

SAFEGUARDING POLICY

Purpose of the Policy

This policy has been designed to provide guidance for Age UK Buckinghamshire (AUKB) staff and volunteers in the event that they suspect abuse, or are party to a disclosure of abuse from a service user, friend, relative, carer or other of that service user.

Age UK Buckinghamshire has a legal duty under the 2006 Safeguarding Vulnerable Groups Act and the Protection of Freedoms Act 2012. The Care Act 2014 places a duty on local authorities to make enquiries if they reasonably suspect an adult who meets the criteria for safeguarding and has been, or is at risk of being neglected or abused and is unable to protect themselves. The Act places a duty on partner agencies to co-operate with the local authority by sharing information and contributing to those enquiries.

The policy is designed to

- Provide mechanisms to help safeguard people in later life from abuse and / or exploitation
- Provide a framework for effective working
- Reduce and prevent incidences of abuse
- Respond quickly and sensitively to suspicions or disclosed incidents of abuse
- Ensure that abuse of a client does not occur as a result, either directly or indirectly, of any of the services offered by AUKB
- Increase awareness of issues concerning the abuse of people in later life
- Provide a process for staff who have issues of concern in respect to suspected, disclosed or observed abuse of a service user or children or adults associated with the service user
- Ensure that people in later life are empowered to speak out for themselves.

The **Chief Executive Officer** has overall responsibility for ensuring the effective implementation of AUKB Safeguarding policy. The Chief Executive will fulfil the following responsibilities or delegate them to an appropriate person where necessary:

- Ensure that all information in respect of safeguarding adults is stored securely
- Provide support to colleagues, wherever practicable to discuss any queries, prior, during and after an adult safeguarding concern
- Oversee mandatory training and specialist support for all AUKB staff and volunteers
- AUKB will report to statutory authorities cases of abuse, document all actions, conversations and reasons for decisions made

- Ensure that all team members, paid and volunteers, are familiar with the safeguarding policy and procedures, with Safeguarding as set agenda item at all team meetings.

The **Safeguarding Team** within Age UK Buckinghamshire comprises:

AUKB Safeguarding Lead

- Alison Siddle - Head Of Services and Development - 01296 438419

AUKB Safeguarding Deputy Leads

- Deborah Crowford – Services Manager – 01296 256081
- Patricia Hague – Community Engagement Project Manager – 01296 388053
- Clair Mackintosh – Hospital Services Manager– 07759 128329

Scope of policy

Age UK Buckinghamshire subscribes to the Buckinghamshire Council's Safeguarding Adults Board's Safeguarding Adults Multi Agency Policy and Procedures, updated in March 2021. The document sets out a multi-disciplinary framework, which follows the recommendations outlined in the Care Act 2014, this replaced the previous 'No Secrets' guidance.

<https://www.buckssafeguarding.org.uk/adultsboard/wp-content/uploads/sites/3/2020/08/Multi-Agency-Policy-and-Procedures-2021.docx>

The Council has the responsibility to investigate allegations of abuse and is the statutory authority to do so.

Safeguarding principles

This policy is aligned with that of Buckinghamshire Council's in which it states safeguarding work should be based on the following principles:

- No abuse is acceptable.
- Every person has a right to live a life free from abuse, neglect and fear.
- Safeguarding adults is everyone's business and responsibility.
- Support is in place for adults to prevent abuse from occurring and following incidents of abuse.
- To empower adults.
- To support choice and attempt to meet the desired outcomes of the person.
- All reports of abuse will be treated seriously.
- Every person should be able, where possible, to access information about how to protect themselves from abuse and neglect.
- Adult safeguarding work is aimed at the prevention and / or the swift and proportionate response to abuse and neglect.

- All partner agencies and organisations across Buckinghamshire should work collaboratively to ensure accountability, transparency and appropriate professional challenge.
- People working or involved with supporting adults have the appropriate knowledge, skills and training to effectively safeguard adults.

The above is based on the six key safeguarding principles:

- **Empowerment** – people being supported and encouraged to make their own decisions and informed consent.
- **Prevention** – it is better to take action before harm occurs
- **Proportionality** – the least instructive response appropriate to the risk presented
- **Protection** – support and representation for those in greatest need
- **Partnership** – local solutions through working with communities.
- **Accountability** – accountability and transparency in delivering safeguarding

['Care and support statutory guidance'](#), Department of Health and Social Care (2020)

Making safeguarding personal

At the heart of empowerment is the 'Making Safeguarding Personal' (MSP) approach, which aims to promote responses to safeguarding situations in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. It is about seeing people as experts in their own lives and working alongside them to identify the outcomes they want, with the aim of enabling them to resolve their circumstances and support their recovery. Making Safeguarding Personal is also about collecting information about the extent to which this shift has a positive impact on people's lives

Who is an 'adult at risk'?

In the context of the legislation, specific adult safeguarding duties apply to any adult who:

- Has care and support needs, and
- Is experiencing, or is at risk of, abuse or neglect, and
- Is unable to protect themselves from either the risk of, or the experience of abuse or neglect, because of those needs.
- is unable to demonstrate the capacity to make a decision and is in need of care and support

Child Safeguarding – Our duties

Although Age UK Bucks does not provide services for children, this policy recognises that Age UK Bucks staff and volunteers may have concerns related to a child through their contact with a service user. In England the law states that everyone who comes into contact

with children and families has a duty to keep them safe. This is also known as 'safeguarding'.

Children's safeguarding is shaped by the Children Act 1989, but the key statutory guidance for charities is Working Together to Safeguard Children (2023)

https://assets.publishing.service.gov.uk/media/65cb4349a7ded0000c79e4e1/Working_together_to_safeguard_children_2023_-_statutory_guidance.pdf

This states:

"Voluntary, charity, social enterprise (VCSE) and private sector organisations and agencies play an important role in safeguarding children through the services they deliver".

Government guidance describes child safeguarding as;

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children and young people to have the best life chances.

What is abuse and neglect?

Adults

Abuse or neglect may be the result of deliberate intent, negligence or ignorance. The following list is not exhaustive but is an illustration of the kinds of abuse that might be experienced. Whilst it is acknowledged that abuse or neglect can take different forms, the Care Act guidance identifies the following types of abuse or neglect: **see appendix 1 for more detail**

- Physical abuse;
- Domestic abuse;
- Sexual abuse;
- Psychological abuse;
- Financial or material abuse;
- Modern slavery;
- Discriminatory abuse;
- Organisational abuse;
- Neglect and acts of omission;
- Self-neglect.

Children

Abuse of a child can take many forms. Types of abuse (NSPCC 2019). **See appendix 2 for more detail**

- Physical Abuse
- Emotional abuse
- Sexual Abuse
- Child Sexual Exploitation
- Neglect
- Domestic Abuse
- Harmful Sexual Behaviour
- Bullying
- Online abuse
- Female Genital Mutilation (FGM)
- Child trafficking and modern slavery

Patterns of abuse

Incidents of abuse may be one off or multiple and can affect one person or more. Patterns of abuse vary and include:

- **serial abuse** in which the perpetrator seeks out and ‘grooms’ individuals. Sexual abuse sometimes falls into this pattern as do some forms of financial abuse;
- **long term abuse** in the context of an ongoing family relationship such as domestic violence and abuse between spouses or generations or persistent psychological abuse;
- **opportunistic abuse** such as theft occurring because money or jewellery has been left lying around.

Action to be taken when abuse is known or suspected

ALERTING: Where an incident of concern is disclosed, suspected or witnessed, the person receiving the information must record as much detail as possible of what they know. They should notify their line manager as soon as practicable both verbally and in a written document. Staff should seek to discuss the situation with the person who is suspected of being abused as soon as reasonably possible and a report should be made to the Line Manager or most appropriate person within AUKB.

REPORTING: When a concern about abuse has been raised, a line manager should discuss the issue with the person who raised the concern, to ascertain the particular circumstance of the incident. Then the line manager should report the incident to the Safeguarding Lead, Safeguarding Deputy or, in their absence, a member of the Senior Management Team. In all cases accurate records must be maintained. The member of staff identifying the issues, with support from their manager, should then:

- Complete the safeguarding concern record form – **see appendix 3 for more detail**
- Submit this to the Safeguarding Lead or Deputy

- The Lead/Deputy will then discuss this with the person raising the concern and this concern will be submitted via Buckinghamshire Council's Safeguarding portal as below

<https://www.buckssafeguarding.org.uk/adultsboard/report-a-concern/>

<https://www.buckssafeguarding.org.uk/childrenpartnership/reporting-a-concern/report-a-concern/>

Where suspected abuse is alleged to be malpractice by a staff member or volunteer of Age UK Buckinghamshire, the Whistleblowing policy or Disciplinary Policy will be invoked.

Safeguarding procedure

Introduction

Age UK Buckinghamshire's staff and volunteers are the eyes, ears and voice of the charity. It is essential that they are aware of the possibility of discovering abuse in the course of their work and know how to respond accordingly and to maintain professional boundaries when in a position of trust. By following the procedures outlined in this document staff will ensure that Age UK Buckinghamshire fulfils its duty of care towards people in later life who are suffering, or may be at risk of, abuse.

The safeguarding process – see appendix 4 for more detail

This section outlines the process that staff must go through when dealing with situations of abuse. It also highlights issues, such as freedom of choice, consent and capacity that need to be taken into consideration. A process table and flow chart of the reporting process, which includes time frames and staff responsibilities, can be found at Appendix 4. Throughout the process the necessity of keeping accurate written records is emphasised. Even in extreme cases where the first course of action is to call the emergency services, because there is an immediate risk to life and limb, written records must be kept on Charitylog.

Safeguarding Training: To ensure that staff has the competency to identify abuse issues in the course of their work, they will be expected to complete training on Safeguarding Vulnerable Adults & Children and be made familiar with Age UK Buckinghamshire's whistle blowing, gifts and gratuities policy and disciplinary policies. The Safeguarding Lead and Deputies will attend additional training to enable them to address the support needs of their team members and comply with the demands of the referral process. See appendix 5 for more details.

Why follow procedures? Safeguarding older people & children who are at risk is rarely a clear-cut process. Each situation has its own unique circumstances and each individual has specific needs. It is essential therefore that Age UK Buckinghamshire has a straightforward and effective procedure in place for dealing with a wide variety of safeguarding issues. The process must take into account the needs of older people & children, the wellbeing of staff and the protection of the charity's good name. These procedures provide the method by which the charity monitors, evaluates and maintains high quality responses to abuse issues.

Choice, Consent and Capacity: Age UK Buckinghamshire aims to empower older people to be in control of their own lives, to make informed choices and their own decisions wherever possible. Within the context of these procedures Age UK Buckinghamshire is seeking to protect older people from abuse at the same time as promoting peoples' dignity to live safely in the way they want, ensuring a crucial balance is maintained between autonomy and adult protection.

Adults have the freedom to choose whether they wish to change their current circumstances or not. Their wishes should be respected. A person is not to be treated as unable to make a decision merely because they make an unwise decision. The exception is where there is a statutory responsibility to intervene. This would occur if:

1. A crime is suspected
2. Allegations involve an Age UK Buckinghamshire member of staff or volunteer
3. There is a risk of significant harm to that person or other people are at risk

In England the law states that everyone who comes into contact with children and families has duty to keep them safe. This is also known as 'safeguarding'.

Government guidance describes child safeguarding as;

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children and young people to have the best life chances.

The Charity Commission state that the above duties apply to any charity working with or coming into contact with, anyone under the age of 18 and confirm that the statutory guidance 'Working Together to Safeguard Children' (2023) must be followed.

Staff must work closely with older people at risk to make sure they have an understanding, as full as possible, of the support and options available to them. Staff must uphold the five key principles that are contained in the Mental Capacity Act:

1. Every adult has the right to make his or her own decisions and must be assumed to have capacity to make them unless it is proved otherwise
2. A person must be given all practicable help before anyone treats them as not being able to make their own decisions
3. Just because an individual makes what might be seen as an unwise decision, they should not be treated as lacking capacity to make that decision
4. Anything done or any decision made on behalf of a person who lacks capacity must be done in their best interests
5. Anything done for or on behalf of a person who lacks capacity should be the least restrictive of their basic rights and freedoms.

If there is any doubt about the ability of the person at risk to give meaningful consent, it is essential that staff consult with their line manager.

There are occasions when the statutory duty to report abuse overrides consent, these are when:

- A member of staff reasonably believes that there is immediate risk to life or limb
- The person at risk is a tenant, resident or patient in a statutory, voluntary or private institutional setting, and it is thought that any suspected or actual abuse may impinge on others' rights and/or may involve situations where the alleged abuser is a member of staff.

Reporting/Recording a suspected, alleged or confirmed incident of abuse: A member of staff who has been made aware of an incident of possible or actual abuse must, record in detail all that they know of the incident. The safeguarding concern record form should be used for this – see appendix 3. The more information you can provide on the forms the

better. However, when completing either form it is essential that, if the information required is not forthcoming without asking direct or searching questions, then you do not press the issue. Include all relevant information, i.e., what you saw, what you heard, why you took the action you did. Note down any physical signs or injuries (you can sketch this if it clarifies where the injuries have been sustained), as well as any changes in behaviour etc.

Why is documentation necessary? The necessity of maintaining detailed written documentation may be viewed as a burden on staff time. However, this paperwork has proven to be invaluable in dealing with complaints in a positive way. It has also made providing reliable witness statements, for case reviews at multi-agency boards and in court, much easier. Written records are essential for monitoring the standard of our work and are good tools in learning about the needs of older people.

What to do if the abuser is a member of staff: Where any member of staff is observed carrying out abuse, or is suspected of doing so the Age UK Buckinghamshire Whistle Blowing Policy will be invoked. This includes a situation in which a line manager may have colluded in an incident of abuse. Enquiries arising from a whistle blowing report will be carried out discreetly and in confidence. Wherever possible, the identity of the person reporting the incident or concern will be kept anonymous.

In the event of an allegation being made against a staff member they will be suspended immediately, (if employed on full pay) pending the outcome of the investigation. The staff member will be informed of the necessity for this action and will be assured that, at this point, there is no inference of guilt.

If it is believed that a crime has been committed then a full investigation will be undertaken by the police. Once this is complete then internal action will be taken in accordance with the Age UK Buckinghamshire Disciplinary Policy.

If the allegations are not proven, the staff member will be restored to full duties. However, if the allegations are justified the staff member concerned will be subject to the Disciplinary Procedure through to summary dismissal, as appropriate. Criminal charges may be brought by the Police or other parties, depending upon the circumstances. If the investigation results in the prosecution and conviction of the staff member, this outcome will be communicated by the Designated Person to the DBS. The DBS will consider putting this person on the Barred list.

Where the allegation is not proven, and has been found to be as a result of a malicious action by the accusing party, then the accuser will be subject to appropriate disciplinary action in accordance with the Disciplinary Policy.

Suspected crime

The police should be informed if a criminal activity is suspected as below:

- There is an allegation from an adult to another person of sexual abuse
- There is a suspicion that sexual abuse has occurred
- There has been an alleged or suspected case of physical injury that has caused harm to an adult constituting an assault, actual or grievous bodily harm
- An alleged or suspected case of cruelty, including where an adult is ill-treated or neglected
- There are allegations or suspicions that involve unusual circumstances e.g., organised or institutional abuse
- There is an alleged or suspected case of financial abuse

Regulated health and social care settings

If the adult at risk is allegedly abused in a regulated health or social care setting by a member of staff who is employed by a regulatory body, the Care Quality Commission (CQC) must be contacted.

Sharing information about a client: It is vital that staff consult with line managers and do not attempt to handle an abuse issue in isolation. The process of consultation with managers is designed to make sure each situation is considered carefully and any decisions to act, or not act, are made with as much appreciation of the circumstances as possible.

Monitoring and storage of client records: Documentation will record the reasons, why action is being taken or not taken, as well as facts about what had occurred. All documentation will be stored, collated and analysed, by the Safeguarding Lead or Deputy, in readiness for report writing or should the charity be asked to explain how cases have been responded to. Records will be kept for 7 years after any legal proceedings (Best Practice). Private notes will be recorded on client management system as part of client record in-line with GDPR guidelines.

Alerting Authorities: It is vital that alerts are passed on as soon as possible to Buckinghamshire Social Care teams. Age UK Buckinghamshire will raise alerts to statutory authorities when managers deem this is warranted. Where necessary, if there is immediate risk to life and limb, the initial alert can be by telephone if this will result in getting better support for the abused person.

Buckinghamshire Council First Response Team 01296 383962 out of hours Emergency Duty Team on 0800 999 7677.

This is to be followed by a formal confirmation using the online adult or Children safeguarding notification form.

<https://www.buckssafeguarding.org.uk/adultsboard/report-a-concern/>

<https://www.buckssafeguarding.org.uk/childrenpartnership/reporting-a-concern/report-a-concern/>

If there are concerns about a member of staff working with children, the Local Authority Designated Officer (LADO) should be contacted on 01296 382070 or secure-LADO@buckinghamshire.gov.uk

If there are concerns about a person in a position of trust (PIPOT), Buckinghamshire Council's local safeguarding manager should be contacted LASM@Buckinghamshire.gov.uk or a PIPOT referral completed – see below

<https://www.buckssafeguarding.org.uk/adultsboard/documents/referral-form-pipot/>

The Care Quality Commission expects councils to take alerts, from charities and the public, without consent being a pre-requisite as this may adversely affect the process.

Investigations: It is not the role of Age UK Buckinghamshire to carry out investigations of abuse. The purpose of raising an alert to a statutory authority is to pass on information about a person who might be at risk.

The Care Act put adult safeguarding on a legal footing and required Local Authorities to set up a Safeguarding Adults Board (SAB). One of the key functions of the SAB is to ensure that the policies and procedures governing adult safeguarding are fit for purpose, can be translated into effective adult safeguarding practice.

Obtaining Feedback: The Safeguarding Lead or deputy will work with the person raising the concern to follow up, and request feedback from the relevant authorities, on cases which have been alerted.

Charity Commission Serious Incident Reporting

In the case of a very serious safeguarding issue, we have an obligation to report it to the Charity Commission. Decisions on reporting incidents to the Charity Commission should be made by the Chief Executive Officer, who should also inform the trustees.

The list of incidents that should be reported to the Charity Commission can be found via:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/748997/RSI_guidance_what_to_do_if_something_goes_wrong_Annex_1.pdf

APPENDIX 1: Types of abuse: Adults

Physical abuse

Physical abuse is abuse involving contact intended to cause or resulting in pain, injury, or other physical suffering or bodily harm. It can also result in feelings of fear and other psychological problems.

It could include hitting (with or without an object), kicking, shaking, burning, pulling hair, biting or pushing. It could be rough handling during care giving, for example lifting someone inappropriately instead of using the correct procedures or equipment. It could include unauthorised restraint or restrictions of movement - a person could be stopped from going out, locked in a room or tied to a chair or bed. It could include misuse of medication, force feeding or the withholding of food.

Possible indicators of physical abuse

- No explanation for injuries or inconsistency with the account of what happened
- Injuries are inconsistent with the person's lifestyle
- Bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps
- Frequent injuries
- Unexplained falls
- Subdued or changed behaviour in the presence of a particular person
- Signs of malnutrition
- Failure to seek medical treatment or frequent changes of GP

Please note: It must be stated that bruising can be as a result of a medical condition or accidentally knocking against something. However, it is better to share concerns than to dismiss them.

Domestic violence or abuse

Domestic violence or abuse can be characterised by any of the indicators of abuse outlined in this document relating to:

- psychological
- physical
- sexual
- financial
- emotional.

Possible indicators of domestic abuse

- Low self-esteem
- Feeling that the abuse is their fault when it is not
- Physical evidence of violence such as bruising, cuts, broken bones
- Verbal abuse and humiliation in front of others
- Fear of outside intervention
- Damage to home or property
- Isolation – not seeing friends and family
- Limited access to money

Domestic violence and abuse includes any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been, intimate partners or family members regardless of gender or sexuality. It also includes so called 'honour' -based violence, female genital mutilation and forced marriage.

Coercive or controlling behaviour is a core part of domestic violence. Coercive behaviour can include:

- acts of assault, threats, humiliation and intimidation
- harming, punishing, or frightening the person
- isolating the person from sources of support
- exploitation of resources or money
- preventing the person from escaping abuse
- regulating everyday behaviour.

Sexual abuse

Sexual abuse can be defined as direct or indirect involvement in sexual activity by a person without their consent. People who do not understand what is happening to them are unable to consent to sexual activity.

Sexual abuse could include a person forcing someone to have sexual intercourse or perform sexual acts that they do not want to do. It could consist of indecent exposure, serious innuendo or teasing a person. A person may be forced to watch pornographic material or sexual acts or a person could spy on someone when they are undertaking personal care activities. There could be enforced or coerced nakedness or inappropriate photography of a person in sexually explicit ways.

Possible indicators of sexual abuse

- Emotional distress
- Itching, soreness, bruises or lacerations
- Certain types of soiling on clothing
- Mood changes, self-harm
- Change in usual behaviour, fear or withdrawal from relationships
- Expressions of feelings of guilt or shame
- Difficulty in walking or sitting
- Disturbed sleep patterns

Psychological / emotional abuse

Psychological abuse, also referred to as emotional abuse, is a form of abuse characterised by a person subjecting or exposing another to behaviour that is psychologically harmful. Such abuse is often associated with situations of power imbalance, such as abusive relationships.

Psychological or emotional abuse could involve humiliation, for example making someone feel ashamed of their behaviour or the way that they act through words or actions which put someone down. This could make someone feel unworthy, unwanted, unimportant or ignored. An individual's wishes or choices could be denied, for example regarding food or clothing choices; this may be particularly significant if it relates to choices that have spiritual or religious meaning to that person. It could be in the form of overprotection where another individual thinks they know best.

It could also consist of disrespecting someone's right to privacy and dignity, for instance opening their mail without permission or entering their bedroom without knocking. A carer could threaten to withdraw care or move out of the accommodation or a relative could threaten to put someone in a care home. There may also be threats of harm if someone does not comply with another person's wishes or views. It could include enforced social isolation – preventing someone from accessing services and seeing friends.

Possible indicators of psychological and emotional abuse

- Untypical changes in mood, attitude and behaviour
- Withdrawal or change in the psychological state of the person
- Insomnia
- Low self-esteem
- Uncooperative and aggressive behaviour
- A change of appetite, weight loss/gain
- Signs of distress: tearfulness, anger
- Apparent false claims, by someone involved with the person, to attract unnecessary treatment

Financial or material abuse

Financial abuse is illegal or unauthorised theft or use of a person's property, money or other valuables or denying access to management of a person's own affairs, benefits or finances.

It could involve undue pressure on an individual to lend or give money to relatives, friends or professionals who are working with them. There could also be pressure to sign over a house or property, or to change a will. A family member could move into someone's home without their consent and without a prior agreement on sharing costs and could frequently ask for money. A person could be charged excessive amounts for services such as minor building works on a property. Someone could take charge of individual's benefits or pension book and not give them all their money; or they could cash a cheque or use a credit or debit card without permission.

Possible indicators of financial abuse

- Unexplained loss of money or missing personal possessions
- Inability to pay bills, overdue rent
- Person unable to access their own money or check their own accounts
- Deterioration in standard of living, for example an inability to purchase items that they could normally afford
- Unusual activity in bank accounts
- Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity
- Failure to register an LPA after the person has ceased to have mental capacity to manage their finances, so that it appears that they are continuing to do so
- Cheques being signed or cashed by other people without someone's consent
- Sudden change or creation of a will to benefit an individual significantly
- Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person
- Disparity between the person's living conditions and their financial resources, e.g. insufficient food in the house

Crimes associated with this type of abuse include theft, undue influence and forgery. Section 4 of the *Fraud Act 2006* prohibits a person from abusing a position in which they

are expected to safeguard the financial interests of another person. The *Mental Capacity Act 2005* also contains a strict prohibition relating to financial abuse.

Modern Slavery

- Human trafficking
- Forced labour
- Domestic servitude
- Sexual exploitation, such as escort work, prostitution and pornography
- Debt bondage – being forced to work to pay off debts that realistically they never will be able to

Possible indicators of modern slavery

- Signs of physical or emotional abuse
- Appearing to be malnourished, unkempt or withdrawn
- Isolation from the community, seeming under the control or influence of others
- Living in dirty, cramped or overcrowded accommodation and or living and working at the same address
- Lack of personal effects or identification documents
- Always wearing the same clothes
- Avoidance of eye contact, appearing frightened or hesitant to talk to strangers
- Fear of law enforcers

Discriminatory abuse

This is where a person is abused or treated less favourably without a proper justification because of their: gender, race (including skin colour), ethnicity or culture, religion or belief, preferred language, sexual orientation, political views or age. Discriminatory beliefs and practices limit the lives of the people upon whom they are imposed

Discriminatory abuse could involve withholding services from an older person without a proper justification. It could be the absence of an equal opportunities policy in an organisation or presumption of a particular sexual orientation. There could be a presumption of a lack of capacity without proper investigation of this. There could be a failure to take account of religious practices, for example by expecting someone to eat food that is not acceptable to their faith. It could also include a failure to take into account the spiritual welfare of the person, for example when providing palliative care

Possible indicators of discriminatory abuse

- The person appears withdrawn and isolated
- Expressions of anger, frustration, fear or anxiety
- The support on offer does not take account of the person's individual needs in terms of a protected characteristic

Organisational or Institutional abuse

Institutional abuse is repeated instances of poor care of individuals or groups of individuals. It can be through neglect or poor professional practice as a result of structures, policies, processes and practices within an organisation.

It can occur in any setting where one or more service users receive a service, whether on a daily or residential basis, for example a care home, a day services centre, a hospital

ward or a person's own home. The service may not meet the necessary professional standards or there is a need for further training or the development of a more caring and person-centred approach.

It is essential that individual staff within an organisation take responsibility for recognising and dealing with institutional abuse and do not accept poor standards as something that cannot be challenged or changed.

Possible personal indicators of institutional abuse

- Inappropriate approaches to continence issues such as toileting by the clock as opposed to when a person wishes to go to the toilet
 - Set times for refreshments with no opportunity to have a snack, or to make alternative arrangements outside these hours
 - No evidence of care plans that focus on an individual's needs
 - Staff not following care plans when they are in place
 - Lack of privacy, for example a failure to close doors when attending to a person's personal care needs
 - Failure to knock on a door before entering, for example a bedroom or bathroom
 - No access to personal possessions or personal allowance
 - Failure to promote or support a person's spiritual or cultural beliefs
 - A culture of treating everyone the same which is different from treating everyone equally
 - A couple being prevented from living together
 - Abuse of medication
-
- Dehumanising language
 - Infantilising older people – speaking to or treating them like a child
 - Locking people in their rooms

Neglect and acts of omission

This could include a failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care. It involves preventing the person from making their own decisions and not allowing privacy or dignity. It could involve not taking account of individuals' cultural, religious or ethnic needs or their educational, social and recreational needs

Possible indicators of neglect and acts of omission

- Poor environment – dirty or unhygienic
- Poor physical condition and/or personal hygiene
- Pressure sores or ulcers
- Malnutrition or unexplained weight loss
- Untreated injuries and medical problems
- Inconsistent or reluctant contact with medical and social care organisations
- Accumulation of untaken medication
- Uncharacteristic failure to engage in social interaction
- Inappropriate or inadequate clothing

Self-neglect

This is a lack of self-care to an extent that it threatens personal health and safety and can include neglecting to care for one's own personal hygiene, health or surroundings. It can

also include the failure to seek help or access health or social care services and the unwillingness or inability to manage one's personal affairs.

Possible indicators of self-neglect

- Very poor personal hygiene
- Unkempt appearance
- Lack of essential food, clothing or shelter
- Malnutrition and/or dehydration
- Living in squalid or unsanitary conditions
- Neglecting household maintenance
- Hoarding
- Collecting a large number of animals in inappropriate conditions
- Non-compliance with health or care services
- Inability or unwillingness to take medication or treat illness or injury

APPENDIX 2: Types of abuse: Children

Physical Abuse

Physical abuse is deliberately hurting a child causing physical harm and injuries such as bruises, broken bones, burns or cuts. It may involve hitting, kicking, shaking, poisoning, scalding, drowning and any other method of causing non-accidental harm.

Emotional abuse

Emotional abuse is the emotional maltreatment of a child, which has a severe and persistent negative effect on the child's emotional development. It can be caused by anyone including parents, family members, adults and children. It includes emotional neglect, rejection, isolating, exploiting and terrorising.

Sexual Abuse

Child sexual abuse is when a child is forced or persuaded to take part in sexual activities. Children and young people may not realise that they are being sexually abused. Abuse can be 'contact abuse' (includes sexual touching of a child or forcing a child to take part in sexual activity) or non-contact (forcing a child to watch sexual acts, making a child masturbate while others watch, persuading a child to make, view or distribute abusive images).

Child Sexual Exploitation

This is a form of child sexual abuse where the perpetrators (an individual or group) use an imbalance of power to coerce, manipulate or deceive a person under 18 into sexual activities. The children are often persuaded or forced to perform sexual activities in return for gifts, drugs, money or affection.

Neglect

Neglect is defined as the ongoing failure to meet a child's basic, physical and psychological needs. It can happen at any age, even before the child is born. Neglect can be physical (not providing food, shelter, clothing), educational, emotional (ignoring, intimidating, humiliating or isolating), or medical (not providing adequate healthcare or ignoring medical recommendations).

Domestic Abuse

Domestic abuse is any type of controlling, coercive, threatening behaviour, violence or abuse between people who are, or who have been in a relationship (this includes parent-child relationships). It can include physical, sexual, psychological, emotional or financial abuse. Witnessing domestic abuse or violence in childhood, either directly or indirectly (hearing abuse taking place, seeing parents' injuries, or seeing broken furniture) is child abuse.

Harmful Sexual Behaviour

Harmful sexual behaviour (HSB) is developmentally inappropriate sexual behaviour which is displayed by children and young people. It is harmful to the children and young people who display it, as well as the people it is directed towards. It can happen both on-line and off-line.

Bullying

Bullying is when individuals or groups seek to harm, intimidate or coerce someone who is perceived to be vulnerable. It can involve people of any age, and can happen anywhere – at home, school or using digital technologies (cyberbullying). Bullying includes verbal abuse, physical abuse and emotional abuse.

Online Abuse

Online abuse is any type of abuse that happens on the internet, facilitated through technology like computers, tablets, mobile phones and other internet-enabled devices. Children and young people can experience further abuse when abusive content is recorded, uploaded or shared by others online. Children and young people can also be groomed online: perpetrators may use online platforms to build a trusting relationship with the child in order to abuse them.

Female Genital Mutilation (FGM)

FGM is the partial or total removal of the external female genitalia for non-medical reasons. It is often performed by someone with no medical training and children are rarely given anaesthetic or antiseptic treatment and are often forcibly restrained. It may take place when a female baby is newborn, during childhood or adolescence, just before marriage or during pregnancy.

Child Trafficking and Modern Slavery

Child trafficking is defined as recruiting, moving, receiving and harbouring children for the purpose of exploitation, it is a form of modern slavery. Children can be trafficked for sexual exploitation, criminal activity, forced marriage, domestic servitude or forced labour. The list is not exhaustive and children who are trafficked are often exploited in more than one way.

APPENDIX 3: Safeguarding concern record form

Safeguarding Concern Record

Staff/agent/volunteer details	
Name:	Role:
Date of concern:	Date reported (to manager or Safeguarding):

Client details	
Last name & title:	First Name:
Ethnicity:	Date of birth:

Home address:	Telephone no:
Postcode:	Preferred contact:
Does client live:	
Alone N	With carer N
With spouse/partner N	With dependents N

Details of safeguarding concern – <i>please include your concerns, any information the client has given you, environmental factors. If there is a physical injury, please document this – sketch on basic figure if possible</i>

Action taken – *please include what you discussed with the client, who you have contacted*

Sign and date:

Please now pass this on immediately to the member of staff you report into at Age UK
Buckinghamshire

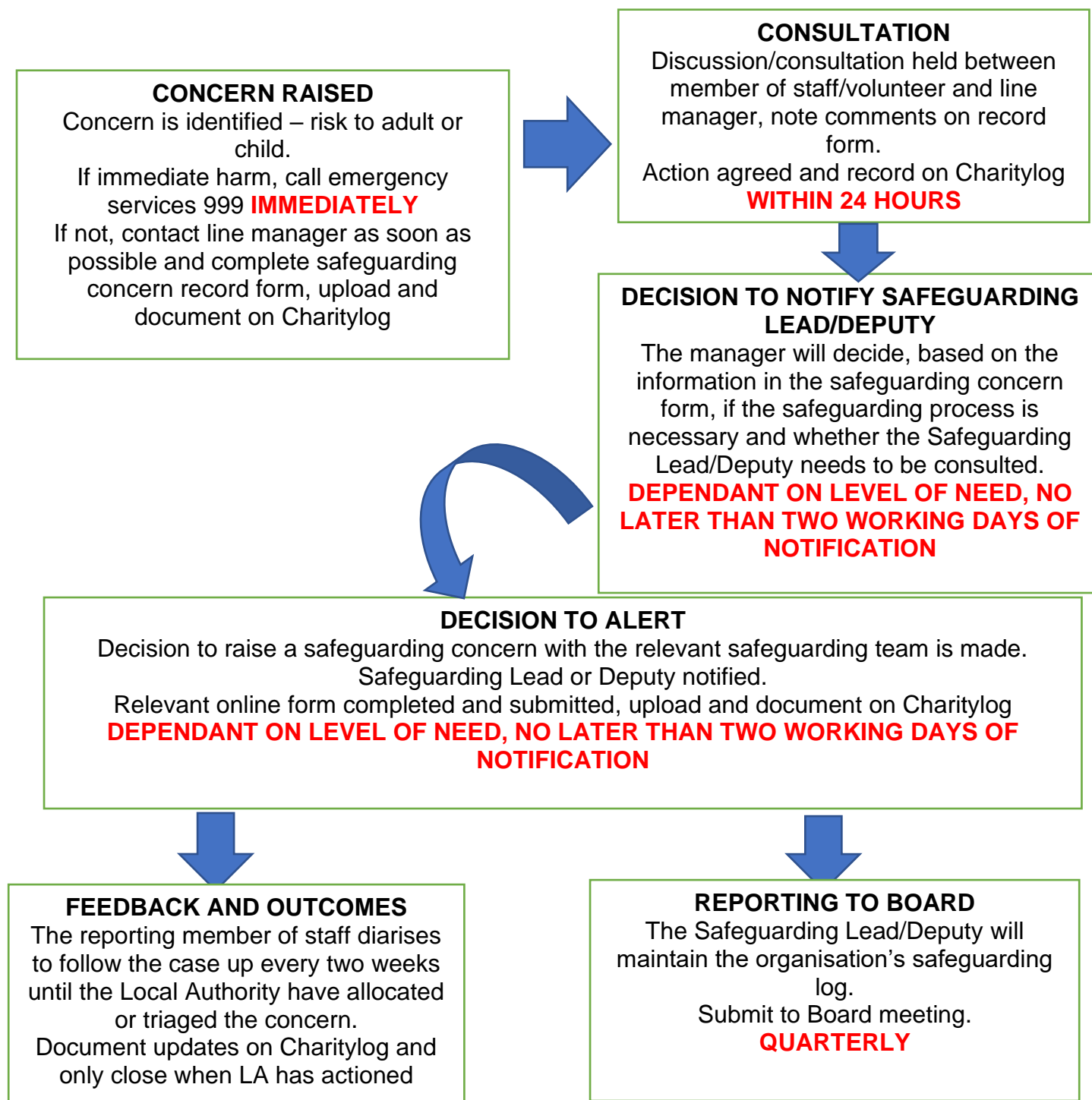
APPENDIX 4a: Safeguarding process table

Safeguarding Process

The Safeguarding Lead or Deputy must be kept updated and informed of how and when, Safeguarding situations are dealt with by staff / volunteers. The Safeguarding Lead or Deputy, as the person with overall responsibility for Age UK Buckinghamshire's Safeguarding activity, should be involved with all decisions where ever practicable.

Stage	Function	Responsibility	Timeframe
Concern raised- abuse incident or suspicion	If there is immediate risk to life or limb contact paramedics or other appropriate agency Respond to the concern and complete the notification of abuse form as fully as possible.	Member of staff/Volunteer	Immediate
Consultation between manager and member of staff/Volunteer	A discussion is held between the member of staff/Volunteer and manager to talk about the incident or concern. Comments of the discussion are noted on the online alert form.	Member of staff and manager	Within 24 hours / 1 working day of notification of abuse, or as soon as practicably possible.
Decision to notify the Safeguarding Lead/Deputy	The manager will decide, based on the information in the safeguarding concern form, if the safeguarding process is necessary and whether the Safeguarding Lead/Deputy needs to be consulted.	Manager	Within 2 working days of having been notified by the member of staff.
Decision to alert	Consideration to alert statutory authority / local safeguarding team is given and reasons for decision noted in the notification of abuse form. If a crime has been committed the police will be contacted. Regular feedback on the case is requested. If risk is not substantial, the case is not alerted.	Manager in consultation with the Safeguarding Lead/Deputy make a decision. The person who identified the concern should make the alert after consultation with their line manager. The Safeguarding Lead/Deputy should be informed and given a copy of the alert form.	Within 48 hours / 2 working days of receiving the notification of abuse.
Feedback & Outcomes	Feedback is requested 4 weeks after the case has been alerted to the statutory authority / local safeguarding team.	Manager	4 weeks after case was alerted.
Board of Trustees meetings	The Safeguarding Lead/Deputy will generate a safeguarding report and will present the report to the Trustees.	Safeguarding Lead/Deputy	Quarterly

APPENDIX 4B: Age UK Buckinghamshire Safeguarding concern process



KEY CONTACTS

Age UK Bucks Safeguarding lead - Alison Siddle - Head Of Services and Development - 01296 438419
Age UK Bucks Deputy Safeguarding leads:

- Deborah Crawford – Services Manager – 01296 256081
- Patricia Hague - Community Engagement Project Manager - 01296 388053
- Clair Mackintosh – Hospital Services Manager– 07759 128329

Buckinghamshire Council First Response Team 01296 383962
Out of hours Emergency Duty Team on 0800 999 7677

On line adult concern form - <https://www.buckssafeguarding.org.uk/adultsboard/report-a-concern/>
On line children's concern form - <https://www.buckssafeguarding.org.uk/childrenpartnership/reporting-a-concern/report-a-concern/>

APPENDIX 5: Training

Safeguarding training requirements for learner groups

Learner groups:

Trustees
 Senior Management team
 Service leads, including Volunteer Coordinator
 Home Services staff
 Communications staff
 Central Services staff
 Befriending
 BOOST
 I&A/W

Training	Learner	Refresh period
E learning – Grey Matters - Safeguarding Adults	All	1 year
E learning – Grey Matters - Safeguarding Children	All	1 year
E learning - Mental Capacity Act	Befriending BOOST I&A/WB Service leads	1 year
E Learning - Deprivation of Liberty Safeguards	Befriending BOOST I&A/WB Service leads	1 year
Face-to-face	Learner	Refresh period
AUKB Safeguarding Adults and Children – delivered in house	All	3 years
Buckinghamshire Council - Safeguarding adults level 2	Befriending BOOST DSS I&A/WB Service leads	2 years
Buckinghamshire Council - Mental Capacity Act	Befriending BOOST I&A/WB Service leads	2 years
Buckinghamshire Council - DoLS	Befriending I&A/WB Service leads	2 years
Safeguarding adults level 3	Safeguarding Lead and Deputy	2 years
Safeguarding children level 2	Safeguarding Lead and Deputy	2 years

