



# Bloody Good Period

## Safeguarding Adults Policy and Procedures

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The above named leads have reviewed and approved the policy and procedure document.

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## Section A:

# Safeguarding Adults Policy

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## Introduction

Bloody Good Period and Bloody Good Employers (**We, us or Bloody Good Period Group**) is committed to Safeguarding Adults in line with national legislation and relevant national and local guidelines.

We will safeguard adults by ensuring that our activities are delivered in a way which keeps all adults safe. We will take all reasonable steps to protect people who come into contact with our charity from abuse or mistreatment of any kind.

Bloody Good Period is committed to creating a culture of zero-tolerance of harm to adults which necessitates: the recognition of adults who may be at risk and the circumstances which may increase risk; knowing how adult abuse, exploitation or neglect manifests itself; and being willing to report safeguarding concerns.

This extends to recognising and reporting harm experienced anywhere, including within our activities, within other organised community or voluntary activities, in the community, in any setting.

Bloody Good Period is committed to best safeguarding practice and to uphold the rights of all adults to live a life free from harm from abuse, exploitation and neglect.

The BGP Safeguarding Adults Policy provides a framework for keeping safe both the BGP staff and the women and people who menstruate who use our services.

Alongside board members, staff and consultants, the two groups heavily involved with the organisation are:

## Participants / “The People We Work With”

We work with mostly women, trans men and non binary people who menstruate who may also have refugee status or be seeking asylum in the UK. These identities and situations mean that said person may be classed as a vulnerable person, because of lack of access to support services, funds or family support.

We do not work directly with anyone under 18 who would be classed as a child. On the occasion that a child requires period products from our services, they may be obtained via their trusted adult, e.g. a parent, or a centre which they attend, e.g. a youth centre.

## Volunteers

All volunteers must be over the age of 18. Any volunteers working directly with participants will be informed of the Safeguarding Procedures and how to refer any issues to the BGP team. All volunteers are required to read and understand the Volunteer handbook which outlines the Safeguarding Procedures.

There may be crossover between The People We Work With and Volunteers.

It is crucial as an organisation that we are aware of the different types of abuse that the people we work with may experience. These abuses may include but are not limited to:

- Physical abuse
- Psychological abuse
- Domestic violence
- Emotional abuse
- Neglect, acts of omission and self-neglect
- Financial and/or material exploitation
- Online abuse and sexting
- Discriminatory abuse
- Organisational abuse
- Modern slavery
- Extremism and radicalisation
- Bullying
- Cyber bullying
- Sexual abuse and harmful sexual behaviour
- Female Genital Mutilation/Cutting (FGM)

**Please make sure to read the full [description of abuses](#) as well as the indicators of abuse in the appendices.**

## Services

Below is a summary of what our services encompass, as well as clarification on what they are not.

### Period Product Provision

BGP provides period products to women and people who menstruate in the UK, through drop in centres, food banks and similar organisations, and also to individuals who contact us via email, or are referred from other centres e.g. a person who is shielding for health reasons may not be able to access products via their regular drop in centre, during the pandemic.

Within this service of product provision, we do not provide advice around menstrual or gynaecological health. While we can advise on different types of products, we do not provide related medical advice. e.g. we cannot advise on heavy periods etc.

As the referral process may involve a phone conversation between a member of the BGP team, and a potentially vulnerable person, we will ensure that procedures are in place for this service, in case of disclosure, or concern on the part of the team member. These can be seen in [Preventative Measures](#).

### Education Programme

BGP provides an education programme in partnership with centres working with potentially vulnerable people including but not limited to women with refugee status, those seeking asylum in the UK, trans and non binary people, and those living in poverty.

We ask that the centre leader takes responsibility for the safeguarding of the participants. However, in order to ensure the safety of the participants in any circumstance, for example, if a centre leader is not present, all of our team must also be trained in Safeguarding and follow the procedures in case of an incident. These procedures can be found in [Safeguarding Adults Procedures](#).

During the sessions, particular facilitators (i.e. Doctors or Sexual health professionals) may offer general advice, but will not diagnose conditions or offer specific advice beyond whether or not the person should visit their GP or service provider.

The sessions are intended to inform and educate and [Safeguarding Procedures](#) and [Preventative Measures](#) described in this document aim to hold those boundaries in place.

### Expert By Experience (EBE) Forum Meetings

BGP holds Forum Meetings of Experts by Experience (those with lived experience of the issues we are working on). These meetings are held both in person and online. These are conversations between members of the BGP team and potentially vulnerable people, and therefore the facilitator must be trained in Safeguarding.

Although BGP does not offer personal health or other advice or information in these sessions, we do make a [list of referral services](#) available to all participants.

## Policy Statement

Bloody Good Period believes everyone has the right to live free from abuse or neglect regardless of age, ability or disability, sex, race, religion, ethnic origin, sexual orientation, marital or gender status. This is in line with the Equality Act 2010.

Bloody Good Period is committed to protecting all the vulnerable adults that use our services. We believe that everyone working and volunteering for Bloody Good Period has a responsibility to promote the welfare of all people, to keep them safe and to practise in a way that prioritises their protection.

Bloody Good Period commits to a proactive approach to safeguarding which applies to all people, especially those vulnerable to harm.

Bloody Good Period is committed to creating and maintaining a safe and positive environment and an open, listening culture where people feel able to share concerns without fear of retribution.

Bloody Good Period acknowledges that safeguarding is everybody's responsibility and is committed to prevent abuse and neglect through safeguarding the welfare of all adults involved.

Bloody Good Period recognises that health, wellbeing, ability, disability and need for care and support can affect a person's resilience. We recognise that some people experience barriers, for example, to communication in raising concerns or seeking help. We recognise that these factors can vary at different points in people's lives.

Actions taken by Bloody Good Period will be consistent with the principles of adult safeguarding ensuring that any action taken is prompt, proportionate and that it includes and respects the voice of the adult concerned.

We will make sure that all vulnerable adults have the same protection regardless of refugee status, age, disability, gender reassignment, race, religion or belief, sex, or sexual orientation.

We recognise the additional needs of vulnerable adults with refugee or asylum status, minority ethnic groups and disabilities and the barriers they may face, especially around communication.

## Approach

This policy is relevant both for staff and volunteers in a work context and for us all as we go about our daily lives as members of the community. It is the responsibility of all of us to act if we have concerns about the safety of any child or vulnerable adult.

Many people who use our services can be vulnerable to abuse and exploitation because of their personal difficulties and experiences. Such experiences may include mental illness, trauma and distress, violence and rape. Some people may have been subject to abuse in their country of origin or on their journey to the UK. This policy deals with safeguarding and therefore is focused on addressing current risks to our clients or potential risks faced by others accessing other services.

Adults have a right to independence, choice and self-determination including control over information about themselves. In the context of adult safeguarding these rights can be overridden in certain circumstances. It is always best practice to obtain consent for sharing information,

however, in some circumstances where that may not be possible, it may be in the person's best interest to share concerns.

Bloody Good Period does not work directly with children, is not a statutory childcare agency and it is not appropriate for staff to carry out investigations into suspicions of child abuse themselves. However, under the Children Act 2004, there is a duty placed on organisations to take appropriate action and to make referrals to the police and social services. This 'Duty of Care' to take appropriate action and to make referrals to those agencies specialising in this area applies to all staff carrying out any activity on behalf of Bloody Good Period and this includes the Board of Trustees, paid staff, locums, and volunteers. Bloody Good Period's role is to identify, refer and follow up child protection concerns to ensure that they are being responded to.

We have a Designated Safeguarding Staff Lead (CEO Rachel Grocott) as well as a secondary DSL on the Board of Trustees (Sue Rubenstein).

Key duties include:

- Making sure all staff are aware how to raise safeguarding concerns
- Ensuring all staff understand the symptoms of abuse and neglect
- Referring any concerns to social care
- Maintaining accurate and secure records

In addition, the Chair of our Board of Trustees (Sue Rubenstein - [sue@rubenstein.uk](mailto:sue@rubenstein.uk)) has responsibility for safeguarding at strategic level.

In the event that a staff or volunteer have something disclosed to them, they will follow the seven "R's":

- 1. Recognise**
- 2. Respond**
- 3. Report**
- 4. Record**
- 5. Refer**
- 6. Review**
- 7. Respect**

More detailed information is available in the [Part 1: The 7 Rs Overview](#) section of this document.

## Purpose

The purpose of this policy is to demonstrate the commitment of Bloody Good Period to safeguarding adults and to ensure that everyone involved in Bloody Good Period is aware of:

- The legislation, policy and procedures for safeguarding adults.
- Their role and responsibility for safeguarding adults.
- What to do or who to speak to if they have a concern relating to the welfare or wellbeing of an adult within the organisation.

## Scope

This safeguarding adult policy and associated procedures apply to all individuals involved in Bloody Good Period including Board members, Staff, Consultants, Volunteers and The People We Work With (our service users) and to all concerns about the safety of adults whilst taking part in our organisation, its activities and in the wider community.

We expect our partner organisations, including for example, partner centres, suppliers and sponsors to adopt and demonstrate their commitment to the principles and practice as set out in this Safeguarding Adults Policy and associated procedures.

## Commitments

In order to implement this policy Bloody Good Period will ensure that:

- Everyone involved with Bloody Good Period is aware of the safeguarding adult procedures and knows what to do and who to contact if they have a concern relating to the welfare or wellbeing of an adult.
- If there is any incident or allegation of abuse we will:
  - handle and record it in a secure and responsible way
  - follow our policies and procedures
  - act quickly, ensuring we stop or minimise any further harm or damage
  - report it to all relevant agencies and regulators in full
  - plan what to say to those involved with our charity and the media if appropriate
  - be open and transparent so that we build the charity's reputation for acting with integrity
  - review what happened to understand how to stop it from happening again.
- Any concern that an adult is not safe is taken seriously, is responded to promptly, and followed up in line with Bloody Good Period Safeguarding Adults Policy and Procedures.
- The well-being of those at risk of harm will be put first and the adult actively supported to communicate their views and the outcomes they want to achieve. Those views and wishes will be respected and supported unless there are overriding reasons not to (see the Safeguarding Adults Procedures).



- Any actions taken will respect the rights and dignity of all those involved and be proportionate to the risk of harm.
- Confidential, detailed and accurate records of all safeguarding concerns are maintained and securely stored in line with our Data Protection Policy and Code of Practice.
- Bloody Good Period will cooperate with the Police and the relevant Local Authorities in taking action to safeguard an adult.
- All Board members, staff, consultants and volunteers understand their role and responsibility for safeguarding adults and have completed and are up to date with safeguarding adult training and learning opportunities appropriate for their role.
- Bloody Good Period uses safe recruitment practices and continually assesses the suitability of volunteers and staff to prevent the employment/deployment of unsuitable individuals in this organisation
- Bloody Good Period shares information about anyone found to be a risk to adults with the appropriate bodies. For example: Disclosure and Barring Service, Services, Police, Local Authority/Social Services.
- When planning activities and events Bloody Good Period includes an assessment of, and risk to, the safety of all adults from abuse and neglect and designates a person who will be in attendance as a safeguarding lead for that event.
- Actions taken under this policy are reviewed by the Board and senior management team on an annual basis.

## Implementation

Bloody Good Period is committed to developing and maintaining its capability to implement this policy and procedures.

In order to do so the following will be in place:

- A clear line of accountability within the organisation for the safety and welfare of all adults.
- An update to the board at every trustee meeting
  - If there are no Safeguarding concerns or instances, the update will be verbal and minuted.
  - If there are Safeguarding concerns or instances, the update will be verbal and minuted, in addition to an email detailing the instance to the Board, detailing how risks to adult safeguarding are being addressed and how any reports have been addressed.
- Safeguarding adult procedures that deal effectively with any concerns of abuse or neglect, including those caused through poor practice.
- A Safeguarding Lead on staff (Rachel Grocott) and Safeguarding Lead on Board of Trustees (Sue Rubenstein)
- A code of conduct for Board members, Staff, Consultants and Volunteers that specify zero tolerance of abuse in any form.
- Risk assessments that specifically include safeguarding of adults.
- Policies and procedures that address the following areas and which are consistent with this Safeguarding Adults policy

- Bullying and harassment
- Social Media
- Equality, diversity and inclusion
- Discipline and grievance
- Concerns, Complaints and Compliments
- Whistleblowing
- Data protection policy
- Working from home policy and risk assessment

## Preventative Measures

In order to minimise the risk to the people we work with and staff and volunteers, we will ensure the following measures are in place:

### Product Provision

- All product **referral phone calls** should be noted on a passworded document, in accordance with the BGP Privacy Policy, which includes the name of the person requiring products, dates and numbers of phone calls, and any concerns noted down, and shared with line managers.
- Call should be limited to no more than 5-10 minutes each
- All calls must take place in daytime working hours from a BGP (not personal) phone
- BGP team member should not give out any identifying information such as home address, personal phone number or social media accounts

### Education Programmes and EBE Forum Meetings and Round Tables

- All **Education Programmes**, unless otherwise arranged, should be attended by a BGP member or staff, at least one BGP volunteer and the partner centre group leader.
- All **EBE Forum Meetings and Round Tables** must be attended by a BGP team member plus at least one volunteer. In the event that a volunteer can not attend, the BGP team member should consult with their line manager as to whether they should carry out the session, and if so, arrange to debrief after the session.
- At the beginning of each session, the BGP team member should make sure that the group of participants are aware of the Code of Conduct, and commit to act accordingly.
  - All participants will be encouraged to speak up and will be acknowledged and believed when talking about their experiences.
  - All participants will be encouraged to make contact with the session leader if they have any concerns about abuse.
- Where possible, we will ensure that communication issues are eased, by providing a translator
- If a BGP freelancer needs to use their personal number, it must only be used in a Whatsapp group - never with 1:1 messages. In the event that the team member is contacted personally by a participant, they should let the participant know that they must contact the group leader from their centre instead
- The BGP team member must also let the centre leader know that they have been contacted by a participant and ask them to check in with them.



## Glossary

For more details please see the additional information sections of Bloody Good Period Safeguarding Adults Policy.

<b>Abuse</b>	A violation of a person's physical, emotional or mental integrity by any other person.
<b>Adult</b>	<b>A person over the age of 18</b>
<b>Adult at risk</b>	Definition used in legislation (different in each home nation) for adults who the Local Authority has a responsibility to support to prevent them from experiencing (further) harm caused by abuse and neglect.
<b>Allegation</b>	When someone has: <ul style="list-style-type: none"> <li>▪ Behaved in a way that has harmed someone</li> <li>▪ Possibly committed a criminal offence against or related to someone</li> <li>▪ Behaved towards another, especially children or adults at risk, in a way that indicates they may pose a risk of harm to others.</li> </ul>
<b>Concern</b>	When you see a sign or symptom that someone needs additional support or protection (sometimes called an 'incident')
<b>Disclosure</b>	When someone tells you something that has affected them, which could indicate harm, abuse or neglect.
<b>Harm</b>	Damage done to a person's well-being.
<b>MASH</b>	Multi-Agency Safeguarding Hubs are used as a one point of contact/safeguarding referrals in some areas. Where they exist a referral to MASH benefits from the information held by and the expertise of various agencies e.g. Local Authority, Police and Health.
<b>Mental Capacity</b>	The ability to consider relevant information, make and communicate a decision.
<b>Safeguarding</b>	Work to prevent and to stop abuse and neglect.
<b>Safeguarding Adult Team</b>	A team set up to manage the safeguarding of adults at risk within an organisation or more commonly across a Local Authority district.
<b>Safeguarding Adults Board (SAB) (England and Wales)</b>	A statutory body set up in line with national legislation. Statutory membership includes the Local Authority, Police and NHS. Representatives from the voluntary sector and of 'citizens' e.g. a representative from a disabled people's forum are often also included. Their role is to coordinate safeguarding work across the Local Authority district.
<b>Safeguarding Adult Partnership (Northern Ireland)</b>	
<b>Adult Protection Committee (Scotland)</b>	

# Section B: Safeguarding Adults Procedures

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## Introduction

Bloody Good Period is committed to providing a safe environment for everyone to participate in our organisation and its activities. These procedures must be followed in any circumstances where an adult is at risk of harm.

The procedure should be implemented with reference to Bloody Good Period Safeguarding Adults Policy and supporting information.

This procedure details the steps to be taken in responding to any concern that an adult involved with Bloody Good Period, or its activities, is at risk of or is experiencing harm.

The procedures have three main parts:

**Part 1: The 7 Rs - overview of each stage to be followed**

**Part 2: Process for reporting concerns - for everyone**

**Part 3: What happens next - for Safeguarding Lead and organisational response**

The information is presented in flow charts with accompanying text. Please refer to both as the text contains more detail.

## Part 1: The 7 Rs - overview of each stage to be followed

Whole section below is new

### 1. Recognise

The ability to recognise behaviour that may indicate abuse is of fundamental importance. We may find this out in the following ways:

- They tell us (disclosure) - [see guidance](#)
- We see a sign or symptom - [see guidance](#)
- A third party may tell us

### 2. Respond

Appropriate response is vital. No report of, or concern about, possible abuse should ever be ignored.

### **Responding to a Direct Disclosure**

If an adult indicates that they are being harmed or abused, or information is received which gives rise to concern, the person receiving the information should:

- Take it seriously
- Stay calm
- Listen carefully to what is said, allowing the adult to continue at their own pace
- Be sensitive
- Take as many notes as you can to ensure you remember accurate information
- Keep questions to a minimum; only ask questions if you need to identify/ clarify what the person is telling you. Keep questions open and prompt the adult to talk. The TED acronym can be helpful:
  - **T**ell me more
  - **E**xplain to me
  - **D**escribe to me
- Show empathy but avoid affirmation
- Avoid any judgemental responses
- Reassure the person that they have done the right thing in revealing the information
- Ask them what they would like to happen next
- Example phrases:
  - 'What you are saying is very important and I will treat it as such'
  - 'It's not your fault'
  - 'I'm glad you were able to tell me/someone'
  - 'I will help you as best I can'
- Explain what you would like to do next
  - Explain that you will have to share the information with the Bloody Good Period Safeguarding Lead
  - Ask for their consent for the information to be shared outside the organisation
  - Make an arrangement as to how you/the Safeguarding Lead can contact them safely
  - Help them to contact other organisations for advice and support (e.g. Police, Domestic Abuse helpline, Victim Support -see Appendices)
  
- Act swiftly to report and carry out any relevant actions.
- Record in writing what was said using the adult's own words as soon as possible.

It is important **not** to:

- Dismiss or ignore the concern (do not tell the person to go and speak to someone else)
- Interrupt
- Interrogate or investigate (do not probe for more information than is offered)
- Panic or allow shock or distaste to show
- Make negative comments about the alleged perpetrator
- Make assumptions or speculate
- Come to your own conclusions
- Make promises that cannot be kept - including about keeping the information secret
- Conduct an investigation of the case
- Confront the person thought to be causing harm
- Take sole responsibility
- Tell everyone

- Forget to record accurately and/or pass on.

### 3. Report

Report concerns to the Designated Safeguarding Officer. Do not hold back from reporting.

- Always seek consent to share information from the person at risk unless doing so would:
  - Place them at increased risk of significant harm
  - Prejudice the prevention, detection or prosecution of a crime
  - Lead to unjustified delay in making enquiries about harm
  - They are unable to consent
  - It's just not practical

### 4. Record

Make a written record. These should follow these principles:

- Complete a [Safeguarding Adults Report Form](#) (see Appendix 1) and submit to the Bloody Good Period Safeguarding Lead without delay.
- Do this as soon as possible (and certainly within 24 hrs)
- If handwritten, be written in ink, signed and dated
- Differentiate clearly between fact, opinion (if one is offered) and interpretation
- Use the individual's words wherever possible (if you use quotation marks be very clear & precise)
- Be given to the appropriate person as a matter of urgency
- Describe the circumstances in which the concern came about and what action you took/ advice you gave.
- It is important to distinguish between things that are facts, things that have been observed or over-heard and opinions, in order to ensure that information is as accurate as possible.
- If someone has told you about the harm or abuse, use the words the person themselves used. If someone has written to you (including by email, message) include a copy with the form.

***Be mindful of the need to be confidential at all times.***

***This information must only be shared with your Safeguarding Lead and others that have a need to know – e.g. to keep the person safe whilst waiting for action to be taken.***

### 5. Refer

Only the designated Safeguarding Officer or their deputy should make a decision about the referral on of the information. They may seek to gather and examine all relevant testimony and information. They may also have multiple reports about an individual.

For full guidance on referral, see [Part 3: What happens next - for Safeguarding lead and organisational response.](#)

As well as referral, other considerations for the Safeguarding Lead include:

- Referral to the Disclosure & Barring Service
- Reporting online harms to appropriate agencies
- Reporting a serious incident to the Charity Commission
- Duty to inform another regular
- Obligation to inform funders or other stakeholders
- Wider decision on information sharing to other stakeholders

## **6. Review**

Effective safeguarding is based on learning from previous incidents of harm. Spend time to step back and looking at trends in incidents, locations, other factors, etc

## **7. Respect**

This process rests on a culture of respect & safeguarding. Individuals need respect to feel they can share concerns & have good supervision. Staff need respect to know their concerns will be taken seriously.



## Part 2: Reporting Concerns (for everyone)

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### Reporting Concerns About Yourself

If you are experiencing harm within Bloody Good Period contact Rachel Grocott or Sue Rubenstein.

### Designated Safeguarding Leads:

Rachel Grocott, CEO  
[rachel@bloodygoodperiod.com](mailto:rachel@bloodygoodperiod.com)  
07927 502 887  
07885 444 510 (out of hours)

Sue Rubenstein, Chair of Trustees  
[sue@rubenstein.uk](mailto:sue@rubenstein.uk)  
07974 205191

If you are in immediate danger or need immediate medical assistance contact the emergency services 999.

Please contact the Safeguarding Lead Rachel Grocott. If you would prefer, please contact another member of staff, or Sue Rubenstein who will help you raise the issue to the Safeguarding Lead.

If the Safeguarding Lead or Welfare Officer is implicated or you think has a conflict of interest, then report to the Bloody Good Period Chief Executive/Officer or another Trustee of Bloody Good Period.

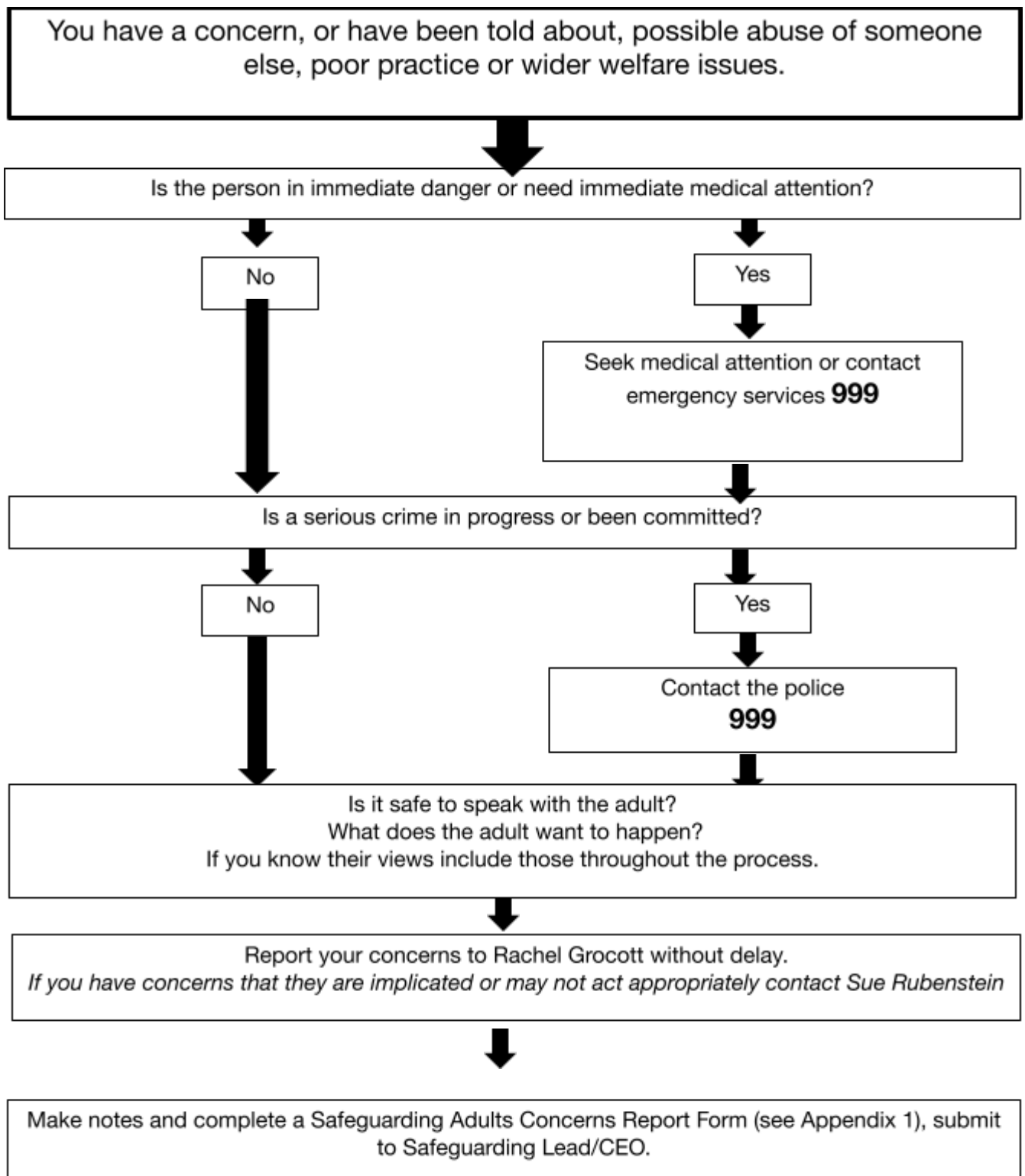
You can also contact the Police, Social Services, your doctor or other organisations that can provide information and give help and support (see Appendix 2 Other sources of support).

Bloody Good Period will follow the procedure in this document. If you do not think your concerns are being addressed in the way that they should be please contact a member of the Bloody Good Period Board of Trustees.

At all stages you are welcome to have someone who you trust support you and help you to explain what happened and what you want to happen.

It is of utmost importance to Bloody Good Period that you can take part in our activities safely and we will take every step to support you to do that.

## Reporting Concerns About Others (Flowchart 1)



## Reporting Concerns About Others (continued)

You may be concerned about harm to another person because of something you have seen or heard, information you have been told by others or because someone has confided in you about things that are happening or have happened to them.

You should not keep safeguarding concerns to yourself. If you have concerns and/ or you are told about possible or alleged abuse, poor practice or wider welfare issues you must contact the Safeguarding Lead or Welfare Officer as soon as you can.

Rachel Grocott, CEO  
[rachel@bloodygoodperiod.com](mailto:rachel@bloodygoodperiod.com)  
07927 502 887  
07885 444 510 (out of hours)

If the Safeguarding Lead is implicated or you think has a conflict of interest, then report to Sue Rubenstein, Chair of Trustees  
[sue@rubenstein.uk](mailto:sue@rubenstein.uk)  
07974 205191

If you are concerned about harm being caused to someone else, please follow the guidance below.

- It is not your responsibility to prove or decide whether an adult has been harmed or abused. It is, however, everyone's responsibility to respond to and report concerns they have.
- If someone has a need for immediate medical attention call an ambulance on 999.
- If you are concerned someone is in immediate danger or a serious crime is being committed contact the police on 999 straight away. Where you suspect that a crime is being committed, you must involve the police.
- Remember to be person centred/make safeguarding personal. If it will not put them or you at further risk, discuss your safeguarding concerns with the adult and ask them what they would like to happen next. Inform them that you have to pass on your concerns to your Safeguarding Lead or Welfare Officer. Do not contact the adult before talking to your Safeguarding Lead or Welfare Officer if the person allegedly causing the harm is likely to find out.
- Remember not to confront the person thought to be causing the harm.



## **Steps 6 -14 - Taking Action**

### **Step 5 – Person at Risk**

If it is safe to do so - ensure the person at risk has information about what will happen next. Make sure they have been given information about other organisations that can support them (see Appendix 2).

### **Step 6 – Consult and Decide**

As needed consult, Local Authority/the Police and decide which one or more of the following actions need to be taken.

Organisation decides who will maintain regular contact with the adult/s who have been at risk of harm

Once a concern has been passed to the Bloody Good Period Safeguarding Lead, they will coordinate the Bloody Good Period Safeguarding Adults Procedure (see Flowchart 2 below).

The Safeguarding Lead will keep clear records of decision making, actions taken, and the outcomes achieved. They will also collect feedback from the adult.

The Safeguarding Lead, where appropriate, in consultation with the Board of Trustees, will take the following actions:

<b>Step 7</b>	<b>Step 8</b>	<b>Step 9</b>	<b>Step 10</b>
<b>If a serious crime is suspected contact the police</b>	If you believe there is an 'adult at risk' make a safeguarding adults report to the Local Authority	<b>If harm is suspected of being caused within Bloody Good Period</b> e.g. by an employee, contracted worker, volunteer or member report to relevant manager/s	Consult with and inform the adult
Criminal enquiry, investigation, proceedings	Safeguarding adults process led by Local Authority	Organisation takes <b>short term steps</b> within relevant policy to <b>prevent harm</b> e.g. suspend employee, coach, volunteer or member	

**Step 11**  
Take advice from and **coordinate actions** taken by Bloody Good Period with those of **other agencies. Attend and contribute to Safeguarding Adults strategy meetings**

**Step 12**  
**Hold Board of Trustee meeting** to coordinate actions by Bloody Good Period.

<p><b>Possible outcomes: e.g.</b></p> <ul style="list-style-type: none"> <li>● Criminal Caution or Conviction</li> <li>● Police referral back to organisation</li> <li>● Referral to Independent Barring Board</li> <li>● Unsubstantiated- no further action</li> </ul>	<p><b>Possible outcomes e.g.</b></p> <ul style="list-style-type: none"> <li>● LA enquiries triggered</li> <li>● Adult supported to 'make safeguarding personal'</li> <li>● Other adults at risk identified</li> <li>● Multi-agency meetings to coordinate actions</li> <li>● New/changed care and support and protection plan for any adult at risk</li> <li>● NOT an adult at risk – information and advice provided</li> </ul>	<p><b>Possible outcomes: e.g.</b></p> <ul style="list-style-type: none"> <li>● Informal resolution</li> <li>● Education and training</li> <li>● Formal warning</li> <li>● Dismissal</li> <li>● Role conditions applied</li> <li>● Contract ended</li> <li>● Referred to Independent Barring Board</li> <li>● Unsubstantiated – no further action</li> </ul>	<p><b>Possible Outcomes: e.g.</b></p> <ul style="list-style-type: none"> <li>● Adult receives information about the process</li> <li>● Adult supported to have their views and experience heard</li> <li>● Adult supported to gain support from other agencies</li> <li>● Adult continues to participate in organisation/sport</li> </ul>
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**Steps 13 and 14**  
Recording and reporting  
Ensure decisions made, actions taken, and outcomes logged and reported

## Immediate Response

- Ensure any **immediate actions** necessary to safeguard anyone at risk have been taken.
- If the risk is said to be due to the behaviour of an employee or other person involved in the organisation/activities use the relevant procedures (e.g. breach of code of conduct, breach of contract, disciplinary or grievance procedures) to prevent that person making contact with the adult being harmed.
- If you have been sent a **Safeguarding Adults Report Form** check that you can understand what is written and that all the necessary parts have been completed.
- If you are being contacted directly by a member of staff or a volunteer request that they complete a Safeguarding Adults Report Form if they have not already done so (see Appendix 1) as soon as possible.
- If the report is being made by the adult themselves or a member of the public fill in the safeguarding report form yourself gaining the details with the person contacting you.
- Inform, reassure, and advise the **person making the report** e.g. what to do/what not to do. Explain what will happen next. Reinforce the need for confidentiality.
- Consider what is known about the situation, what the risks are, what is known of **the views of the adult**, whether they have given their consent to the report being made and whether they might be considered to be an 'adult at risk'.
- Find out whether the person making the report believes the adult has the mental capacity to make decisions about what safeguarding actions they want to be taken (they are not expected to assess this, only provide their opinion).
- Decide if you need to **contact the adult** to get more information, determine their wishes, or explain what actions you need to take.
- Ensure that the **adult has been given information** about the process and what will happen next. Ensure that they have been provided with information about other organisations that can support them (see Appendix 2).

**ONLY do this if you have a known safe way of contacting them.**

## Taking Action

In all situations you should ensure those in your organisation who can act (within their remit) to prevent further harm have the information to do so. This includes supporting the person at risk. Depending on the situation you may need to pass information to and work together with other organisations such as the Police and the Local Authority safeguarding team.

### Consult and Decide

If necessary, consult with Board of Trustees/chair and with the Local Authority/the Police and decide which of the following actions need to be taken.

### Contact the police (where the crime took place)

If:

- a serious crime has been committed.
- a crime has been committed against someone without the mental capacity to contact the police themselves.
- the adult has asked you to make a report to the Police on their behalf because they are unable to themselves.

**Make a referral/report to the Local Authority Safeguarding Adults Team or Multi-Agency Safeguarding Hub (MASH) (where the adult lives) if you believe they may be an adult at risk AND**

- the adult appears not to have the [mental capacity](#) to make decisions about their own safety and well-being.
- the risk is from a person employed or volunteering in work with adults with care and support needs
- there are other 'adults at risk' (e.g. another family member, another participant or other people using a service).
- the adult at risk lives in Wales or Northern Ireland (no consent required).
- the adult at risk lives in England or Scotland and they have asked you to make a report or have given their informed consent to you making it.

If a child is at risk you must also make a child safeguarding referral to the Local Authority. This includes all situations where there is domestic abuse within the household where the child lives.

**If you are unsure whether or not to make a referral/report you can ask for advice by contacting the Local Authority Safeguarding Adults Team/Multi-agency Safeguarding Hub and discuss the situation with them without disclosing the identity of the adult or the person who may be causing harm.**

**Use policy and procedures to stop harm within the organisation**

- If the person who may be causing harm is a person involved in Bloody Good Period in whatever capacity, inform the CEO or Chair of Trustees.

Decide what policy and procedures the organisation will use to decide which actions will be taken e.g. breach of code of conduct, disciplinary procedures, breach of contract.

Agree what short term arrangements can be put in place to enable the adult, who may be being harmed, to be able to continue participating in the organisation.

The arrangements made must respect the rights of the person who may be causing harm and must be consistent with the relevant policy and procedures.

- If statutory agencies are involved, work **together** with them to agree the next steps. E.g. the Police may need to interview an employee before a disciplinary investigation is conducted.

Attend and contribute to any safeguarding adults strategy or case meetings that are called by the Local Authority.

If statutory agencies say that they will not be taking any action in relation to a referral this should not stop Bloody Good Period taking internal steps to safeguard the adult. E.g. the Police may decide not to pursue a criminal investigation where there is an allegation against an employee, but the organisation should still follow its disciplinary procedure.



- Decide who in the organisation will **maintain contact with the adult** to consult with them, keep them informed and make sure they are receiving the support they need.

Unless advised not to by the Police or Local Authority, and only if there is a safe way to do so, contact the adult to let them know about the actions you have taken and the outcomes so far. Find out if the actions taken are working, what matters to them, what they would like to happen next and what outcomes they want to achieve.

- Convene a Safeguarding-specific **Board of Trustees meeting** to coordinate actions internally to your organisation:
  - share information about what has happened with those within Bloody Good Period who have a role in safeguarding the adult.
  - share the views of the adult.
  - share any actions being taken by the Police/Local Authority.
  - agree who will coordinate between Bloody Good Period and other agencies.
  - decide what actions Bloody Good Period will take.
  - co-ordinate action by Bloody Good Period.

These actions can include:

- Use of internal procedures such as breach of code of conduct/disciplinary procedures to address any behaviour that may have caused harm.
- Reporting any employee or volunteer found to have caused harm to the Disclosure and Barring Service.
- Communication with the adult about the safeguarding process, offering support to the adult and making any arrangements needed for them to continue their involvement with the organisation.
- Offering support to staff, volunteers and members affected by the circumstances.
- Ensuring senior managers are updated as needed.

Board of Trustees meetings must be **recorded** so that decision making is transparent, and actions agreed are followed. **Follow up meetings** should be held as necessary until the actions needed are complete.

Ensure **records are complete and stored securely**. Collate monitoring information, including feedback from the person who was at risk of harm and **report to the senior management team/ the Board as requested**.

## Further Information and Useful Contacts

Policies, procedures and supporting information are available on the Bloody Good Period website:  
[www.bloodygoodperiod.com](http://www.bloodygoodperiod.com)

### **Safeguarding Lead:**

Rachel Grocott, CEO  
[rachel@bloodygoodperiod.com](mailto:rachel@bloodygoodperiod.com)  
07927 502 887  
07885 444 510 (out of hours)

Sue Rubenstein, Chair of Trustees  
[sue@rubenstein.uk](mailto:sue@rubenstein.uk)  
07974 205191

## Section C: Appendices

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## Appendix 1 - Safeguarding Adults Report Form

To be completed as fully as possible if you have concerns regarding an adult.

If it is safe to do so, it is important to inform the adult about your concerns and that you have a duty to pass the information onto the safeguarding lead. The Safeguarding Lead will then look at the information and start to plan a course of action.

*Please make a digital copy of the form on the next page and paste into a new tab or email - do not fill in the table on this policy.*

## Safeguarding Adults Report Form

Section 1 – Details of adult (you have concerns about)	
Name of adult	
Address	
Date of Birth/ Age	
Contact number	
Emergency contact if known	
Consent to share information with emergency contact?	
Section 2 – Details of the person completing this form/ Your details	
Name	
Contact phone number(s)	
Email address	
Line manager or alternative contact	
Name of organisation / club	
Your Role in organisation	
Section 3 – Details of concern	
<p>Please explain why you are concerned. Please give details about what you have seen/been told/other that makes you believe the adult is at risk of harm or is being abused or neglected (include dates/times/evidence from records/photos etc.)</p>	
Date/ Time	What happened
Section 5 – Details of the person thought to be causing harm (if known)	

Name	
Address	
Date of Birth/Age	
Relationship/connection to adult	
Role in organisation	
Do they have contact with other adults at risk in another capacity? E.g. in their work/family/as a volunteer	
Section 6 - Have you discussed your concerns with the adult? What are their views, What have they stated about what they want to happen and what outcomes they want?	
Section 6A – Reasons for not discussing with the adult	
Discussion would put the adult or others at risk. Please explain:	
Adult appears to lack mental capacity. Please explain:	
Adult unable to communicate their views. Please explain:	
Section 7 – Risk to others	
Are any other adults at risk Yes/No/Not known – delete as appropriate	
If yes please fill in another form answering questions 1-6	

<p>Are any children at risk      Yes/No/Not known Delete as appropriate</p> <p>If yes please fill in a safeguarding children referral form and attach to this.</p>	
<p><b>Section 8 – What action have you taken if any /agreed with the adult to reduce the risks?</b></p>	
<p>Actions by organisation: e.g. person causing harm suspended, session times changed.</p>	
<p><b>Section 9: Other agencies contacted</b></p>	<p><b>Who contacted/reference number/contact details/advice gained/action being taken</b></p>
<p>Police</p>	
<p>Ambulance</p>	
<p>Other – please state who and why:</p>	
<p><b>Section 10: Contact with DSL and/or Line Managers</b></p>	
<p>Who else has been informed of this issue? – and what was the reason for information sharing</p>	
<p><b>Consultation with Safeguarding Lead</b></p>	<p><b>Dates and times</b></p>
<p>Completed Form copied to Safeguarding Lead; Date and time</p>	
<p>Signed:</p>	
<p>Date:</p>	

**OFFICE USE ONLY**

**Section 11 – Sharing the concerns (To be completed by Safeguarding Lead)**

<p>Details of your contact with the adult at risk of harm. Have they consented to information being shared outside of Bloody Good Period?</p>
<p>Details of contact with the Local Authority Safeguarding Team/MASH where the adult at risk of harm lives – advice can be still sought without giving personal details if you do not have consent for a referral.</p>
<p>Details of any other agencies contacted:</p>
<p>Details of the outcome of this concern:</p>



## Appendix 2 – Sources of Information and Support

**Refugee Council:** <https://www.refugeecouncil.org.uk/get-support/>

### Action on Elder Abuse

A national organisation based in London. It aims to prevent the abuse of older people by raising awareness, encouraging education, promoting research and collecting and disseminating information.

Tel: 020 8765 7000

Email: [enquiries@elderabuse.org.uk](mailto:enquiries@elderabuse.org.uk)

[www.elderabuse.org.uk](http://www.elderabuse.org.uk)

### National LGBT+ Domestic Abuse Helpline

Tel: 0800 999 5428

### National 24Hour Freephone Domestic Abuse Helplines

England	Northern Ireland
Tel: 0808 2000 247 <a href="http://www.nationaldahelpline.org.uk/Contact-us">www.nationaldahelpline.org.uk/Contact-us</a>	Tel: 0808 802 1414 <a href="http://www.dsahelpline.org">www.dsahelpline.org</a> Twitter: <a href="https://www.twitter.com/dsahelpline">www.twitter.com/dsahelpline</a> Facebook: <a href="https://www.facebook.com/dsahelpline">www.facebook.com/dsahelpline</a>
Scotland	Wales
Tel: 0800 027 1234 Email: <a href="mailto:helpline@sdaafmh.org.uk">helpline@sdaafmh.org.uk</a> Web chat: <a href="http://sdaafmh.org.uk">sdaafmh.org.uk</a>	Llinell Gymorth Byw HebOfn/ Live free from fear helpline Tel: 0808 8010 800 Type Talk: 18001 0808 801 0800 Text: 078600 77 333

### Rape Crisis Federation of England and Wales

Rape Crisis was launched in 1996 and exists to provide a range of facilities and resources to enable the continuance and development of Rape Crisis Groups throughout Wales and England.

Email: [info@rapecrisis.co.uk](mailto:info@rapecrisis.co.uk)

[www.rapecrisis.co.uk](http://www.rapecrisis.co.uk)

### Respond

Respond provides a range of services to victims and perpetrators of sexual abuse who have learning disabilities and training and support to those working with them.

Tel: 020 7383 0700 or

0808 808 0700 (Helpline)

Email: [services@respond.org.uk](mailto:services@respond.org.uk)

[www.respond.org.uk](http://www.respond.org.uk)

### Stop Hate Crime

Works to challenge all forms of Hate Crime and discrimination, based on any aspect of an individual's identity. Stop Hate UK provides independent, confidential and accessible reporting and support for victims, witnesses and third parties.

24 hours service:

- Telephone: 0800 138 1625
- Web Chat: [www.stophateuk.org/talk-to-us/](http://www.stophateuk.org/talk-to-us/)

- E mail: [talk@stophateuk.org](mailto:talk@stophateuk.org)
- Text: 07717 989 025
- Text relay: 18001 0800 138 1625
- By post: PO Box 851, Leeds LS1 9QS

### **Susy Lamplugh Trust**

The Trust is a leading authority on personal safety. Its role is to minimise the damage caused to individuals and to society by aggression in all its forms – physical, verbal and psychological.

Tel: 020 83921839

Fax: 020 8392 1830

Email: [info@suzylamplugh.org](mailto:info@suzylamplugh.org)

[www.suzylamplugh.org](http://www.suzylamplugh.org)

### **Victim Support**

Provides practical advice and help, emotional support and reassurance to those who have suffered the effects of a crime.

Tel: 0808 168 9111

[www.victimsupport.com](http://www.victimsupport.com)

### **Women's Aid Federation of England and Wales**

Women's Aid is a national domestic violence charity. It also runs a domestic violence online help service.

[www.womensaid.org.uk/information-support](http://www.womensaid.org.uk/information-support)

## Appendix 3 - Types of Abuse - descriptions updated

### Types of abuse

Allegations may involve the following forms of abuse, behaviour and/or exploitation:

**Physical abuse** – is when someone hurts or harms a child, young person or adult on purpose. This includes hitting with hands or objects, slapping, punching, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, kicking, biting, scratching, breaking bones or otherwise causing physical harm. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in another person.

**Psychological abuse** – involves a person's attempts to frighten, control, or isolate an individual. This can include 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. It demonstrated through the abuser's words and actions as well as their persistence in these behaviours. The definition includes emotional abuse which can involve deliberately trying to scare, humiliate, isolate or ignore an individual.

**Domestic and intimate partner violence** – 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 within a household regardless of gender or sexuality.

**Emotional abuse** – can include making threats, undermining or deliberately excluding someone from a friendship group or activities and maltreatment of an individual which has a severe and persistent negative effect on their emotional development.

**Neglect, acts of omission and self-neglect** – is the ongoing failure to meet a child's basic needs and is the most common form of child abuse. A child might be left hungry or dirty, without proper clothing, shelter, supervision or health care. This can put children and young people in danger but may also affect vulnerable adults.

**Financial and/or material exploitation** – includes theft, fraud, internet scamming, coercion in relation to a person's financial affairs or arrangements, in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

**Online abuse and sexting** – is any type of abuse that happens on the internet, facilitated through technology using computers, tablets, mobile phones and other internet-enabled devices. Sexting is when a sexual message and/or a naked or semi-naked image, video or text message is shared with another person; it is also known as nude image sharing. Perpetrators of abuse may circulate such a nude image more widely and use this to blackmail an individual and/or groom them for further sexual abuse. It is a criminal offence to create or share explicit images of a child, even if this is carried out by a child.

**Discriminatory abuse** – is when someone is harassed or treated unfairly because they are considered 'different'. It can occur because of a biased view regarding age, sex, religion race, disability, gender, religion, sexual orientation or someone with any type of 'protected characteristic'.

**Organisational abuse** – is the mistreatment of people brought about by poor or inadequate care or support, or systematic poor practice that affects the whole care setting. This may include inappropriate use of power or control, inappropriate confinement, restraint, or restriction. It includes neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

**Modern slavery** – is defined as the recruitment, movement, harbouring or receiving of children, women or men through the use of force, coercion, abuse of vulnerability, deception or other means for the purpose of exploitation.

**Extremism and radicalisation** – is defined as the process by which people are drawn in or groomed to support terrorism or extremist ideologies and, in some cases, to subsequently participate in terrorist groups or activities. It is defined by the Home Office as “vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces” (2015 Prevent Statutory Guidance).

**Bullying** – can encompass a range of behaviours which are often combined and can include name calling, using derogatory language to or about someone, using intimidation, threatening behaviour or physical violence.

**Cyber bullying** – examples may take the form of excluding a child from online games, activities or friendship groups, sending threatening, upsetting or abusive messages, creating and sharing embarrassing or malicious images or videos, 'trolling' - sending menacing or upsetting messages on social networks, chat rooms or online games, setting up hate sites or groups about a particular person and encouraging self-harm.

**Sexual abuse and harmful sexual behaviour** – involves forcing or enticing someone to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. This unwanted behaviour violates your dignity, makes you feel intimidated, degraded or humiliated or creates a hostile or offensive environment. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. There may also be non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).

### **FGM/C (Female Genital Mutilation/Cutting)**

Female Genital Mutilation (FGM) is a painful, non-medical, procedure undertaken on girls and young women which can seriously harm their long-term health. It is a form of child abuse is illegal in the UK. It is estimated over 20,000 young women under 15 are at risk of female genital mutilation (FGM) in the UK each year, and 170,000 women in the UK are living with the consequences of FGM. The true extent is unknown due to the 'hidden' nature of the crime. Recent reports identified 5,702 new cases in England in one year.

Young women may be taken to another country to be mutilated during the summer holidays. Some young women may be abused in the UK. The procedure is traditionally carried out by a woman with no medical training. Anaesthetics and antiseptic treatments are not generally used and girls may have to be forcibly restrained.

## Appendix 4 - Indicators of Abuse

The following lists are indicators. The presence of one or more does not necessarily confirm abuse. The lists are not definitive.

### **Types of physical mistreatment**

**Definition** – the physical mistreatment of one person by another which may or may not result in physical injury

This can include unreasonable confinement, beating, punching, shaking, slapping, misuse of manual handling, misuse of medication, pushing, burning, force-feeding, misuse of restraint, pinching.

### **What to look for – signs of being abused**

Over or under medication; burns in unusual areas; sudden incontinence; unexplained injuries including bruising; bruising at various healing stages; bruises which reflect hand marks or fingertips from slapping or pinching; cuts and scratches to lips, eyes, gums and genitals; bite marks; disclosure; unattended medical problems; bruising corresponding to the shape of an object; unexplained fractures, burns, or injuries; flinches from physical contact; reluctance to uncover parts of the body; inappropriate clothing for weather (dependent on cultural context); a fear of approaching parents, caregivers or other people; significant fear or medical attention; other injuries such as cigarette burns; depression and withdrawn behaviour.

Accidental injuries are generally in places where the bone is close to the surface of skin (i.e. shins, knees, forearm, etc); non-accidental injuries tend to be on neck, shoulders, chest, upper and inner arm, stomach, front thighs and buttocks.

### **What to look for – person who is abusing**

Explanations of injuries are not consistent with situation/lifestyle, lack of understanding of the needs of the adult, adult in need of safeguarding is perceived as un-cooperative or ungrateful for care/support.

### **Types of sexual abuse**

**Definition** – any form of sexual activity that the adult does not want and to which they have not consented, or to which they cannot give informed consent or were pressured into consenting.

Sexual abuse over a long period of time after identifying a person perceived as vulnerable, assault by penetration of mouth, vagina, anus by any body part or object, use of offensive or suggestive language, abuser exposing genitals, forcing a person to watch pornography, full sexual intercourse, rewards for sexual acts, rape, sexual activity with a mentally disordered person, abuser touching victim's body, sexual relationships instigated by those in a position of trust.

### **What to look for – signs of being abused**

Recoiling from physical contact, genital discharge, fear of males or females, persistent and inappropriate sexual behaviour especially in the presence of certain persons, torn, stained or bloody garments, not consenting to or understanding sexual activity, sudden use of offensive sexual language, bruising/lacerations to upper thighs, recurring genital irritation, unexplained sexually transmitted diseases, disclosure, pronounced overly affectionate behaviour, pregnancy, unusual difficulty walking.

### **What to look for – person who is abusing**

Personal care tasks taking significantly longer to perform than usual, use of offensive or suggestive sexual language, over enthusiastic in carrying out personal care tasks, working alone with adults, openly showing favouritism and/or the giving of gifts for no apparent reason.

### **Types of psychological abuse**

**Definition** – may involve the use of intimidation, indifference, hostility, rejection, threats, humiliation, shouting, swearing, or the use of discriminatory and/or oppressive language.

Gross restriction of freedom, person's access to personal hygiene and toilet restricted, threat to withdraw care/support, withholding of security and affection, name calling, humiliation or ridicule, not treating with respect, denial of the opportunity for privacy, threat of institutional care, provoking fear of violence, shouting and swearing, adult's choices, opinions and wishes being neglected/rejected, use of bribes or threats.

### **What to look for – signs of being abused**

A failure to thrive or grow; sudden speech disorders; reluctance to have their parents or carers contacted or approached regarding their behaviour; exhibiting neurotic or compulsive behaviour such as hair twisting or rocking; delayed development, either physically or emotionally; exhibiting a lack of confidence or the need for approval or attention; withdrawal or significant changes in mood; fear of making mistake; insomnia; low self esteem; exhibiting self-harming behaviour; viewing intimate partner violence; stress and/or anxiety in response to certain people; withdrawn; unresponsive and displays overly compliant behaviour; disclosure; reduction in skills and concentration; lack of trust particularly with significant others; changes in sleep pattern; frightened of specific individuals, lack of self esteem; stomach pains; discomfort when walking or sitting down; bleeding, pain, itching or complaints or soreness to genitalia or bottom; pregnancy and infections; discussions of shame of sexual activities (within light of cultural context and above and beyond peer group); unlikely or unexplained money or gifts; bedwetting; acting in a sexually inappropriate way with peers and or adults (especially professionals or those they are seeking to please); nervousness or fear of being left with specific persons or groups. For children or adults with learning difficulties, vivid knowledge, drawings and language that is beyond their development age.

Signs of discriminatory abuse include: unequal treatment or deliberate exclusion based on individual identity; verbal abuse, derogatory remarks or inappropriate language related to a their identity; denying access to communication aids; not allowing access to an interpreter, signer or lipreader; harassment or deliberate exclusion on the grounds of identity; support offered does not take account of the person's individual needs and this is clearly intentional.

### **What to look for – person who is abusing**

Withholding affection, denial of social and cultural contact, discriminatory comments, denial of reasonable requests, use of abusive language or shouting, denying privacy, lack of understanding of the needs of the adult, ignoring the person, use of threats, adult in need of safeguarding is perceived as un-cooperative or ungrateful for care/support.

### **Types of financial abuse**

**Definition** – the misappropriation or misuse of money/assets, or transactions to which the person could not consent or which were invalidated by intimidation//deception

Not allowing the person access to their money, not spending allowances on the individual, use of personal allowances to pay for care, theft of monies, denying access to money, scams, mismanagement of bank accounts, misuse of power of attorney, theft of property, withholding pension or building society book, misuse of benefits, unreasonable restriction of a person's right to control their lives to the best of their ability.

### **What to look for – signs of being abused**

Over protection of money or property; money not available; forged signatures; unexplained withdrawals from accounts; account does not balance; disclosure; lack of money especially after payments are known to have been made; unable to account for monies being spent; accounts balancing but efforts found in accounting for activities; inability to pay bills; losses from accounts disguised for activities; insufficient funds in account; missing personal possessions; unexplained lack of money or inability to maintain lifestyle; unexplained withdrawal of funds from accounts or arrears; if another individual is managing the individual's financial affairs who is acting evasively or uncooperatively; the family or others show unusual interest in the assets of the person; disparity between the person's living conditions and their financial resources, e.g. insufficient food in the house; recent changes in deeds or title to property; lack of clear financial accounts held by an institution; failure to provide receipts for shopping or other financial transactions carried out on behalf of the person.

### **What to look for – person who is abusing**

Money earned by carers does not equal that being spent, evasive when discussing finances, buying goods with own preference as a priority, good bought being frequently worn, used or in the possession of the abuser, over keenness to participate in activities involving individual's monies.

### **Types of neglect**

**Definition** – behaviour that results in the persistent or severe failure to meet the physical and /or psychological needs of an individual in their care

For children, neglect is likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. It may involve a parent or carer failing to provide adequate food, clothing and shelter (including exclusion from home or abandonment); protecting them from physical and emotional harm or danger; ensuring adequate supervision (including the use of inadequate care-givers); or ensuring access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Neglect can include ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as food, drinks, medication, adequate nutrition, light, clothing and heating, wilful failure to intervene, or consider the implications of non-intervention in behaviour which is dangerous to the individual concerned or to others, failure to use agreed risk-taking procedures resulting in the person taking unnecessary risks, inadequate care in hospital/residential settings, denying access to services or advocacy, withholding affection or communication, withholding of aids eg hearing aids, spectacles, walking aids, inadequate furnishings, limiting choice, not providing access to medical care or giving personal care.

#### **What to look for – signs of being abused**

Depression/fear; person is isolated; continence problems; dehydration; unkempt look; person not allowed visitors or phone; person locked in room; demanding eg food and/or drink; access to personal hygiene and toilet is restricted; deterioration of health; pressure ulcers; complaints of pain or discomfort; sleep disturbance; disclosure by person using service; low self-esteem; unexplained accidents; exposed to inappropriate stimuli, disclosure; constantly hungry, perhaps food being stolen from others; constantly dirty or in an unkempt, unwashed state; inappropriately dressed for the weather conditions (dependent on cultural context); a loss of weight or being constantly underweight; being tired all the time; failure to attend medical appointments or not requesting them; pressure sores, bed sores or ulcers; accumulation of untaken medication; mentioning being left alone or unsupervised.

#### **What to look for – person who is abusing**

Seemingly uncaring attitude and cold detachment from individual, frequent failure to report individual's progress to others, denying individual's requests, general lack of consideration towards the needs of the individual, individual perceived as uncooperative or ungrateful for care/support given, denying others, including health and social care professionals, access to the individual.

#### **Types of organisational abuse**

**Definition** – repeated incidents of poor professional practice or neglect or inflexible services based on the needs of providers rather than the person receiving services.

People using the service required to 'fit in' excessively to the routine of the service, system that encourages/allows or condones poor practice, deprived environment, lack of procedure/guidelines for staff, one commode used for a number of people, repeated/unaddressed incidents of poor



practice, lack of staff support/guidance, lack of homely environment, stark living areas, lack of privacy for personal care.

### **What to look for – signs of being abused**

Lack of personal clothing/possessions, no support plan, lack of stimulation, left on commode for long periods, no or inadequate risk assessment/management plans, unexplained bruising/burns, repeated infections, repeated falls, recoiling from specific individuals, unauthorised deprivation of liberty, pressure ulcers, limited or no access to primary/secondary healthcare.

### **What to look for – a person who is abusing**

Lack of understanding of people's disability/conditions, misuse of medication, use of illegal control and restraint, staff seeing people using the service as a nuisance, inappropriate use of per/control, undue/inappropriate physical intervention, rough handling, coercion, misuse of nursing/medical procedures, staff seeing that their wishes/needs take priority over those of the people they support.

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### **Self neglect and what to look for**

**Definition** – covers a wide range of behaviour, neglecting to care for one's personal hygiene, health or surrounding and includes behaviours such as hoarding. Self neglect is also defined as

the inability (intentional or non-intentional) to maintain a socially and culturally accepted standard of self-care with the potential for serious consequences to the health and wellbeing of the individual and sometimes to their community.

**Indicators may be** – living in very unclean, sometimes verminous, circumstances; poor self-care leading to a decline in person hygiene; refusing necessary help from health and/or social care in relation to personal hygiene and care; poor diet or nutrition; having poor personal hygiene; poor health/sores of long toe nails' poorly maintained clothing; isolation; failure to take medication; having large numbers of pets; neglecting household maintenance and therefore creating hazards or fire risks; portraying eccentric behaviour/lifestyles.

**Note – Poor environments and personal hygiene may be a matter of personal or lifestyle choice or other issues such as insufficient income.**

### **Modern Slavery and what to look for**

**Definition** – Modern slavery encompasses human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individual into a life of abuse, servitude and inhumane treatment. Victims can often face more than one type of abuse and slavery, for example if they are sold to another trafficker and then forced into another form of exploitation.

#### **What to look for**

Signs of slavery in the UK and elsewhere are often hidden, making it even harder to recognise victims around us. Whilst not exhaustive, here is a list of some common signs which you can be aware of.

Physical appearance – victims may show signs of physical or psychological abuse, look malnourished or unkempt or appear withdrawn

Isolation – victims may rarely be allowed to travel on their own, seem under the control and influence of others, rarely interact or appear unfamiliar with their neighbourhood or where they work.

Poor living conditions – victims may be living in dirty, cramped or overcrowded accommodation, and /or living and working at the same address

No personal effects – victims may have no identification documents, have few personal possessions and always wear the same clothes day in and day out. What clothes they do wear may not be suitable for their work

Restricted freedom of movement – victims have little opportunity to move freely and may have had their travel documents retained, eg passports

Unusual travel times – they may be dropped off/collected for work on a regular basis very early or late at night

Reluctant to seek help – victims may avoid eye contact, appear frightened or hesitant to talk to strangers and fear law enforcement for many reasons, such as not knowing who to trust or where to get help, fear of deportation, fear of violence to them or their family.

## **Domestic and Intimate Partner Abuse and what to look for**

**Definition** - any incident or pattern of incidents of controlling, coercive, 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.

The abuse can encompass but is not limited to, psychological, physical, sexual, financial and emotional.

### **Controlling behaviour**

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**

An act or pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish or frighten their victim.

### **Forced marriage**

A marriage where one or both spouses do not consent to the marriage and some element of duress is involved, including the use of physical and emotional pressure.

### **So called 'Honour' based violence (HBV)**

Where the person is being punished by their family or their community. They are being punished because of a belief, actual or alleged, that a person has not been properly controlled enough and is thus a 'shame' or 'dishonour' of the family. All practitioners working with victims of forced marriage and HBV need to be aware of the 'one chance' rule. That is they may have only one chance to speak to a potential victim and may only have one chance to save a life.

### **Range of abuse**

It is important to understand that domestic violence takes a variety of forms. As well as physical violence, other forms of abuse for example psychological abuse and/or emotional abuse have an equally negative impact on the person's health and wellbeing.

### **Radicalisation and terrorism**

**Definition** - the process by which people are drawn in or groomed to support terrorism or extremist ideologies and, in some cases, to subsequently participate in terrorist groups or activities.

### **What to look for – signs of being abused**

Engagement with a group, cause or ideology; intent to cause harm; capability to cause harm.