to know basis' with agencies, including the local authority, which balances confidentiality and vital public interest
- ✓ involving and supporting individuals who may be experiencing, or at risk of experiencing, abuse and neglect appropriately and, wherever possible, respecting their choice in the range of agencies they may wish to work with and their chosen outcomes

- ✓ capacity is a guiding principle in safeguarding adults. It must be assumed that an adult has capacity unless proven otherwise. Where there are concerns about a service user's capacity, services should assist in making referrals to local authorities. Personnel should be aware of the principles underpinning work with adults who may lack mental capacity outlined in the Mental Capacity Act. Please see BCHA's Mental Capacity Act Policy for additional guidance.
- ✓ If a decision is made to act without an adult's consent, then unless it is unsafe to do so, the adult should be informed that this is being done and of the reasons why. Where adults choose to be represented by an independent advocate, this should be accepted and respected
- ✓ where the perpetrator, or alleged perpetrator, is another customer of BCHA, we will provide them with appropriate support to enable them to engage with the investigation and to understand and comply with the outcome and any subsequent action plan
- ✓ sharing practice about adult safeguarding with customers, colleagues and partner organisations as appropriate to help customers and colleagues achieve safe and chosen outcomes.
- ✓ ensuring that partner organisations (e.g. suppliers of agency colleagues) apply adult safeguarding practice when operating from BCHA's premises
 - ✓ ensuring action is sensitive to and takes account of, as far as reasonable, the victim's gender, age, disability, stage of development, religion, culture and race
- ✓ we aim to identify any customers at risk from abuse and take a proactive approach to reducing risk.

5. Aims of Safeguarding

5.1. The aims of adult safeguarding are to:

- prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
- stop abuse or neglect wherever possible
- safeguard adults in a way that supports them in making choices and having control about how they want to live
- promote an approach that concentrates on improving life for the adults concerned

- raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect
- provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult
- address what has caused the abuse or neglect

5.2. Making Safeguarding Personal (MSP) is an approach to safeguarding which aims to put the ‘at risk’ person’s views, wishes and feelings at the centre of any safeguarding activity. It is about making sure there is full collaboration and consent and there is a focus on outcomes rather than process. BCHA fully endorses MSP and wherever possible staff will gain the views, wishes and chosen outcomes of the person. Where this is not possible, or if appropriate, the views and wishes of those involved with the person will be sought.

6. Recording and Reporting Incidents

- 6.1. Full details on recording and reporting allegations of abuse and neglect are provided in The Safeguarding Adults Procedure. When managing any allegation of abuse it is essential that information is recorded accurately and in a timely manner. In addition, colleagues may also be called upon to complete relevant forms for the local authority, the local Safeguarding Team or the police.
- 6.2. When an allegation of abuse is made or there is concern that an individual is at risk of neglect or abuse it must be recorded on the Incident Management System (IMS) and the Senior Practitioner/ Operational Manager, Team Manager or Head of Service informed. The Senior Practitioner, Team Manager or Head of Service may be required to notify the commissioning body if this is a contracted service.
- 6.3. The local authority will need to be informed if either the victim or perpetrator may meet the definition of an ‘at risk’ adult. The information required to be entered into IMS can act as a referral (safeguarding concern form) to the local authority if printed and must be uploaded to the customer record as a document also.

- 6.4. Details of whom to contact must be readily available in all services. Please see Appendix 6 and the Supporting Documents for a template on the Safeguarding Hub.
- 6.5. If a colleague suspects that a customer is being abused by another BCHA colleague, this should be reported to the Head of Strategy and Governance, the Head of Quality and Safeguarding and/or an HR Business Partner in addition to the routine line reporting arrangements.
- 6.6. Where there is concern that there has been a failure to respond appropriately to allegations of abuse, or where colleagues have concerns that a colleague or superior is responsible for the abuse, colleagues must follow the BCHA Raising Serious Concerns (Whistleblowing Policy). The Public Interest Disclosure Act (1998) protects workers from detrimental treatment or victimisation from their employer if they blow the whistle on wrongdoing, such as the abuse of customers. Colleagues who whistle blow can remain anonymous. However, this cannot necessarily be guaranteed if it results in a criminal investigation

7. The BCHA Approach

- 7.1. BCHA will not tolerate abuse, breach of trust or neglect of its customers or members of their household. Perpetrators of such acts will face disciplinary action (if a BCHA colleague) and BCHA reserves the right to notify the Police and/or any relevant statutory agencies.
- 7.2. BCHA will not tolerate or collude with any form of neglect or abuse. We aim to promote and safeguard the welfare of all our customers and will be proactive in responding to any allegation or suspicion of abuse. We also empower our customers by ensuring they are fully aware of what constitutes abuse and how to report it.
- 7.3. BCHA will provide a safe environment for all adults and children. We will also enable and support customers to self-protect, reducing the opportunities for people to abuse by:
- Providing information on what constitutes abuse and how to report it
 - Involving customers in decisions made in response to allegations of abuse
 - Encouraging our customers to develop independence
 - Working with customers to build positive self-esteem

- Assisting them in building and maintaining good relationships with peers

7.4. BCHA colleagues are likely to be involved in safeguarding in 4 main ways:

1. We may have concerns about an adult's safety and report these to the Local Authority and/or the police.
2. The Local Authority may ask us to provide them with information about an adult in relation to an assessment or investigation.
3. We may be asked to provide specific support to the adult or adult with dependant/s as part of an agreed plan and contribute to the ongoing reviewing of the adult's needs.
4. BCHA may be asked to undertake enquiries by the Local Authority where the concern implies poor staff performance, or an allegation is made about a member of staff pursuing their role with BCHA.

7.5. All BCHA colleagues will receive safeguarding adults training to enable them to be alert to the risk of abuse and neglect.

7.6. An enhanced level of training is available to colleagues who work predominantly with 'at risk' adults so that they can

- recognise the signs of abuse and behaviours which should give cause for concern
- assess the risk of abuse to customers and ensure measures are in place to minimise this as part of assessment and support planning
- respond to abuse in accordance with this policy and the Safeguarding Adults Procedure
- refer cases of abuse as directed to the local authority

7.7. BCHA expects all its colleagues to abide by the Staff Code of Conduct and Professional Boundaries Policy in order to avoid situations where their actions could be mistakenly interpreted and perhaps lead to allegations of

8. Safe Working

8.1. When working with customers, BCHA colleagues must avoid placing themselves in situations that may cause customers to feel uncomfortable, and which could lead to questions and/or false accusations of abuse as outlined in the Professional Boundaries Policy and Code of Conduct. While this policy cannot cover every eventuality, colleagues **must not**:

- restrain customers - more information on restraint and BCHA's approach can be found in the supporting documents on the safeguarding hub
- place inappropriate limits on a customer's freedom
- trivialise abuse
- let allegations made by a customer go unrecorded or unaddressed, including any made against themselves.
- make physical contact with customers. In cases where physical contact is unavoidable (for instance providing comfort / reassurance for a distressed customer, physical support) this should only take place with the consent of the customer.
- engage in sexually provocative or physical games
- do things of a personal nature for customers that they can do themselves
- engage in or tolerate any bullying
- allow customers to use inappropriate language unchallenged or use inappropriate language themselves
- engage in favouritism or in singling out of "trouble-makers"
- make sexually suggestive remarks or discriminatory or disrespectful comments about or to customers, even in jest or as 'banter' ('banter' is often defined as 'playful teasing' but the position of trust that BCHA colleagues have mean that this is inappropriate and comments may be considered offensive or abusive).
- treat customers in a degrading way
- neglect to respond to a customer's needs for support or care

9. Partnership Working

9.1. Working in partnership with statutory and other relevant agencies is a key element of investigations into suspected abuse. The wishes of the customer in relation to what information should be shared, and with whom, should be respected where possible. However, where there is a concern that the customer may be experiencing or is at risk of abuse or neglect, their safety must be the over-riding priority. Information must be shared with statutory authorities where there is any indication of abuse or neglect and the person is an 'at risk' adult. The following points must be considered as part of this process:

- It should be explained openly and honestly to the customer what information will have to be divulged to statutory authorities and any other third parties, how it will be divulged and to whom.
- Information should not be shared with other non-statutory third parties where it would increase the risk to the victim or undermine the prevention, detection or prosecution of a crime.
- Information shared must be accurate and up-to-date, necessary for the purpose for which it is being shared, and shared only with those who need to know.
- The customer should, wherever possible, consent to the information being shared. Information can be shared where there is a 'vital interest' (GDPR legislation and the Data protection Act 2018) or it is a 'protected disclosure' as set out in the Public Interest Disclosure Act (1988) or as part of an existing of an existing information sharing protocol.

9.2. BCHA will work jointly with appropriate agencies to promote safeguarding of adults and children such as:

- Local Authorities
- Police
- Healthcare Providers
- The Single Competent Authority
- Department for Work and Pensions
- Independent Child Trafficking Guardians
- Asylum Accommodation and Support Providers
- Safeguarding Children Partnerships
- Safeguarding Adults Boards
- Children's and Adults Social Care
- Mental Health teams

- Domestic Abuse and Honour Based Violence Agencies and Charities
- Local Care Advocacy
- Participation in local MARAC (Multi-Agency Risk Assessment Conference) arrangements, and MAPPA (Multi Agency Public Protection Arrangements) where necessary .

10. Recording and Reporting Incidents

Full details on recording and reporting allegations of abuse are provided in The Safeguarding Adults Procedure. When managing any allegation of abuse it is essential that information is recorded accurately and in a timely manner. In addition, colleagues may also be called upon to complete relevant forms for the local authority, the local Safeguarding Team or the police.

11. Reporting Safeguarding Concerns about a Colleague

If a colleague suspects that a customer is being abused by another BCHA colleague, they should immediately seek advice from The Head of Strategy and Governance, an HR Business Partner or the Head of Quality and Safeguarding in addition to their routine line management structure.

12. Whistleblowing

Where there is a failure to respond appropriately to allegations of abuse, or where colleagues have concerns that a colleague or superior is responsible for the abuse, colleagues must follow the BCHA Whistleblowing Policy. The Public Interest Disclosure Act (1998) protects workers from detrimental treatment or victimisation from their employer if they blow the whistle on wrongdoing, such as the abuse of customers. Colleagues who whistle blow can remain anonymous. However, this cannot necessarily be guaranteed if it results in a criminal investigation.

13. Preventing abuse and being prepared

- 13.1. Each service must ensure that it has appropriate measures to minimise the likelihood of safeguarding incidents, whilst also being ready to respond appropriately and effectively when they do. Prevention measures are divided into four areas:

Prevention A: Staff understand safeguarding

We will ensure that all colleagues can identify and report all safeguarding concerns and comply with all statutory responsibilities, following the procedures set out by the relevant local authority.

BCHA has a robust Recruitment policy. We have rigorous procedures including right to work; criminal records checks and adhere to a robust selection and recruitment policy to ensure that only suitable staff are selected for positions within the organisation. Colleagues do not work alone until DBS checks are in place if this is a requirement for their role.

Once recruited, all staff are required to sign the Organisation's Code of Conduct. All colleagues undertake e-learning and face to face Safeguarding training during their induction and those who work predominantly with 'at risk' adults will also receive additional 'face to face' safeguarding training provided by BCHA. Colleagues may also attend Local Authority Safeguarding training. Refresher training is required every three years where specified by commissioners.

Prevention B: Customers understand safeguarding

We will work with customers to ensure they are able to recognise and report cases of abuse if they do occur. Safeguarding must be discussed as part of customer induction at services and they should be given a copy of the BCHA Customer Safeguarding Information. Safeguarding should also be discussed at any customer or house meetings. Information on safeguarding is available at all accommodation-based services.

We will support individual customers to develop risk management plans which minimise the chances of safeguarding incidents occurring, whilst encouraging positive risk taking.

Where customers may have poor understanding of safeguarding and/or do not have capacity to make decisions around their own safeguarding, we will refer them to appropriate advocacy services who can help them make decisions in their best interest.

For more information on Mental Capacity and best interest decisions please refer to the Supporting Documents on the Safeguarding Hub.

We will talk to any customers who are subject to a safeguarding concern at every stage to determine what they want the outcome to be and what action they want taken.

Prevention C: Local Safeguarding Protocols in services

Each Senior Practitioner or Team Manager must ensure that they are aware of their local authority / grouped authorities' safeguarding procedures and contact details. This must clearly set out instructions for colleagues on what to do if a safeguarding concern is raised in their service, including relevant named contacts, and copies of the Safeguarding Concern Form. Where the form is online, the protocol will include the link to the Safeguarding pages of the Authority's website. The protocol should also include any information relating to arranging local authority classroom-based safeguarding training.

Each Senior Practitioner or Team Manager needs to be clear about the external reporting expectations and responsibilities. In addition, grant funders or commissioners may also have specific requirements on reporting safeguarding incidents.

These should all be readily available and accessible to colleagues.

Prevention D: Acting when incidents or concerns occur

Where risks or concerns are identified colleagues should update the relevant risk management plan and take the relevant actions to mitigate the risks, including external reporting where necessary.

14. Diversity and Inclusion

14.1. Services provided should be appropriate to the adult with care and support needs and not discriminate because of disability, age, gender reassignment, marriage and civil partnership, pregnancy and maternity, sexual orientation, race, religion or belief, sex or sexual orientation.

14.2. BCHA colleagues will always:

- listen to customers
- value and respect customers as individuals, regardless of their gender, ethnicity, nationality, disability or sexual identity
- involve customers in decisions made in response to allegations of abuse
- empower customers with the necessary information to make informed decisions.

15. Governance

15.1. BCHA takes our responsibilities in relation to safeguarding very seriously by prioritising safeguarding, ensuring the opportunities for abuse are minimised, and that it is safe for those affected to report safeguarding concerns with the assurance they will be managed sensitively and properly. To ensure that all safeguarding concerns are managed effectively and transparently, BCHA has a robust reporting and monitoring process in place:



15.2. Internal scheme procedures and security arrangements must be periodically reviewed in the light of allegations and from time to time to ensure there are robust controls to minimise the risk of abuse. Such reviews must be documented.

15.3. The BCHA Board/ Executive Leadership Team (ELT) is responsible for ensuring that effective safeguarding systems are in place which meet our statutory obligations, minimise risks to our customers and manage any reported instances appropriately. ELT will regularly review Safeguarding data, trends, and performance indicators. They will also monitor compliance with

training programmes across the staff team through information provided by the HR Team.

- 15.4. Within the ELT, the Director of Support will oversee the Head of Quality and Safeguarding who will be organisational lead for safeguarding issues within the BCHA Group and will coordinate policy and practice.
- 15.5. The Director of Support provides resources to support staff and customers to recognise safeguarding concerns and know how to report them. They will ensure that staff understand their role and responsibilities in relation to this policy and procedure, and that they have access to training that is appropriate to their level of responsibility.
- 15.6. The Head of Quality and Safeguarding is responsible for overseeing and analysing the data submitted by services and will review safeguarding incidents on the IMS. They can provide support and advice to Senior Practitioners or Team Managers where incidents arise and guidance is needed e.g. when safeguarding criteria are met, and can lead on any internal investigations. To provide a summary of safeguarding activity quarterly to SLT and the board and 6 monthly to the Governance Committee identifying themes, trends, risks and learning.
- 15.7. Heads of Service or equivalents are responsible for ensuring that safeguarding matters across their teams are managed correctly and their teams have the necessary skills to do this. They will provide guidance to Business Managers and in turn to Senior Practitioners and Team Managers about when safeguarding criteria are met and report to the Head of Quality and Safeguarding data on safeguarding activity monthly, reporting by exception and identifying themes and trends for learning.
- 15.8. Business Managers and equivalents are responsible for ensuring safeguarding across their team, that Senior Practitioners and Team Managers have protocols in place to manage all safeguarding concerns in line with BCHA and their local authority requirements and advise when safeguarding criteria are met. They also are responsible for collating data from IMS on safeguarding activity and sharing with their Head of Service monthly with a narrative to explain activity.
- 15.9. Senior Practitioners and Team Managers are responsible for ensuring local protocols are in place to manage all safeguarding concerns in line with

their local authority's requirements and managing any individual safeguarding cases in line with these protocols. They are responsible for reporting concerns to the appropriate agencies and for implementing any action plans to address the safeguarding concern. They are responsible for planning and agreeing a strategy to protect a customer from abuse during and following an investigation. They will understand the impact of abuse on adults at risk and will ensure customers are consulted, kept informed and supported throughout a Safeguarding process until the concerns are addressed. They will include 'Safeguarding' as a routine agenda item for team meetings.

- 15.10. Frontline Colleagues will have a clear understanding of the different forms of abuse and how to recognise signs and indicators. They will also be clear on their role in concerns and duty to report adult abuse externally and within BCHA

16. Related Guidance

This policy must be read in conjunction with the Safeguarding Adults Procedure (Appendix 1) and is supported by the following documents:

Safeguarding Children (312)
 Customer Service Policy and Procedure (301)
 Data Protection Policy (900)
 Disciplinary Policy and Procedure
 Raising Concern Policy - Whistleblowing (135)
 Recruitment and Selection Policy (601)
 Code of Conduct (133)

Compliments and Complaints Policy and Procedure (303)
 Employing People with Criminal Records, Disclosure and Barring Checks and Risk Assessments Policy (611)
 Domestic Abuse Policy (Customers) (899)
 Professional Boundaries (610)

Lone Working (751)
 Mantal Capacity Act Policy (302)
 Incident Management Policy (851)
 Risk Management Guidance (808)

17. Appendices

Appendix 1: Safeguarding Procedure Statement

This procedure sets out the process for following up on any safeguarding concern and sets out the responsibilities and roles for everyone involved.

Identifying a safeguarding concern

All colleagues must take **any** safeguarding concerns seriously - there are no exceptions. Proof is not required to report something as a safeguarding concern. All that is required is that there are reasonable grounds to suspect abuse has taken place.

The Care Act identifies a number of different types of abuse and neglect which are listed on the Safeguarding Hub. The list is not exhaustive, and each case needs to be considered on a case by case basis.

Responding to a safeguarding concern

Every colleague has a duty to respond if they are concerned that an adult with care and support needs:

- Has been harmed, abused or neglected; or
- Is at risk of being harmed, abused or neglected.

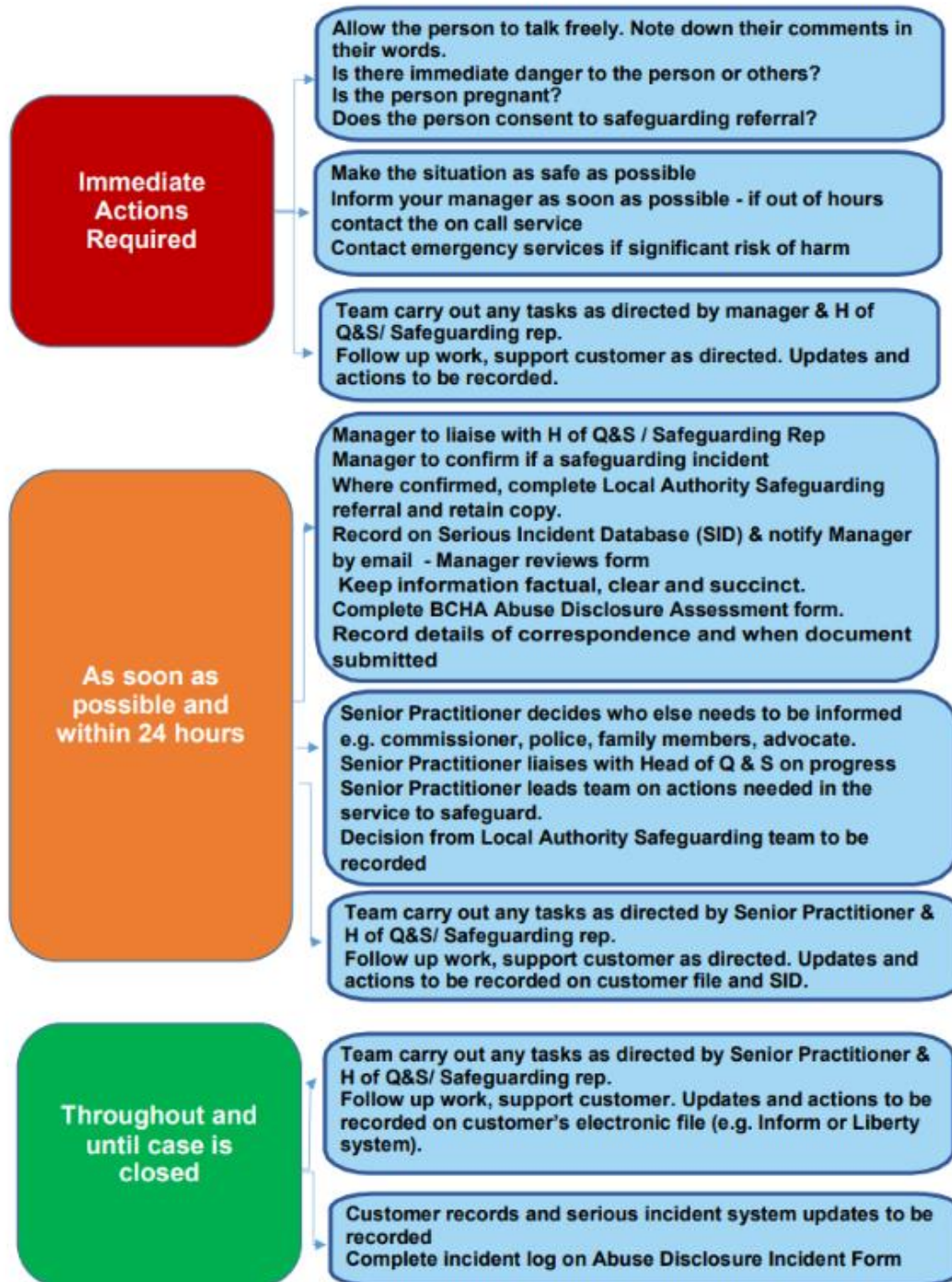
This concern can arise from number of sources including (but is not limited to):

- The customer themselves may inform a colleague
- A colleague identifies the potential signs of abuse
- A third party such as a family member, others using the service, a carer or a member of the public
- From the local authority by a third party, or a colleague

The concern may well be reported as something else such as a complaint or anti-social behaviour and the colleague needs to assess whether it is a safeguarding issue.

Step by step safeguarding process

This diagram covers the main actions a colleague should take when responding to a safeguarding concern. More detailed information follows below.



1. Make the immediate situation safe

The colleague who receives the information will:

- Make an immediate evaluation of the risk and take steps to ensure that no one is in immediate danger, particularly considering the safety and wellbeing of any alleged victim.
- Make sure that other customers are not at risk. Contact the Local Authority Adult Services if the person is an 'at risk' adult
phone (or Duty Team if out of hours)
- Contact the local authority Children's Services (or Duty Team if out of hours) where a child or unborn child is also at risk.
- Where appropriate dial 999 if the emergency services are needed.

Where a disclosure has been made, colleagues need to be as sensitive and accommodating of this as they can, avoiding quick judgements and always taking the views and wishes of the alleged victim into account.

- Do **not** give promises of complete confidentiality.
- Assure them that you are taking them seriously.
- Listen carefully to what they are telling you, stay calm, get as clear a picture as you can, but avoid asking too many questions at this stage.
- Explain that you have a duty to tell your line manager and managers with specific roles in safeguarding, and that their concerns may be shared with others who could have a part to play in protecting them.
- Reassure them that they will be involved in any decisions made.
- Explain you will take steps to protect them from further abuse or neglect.

If the police inform a colleague that they will attend the scene, the colleague must ensure that evidence is not contaminated or lost. Therefore, where relevant:

- Do not disturb or move articles that could be used in evidence, and secure the scene, for example by locking the door to a room.
- Keep the customer's records secure. Documentation may be required as evidence so it must not be tampered with.

2. Inform a manager

Once the colleague has made sure the person is safe and there is no immediate risk, they must inform their line Manager that an incident has occurred or that a concern has been reported. If the line Manager is not available, they must contact the Business Manager or Head of Wellbeing responsible for their service or Head of Quality and Safeguarding. If the incident is out of hours, they should contact the On Call Manager and inform them of the incident. Please see the On Call Procedure for guidance on when the on-call manager should be contacted.

If an allegation has been made against another colleague, the colleague must inform the Head of Strategy and Governance and HR Business Partner immediately.

Colleagues should not discuss the concern with the person alleged to have caused harm at this stage, unless the immediate welfare of the alleged victim makes this unavoidable.

Where a colleague does not have confidence in how the concern was managed by the local Manager / Senior Practitioner then they can report the concern through the Raising Concern Policy - Whistleblowing (135).

3. Recording the concern

On the same day as becoming aware of the concern, and as soon as possible afterwards, the colleague needs to make a record of what has happened. Colleagues should complete the **Safeguarding Concern form**, this can also be generated by completing an event on the IMS. A **Safeguarding Referral form** supplied by the local authority must be completed if directed by the Manager / Senior Practitioner. Managers and Senior Practitioners must have these available to staff for each service area. Local arrangements will differ from local authority to local authority. BCHA's Safeguarding Concern Form can be submitted to local authorities who do not issue a form.

In all cases, the following information will need to be included:

- Date and time of the incident
- Include the exact words made by anyone who has made a disclosure, and exact details of why this concern is being reported
- Appearance and behaviour of the adults at the centre of the concern
- Any injuries observed
- Name and signature of the person making the record

All records should be factual. However, if the record does contain your opinion or an assessment, it should be clearly stated as such and be backed up by factual evidence. Information from another person should be clearly attributed to them.

Colleagues must then raise an incident on the IMS and can use the same details recorded in the local safeguarding referral form. An email or call to notify the team manager and senior practitioner there has been a safeguarding concern about the customer should be made.

The customer electronic record safeguarding module must also be updated to accurately reflect the concerns identified and the progress of the issues identified. Additional recording guidance for RUBIXX electronic customer records is available

4. Reporting the concern to the local authority

The Senior Practitioner/ Manager must review all the reported information and determine whether to make a safeguarding referral to the relevant local authority. Where the Senior Practitioner / Manager needs additional consideration in making the referral, the Head of Quality and Safeguarding can review the case and provide support in the decision making process. In some areas, the Local Authority may operate a Safeguarding advice line to discuss whether a non-urgent safeguarding matter needs to be reported. Please see supporting documents on the Safeguarding Hub. Check your local protocol for specific area arrangements. If the grounds are met for referral, this **must** be made to the local authority or any other locally agreed referral point, for example a Multi-Agency Safeguarding Hub (MASH) or Safeguarding Team.

The Senior Practitioner, Team Manager or an appointed colleague, should do this immediately. The initial contact should be by phone and followed up by sending a copy of the local authority's Safeguarding referral form. Ensure

you keep a copy (remember that some forms are now submitted online so a copy must be saved before submission).

The Senior Practitioner, Team Manager or an appointed colleague to the customer's file records, should upload a copy of the form sent to the local authority.

5. Reporting the concern to other stakeholders

If a colleague witnesses a crime committed against any BCHA customer, they have a duty to report the incident to the police. If we are informed of a crime that has been committed against a customer but did not witness it ourselves, colleagues should support the customer to report the crime to police.

If the customer has a social worker and/or care coordinator or key worker or probation officer, they must be informed. The Manager / Senior Practitioner may also need to contact other key stakeholders such as the Commissioners of the service.

We support some customers whose families or carers are closely involved in their lives. We have agreements in place with some customers, which reference whom to inform if a customer raises a safeguarding concern and how to involve them in any investigations. However, as the exact circumstances of a safeguarding concern cannot easily be anticipated it is important to check with the customer if they wish for you to inform any previously stated family member or important person in their life. Capacity to make this decision is assumed unless there is concern that the person is unable to make this decision (set out by practice guidance in relation to The Mental Capacity Act). Where these agreements do not exist and the person is assessed as unable to make this decision, the Manager / Senior Practitioner must decide when/whether to inform families and carers as a 'best interest' decision. A capacity assessment needs to be recorded to support this decision. Colleagues must not inform families and carers of safeguarding concerns where they are implicated.

Where a customer lacks capacity and has a court appointed deputy who can act on their behalf, they (if not implicated) should be informed of any safeguarding concerns raised.

6. Responding to the local authority

The local authority will decide whether the concern raised meets grounds for further action under their procedures. If it does, then they will take overall responsibility for the coordination and progress of the case. Where this happens, the local authority will gather information about the case, in all likelihood liaising with our colleagues. Colleagues must always cooperate with any local authority investigations or reviews which are being carried out, providing information where required.

If the concern is not accepted as a safeguarding case by the local authority, the Manager / Senior Practitioner needs to discuss what action should be taken with their Business Manager/ Head of Wellbeing and the Head of Quality and Safeguarding. They should consider whether any action should be taken to further safeguard any adults, or whether further investigation is required.

Business Managers should regularly review the progress of each live case to ensure that actions are being completed as planned. If any colleague, Manager or Senior Practitioner has concerns with how the case is progressing, these should be escalated to their line Manager. If the local authority does not have a duty to be involved, a Multi-Agency Risk Management Meeting (MARM) may be called by the Manager / Senior Practitioner or Business Manager - local arrangements will differ from authority to authority.

The IMS event log number for the concern should be updated on any progress and the conclusion to a recorded case added regardless of the involvement of the local authority.

When we disagree with the local authority

On rare occasions, we may disagree with a decision made by the local authority. Whether they accepted the case or not, this should be internally escalated to the Business Manager, Head of Service and Head of Quality and Safeguarding for review. Concerns can be escalated within the local authority if risk appears to be unmanaged or concerns for well being continue.

The Business Manager will discuss the case with their line Manager, and the Head of Quality and Safeguarding. They may choose to make further attempts to discuss the case with a Safeguarding lead at the local authority, or to raise the concern with the relevant commissioner. In some

circumstances, they may discuss the case with the Head of Strategy and Governance or Director.

If a decision is made to formally challenge the local authority, then the escalation policy for that local authority should be followed. The commissioner of the service must be kept updated.

Closing the case

At all stages during this process, a risk management plan should be kept reviewed, and case records should be regularly updated with the status of the concern on Inform (or system used by the Liberty Project).

Once the Manager / Senior Practitioner has decided that all steps have been taken to safeguard any adult(s), and that no further investigation is required, they can close the incident on the customer record. If the local authority continues to investigate or progress the concern, then the record should remain open until the case is formally closed and updates should be recorded.

Communication with colleagues and customers

1. Customers who are subject to the safeguarding concern

If the safeguarding concern is about one of our customers, we will listen to the customer at every stage, always maintaining their dignity and privacy, and will seek to understand what they want the outcome to be and what action they want taken. Where possible colleagues should ensure these views are reflected in the actions taken, and keep customers informed of developments (Making Safeguarding Personal).

Where a customer has substantial difficulty in understanding or retaining information, or communicating their views, the service should ensure a person is available to support them through the process. This could be an Independent Mental Capacity Advocate or IMCA appointed by the Local Authority. The service should involve the relevant appointed person, this could also be a solicitor or someone else appointed by a Court. Colleagues must keep information regarding any safeguarding concern confidential as set out in the Data Protection Policy (900).

2. Where customers are alleged to have caused them

If the person causing harm is another customer, action taken could include removing them from contact with particular customers. In this situation, arrangements must be put in place to ensure that the needs of the person alleged to be causing harm are also met.

3. Colleagues who are alleged to have caused harm

If allegations are raised against colleagues, volunteers or appointed persons, a decision will need to be immediately taken in consultation with the HR Business Partner and the Head of Strategy and Governance or the Head of Quality and Safeguarding about whether they pose a risk to customers or other colleagues (e.g. whistle-blowers) and what action needs to be taken. In most cases, the direct manager of the colleague allegedly implicated will be part of this discussion at the discretion of the HR Business Partner, the Head of Strategy and Governance or the Head of Quality and Safeguarding about whether they pose a risk to customers or other colleagues (e.g. whistle-blowers). The local authority should also be consulted within 24 hours.

The service may decide to suspend the employee immediately ‘without prejudice’ or end the worker’s assignment where they are allegedly suspected of abusing an adult or adults at risk. Advice must always be sought from HR in consultation with a senior manager and any actions should not be initiated until this has been done. Being suspended at the start of a safeguarding investigation must be pending the findings of the investigation, and should not be recorded as a disciplinary matter unless the findings suggest it will need to be subject to the disciplinary procedure. This also serves to protect the colleague allegedly involved as does a referral to – Confidential support for all staff (see Suspension Policy on Breathe).

Where a disciplinary investigation has been completed and an employee is found responsible for the abuse of an ‘at risk’ adult, the HR Business Partner will liaise with a senior Manager about a referral being made to the Disclosure and Barring Service (DBS). This referral should be made within two days of the formal process being concluded (including any appeal process). Decisions must be documented.

4. Police Engagement

Colleagues also have a duty to report a crime to the police if they have witnessed the incident themselves.

Where the crime has been reported to a colleague by a third party (including the customer themselves), then they should support the customer to report it to the police as soon as possible, or offer to report it on their behalf.

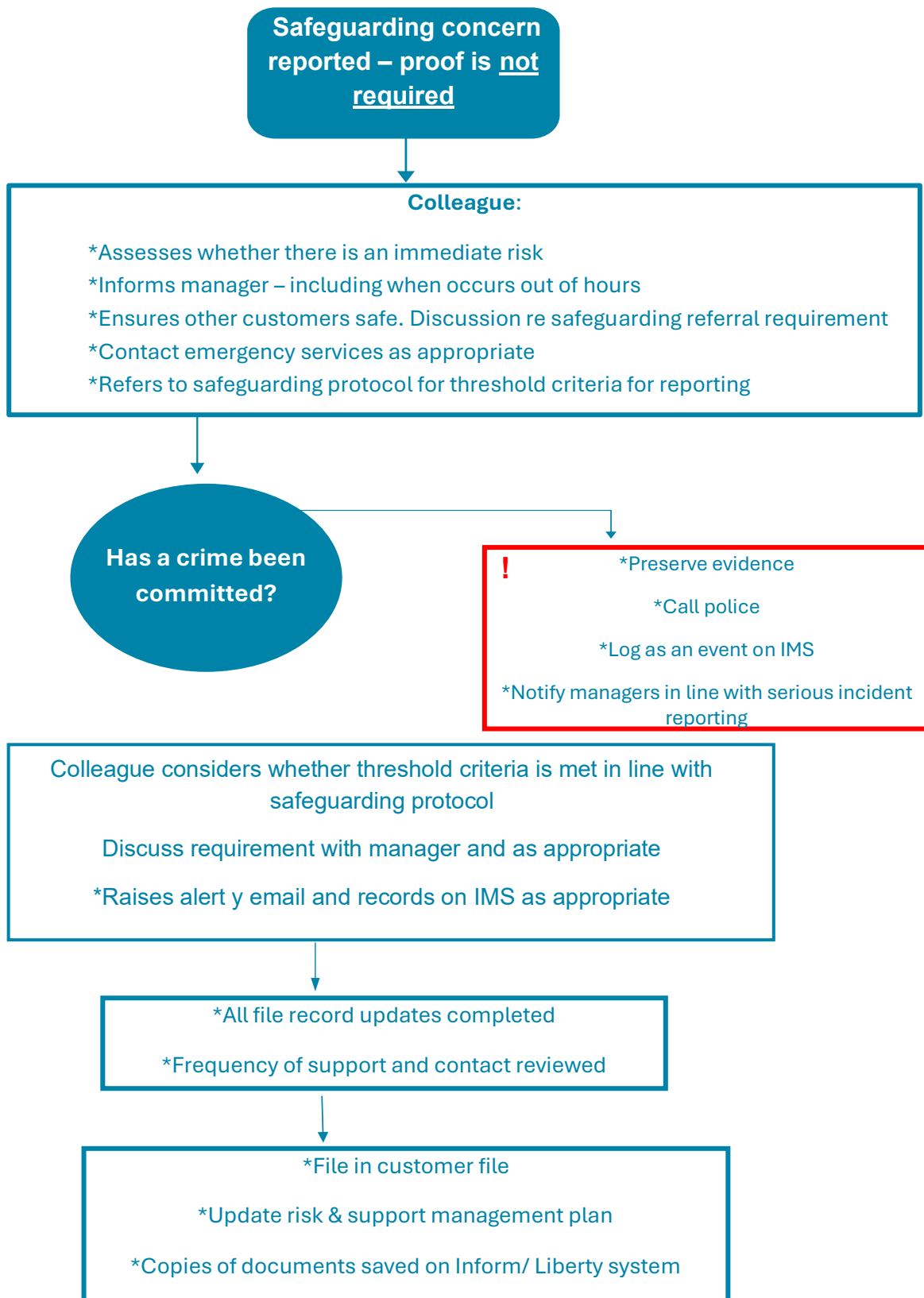
Where a customer does not consent to reporting a crime to police (not witnessed by the colleague), then colleagues must discuss this with a Manager and this must always be escalated to the Head of Quality and Safeguarding or a Senior Manager for a final decision. Whilst the views of the customer must always be respected as much as possible colleagues may have to inform the police depending on the proportionality and impact of the crime. In some cases it may be best to have an informal discussion with the police to help decide whether a police response is necessary. This can be an 'in principle' discussion with details of the names of those alleged to be involved omitted.

If colleagues believe that someone may be at immediate risk of harm, then they have a duty to contact the police as it is in the public interest whether the customer consents.

If a customer has been the victim of sexual assault or rape, and does not want to disclose this to police, they must always with consent be referred to the local sexual assault referral centre who can take evidence which can be used later on if the customer changes their mind.

Colleagues should respect the customer views not to inform the police in these instances, unless colleagues have specific knowledge of someone being at immediate risk of harm or where there is any reason to believe the alleged perpetrator may be someone holding a position of trust or presents a wider risk. All cases where the police are not informed must be escalated to the Head of Quality & Safeguarding or a Senior Manager before a final decision is reached.

Safeguarding Action Flowchart



Appendix 2: Types and Patterns of Abuse and the Context in which They Occur.

The following types of abuse are commonly stated in local authority multi-agency safeguarding adult policies and procedures:

Types of abuse	Behaviours include
Physical	Hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.
Sexual	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	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	Theft, fraud, exploitation, pressure in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
Neglect and acts of omission	Ignoring medical or physical care needs, failing to provide access to appropriate health, social care, welfare benefits or educational services, withholding the necessities of life such as medication, adequate nutrition and heating.

Discriminatory	Racism, sexism or acts based on a person’s disability, age or sexual orientation. It also includes other forms of harassment, slurs or similar treatment such as disability hate crime.
Domestic abuse	Psychological, physical, sexual, financial, emotional abuse and so called ‘honour based’ violence.
Organisational abuse	Neglect and poor care practice within a care setting such as a hospital or care home or in relation to care provided in someone’s own home ranging from one-off incidents to ongoing ill-treatment. It can be neglect or poor practice as a result of the structure, policies, processes and practices within a care setting.
Modern slavery	Encompassing 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.
Self-Neglect	Covers a wide range of behaviour including neglecting to care for one’s personal hygiene, health or surroundings and behaviour such as hoarding.

Abuse and crimes against at risk adults may occur in different **contexts**. Actual or suspected abuse of persons at risk in any of the contexts set out below will trigger a safeguarding response in accordance with BCHA’s Safeguarding Adults at Risk Policy.

Hate crime/ incident is defined as any crime/incident that is perceived by the victim, or any other person, to be racist, homophobic, transphobic or due to a person’s religion, belief, gender identity or disability. It should be noted that this definition is based on the perception of the victim or anyone else and is not reliant on evidence.

Mate crime/incident happens when someone is using a friendship in order to take advantage of a vulnerable person. Mate crime/incident is committed by someone known to the person. They might have known them for a long time or met recently. A ‘mate’ may be a ‘friend’, family member, supporter, paid staff or another person with a disability.

Domestic Abuse as set out in the Domestic Abuse Act 2021 states the behaviour of a person (A) towards another person (B) is domestic abuse if :-

- a) A and B are each aged 16 or over and are personally connected to each other, and
- b) the behaviour is abusive.

- Behaviour is “abusive” if it consists of any of the following—physical or sexual abuse;
- violent or threatening behaviour;
- controlling or coercive behaviour;
- economic abuse
- psychological, emotional or other abuse;

it does not matter whether the behaviour consists of a single incident or a course of conduct.

- “Economic abuse” means any behaviour that has a substantial adverse effect on B’s ability to—
 - acquire, use or maintain money or other property, or -
 - obtain goods or services.

The Act considers A’s behaviour may be behaviour “towards” B despite the fact that it consists of conduct directed at another person (for example, B’s child).

The Act identifies that

- two people are “personally connected” to each other if any of the following applies—
 - they are, or have been, married to each other;
 - they are, or have been, civil partners of each other;

- they have agreed to marry one another (whether or not the agreement has been terminated);
- they have entered into a civil partnership agreement (whether or not the agreement has been terminated);
- they are, or have been, in an intimate personal relationship with each other;
- they each have, or there has been a time when they each have had, a parental relationship in relation to the same child (see subsection (2)); - they are relatives.

The Act states that a person has a parental relationship in relation to a child if—

- the person is a parent of the child, or
- the person has parental responsibility for the child.
- “child” means a person under the age of 18 years;
- “civil partnership agreement” has the meaning given by section 73 of the Civil Partnership Act 2004;
- “parental responsibility” has the same meaning as in the Children Act 1989 (see section 3 of that Act);
- “relative” has the meaning given by section 63(1) of the Family Law Act 1996.

Children are victims of domestic abuse where behaviour of a person (“A”) towards another person (“B”) is domestic abuse and the child .

- sees or hears, or experiences the effects of, the abuse, and - is related to A or B.
- is under 18 years of age

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: a continuing act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

A criminal offence was introduced into the Serious Crimes Act 2015 on the 29th December 2015 of ‘Controlling or Coercive Behaviour in an intimate or family relationship’, which complements existing legislation and closes the gap in law around patterns of controlling or coercive behaviour.

Harmful Practices and Domestic Abuse

Harmful Practices are a form of domestic abuse which is usually the result of cultural beliefs and are rooted in discrimination on the basis of sex, gender, age and other grounds.

There are 3 main types of harmful practices which are:

- **Honour Based Abuse** is a crime or incident, which has or may have been committed to protect or defend the honour of the family and/or community. It is a collection of practices, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour. Such violence can occur when perpetrators perceive that a relative has shamed the family and/or community by breaking their honour code.
- **Forced marriage** is a term used to describe a marriage in which one or both of the parties are married without their consent or against their will. A forced marriage differs from an arranged marriage, in which both parties consent to the assistance of their parents or a third party in identifying a spouse. Forced marriage can be a particular risk for people with learning difficulties and people lacking capacity to make that decision.
- **Female genital mutilation (FGM)** involves procedures that include the partial or total removal of the external female genital organs for cultural or other non-therapeutic reasons. The practice is medically unnecessary, extremely painful and has serious health consequences, both at the time when the mutilation is carried out and in later life. The age at which girls undergo FGM varies enormously according to the community. The procedure may be carried out when the girl is new born, during childhood or adolescence, just before marriage or during the first pregnancy. FGM constitutes a form of child abuse and violence against women and girls, and has severe physical and psychological consequences. In England, Wales and Northern Ireland, the practice is illegal under the *Female Genital Mutilation Act 2003*. Local multi-agency guidance on honour based violence, forced marriage and FGM has been developed and can be accessed via the link provided in Section 3 of this Policy Framework.

Modern Slavery is the illegal exploitation of people for personal or commercial gain. It covers a wide range of abuse and exploitation including sexual exploitation, domestic servitude, forced labour, criminal exploitation and organ harvesting.

Victims of modern slavery can be any age, gender, nationality and ethnicity. They are tricked or threatened into work and may feel unable to leave or report the crime through fear or intimidation. They may not recognise themselves as a victim.

The Modern Slavery Act 2015 became law on 26 March 2015 and is designed to tackle slavery in the UK and consolidates previous offences relating to trafficking and slavery. Human trafficking is defined as the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Guidance on modern slavery and human trafficking can be found in section 3 of this Policy Framework.

Exploitation by radicalisers who promote violence involves the exploitation of susceptible people in order to draw them into violent extremism. In July 2015, the Counter Terrorism and Security Act 2015 came into force creating a statutory duty on public bodies to have due regard to the need to prevent people from being drawn into terrorism. The Counter Terrorism and Security Act 2015 makes the 'Channel Panel' a legal requirement. 'Channel' is a multi-agency safeguarding programme providing tailored support to people who have been identified as at risk of being drawn into terrorism. The support offered can come from any of the partners on the Panel which includes the local authority, police, education and health providers. The person's engagement in the programme is voluntary at all stages

Carers at risk of harm from the person to whom they are providing care and support - carers experiencing abuse by the person they offer care to can expect the same response as any person at risk of abuse. Carers also have a legal right to an assessment of their needs. A carer's assessment should be seen as part of the overall assessment process. Sometimes both the carer and the supported person may be at risk of harm. The needs of the person at risk who is the alleged subject of abuse should be addressed separately from the needs of the person alleged to be causing the harm.

Carers who cause harm - the vast majority of carers strive to act in the best interests of the person they support. Occasionally however, carers may cause intentional or unintentional harm. Unintentional harm may be due to lack of knowledge, or due to the fact that the carer's own physical or emotional needs make them unable to care

adequately for their relative. The carer may also have their own needs care and support. In this situation, the aim of any safeguarding response will be to support the carer to provide support and help to make changes in order to decrease the risk of further harm to the person they are caring for.

Abuse of trust - a relationship of trust is one in which one person is in a position of power or influence over the other person because of their work or the nature of their activity. There is a particular concern when abuse is caused by the actions or omissions of someone who is in a position of power or authority and who uses their position to the detriment of the health and well-being of a person at risk, who in many cases could be dependent on their care. There is always a power imbalance in a relationship of trust. An example of this could be a support worker who exploits their professional relationship with a customer for their own gain ie to engage in a sexual act . BCHA offer training on Professional Boundaries which is underpinned by the Professional Boundaries Policy

Safeguarding concerns between people with needs of care and support – abuse can happen between adults at risk and organisations supporting these individuals have a responsibility to protect them from abuse as well as preventing them from causing harm to other adults. It is important the needs of the adult causing the harm are taken into consideration in the safeguarding responses for both parties.

Personal budgets, direct payments and self-directed care - people who direct their own care and support should be enabled to manage their personal budgets and direct payments in a safe way. A culture that promotes positive risk taking, based on appropriate person centred policies, supports this approach and seeks to enable and empower individuals.

Scamming - Scams are misleading or fraudulent offers designed to con people out of money. They may be received by post, email, telephone, text or face to face. They target millions of people, not just older or vulnerable people. These scams are becoming ever more sophisticated and elaborate. For example:

- Internet scammers can build very convincing websites
- People can be referred to a website to check the caller’s legitimacy but this may be a copy of a legitimate website
- Postal scams are mass-produced letters which are made to look like personal letters or important documents

Often fraudsters will target ‘vulnerable’ people on the telephone and can be sophisticated in their approach which can dupe the unsuspecting general public. They will groom their victims and persuade them to part with money for fake shares etc.

They will often pretend to be calling from the victim's bank and get them to provide their bank account details over the telephone.

The use of the internet to defraud individuals is growing rapidly and many otherwise careful and astute individuals have lost significant sums of monies through carefully planned and sustained contact with those whose sole intent is to take their money.

Doorstep criminals call unannounced at the adult's home under the guise of legitimate business and offering to fix an often non-existent problem with their property. Sometimes they pose as police officers or someone in a position of authority.

In all cases this is financial abuse and the adult at risk can be persuaded to part with large sums of money and in some cases their life savings. These instances should always be reported to the local police service, Action Fraud and local authority Trading Standards Services for investigation.

These scams and crimes can seriously affect the health, including mental health, of an adult at risk. By working together, agencies can better protect adults at risk. Failure to do so can result in an increased cost to the state, especially if the adult at risk loses their income and independence.

Appendix 3 – Missing Persons’ Prevention Checklist

Service induction should include reference to local safeguarding arrangements	<input type="checkbox"/>
Encourage customers to carry ID at all times	<input type="checkbox"/>
Complete the summary customer information sheet – if description changes .e.g. hair colour changes, update	<input type="checkbox"/>
Any specific PEEP (Personal Emergency Evacuation Plan) for the customer to be recorded on Inform and paper records (for agency cover)	<input type="checkbox"/>
Planned contact arrangements procedures incl. expected contact levels & arrangements for the service (contract and BCHA requirements) e.g. weekly key work/4 weekly support/safety review/ daily register	<input type="checkbox"/>
Ensure arrangements in place for High risk customers e.g. where there has been a recent serious incident/ those who should not leave the service alone - including handover to agency staff - inform senior practitioner of such cases on entry to service	<input type="checkbox"/>
<p>! Electronic customer records MUST reflect:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Support & risk planning arrangements <input type="checkbox"/> Next of Kin (NoK)/Emergency contact (where no NoK update line manager to agree relevant contact detail to be contacted e.g. CPN, neighbour etc.) and any other contact details to contact when customer is out of contact. Signed customer consent form to be uploaded to Inform. (e.g. friends details of contacts at regular group work activity logged and reviewed in line with support and risk management plans) <input type="checkbox"/> Review at each support planning review session for accuracy <input type="checkbox"/> All known risk issues which may impact on their likelihood to go missing e.g. drug use, self-harm, domestic abuse ,other <input type="checkbox"/> Out of contact timescales for concern specific to customer (no less frequent than service requirements). Log any known behaviours of customer staying away from service (and remind them of impact potentially on any housing related benefit payments) 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>! When a customer transfers from another service/ institute always:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Liaise with the service to agree an arrival date and time, complete a service induction/re-induction. 	<input type="checkbox"/>

<input type="checkbox"/> Log ETA and date on Inform/ appointments and follow up where there is a failure to arrive with initially the customer and then the outgoing service provider	<input type="checkbox"/>
<input type="checkbox"/> Non-arrival should be treated as a missing person (adult/ child)	<input type="checkbox"/>
Regularly review risk and contact arrangements with the customer	<input type="checkbox"/>

Appendix 4 – Safeguarding Concern Form

STAFF MUST REPORT MISSING PERSONS AS AN EVENT IN INCIDENT

MANAGEMENT SYSTEM (IMS) The Missing Person Event form can be downloaded and recorded in INFORM and sent to the local authority or police where local reporting arrangements are not in place

BOURNEMOUTH CHURCHES HOUSING ASSOCIATION SAFEGUARDING CONCERN FORM

Name & Location of Alerter:							
DETAILS OF PERSON(S) AT RISK							
Name <u>(where more than one person is at risk, please detail below and complete a separate form for each individual)</u>		Location		Date of Birth			
This concern is about (✓)		A child				An adult	
If the concern is about an adult, how are they vulnerable or 'at risk'?							
Contact details of any advocates							
Contact details of any guardian							
Contact details of anyone with parental responsibility							
DETAILS OF ALLEGED PERPETRATOR(S)							
Name		Location		Date of Birth			

What was/is the relationship of the alleged perpetrator to those at risk?		
A Serious Incident Form must be completed?	(insert incident number here)	
Details & dates of incident/allegation or concern: (where Incident Database has been comprehensively completed, only brief details need to be added)		
<i>Have those at risk been protected? (if so, state how)</i>		
<i>Nature of Evidence (if applicable)</i>		
<i>Has evidence of abuse been protected? (if so, state how)</i>		
Safeguarding concern been raised by		
Is there a record of similar incidents/allegations on the alleged perpetrator's file or the adult or child that is affected? Were these taken into consideration in any risk assessments undertaken at the time?		

<i>What is the known extent of the abuse?</i>		
Is the abuse current or historical?		
<i>How often has the abuse occurred? Is there a pattern?</i>		
<i>What is/has been the known/anticipated impact on the person directly experiencing the abuse?</i>		
<i>What has been/is the known/anticipated impact on others at risk?</i>		
<i>Was/Is the intent of the alleged perpetrator known?</i>		
Was/is the act(s) of abuse illegal? If so, describe.		
Is there a further risk of harm to anyone?		
What are the wishes of the person(s) experiencing abuse regarding taking further action?		
CONTACT SO FAR WITH STATUTORY AGENCIES		
<i>HAVE THE POLICE BEEN INVOLVED?</i>	Name/Contact No.	Date
HAVE SOCIAL SERVICES BEEN INVOLVED? STATE TEAM AND NAME OF CONTACT	Name/Contact No.	Date

HAVE OTHER AGENCIES BEEN INVOLVED?		Name/Contact No	Date
RECOMMENDATION			
<i>In accordance with the Protection from Abuse procedures, please indicate recommended action, together with justification</i>			
Has each person at risk given informed consent to inform statutory agencies?		<i>Details and signature if possible</i>	
Would gaining consent increase risk of harm? If YES, consent does not need to be sought			
Does the risk of harm warrant informing statutory agencies including police without consent?			
Refer to Line Manager in all cases (✓) to confirm this has happened and add date		Method of informing Line manager ie email, telephone	
Action taken (✓)		Who will do this?	
	Referred to Police		
	Referred to Social Services Allocated Worker		
	Referred to Local Authority Safeguarding Team or Multi Agency Safeguarding Hub (MASH)		
	Advice from Social Services/ MASH		
	Monitor situation (specify review date)		
	Risk management plan implemented		
	Review service procedures		
	Review security of service		
	No action required		
<i>Justification for Action</i>			
<i>Who else will be informed at this stage?</i>			
Signed:		<i>Date</i>	
Name:		<i>Position</i>	

Please Note This form is to assist you to record relevant information where you are unable to access the Incident Management System (IMS) to record electronically. All safeguarding concerns are required to be recorded on IMS and can be saved to a PDF to add to RUBIXX records or share with the local authority where local arrangements are not in place. It will assist you in collecting information to provide a comprehensive report and ensure that you notify your line manager for oversight.

The form must be completed for all concerns where an adult or child or young person is suspected of experiencing or at risk of abuse or neglect.

Always notify your manager that you have been made aware of a safeguarding concern.

Save the Safeguarding Concern form (or the local authority equivalent) to RUBIXX as a 'Safeguarding Concern' including the date of the alert. Where there is no RUBIXX record use the appropriate case management record system

Continue to record updates to the RUBIXX safeguarding module. Including IMS event numbers will assist if several safeguarding concerns are being monitored for an individual at the same time

Collette Puntis
Head of Quality and Safeguarding

Appendix 5: Customer Safeguarding Induction form 2025

BCHA and Our Commitment to Safeguarding

Safeguarding is about protecting a person’s right to live in safety, free from abuse and neglect. As we deliver BCHA’s vision of “Working together: Building better lives, better homes and better communities”, we remain strongly committed to safeguarding children, young people and adults who access or come into contact with our services. Our Safeguarding policies for Adults and Children & Young People take into account legislation and regulatory guidance in order to safeguard everyone.

For more than 50 years, BCHA has been providing housing and supporting vulnerable people with a range of needs to find stability, safety and independence, whether through housing, learning opportunities or advice. BCHA supports thousands of people each year in a range of supported services including homelessness, community and refuge based domestic abuse services, services for young people, victims of human trafficking and wellbeing and community services. We also provide Employability and Skills programmes, supporting customers to learn new skills.

Our Responsibilities to You

Abuse can take many forms including financial abuse, physical abuse, sexual abuse, emotional or psychological abuse, domestic abuse, and neglect. Anyone can be a victim of abuse, but children and adults with needs for care and support related to their age, physical or mental health issues or a learning disability or addiction issues are amongst those at greatest risk. Adults with needs for care and support are often referred to as ‘at risk’ adults.

As a landlord BCHA holds a key safeguarding role in keeping people safe, alongside our partners in health, social care and the police. Our staff are well placed to identify people with care and support needs and safeguarding concerns.

What is a safeguarding concern?

Some examples of safeguarding concerns are:

- Signs of abuse
- Being taken advantage of financially
- Unauthorised individual/s staying in the property

- Condition of the property, poor living conditions
- No gas and/or electricity
- Harassment
- Support needs
- Anti-social behaviour
- Health and safety
- Hoarding

What can you expect from BCHA if you have a safeguarding concern?

We will work with our partner agencies to safeguard the well-being of children, young people and all adults who live in our properties, work with our staff, benefit from our services and receive care and support from us. If you raise a concern with us, we will help you to report it to the right agency and, where appropriate, we will also investigate the issue. If you raise concerns with us regarding an individual, we may need to share the details with other agencies in order for them to investigate further and ensure they are protected to stay safe and free from harm or abuse.

If you raise concerns regarding your own well-being, we will support you to safeguard yourself. We will also discuss with you whether you would like a safeguarding concern to be raised. There may be occasions where we need to raise a safeguarding concern with the local authority to ensure that you and others remain safe and free from harm. We will always ask for consent wherever possible but can share concerns without consent.

We will offer help to support you to cope with the effects of the abuse or neglect you have experienced or witnessed, as well as signpost you to specialist organisations.

Where we can, we will feedback to you on the outcome of the case you reported. In some circumstances, the information we can give you will be limited due to confidentiality issues.

If you have concerns about your safety or well-being, or concerns in connection with a child, young person or adult who lives in one of our properties or services, please contact **any member** of our team. Telling us helps us address this as soon as possible.

Name:

Telephone No:

Position: Senior Practitioner

You may choose to report safeguarding concerns you have for a child or 'at risk' adult* directly to the local authority.

To raise a **concern about a child** please contact:

To raise a **concern about an 'at risk adult'** please contact :

Remember – BCHA are committed to ensuring your safety and live a life which is free from harm, abuse or neglect. We will take you seriously and act on your concerns

You can call the BCHA main telephone line if you wish to speak with someone on 01202 410500.

*An 'at risk' adult is someone over 18 with needs for care and support who may not be able to protect themselves from abuse or neglect because of their care and support needs. An example of this could be someone who may have a learning, disability, be elderly or frail, have needs arising from mental health, a physical disability, alcohol or drug use/addiction or acutely or chronically unwell.

Appendix 6: Individual Service Safeguarding Reporting Arrangement 2025

Manager details for this service are:

Name: _____ **Telephone No:** _____
Position: Senior Practitioner **On Call Contact No:** _____

To raise a **concern about a child** please contact: in normal working hours

To raise a **concern about a child** please contact: Out of normal working hours or at the weekend or Bank holiday

(Add details if you are required to complete an electronic notification form)

To raise a **concern about an ‘at risk adult’** please contactin normal working hours

To raise a **concern about an ‘at risk adult’** please contactOut of normal working hours or at the weekend or Bank holiday

(Add details if you are required to complete an electronic notification form)

Remember:

- Speak to your Senior Practitioner or Team Manager and
- Complete an Incident Form (Serious Incident Database)

To report a non emergency crime contact **Police on 101**

To report an immediate concern for safety or emergency **Dial 999**

You don't need permission to report a safeguarding concern but you do need to inform a manager of all actions you have taken.

Use numbers

BCHA main telephone line 01202 410500

Business Manager –

Head of Wellbeing –

People Team –

Tel – 01202 555717

Head of Quality and Safeguarding –

Appendix 7: Key Contact Details

For the sake of clarity, The Head of Quality and Safeguarding for BCHA is also the organisation's Safeguarding Lead.

The Head of Quality and Safeguarding / Safeguarding Lead can be contacted by contacting

Customer Services
The Factory
BCHA
The Factory
14 Alder Hills Poole
BH12 4AS

Tel 01202 410500

All safeguarding concerns for at risk adults must be reported to the local authority (Adult Services). Local arrangements for reporting concerns vary from local authority to local authority.

Contact numbers for your local authority can be found on the safeguarding pages of [The Hub](#), under the link to the correct Local Safeguarding Adult Board.

Helpful Additional contacts:

Philip Baker
Head of Strategy and Governance, Data Protection Officer and Company Secretary
Email: philbaker@bcha.org.uk

Human Resources (People Team):
Email: hr@bcha.org.uk

Appendix 8: MSVCC / Liberty Project Additional Safeguarding Statements and Guidance

Care vs Support

This guidance makes a distinction between ‘care’ and ‘support’. While the Liberty Services are provided under *the Modern Slavery Victim Care Contract*, MSVCC provision is generalist support rather than regulated care. Where the term ‘care’ is used in relation to the MSVCC, it indicates ‘support’.

The definition of personal care in the context of regulated activity in England comes from the Health and Social Care Act (Regulated Activity) Regulations 2008 and the CQC provide their definition as follows:

‘The regulated activity of Personal care involves providing personal care for people who are unable to provide it for themselves because of old age, illness or disability. The personal care must be provided in the place where those people who need it are living at the time when the care is provided’

It is a contractual requirement that in delivering MSVCC services, services must ensure that they safeguard children and at-risk adults from harm and promote their welfare. This includes compliance not only with legislation, local authority policies, BCHA policies and guidance relating to safeguarding but also to the requirements of the contract with the Single Competent Authority (SCA).

Duty of care

There is a legal and moral duty to safeguard the welfare of adult service users, dependents and dependent minors. Recognising when a person is at-risk person or has specific needs and responding appropriately is imperative. ***This document should be read in conjunction with BCHA Children and At Risk Adult Safeguarding Policies and guidance sighted within those policies.***

Designated Safeguarding Leads

The Safeguarding Lead (SGL) for the Liberty Project is the **Service Implementation and Delivery Manager** who has the main responsibility for ensuring that safeguarding concerns are responded to and that:

- Appropriate decisions and actions have been taken,
- Contact and liaison with other agencies has taken place as necessary.
- The Modern Slavery Team Contract Administration Manager is informed of safeguarding concerns and allegations through CMS.
- They ensure that safeguarding procedures are in place in the service for which they have operational responsibility.

Team Leaders for the Liberty Project will act for the SGL in the role of Deputy Safeguarding Leads (DSGLs) on a day to day basis and in the absence of the SGL.

Where there are concerns about the SGL these will be escalated to the Head of Service for the Liberty Project.

Contact details are as follows:

The Safeguarding Lead (Liberty) – Poppy Blundell tel 07974624140
Deputy Safeguarding Lead (Outreach) –
Deputy Safeguarding Lead (Accommodation) –

Principles of Adult Safeguarding for Survivors of Modern Slavery

The principles from the Care Act 2014 underpin safeguarding at the Liberty Project and other BCHA services.

- **Empowerment:** Service users should be supported and encouraged to make their own decisions, underpinned by informed consent.
- **Prevention:** Each service should proactively seek to reduce the risk of harm prior to it occurring.
- **Proportionality:** Responses and interventions should be proportionate to the level of risk.
- **Protection:** Each service should seek to provide support for those in greatest need.
- **Partnership:** Services should take a community-based approach to safeguarding adults, with strong partnerships between services and local partners.
- **Accountability:** Personnel should take ownership of their role in safeguarding adults, will be held accountable for their actions, and must act in a transparent manner.

Adult safeguarding situations are complex and the principles of personal autonomy and choice must always be respected. Choice is an important factor in building SU confidence, as each decision made can build individual agency and personal autonomy. Informed choice is the best way for a survivor to remove themselves from a harmful situation or relationship. Capacity is a guiding principle in safeguarding adults and children aged 16 and over. By the nature of the Liberty Project, it will be rare for staff to make decisions on behalf of a service user. It will also be rare for a person in a service to be deprived of their liberties.

Personnel should seek advice from Managers before overriding decisions made by a service user, except in emergency situations. Managers should make decisions based on whether there is an overriding reason which makes it necessary to act without consent and whether doing so is proportionate because there is no less intrusive way of ensuring safety. Legal advice should be sought where appropriate. Please refer to BCHA's Mental Capacity Act Policy and The Mental Capacity Act Code of Practice.

Entry into Service and Assessment of Needs

Accepting Service users

The First Responder retains the Duty of Care for the service user (SU) until the assessment of eligibility. Prior to accepting service users, services will receive risk assessments, records of antecedents, criminal convictions and any information that is known about the SU that may be cause for concern for the safety and welfare of other people, including personnel, SUs and any dependents. The relevant information must be requested and received by the service before deciding if it is safe to assume duty of care for a victim.

Where it is identified that a SU has previously been convicted of a criminal offence, the offence will be considered when considering the eligibility of a SU to a service. The nature of the offence, the victim profile, the recency of the offence, evidence of repeat offending, offending related to addiction, and the impact on other SUs will be considered. Individual services have specialisations on working with high risk/high needs SUs, particularly around sexual offending behaviour, and service users will be allocated accordingly.

Move-In

On entry into service, service users will require an understanding from personnel that certain forms of language used may be difficult for them, they will need space to be able to tell their story in a non-judgmental environment, receive a compassionate response and acknowledgement that harm has been caused and assurance that justice can be pursued.

Personnel should be especially sensitive at move-in when service users are asked to repeat the account of their experiences as part of the service user risk assessment. Personnel working with SUs should follow the principles of the Trauma Informed Code of Conduct. As a traumatic experience, trafficking and modern slavery can have harmful effects on survivors and treating a survivor with compassion and respect can help build a relationship of trust and empower the survivors to enhance stability and well-being. As such, personnel should:

- Build and maintain a relationship of trust with SUs
- Engender a sense of calm, security and safety when working with SUs □
Build SU confidence and reduce the risk of distress and re-traumatisation.
- Promote safety in working practices
- Be aware of the risk of vicarious trauma and professional burnout

On entry into service, SUs must be formally inducted and Initial and Detailed Needs Based Assessments (INBAs and DNBA) must be carried out within 48 hours, with support plans put in place. Where a SU is receiving outreach support, full risk assessments and Needs Based Assessments must be conducted within 5 days.

Survivors of trafficking and modern slavery may have higher risk factors than the general population, particularly where a SU has specific needs. Needs may arise from:

- physical disabilities.
- mental illness or disabilities, including mental or psychological disorders.
- medical conditions, plus health.
- age-related characteristics.
- sex.
- gender reassignment.
- sexual orientation.
- pregnancy and maternity.
- race (including ethnic or national origins, colour or nationality; also culture). □ religion or belief;
- as a result of a serious form of psychological, physical or sexual violence SUs may have suffered.
- substance misuse issues/addiction; □ recent release from prison.
- pending criminal trials

Additional needs and risk factors may be:

- Destitution/risk of destitution;
- have suffered trauma, are suspicious/frightened of authority figures and/or afraid of other SUs/strangers;
- national background/languages;
- individuals/couples/families including single parents, extended families

In addition, there are acute specialist needs, including:

- High trauma;
- Suicidal tendencies;
- Drug and alcohol dependency;
- Psychological issues; and Mental or physical disability

Needs Based Assessments identify SU and dependent(s)

- support and welfare needs,
- physical and sexual health needs,
- psychological and emotional needs,
- cultural and spiritual needs,
- practical needs (including material assistance),
- interpretation requirements,
- access to legal advice and representation,
- access to other advice and assistance,
- requirements for dependents to be referred to the NRM in their own right,
- access to education for school-age dependents,
- ongoing risks from their exploiters, □ safeguarding needs for minors,
- the production of a journey plan.

These needs must be proactively monitored, and action taken to safeguard the SU and dependents within their care to identify Service Users and Dependents who may have specific needs or be at risk, and to take action to safeguard the Service Users and Dependents in their care. Proactive monitoring relies on robust Needs Based Assessments, Risk Assessments, and comprehensive journey plans at move-in and attentive support work throughout SUs time in service.

Dependents and Dependent Minors

Where a dependent is brought into service, an assessment of their needs and risk factors must also be carried out. There may be risks to the dependent while in service but there may also be risks to other SUs *from* the dependent. They may have specific needs or risk factors arising from the lists above.

If dependent minors accompany a Service User, it must be made clear to them that children are their responsibility. The Liberty Project does not provide registered childcare. However additional safeguards for children in service must be in place based on the context of the service. While adult SUs are the focus of support work, support workers should check on dependents and assess their needs. Specific consideration must be given to whether a dependent minor requires specialist support and referrals may need to be made to Local Authority Children’s Services on assessment of the child’s needs. Where minors are in service, services must take steps to safeguard them, including, but not restricted to:

- installing stairgates for infants,
- identifying service-specific training for personnel (e.g. paediatric first aid), □ guidance on SIDS for service users, etc.
- facilitating access to education through registration with local schools,
- facilitating access to accommodation for health visitors,
- specifying to schools who can or cannot collect SU’s children from school (this will need to be identified during risk assessment),

Where there are indications that a minor may have experienced trafficking or exploitation, they may need specialist independent support and services should make a referral to an Independent Child Trafficking Guardian where available to advocate on the child’s behalf to ensure that the child’s best interests are being met by statutory partners. A referral to local authority children’s services and the National Referral Mechanism should also be made. Where there are safeguarding issues in respect of minors, local authority (LA) children’s services must be informed immediately and at least within 24 hours.

Where there are concerns about the wellbeing of a child who is being exited unexpectedly (for example, where a service user absconds), referrals to LA

children's services must be made immediately. This may also require a referral to LA children's services in another borough if the SU moves to another location.

**A note on assessing dependent(s) needs: their needs also need to be assessed, but whether this takes the form of a 'needs based assessment' on a Service User profile (i.e.*

Parent) within CMS will be confirmed by the MST.

Risk Assessments

Services must complete Full Risk Assessments to identify key areas of concern including but not limited to:

- risk from traffickers or their associates.
- any physical, sexual or mental health issues.
- risk of self-neglect.
- risk of suicide.
- risk of self-harm.
- any substance misuse.
- any risk-taking behaviours (including contacting traffickers).
- risk of harm to others.
- any spiritual abuse (e.g. witchcraft or juju).
- risk of the victim leaving accommodation without notifying personnel.
- managing risk after leaving the service/ following identification
- and to produce a Risk Management Plan with the Service User

.SUs with risk factors or specific needs may need to be referred to Local Authority teams for care and support assessments. Section 42 enquiries may need to be conducted by local authorities where an adult at risk (see definition above) is experiencing, or at risk of, abuse or neglect.

Where a service user has a pending criminal trial, and the trial is in a risk location, subcontractors should collaborate with the court, the police, solicitors and the SU to ensure that risks are identified and managed in a multi-agency risk management plan that will usually be led by the Police and the court. Where personnel accompany the Service User, effective **Lone Working** arrangements must be in place. A risk assessment should be completed by support workers and signed off by Service Managers to facilitate attendance and to manage risks to the SU.

Risk of Abuse

Service users may, through their experience of exploitation and trafficking, be at higher risk of abuse than the general population. SUs may present with post-traumatic stress disorder, anxiety, depression, and other mental health problems. By getting to know service users, personnel will be in a better position to provide

support to individuals who may show evidence of these and other risk factors as listed in Section **Error! Reference source not found.** Support Workers may be able to identify risk factors in key work sessions.

The service must report to police and/or the local authority any of the following issues or circumstances that they witness or are made aware of in relation to service users:

- Antisocial behaviour, suspicious or criminal behaviour, threatening behaviour, harassment;
- Behaviour that may indicate that someone is involved in violent extremism, radicalisation or vulnerability to radicalisation;
- Neglect, sexual harassment or exploitation;
- Domestic violence; or
- Relating to the safeguarding of children

There is a period of one calendar day to inform the Authority of any such reports.

Suicide and Self- Harm

Self-harm is an intentional act of self-injury, regardless of the motivation or any associated degree of suicidal intent. Self-harm therefore includes both non-suicidal self-injury *and* suicide (attempted or completed). However, not all self-harming indicates suicidal intent and not all attempted or completed suicides are preceded by incidences of self-harming.

Self-harm is not a primary disorder, but an indication of emotional distress and non-suicidal self-harming can actually function as a coping mechanism. These are important distinctions and personnel should be trained in *'suicide and self-harm awareness and prevention'* to understand and support service users who are self-harming and/or expressing suicidal intent.

The risk of self-harm should be part of SU Safety Plans. The risk of self-harm and suicide should be part of the full risk assessment. Where a service user has expressed or otherwise shown signs of suicidal ideation, consideration must be given of the level of risk presented to the service user while in service. Where there is *'justifiable concern about a Service User's conduct or behaviour where it is perceived or observed that there is...Risk of suicide'* the service can provide *'non-specialist wellbeing interventions'*. These are limited, however, given that specialist interventions from external agencies may be needed. As such, *'NonSpecialist Wellbeing Interventions should be limited to 'safe and well checks' or other appropriate forms of support'* .

Some suggestions for non-specialist wellbeing interventions may include key work sessions being scheduled more frequently, personnel attending GP appointments

with service users, storing medication in a lockable medical box for service users where there is a risk of overdose, providing ground floor accommodation, accommodating affected service users in staffed accommodation etc.

Services have an obligation to report ‘any single event’ of ‘self-harm, suicide attempt’ within 5 calendar days. Completed suicide, as a death in service, must be reported within 3 hours of the subcontractor becoming aware of the suicide.

Definition of Mental Capacity

Mental capacity, at a simple level, is the ability to make a specific decision. The Mental Capacity Act 2005 defines a lack of capacity as follows:

People who lack capacity

(1) For the purposes of this Act, a person lacks capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter because of an impairment of, or a disturbance in the functioning of, the mind or brain.

(2) It does not matter whether the impairment or disturbance is permanent or temporary.

Inability to make decisions

(1) For the purposes of section 2, a person is unable to make a decision for himself if he is unable—

(a) to understand the information relevant to the decision,

(b) to retain that information,

(c) to use or weigh that information as part of the process of making the decision, or (d) to communicate his decision (whether by talking, using sign language or any other means).

Can support staff conduct capacity assessments?

MSVCC provision is not clinical and is not regulated care. As such support staff are not expected to conduct capacity assessments as part of the MSVCC contract. However, staff must be able to identify that a service user has difficulty making a decision, difficulty retaining information etc. which may be useful when making a referral to a local authority.

Support staff should be aware of the principles of the Mental Capacity Act. As such, an adult:

- Must be assumed to have capacity unless it is established that they lack capacity.
- Is not to be treated as unable to make a decision unless all practicable steps to help them to do so have been taken without success.
- Is not to be treated as unable to make a decision merely because they make an unwise decision.
- Any act done or decision taken must be in their best interests.
- Consideration must be made of whether the outcome could be achieved in a way that is less restrictive of the person's rights and freedom of action.

Again, MSVCC provision is not regulated care and strictly speaking, support staff will not be making best interests decisions on behalf of service users unless invited to do so by decision makers as part of their duty to consult.

**Please refer to BCHA's Mental Capacity Act Policy*

Medication

The Liberty Project is not registered to provide care and should not medicate service users. Lockable storage is provided for customers and in certain situations, for example where there is an identified risk of overdose or where a service user does not understand the medication instructions, staff will monitor access to medication and where required ensure this access is denied to the customer on an exceptional and temporary basis. Please see BCHA's medication management policy for more information.

Service Users at Risk with Specific needs

Service users at risk or with specific needs should be referred to local authority teams for care and support assessments, and relevant information should be provided to the local authority in line with guidance below on information sharing. Where a statutory partner fails or declines to engage and where this impacts upon compliance with the MSVCC, the Single Competent Authority must be informed. Services must retain records to demonstrate that they have tried to engage with the statutory partner.

Following care and support assessments carried out by the local authority, service users may be transferred into local authority care. In such cases the service must facilitate a safe, secure and sensitive transfer into local authority accommodation where applicable. Where care is to be administered by local authorities in service accommodation, the service will provide access to accommodation to local authority or health provider personnel.

Sharing Information

Service users may not give their consent to the sharing of safeguarding information for several reasons. In some cases, such as domestic abuse or hate crime, it is possible that sharing information could increase the risk to the service user. For example, they may be influenced, coerced or intimidated by another person, may fear reprisals or losing control, or may not trust social services or police. They may even fear damaging their relationship with an abuser. Personnel should try to build trust to enable the service user to better protect themselves. Personnel should:

- Explore why they object to information being shared.
- Explain the concern and why you think it is important to share the information.
- Tell the service user who you will be sharing the information with and your reasons.
- Explain the benefits of sharing information – e.g. to acquire better help and support for themselves or for others.
- Discuss the consequences of not sharing the information and whether someone may come to harm.
- Provide reassurance that the information will only be shared on a need to know basis.
- Provide reassurance that support is available.

Following this the service user may refuse support with a safeguarding concern or may request that information about them is not shared with other safeguarding partners. In such cases their decision should be respected.

However, there are circumstances where personnel can reasonably override such a decision, including:

- Where other people are, or may be, at risk, including children.
- Where sharing the information could prevent a serious crime.
- Where a serious crime has been committed.
- Where the risk is unreasonably high and meets the criteria for a multi-agency risk assessment conference referral.
- Where personnel are implicated.
- In emergency or life-threatening situations, this may warrant the sharing of relevant information with the emergency services without consent. Consent for this will be acquired at move-in stage.
- Where an adult appears to lack the mental capacity to make a decision, this must be properly explored according to the principles of adult safeguarding and recorded. Services cannot determine that a service user lacks capacity but where personnel have concerns they should make referrals to local authority for capacity assessments.

The welfare of those concerned is of paramount importance. Concerns should be reported in the following way:

- The Designated Safeguarding Lead should be informed, unless they are implicated (see section 0 of the At Risk Adult Safeguarding Policy).
- A safeguarding incident report must be completed, and the Contract Administration Manager must be informed.
- Depending on the local authority procedure, an alert may need to be raised via an approved incident form as per local requirements.
- If there is an immediate risk to an individual, where there is suspicion that a crime has been committed, or where emergency medical treatment is required, emergency services should be contacted immediately on 999.
- A log must show details of all cases and outcomes and show that the appropriate action is taken, including reporting to appropriate authorities.
- The information should not be shared with other colleagues who do not have a safeguarding role, or with family members or friends.

As capacity is an important principle in safeguarding adults, referrals to the police or social care should generally be made with the consent of the adult. Exceptions may be made where the individual is at immediate risk or does not have capacity.

Sharing Information related to children

Referrals to children's services should generally be made with the knowledge and consent of the parent(s). This can enhance trust between service users and personnel and encourage engagement with children's services on the part of the service user and dependent minor. However, the welfare of the child is paramount, and where personnel are concerned that a dependent minor is at immediate risk of harm, or where the parents are implicated, a referral may be made without the knowledge or consent of the parent(s).

Personnel should be aware that data protection is not a barrier to justified information sharing. The Data Protection Act 2018 and GDPR do not prevent, or limit, the sharing of information for the purposes of keeping children safe. Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare and protect the safety of children.

Handling Allegations against Personnel (Serious Complaints)

A serious complaint is one which alleges behaviour which, if substantiated, could lead to serious or gross misconduct proceedings, or which alleges that a failure or omission on the part of the Service or its personnel seriously risked the health and safety of personnel and Service Users. This includes allegations of assault, sexual assault, theft, fraud or corruption, racism or other discrimination, unfair treatment (e.g. harassment), or other unprofessional conduct including any behaviour likely to bring the Authority into disrepute or which casts doubt on a person's honesty, integrity or suitability to work for a Service contracted by the Authority.

Allegations must be taken seriously, and immediate steps must be taken to protect and minimise risks to those involved. As such:

- Information is to be passed to the SGL who will inform the Contract Administration Manager.
- If the SGL is implicated, concerns should be referred directly to Head of Service, Head of Quality and Safeguarding, the MST Contract Administration Manager, or the statutory authorities.
- If the alleged abuser is personnel, they may be suspended or removed pending the outcome of an enquiry. The decision to suspend will be made by the contractor or MST depending on advice from the local authority or police.
- If a criminal offence has taken place or is likely to take place, the Police must be informed immediately on 999.
- The Authority must be informed within three working days of a serious complaint being lodged.
- A log must show details of all cases and outcomes and show that the appropriate action is taken, including reporting to appropriate authorities.
- The information should not be shared with other colleagues who do not have a safeguarding role, or with family members or friends.

Under no circumstances should any person cited in a safeguarding concern undertake the enquiry or interfere with due process.

If a member of personnel resigns, retires or changes role following a safeguarding incident, the enquiry must conclude with a decision on the action that would have been taken had the accused still been employed or volunteering. The case should be discussed with the MST who will recommend any further action, which may include referring an individual to the Disclosure and Barring Service.

In situations where a crime may have been committed within accommodation, personnel should take steps to preserve evidence. Advice should be taken from police. This may involve locking doors to the room, taking care not to disturb the area. Any documentary evidence should be kept in secure storage.

- If the allegation is found to be malicious or false, information regarding the allegation will not be included in the individual's personnel file. Information regarding the allegation may be retained in relation to the complainant.
- Unsubstantiated or unfounded allegations should result in rights being reinstated on a managed timeframe.
- Substantiated allegations must be passed on to the relevant organisations including the local authority, the Disclosure and Barring Service and the Police and the Authority. Records will be retained in line with SUPPLIERS information retention guidelines.

Personnel may receive current or historic allegations of abuse. All concerns or allegations of abuse must be taken seriously and respond to without delay, reporting to the police or statutory authorities as required and following SUPPLIERS

procedures. It is essential that service users and dependents are listened to and it is understood that it is right to report concerns. Any delay in an individual reporting an incident should not cast doubt on its truthfulness.

Whistleblowing

The Liberty Project aims to maintain the highest level of integrity in everything we do. Should anyone have concerns that our conduct has been dangerous, against the law or we have breached ethical or professional codes, these concerns should be reported in line with MSVCC Schedule 2.1 (6.8.5-6.8.6) and also in line with BCHA Reporting Serious Concerns (Whistleblowing) Policy

In most cases the first step should be to raise concerns with a line manager (except where the line manager is implicated), in writing or face to face. Whistleblowers should explain the concern and that they are raising it under the Whistleblowing Policy, and should include all key facts, dates and the names of individuals involved.

Where there is concern that the issues have not been dealt with or taken seriously, Whistleblowers can contact BCHA to escalate their concerns with:

HR Business Team Tel: 01202 555 717

Email: hr@bcha.org.uk

Or

The Head of Strategy and Governance Tel: 01202 410 531

Email: PhilBaker@BCHA.org.uk

In addition to this concerns can be shared with:

The Salvation Army Modern Slavery Team:

0800 808 3733

modernslavery@salvationarmy.org.uk

Any Service User or staff member can contact the Authority directly as below

Single Competent Authority:

Telephone - 020 7035 5689

Email - nrm@modernslavery.gov.uk

You should explain your concern and that you are raising it under the Whistleblowing Policy. Try to include all key facts, dates and the names of individuals involved.

Record Keeping

The Liberty Project must maintain complete and auditable records demonstrating how the service has responded to the needs of SUs with specific needs, at risk service users and dependents. This requirement encompasses, but is not restricted to, induction records, INBAs, DNBAAs, Support Plans, incident records, complaint records, house meeting minutes, mediation meeting minutes, referrals to LAs, correspondence with LAs, revised Support Plans, and Safety Plans.

To facilitate this, support workers will be given comprehensive training on how to use the system and how to write clear and comprehensive records. Each service must record incidents, including, but not restricted to:

- behaviour management issues including anti-social behaviour,
- conflict management issues,
- location disclosures,
- medical concerns,
- risks to or from dependents or spouses in accommodation,
- threats from traffickers, etc.

Records must also show which action was taken, including reporting to the Modern Slavery Team, the SCA and statutory authorities, and must record outcomes. Confidential records will be kept of all concerns related to service users and dependents. These records will be processed in accordance with data protection regulations.

Safety and Security

Accommodation

Accommodation provided must meet Service User needs and must be operated in accordance with accommodation sharing guidelines. Accommodation will be assessed under the Accommodation Quality Management Framework rather than the Safeguarding Quality Management Framework.

Emergency Contingency Planning

The service must ensure that each accommodation has a plan for responding to threatening behaviour within accommodation to maintain duty of care to personnel and service users, and a plan to respond to the threat of traffickers locating accommodation.

It must be made clear to SUs who they should contact in emergency situations and where emergency contact details can be found. Each service must have a clear rota

to ensure that service users are able to access support from personnel when needed and to manage emergencies. Where personnel are not on site 24/7, arrangements must be made to ensure that service users can contact the service out of hours and receive a timely response. On site offices should be lockable from the inside. Each service should have exit plans in place for managing risks to personnel posed by hostile service users.

Visits to Friends/Family

Each service must have a procedure in place for managing the risks of off-site visits by service users to friends and family. Service users should approach the service to notify them of their intended trip. Services should acquire the location and address where the SU will be located. Services should discuss with SUs how they intend to travel and when they intend to return. The overnight stay should not proceed without the agreement of the service. Where an overnight stay has been agreed, services should make wellbeing checks during the stay. Where the service user does not respond and/or does not return by the expected time, the missing person protocol may be activated.

Absconding/Missing Person Procedure

Each service must have a procedure in place for identifying that a service user (and dependent minors) may be missing and an escalation and notification procedure for informing local police and the MST. These procedures will differ depending on the service but may include sign-in procedures, frequent wellbeing checks, sighting policies, curfew checks, etc. Information should be shared with night staff where there are concerns about a service user who may be missing or who is at risk of absconding. Missing person procedures should be activated within 24 hours and a report made to the Modern Slavery Team and the Single Competent Authority.

Location Confidentiality

Accommodation locations must not be disclosed by personnel except in the course of their duties, and only to other personnel, services, police, relevant local agencies, consultants and inspectors in the course of their duties. Personnel should be required to sign a nondisclosure agreement to this effect.

Where a neighbour shows interest in a property and asks questions about the nature of the site, it should not be disclosed that the residents are survivors of modern slavery. On entry into service SUs will be informed that the accommodation location must not be disclosed, that there may be risks to using social media during service and will be shown or informed how to switch off GPS on mobile devices. Where the location of accommodation has been found to have been disclosed, the service must take necessary measures to ensure the safety of service users and personnel at that location.

Where an accommodation location has been disclosed, services should risk assess the incident and where a risk to the safety of the affected service user has been identified they may be relocated to another location. Police should also be informed.

Accommodation Flagging

Accommodation will be flagged with local police. Where police are required to attend accommodation, for example to interview service users, it is preferable for police to attend in unmarked cars and out of uniform and a request should be made by the service to that effect. However, this may not always be possible in emergency situations. Police will be asked to contact personnel at the accommodation before arriving to speak with a service user.

Where police refuse to flag a property as a safe house, records of communication must be retained and the Authority may need to be informed.

Where it has been identified that service users are afraid of, or do not trust, police due to their experience of exploitation, this should be discussed with police prior to attendance.

Visitor Sign In

All services should sign-in personnel, external services, visitors, local authority personnel, health visitors, volunteers and any other visitors. Non-disclosure agreements should be in place and visitors should be asked not to wear uniforms, to provide confirmation of their level of background check, to give at least 24 hours' notice of a visit, and may be asked to wear a badge/lanyard while in accommodation.

CCTV

Recordable CCTV should be in place at accommodation and must be made accessible to police, the MST and other relevant parties where necessary. This may be where there is suspected criminal activity, where a service user is suspected of being missing, where there are allegations of unprofessional conduct, where anti-social behaviour has been exhibited, or for other relevant reasons. CCTV footage will be retained for a maximum of 31 days unless images relate to an incident or crime which requires investigation.

Inspection Procedures

The Modern Slavery Team/Safeguarding Department inspection framework for The Liberty Project is as follows:

- Annual Desktop Reviews (policies and procedures)

- Cyclical on-site safeguarding audits of all sub-contractors and TSA teams (minimum once during contract and for all new units).
- Spot checks – may be implemented to follow up on issues identified during a full audit
- Interim visits - may be implemented where concerns have been raised about a SUPPLIER

Audits cover:

- Policy and practice review
- Sample record check
- Staff and SU interviews

The process for a standard Safeguarding Audit is as follows:

Stage 1	Prior to visit	Self-Assessment sent out to sub-contractor for completion
Stage 2	4 weeks prior to visit	Auditor to make contact with Sub-Contractor to arrange date of site visit
Stage 3	2 weeks prior to visit	Sub-contractor to return completed self-assessment
Stage 4	One day	Site audit of safeguarding provision including interviews with safe house Manager, keyworkers and clients
Stage 5	3-4 weeks post site visit	TSA Auditor to submit Site Visit report to Sub-Contractor for comment/ challenge of factual accuracy of report (10days)
Stage 6	10 days	Audit amendment made if necessary and final report submitted to CMT
Stage 7	Action Specific	Action plans submitted to SubContractors by CMT

