



Blackpool Coastal
Housing

Safeguarding Policy

June 2026

INSPIRING PEOPLE TO BUILD SUSTAINABLE COMMUNITIES

Document Information

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Scope of Document	Organisational policy relating to the safeguarding of adults and children.	
Objective	To provide a clear and consistent organisational approach to the safeguarding of adults and children. This policy is intended to apply to all staff including managers, frontline staff and contractors working for BCH.	
Who needs to know?	All managers, staff and contractors.	
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Amendment Record

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13/06/2023	1.0		Review for Semi- Independent Services.	Denise Williams
04/01/2024	1.0	P3 Principles	Updated guidance Working Together to Safeguard Children 2023.	Denise Williams
15/06/2026	1.1	Whole Policy	Full review of the previous SG policy completed and updated with changes to document sponsor and contents in line with Blackpool Council's Safeguarding procedures.	Denise Williams
25/06/2026	1.1	Whole document	Amended template.	Darren Parr

Amendment Notes

- Documents at draft status are to use letter designations to denote issue status: a, b, c etc.
- Documents at full issue status are to use number designations to denote issue status after full revision: 1.0, 2.0, 3.0, etc.
- For an amendment to a full issue document you are to use number designation to denote issue status: 1.1, 1.2, 2.1, etc.
- On full issue the draft amendment record should be deleted from the above table.
- Notification of the amendment must be sent to the person maintaining the Central Register.

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1. Policy Statement

As a responsible Housing Management organisation, the protection of adults and children at risk is very important to Blackpool Coastal Housing (BCH).

All citizens of the United Kingdom have their rights enshrined within the Human Rights Act 1998. We recognise that some of our customers may be additionally vulnerable to the violation of these rights, through abuse, exploitation and/or mistreatment by reasons of age, gender, gender reassignment, disability, marital or civil partnership status, pregnancy or maternity, race, religion or belief, and sexual orientation.

We also recognise that people who belong to minority groups may, by reason of their membership of these groups, be additionally vulnerable to abuse.

We are committed to the prevention of abuse of adults and children, to responding effectively and appropriately to instances of abuse and suspected abuse, and to taking a community leadership role in raising awareness of issues surrounding the abuse of adults and children.

This policy sets out how staff should work together with relevant individuals and agencies to protect adults and children at risk from abuse, exploitation and/or mistreatment. As well as describing general responsibilities, the policy contains signposts to relevant procedures, protocols and guidance for the reporting of incidents involving the alleged abuse of adults and children.

2. Principles

Blackpool Coastal Housing will work within the six key principles identified within the Care Act 2014 for adults and within the guidance set within the Working Together 2018 Guidance for Safeguarding Children.

The Care Act 2014 six principles are:

- **Empowerment:** People being supported and encouraged to make their own decisions and informed consent
- **Prevent:** It is better to take action before harm occurs
- **Proportionality:** The least intrusive response appropriate to the risk presented
- **Protection:** Support and representation for those in greatest need
- **Partnership:** Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse
- **Accountability:** Accountability and transparency in safeguarding practice

For the purpose of this policy, BCH supports the Working Together 2018 Guidance to:

- Protect children from maltreatment
- Prevent the impairment of children's health or development
- Child protection

Child protection is a key part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or is at risk of suffering, significant harm.

In practice, this means that all staff should:

- Actively work together with other agencies
- Actively promote the empowerment and well-being of adults and children at risk
- Act in a way which supports the rights of the individual to self-determination and personal choice
- Recognise people who are unable to take their own decisions and / or to protect themselves, their assets and bodily integrity
- Recognise that the right to self-determination can involve risk and ensure that such risk is recognised and understood by all concerned, and minimised whenever possible
- Ensure that when the right to an independent choice is at risk, the individual concerned receives appropriate help, including advice, protection and support from relevant agencies

3. Recruitment, Induction and Training

All recruitment and human resource issues will be managed in line with the relevant BCH employment policies and procedures.

All posts are risk assessed for DBS requirements prior to advertising. Where DBS checks are deemed necessary, this will be referenced within job descriptions and recruitment advertising material, as one element of our safer recruitment practices.

The main purpose of implementing a safeguarding policy in any setting is to raise the awareness and increase the knowledge of staff members regarding safeguarding adults and children and also increase safeguarding behaviours within BCH.

In order to ensure all staff members, understand and are committed to a safeguarding culture within BCH, it is important to make them feel supported and part of a culture that considers the safeguarding of adults and children to be paramount.

Induction and Training

All staff will be made aware of BCH arrangements for safeguarding and promoting the welfare of vulnerable adults and children and their responsibility in ensuring that they comply with this.

Staff have access to the BCH Early Warning process to report any concerns they may have when working in a customer's home, which will be used to support the delivery of toolbox talks on Safeguarding and Professional Boundaries to assist in developing a culture of understanding and responsibility towards Safeguarding whilst delivering work on behalf of BCH.

BCH will provide appropriate awareness and learning opportunities for staff to equip them to carry out their Safeguarding responsibilities effectively. This will include general awareness sessions and/or-service-specific specialist training, as appropriate. All staff will be required to attend refresh training, as applicable to ensure the learning remains current to meet agreed service timescales.

BCH have established an ICT Security Usage & Monitoring Policy, Data Protection and Confidentiality Policy and Social Media Policy guiding the use of and recording/storing of written and electronic communication, which reflects good practice. These policies should be read in conjunction with this Safeguarding Policy.

4. Working with Contractors/Partners

BCH will work with our contractors/partners and support them in raising awareness across their workforce on Safeguarding. This includes promoting the use of BCH Early Warning process to report any concerns they may have when working in a customer's home and support in delivering toolbox talks on Safeguarding and Professional Boundaries to develop understanding and responsibility towards Safeguarding whilst delivering work on behalf of BCH.

5. Vulnerability and Abuse

BCH recognises that adults and children can be vulnerable for a variety of reasons including age, gender, gender reassignment, disability, marital or civil partnership status, pregnancy or maternity, race, religion or belief, and sexual orientation.

For BCH therefore, an adult or child at risk is an adult or child whose wellbeing would be at risk if they did not receive appropriate support.

BCH defines abuse as: 'A violation of an individual's human and civil rights by any other person or persons' (No Secrets 2000).

6. A Shared Responsibility

BCH will ensure policies and procedures are in place, that appropriate staff are trained to identify and respond to safeguarding concerns and will work collaboratively with local safeguarding boards and other agencies to ensure the safety of all who use BCH services.

Joint Working

BCH believes that safeguarding and promoting the welfare of adults and children, and in particular protecting them from significant harm, depends on effective joint working between agencies and professionals that have different roles and expertise. Should BCH identify a safeguarding matter then BCH will work closely with Blackpool Council to properly assess and deal with the matter.

Blackpool Council Safeguarding arrangements can be accessed by following this link:

[Blackpool Safeguarding Partnerships Website](#)

Adults and children at risk, and those at greatest risk of social exclusion need coordinated help from health, education, children's social care, and possibly the voluntary sector and other agencies, including youth justice services.

To achieve this joint working, BCH is committed to the development and maintenance of constructive relationships between individual workers, promoted and supported by strong leadership and commitment from the Senior Management Team and the Management Structure beneath.

The key features of our approach to a shared responsibility are as follows.

BCH staff and managers will therefore be:

- Alert to potential indicators of abuse or neglect
- Alert to the risks that individual abusers, or potential abusers, may pose
- Share and help to analyse information so that an assessment can be made of the at-risk adult's or child's needs and circumstances
- Contribute to whatever actions are needed to safeguard and promote welfare
- Take part in regularly reviewing the outcomes against specific plans
- Work co-operatively with families and neighbours, unless this is inconsistent with ensuring safety
- Work collectively with the Council to resolve any issues or differences in professional decisions

BCH will support the Council in its delivery of the Prevent Strategy. It will work with the council to raise awareness across appropriate services areas. Relevant staff will attend training on this matter and will work with the police and council in the identification and reporting of individuals who may be a concern or at risk.

Further information regarding this subject can be found in Appendix 5.

Confidentiality and Information Sharing

BCH holds information that in the normal course of events is regarded as confidential. Personal information is subject to the principles of the General Data Protection Regulation, the Human Rights Act 1998, the Freedom of Information Act 2000, and the common law doctrine of confidentiality.

Concern about the abuse of adults and children provides sufficient grounds to warrant sharing information on a "need to know" basis and / or "in the public interest" in accordance with established data protection principles. Unnecessary delays in sharing that information should be avoided.

The principles that govern the sharing of information include the following:

- Information should only be shared on a 'need to know basis', when it is in the best interests of the individual
- Confidentiality must not be confused with secrecy
- Informed consent to the sharing of information should be obtained from the individual involved, but if it is not possible and other adults or children are at risk, it may be necessary to override this requirement

It is not appropriate to give assurances of absolute confidentiality in cases where there are concerns about abuse, particularly in those situations where other vulnerable people may be at risk.

Further information on Information Sharing and Confidentiality can be found here:

[Blackpool Safeguarding Partnerships Website](#)

Local Safeguarding Boards

BCH is a member of Blackpool's Multi Agency Safeguarding Arrangements (MASA) and Vikki Piper, Chief Operating Officer, is a member of MASA Strategic Delivery Group.

BCH access training provided by the MASA Business Safeguarding Partnership Business Unit, including e-learning and direct delivery.

If you are worried about an adult or a child, talk to BCH's Safeguarding Lead to discuss concerns at the earliest opportunity.

Safeguarding Lead: Denise Williams, Head of Support

Telephone: 01253 477925

Mobile: 07483 172685

Emergency Number: 07989 449382

Email: denise.williams@bch.co.uk

Deputy: Andrew Walker, Head of Housing Services

Telephone: 01253 477360

Mobile: 07828 821737

Emergency Number: 07828 821737

Email: andrew.walker@bch.co.uk

Operational Support can be provided by:

Jane Hearn, Resilience Manager (Adults)

Telephone: 01253 477920

Email: jane.hearn@bch.co.uk

Dionne Nicholson, Resettlement Manager (Adults & Children)

Telephone: 01253 477949

Email: dionne.nicholson@bch.co.uk

The lead officers support Blackpool MASA & subgroups and the work carried out within these groups.

7. Making a Referral

Referral about an Adult

If the person is at immediate risk, call the police on 999.

If you believe an adult is at risk of neglect or abuse, please contact:

Adult Social Care Team

Telephone: 01253 477592

Emergency Out-of-Hours Team: 01253 477600

Email: adult.socialcare@blackpool.gov.uk

Further information and an electronic referral can be completed by following the below link following “Worried about an Adult”.

[Blackpool Safeguarding Partnerships Website](#)

Referral about a Child

If the child is at immediate risk, call the police on 999.

If you have any concerns regarding the welfare of a child, please contact:

Children’s Social Care, the Duty and Assessment Team

Telephone: 01253 477299

Emergency Out-of-Hours Team: 01253 477600

Email: duty.assessment@blackpool.gov.uk

Postal Address: Duty and Assessment Team, 125 Albert Road, Blackpool, FY1 4BA

Further guidance for professionals and supporting resources can be found on the below link and supporting appendices:

[Blackpool Safeguarding Partnerships Website](#)

Appendix 1 – Forms of Abuse and Mistreatment

Appendix 2 – Predisposing Factors that may be linked to Abuse

Appendix 3 – General Principles and Responsibilities for Staff Responding to Abuse

Resettlement Housing Services

For the young people that live within our Supported Accommodation 16-18yrs, please see separate Young Person’s Policy.

What to do if You Are Not Happy with the Response you get

There is a responsibility on the person making a decision as to future action, following a referral to provide feedback to the referrer. However, responsibility also rests on the professional/agency making a referral to ensure that they receive feedback, and to make further enquiries if they do not receive satisfactory feedback. It should not be assumed that because a referral or alert has been raised, it is actually being dealt with in an appropriate manner. It must be followed up if satisfactory feedback is not received.

Ask the person you told what has happened as a result of your report. If you are not happy with the response, talk to their Line Manager or another manager.

If you are unhappy about the decision made on a particular case, refer this to your line manager who will escalate internally and discuss with the appropriate Council Manager. Clear notes should be made and kept on the customers information file.

If the situation cannot be resolved after following the above, the matter will be escalated to the Senior Management Team, and the formal process will be initiated. Further information can be found below using the following link: [blackpool-resolving-professional-disagreements-escalation-flowchart-2026.pdf](#)
[resolving_professional_disagreements7mb.pdf](#)

Where concerns are held about an adult or child at risk regarding malpractice or misconduct in a workplace, or by employees of an organisation/agency, those concerns should in most circumstances be raised with the organisation agency involved and also with the relevant Adult or Children's Social Services department.

BCH and all safeguarding partner organisations have a Whistleblowing Policy.

BCH is committed to supporting members of staff that raise safeguarding concerns and will ensure they receive advice and guidance throughout the process.

8. Allegations Against Members of Staff

It is essential that all allegations made against a member of staff are reported immediately to the Safeguarding Lead or Deputy.

All allegations of abuse made against members of staff who work for BCH will be managed in line with BCH employment policies and procedures and Blackpool Councils Safeguarding procedures. The Director of the service the staff member is employed under will act as the Named Senior Officer who has overall responsibility for:

- Reporting allegations to the Council's LADO (Appendix 4)
- Ensuring that BCH handles the allegations in line with agreed BCH and Council inter- agency procedures
- Resolving any inter-agency issues

The BCH Human Resources Manager will act as the named Senior Manager to provide high level support to the Director in handling any allegations made against a staff member.

The staff member will be provided with a Link Officer identified by the BCH Human Resource Team to keep them updated with the process and provide support.

Further information, resources and contact details for the LADO can be found at the link below.

[Blackpool Safeguarding Partnerships Website](#)

9. Safeguarding Adults Review (SAR)

Under the Care Act 2014, Safeguarding Adults Reviews (SARs) are a vital mechanism for learning and improving practice when an adult with care and support needs dies or suffers serious harm, and there is concern about how agencies worked together.

To ensure timely and appropriate referrals, Blackpool Coastal Housing will ensure that we have procedures in place that outlines:

- How staff identify cases that may meet SAR criteria
- How to escalate cases
- How to make a referral to Blackpool Safeguarding Adults Board (BSAB)

We will communicate these processes to all relevant staff, to ensure they are embedded in day-to-day practice through training, supervision and management oversight.

We will share any updates or improvements across the organisation to strengthen our safeguarding arrangements, including learning and actions arising from SARs to support continuous improvement across the organisation.

If a staff member has a concern following serious harm or death of a vulnerable adult who has care and support needs, discuss this with your line manager. Guidance can be found in **Appendix 5 – Safeguarding Adults Review (SAR) Flowchart**.

10. Monitoring and Governance Arrangements

The Safeguarding Policy will be reviewed every two years to ensure that it is current and up to date with any developments that take place locally and nationally. Any amendments or revision of the policy will be approved by the Senior Management Team (SMT).

All Safeguarding referrals will be recorded within individual case file electronically and within the house file. It is the responsibility of all officers making the referral to record, monitor and report any issues to their Line Manager.

All Safeguarding issues will be cascaded to Senior Managers. Monitoring of staff performance with regards to safeguarding matters will be reviewed within Staff Supervisions and yearly staff Individual Performance Appraisals (IPA's). All relevant BCH Policies and Procedures will be reviewed annually and reflect any changes within Safeguarding procedures.

11. Policies and Procedures Supporting Safeguarding

BCH Policies and Procedures

Code of Conduct
Disciplinary Procedure
One-to-One (Supervision) Policy
Individual Performance Appraisal (IPA) Policy
Anti-Harassment Policy
Recruitment and Selection Handbook
Recruitment and Selection Policy
Equality in Employment Policy
Equality Policy Framework
Checking Criminal Records and DBS Policy
Managing Poor Performance Policy Respecting People at Work Framework
BCH Behaviour Competencies
Probation Policy
Grievance Procedure
Training and Development Policy
Data Protection and Confidentiality Policy
ICT Security, Usage & Monitoring Policy
Social Media Policy
Whistleblowing Policy
Complaints Procedure
Customer Care Strategy
Comprehensive Equalities Policy
Professional Boundaries
No Smoking Policy

Health and Safety Policies and Procedures

BCH Health & Safety Policy
Risk Assessments- Staff, Building, Activity, Customer
Accident Reporting Form
COSHH management arrangements
RIDDOR arrangements
Personal Safety and Lone Working Policy
Zero Tolerance Policy

Useful Links

Up to date Safeguarding information can be found by accessing Blackpool Safeguarding website, it is recommended that staff refer to this website for further guidance and support. There are sections in both Adults and Children's for professionals. This can be accessed by following the below link.

[Blackpool Safeguarding Partnerships Website](#)

Appendix 1 – Forms of Abuse and Mistreatment

Physical Abuse

Physical abuse includes assault hitting, slapping, pushing, kicking, misuse of medication, misuse of restraint, FGM (female genital mutilation), domestic abuse, inappropriate physical restrictions or handling processes or inappropriate sanctions.

Indicators:

- A history of unexplained falls, minor injuries or malnutrition
- Unexplained bruises in various stages of healing
- Unexplained fractures or fractures in various stages of healing
- Injuries reflecting the shape of an object
- Unexplained burns, particularly to the soles of the feet, palms of the hands or back
- Immersion burns, rope burns or cigarette burns
- Injuries to the head, face or scalp
- Varicose ulcers, pressure sores
- Being left in wet clothing or bedding
- Sign of under or overuse of medication

Sexual Abuse

Sexual abuse includes inappropriate touching, indecent exposure, sexual grooming, sexual harassment, sexual teasing or innuendo, subject to pornography or witness to sexual acts, non-consensual sexual activity, rape.

Indicators:

- A significant change in sexual behaviour
- Sexually implicit or explicit behaviour around certain individuals
- Unexplained changes in behaviour
- Unusual difficulty in walking or sitting
- Torn, stained or bloody underwear
- Sexually transmitted disease
- Urinary tract or vaginal infection
- Full or partial disclosure or hints of sexual abuse

N.B. Sexual abuse is usually thought of as the involvement of a person in a sexual activity to which they have not consented or which they do not truly comprehend. However, it must be remembered that to prevent a person from expressing their chosen sexuality may also threaten their human rights and may be considered to be a form of abuse.

Children and young people are protected by specific legal provisions regardless of whether the child or young person consents to sexual activity or not. The sexual activity referred to does not just involve physical contact, including penetrative and non-penetrative acts. It may also include non-contact activities, such as causing children to engage in or watch sexual activity or the production of pornographic material.

'Working Together to Safeguard Children' defines sexual abuse as *“forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening”*.

There are occasions when adults embark on a course of behaviour known as 'grooming' where the sole purpose is to gain the trust of a child and manipulate that relationship so sexual abuse can take place. Employees should be aware that consistently conferring inappropriate special attention and favour upon a child might be construed as being part of a 'grooming' process and as such will give rise to concerns about their behaviour.

Psychological Abuse

Psychological abuse includes domestic abuse, emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks, radicalisation.

Indicators:

- The person appears withdrawn, agitated or anxious in general
- The person appears intimidated or subdued in the presence of the carer
- The person appears frightened of making choices or expressing his / her wishes
- The person appears fearful or flinches on approach
- Changes in sleep patterns
- The person may be tearful

Financial or Material Abuse

Financial or material abuse includes theft, fraud, scams (e.g. telephone, post, internet), exploitation, pressure in connection with wills, property or inheritance or financial transactions, incorrect recording or the misuse or misappropriation of property, possessions or benefits;

Indicators:

- Unexplained withdrawals from bank or building society accounts
- Unexplained disappearance of financial documents
- Sudden inability to pay bills
- Disparity between assets and apparent living conditions
- Carer concerned preoccupied with financial questions, rather than about care or well-being
- Lack of reasonable co-operation from the person managing finances
- Carers failing to account for expenses incurred on a person's behalf

Neglect and Acts of Omission

Neglect and acts of omission includes ignoring or failing to respond to medical, emotional or physical needs, failure to provide appropriate care, failure to follow care plan or health advice, failure to provide access to appropriate health, social care or educational services and the withholding of the necessities of life, such as medication, adequate nutrition and heating, failure to follow health and safety legislation.

Indicators:

- Inadequate food, fluids, heating, lighting
- Poor physical condition, poor hygiene, varicose ulcers, pressure sores
- Clothing in a poor condition
- Failure to seek medical advice or summon assistance as required
- Failure to access dentistry, chiropody services etc.
- Refusal to allow access to appropriate callers or visitors

Organisational Abuse

Organisation abuse includes failure to follow health and safety legislation, neglect or overall poor practise, ill treatment, failure to adhere to care or health advice, failure to respond to whistleblowing issues, failure to adhere to legislation.

Discriminatory Abuse

- The new General Equality Duty covers the following protected characteristics:
- Age
- Disability
- Gender reassignment
- Pregnancy and maternity
- Race – this includes ethnic or national origins, colour or nationality
- Religion or belief – this includes lack of belief
- Sex
- Sexual orientation
- Marital status

Discriminatory abuse includes harassment, slurs, racist or sexist remarks or comments based on a person's characteristic, failure to respond to equality and diversity needs, FGM, honour-based violence, hate crime, radicalisation. It may also include isolation or withdrawal from religious or cultural activity, services or supportive networks.

Indicators:

- Inappropriate remarks or comments
- Poor quality services or support to certain groups of clients
- Client prefers not to be supported by certain member(s) of staff
- Staff member may seem to avoid supporting certain groups of clients
- Inappropriate social contact or activity offered
- Minimal or no contact with relevant groups or organisations, etc.
- No individualised support plan or no reference in support plan to specialised needs

Institutional Abuse

Institutional abuse involves the collective failure of an organisation to provide an appropriate and professional service to vulnerable people. It can be seen or detected in processes, attitudes and behaviour that amount to

discrimination through unwitting prejudice, ignorance, thoughtlessness and stereotyping. It includes a failure to ensure the necessary safeguards are in place to protect adults and children at risk and maintain good standards of care in accordance with individual needs, including training of staff, supervision and management, record keeping and liaising with other providers of care.

Self-Neglect

Self-neglect can include hoarding, self-neglect of personal hygiene / nutrition / hydration causing harm or risk to health, self-neglect causing risk to others.

Indicators:

- Lack of self-care
- High level of clutter / hoarding
- Insanitary conditions
- Disengagement with professionals
- High risk to safety
- Chaotic substance misuse
- Lack of essential amenities
- Refusal of health / medical treatment

Modern Slavery

Modern Slavery can include trafficking, forced marriage, denial of access to health or social care in the context of slavery.

Domestic Abuse

Domestic Abuse includes physical, sexual, financial, psychological abuse, stalking, FGM, honour-based violence.

Disabled Adults and Children

Some disabled adults and children are mentally or physically more vulnerable than others, which could make it easier for abusers to exploit them. They may also find it more difficult to recognise and report abuse and to be believed for example if their disability means that they:

- Have limited life experiences and so have not developed the social skills needed to work out what the behaviour and attitudes of others mean. This could make them less able to understand what appropriate and inappropriate behaviour is
- Have been encouraged to comply with other people's wishes and not to question authority figures
- Are afraid to challenge potentially abusive situations because of fear of the consequences. It is often easier to be compliant and pleasing rather than risk angering an authority figure and getting into trouble
- May not be able to report abuse either because there is no-one they can report it to or because they do not have the appropriate language to use
- May not be able to recognise that abuse has taken place

- Feel powerless because they must depend on others for personal support
- May not be able to physically remove themselves from abusive situations
- Are not believed because their authority figures cannot accept that anyone would abuse an individual with a disability
- May not have anybody they can trust and confide in
- May feel guilt or shame about the abuse, which prevents them from reporting it
- May not have a sense of ownership of their own bodies because they are so used to being examined physically by others as part of their medical and physical care
- Have low self-esteem and a poor self-image

Appendix 2 – Predisposing Factors that may be linked to Abuse

Abuse can take place in any context. It may occur within nursing, residential or day care settings, in hospitals, custodial situations, support services into people's homes, and other places previously assumed safe. It can also take place in public places. The trend towards more care at home can make people potentially more vulnerable to abuse.

Perpetrators of abuse may be visitors, neighbours, relatives, carers, care practitioners, voluntary visitors or other customers. Abuse may be more likely to occur in the following situations:

The Domestic Environment

- Family relationships over the years have been poor or where family violence is considered normal
- The family is under stress due to poor income or housing conditions
- Carers have unwillingly had to change their lifestyle
- Carers receive little or no practical and / or emotional support from their family members and/or professionals
- Carers are showing signs of physical or mental illness or are becoming dependent on alcohol or drugs
- Carers feel emotionally and socially isolated
- Carers have other demanding responsibilities, e.g. work and family
- Carers have no personal or private space
- Roles have been reversed - for example, a parent becomes a dependent
- The person being cared for shows little consideration for the needs of the carer and other family members
- The carer has frequently requested help from professionals, but problems have not been or cannot be resolved
- The carer feels abused or exploited by the dependent person

Residential, Social and Health Care Environments

Such environments include residential care homes, nursing homes, hospitals, schools, day care centres and supported or sheltered housing schemes.

- An inappropriate power relationship exists between staff and the vulnerable person
- Regimes which are careless of a person's property or emotional wellbeing
- Inadequate recruitment policies which allow the employment of staff with insufficient checks
- Poor practice which has gone unchecked or unguided
- A regime in which customers are discouraged from speaking out or complaining
- An environment in which staff anxieties over job security or promotion inhibits them from raising concerns about bad practice / abuse
- Inexperienced or poorly trained staff caring for people who need a high level of assistance or specialised care
- Inadequate management support or lack of supervision by trained and experienced managers
- Low morale amongst the work force and defensiveness about their working practices

- Insufficient numbers of staff expected to cope with high dependency levels, high incidence of incontinence, etc.
- An absence of clear policies and procedures covering operational issues, drug management, safety, data protection, handling complaints etc.
- Poor working conditions or terms of employment
- A culture which focuses on the needs and rights of staff rather than on the vulnerable person
- Constant high turnover of staff or heavy reliance on 'bank' staff. Conversely, a stable but rigid staff team resistant to change
- A casual approach to privacy and rights
- Poor or no contact between customers and their families, friends, etc.
- An over-strict and regimented routine for customers
- A high incidence of restraint
- A high incidence of accidents
- Inappropriate or over-use of medication
- Discrepancies or deficiencies in record keeping
- Inappropriate levels of control of customer's finances and personal affairs
- Singling out individuals for preferential treatment

Carers under Stress

It is acknowledged that unpaid carers provide a great deal of community care. Health and social care providers have developed a number of initiatives and practices to ensure that practical support for carers is given a high priority. However, the constant burden of care can place carers under stress.

Carers under stress may express a range of feelings. The frequency and intensity with which these emotions are expressed are important. The expression of these emotions might indicate not just a desire to share the difficulties which the carer faces, but a growing inability to continue coping in a sensitive and caring manner.

Social and emotional signs of a carer under stress may include the following:

- An unremitting sense of anger, frustration or despair
- A sense of unfairness, of being victimised, or resentment
- Grieving for lost personal ambitions and plans
- Anxiety and worry
- A sense that they are not caring for themselves
- Feelings of isolation and loneliness
- Loss of self-esteem
- A feeling that they are not respected or important
- A sense of having no time for themselves
- Feeling that there is no relief and that the situation is beyond their control
- Feelings of bewilderment or upset caused by the person's behaviour towards them

Electronic Communication

There are growing concerns about what is and what is not permissible in the area of communication between adults and children. Understandably, with use of mobile phones, text messaging, e-mail and other forms of

electronic communication becoming commonplace, these methods of communicating have been widely adopted by adults and children whose circumstances make them vulnerable.

There is evidence of the use of mobile phones and other electronic communication for grooming or other purposes by professionals and others in positions of trust in relation to adults and children. There have also been incidents of adults, children and young people becoming very distressed as a result of bullying by people/professionals or others who have contacted them without parental knowledge on their mobile phones.

Social Networking and Social Media

Interactive social media technology has revolutionised the way that people connect and interact. Facebook, Twitter, blogs, instant messaging and photo and video exchange sites are increasingly popular and provide an opportunity for people from all environments to connect with adults and children. However, the use of social networking sites also introduces a range of potential safeguarding risks to adults, children and staff members.

What are the potential risks?

With all emerging technologies there is also the potential for misuse. Risks associated with user interactive services include cyberbullying, grooming and potential abuse by online predators, identity theft and exposure to inappropriate content including self-harm, racist material, incitement to hatred and pornography.

Most adults and children use the internet positively but sometimes behave in ways that may place themselves at risk. Some risks do not necessarily arise from the technology itself but result from offline behaviours that are extended into the online world, and vice versa.

Potential risks can include, but are not limited to:

- Bullying by peers and people they consider 'friends'
- Posting personal information that can be used to identify and locate an individual offline
- Sexual grooming, luring, exploitation and abuse contact with strangers
- Exposure to inappropriate content
- Involvement in making or distributing illegal or inappropriate content
- Theft of personal information
- Exposure to information and interaction with others who encourage self-harm
- Exposure to racist or hateful material
- Encouragement of violent behaviour, such as 'happy slapping'
- Glorifying activities such as drug taking or excessive drinking
- Physical harm to young people in making video content, such as enacting and imitating stunts and risk-taking activities
- Leaving and running away from home as a result of contacts made online

Potential indicators of online grooming and sexual exploitation of children and young people

There is also concern that the use of social networking services may increase the potential for sexual exploitation of children and young people. Exploitation can include exposure to harmful content (including pornography and child abuse images), and encouragement for young people to post inappropriate content or images of themselves. There have also been a number of cases where adults have used social networking and user interactive services as a means of grooming children and young people for sexual abuse. The Home Office Task Force on Child Protection on the Internet identifies that online grooming techniques include:

- Gathering personal details, such as age, name, address, mobile number, name of school and photographs
- Promising meetings with sports idols or celebrities or offers of merchandise
- Offering cheap tickets to sporting or music events
- Offering material gifts including electronic games, music or software
- Paying young people to appear naked and perform sexual acts
- Bullying and intimidating behaviour, such as threatening to expose the child by contacting their parents, and / or saying they know where the child lives, plays sport, or goes to school
- Asking sexually themed questions, such as 'Do you have a boyfriend?' or 'Are you a virgin?'
- Asking to meet children and young people offline
- Sending sexually themed images to a child, depicting adult content or the abuse of other children
- Masquerading as a minor or assuming a false identity on a social networking site to deceive a child
- Using school or hobby sites (including sports) to gather information about a child's interests likes and dislikes. Most social networking sites set a child's web page/profile to private by default to reduce the risk of personal information being shared in a public area of the site

Photography

Consent must be sought from parents/carers to photograph/video children and young people. Staff should be vigilant at all times regarding the use of cameras, camera phones or videos at events, which involve children.

Prior to community events delegated officers must inform those attending that photographers will be in attendance and get the necessary consent forms completed.

Child Sexual Exploitation

The sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of performing and/or others performing on them, sexual activities.

Child Sexual Exploitation can occur through use of technology without the child's immediate recognition, for example the persuasion to post sexual images on the internet/mobile phones with no immediate payment or gain. In all cases those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or other resources.

Prevent - What is Prevent?

Prevent was set up in 2006 by the Labour government as part of the wider counter-terrorism strategy called CONTEST. Prevent's aim is to stop people becoming terrorists or supporting terrorism.

It was reviewed by the Coalition government in 2011 in order to separate direct counter-terrorism activities from integration work with communities. Integration work would no longer be part of Prevent.

The [Prevent Strategy](#) has three objectives:

- Challenging the ideology that supports terrorism and those who promote it
- Protecting vulnerable people
- Supporting sectors and institutions where there are risks of radicalisation

Prevent is a [UK-wide](#) strategy, as counter-terrorism is the responsibility of the UK government. In practice it is delivered differently in the different countries of the UK as many of the organisations involved, for example the police and councils, are under the control of devolved governments.

Under the Prevent strategy organisations like councils and schools develop projects to reduce the risk of people becoming involved in terrorist activity.

It also includes things like providing “advice, support, production capabilities and social media training to civil society groups to help deliver counter-narrative campaigns” as well as removing extremist material from the internet. Training and learning materials are also [provided](#) to staff in organisations like the schools and the NHS in order to help them recognise radicalisation.

Channel

A key part of the Prevent strategy is “[Channel](#)”. Police work with public bodies, including local councils, social workers, NHS staff, schools and the justice system to identify those at risk of being drawn into terrorism, assess what the risk might be and then develop tailored support for those referred to them. This could [range from](#) mentoring to things like anger management or drug and alcohol programmes.

Appendix 3 – General Principles and Responsibilities for Staff

Responding to Abuse

Alerting

Alerting is the responsibility of any member of staff if they suspect that abuse of an adult or child may have taken place or is likely to take place.

A concern that an adult or child at risk is or could be abused may have arisen either from:

- A direct disclosure by the adult or child at risk
- A complaint or expression of concern by another member of staff, a volunteer, another customer, a carer, a member of the public or relative
- An observation of the behaviour or physical condition of an adult or child by a volunteer, member of staff or carer a member of the public or relative

Potentially there are two people who have responsibilities at the Alert stage of an incident; these are the person first made aware of the issue, and where they work within a relevant service, their manager.

Responsibility of the Person First Aware of the Situation

It is the responsibility of the person first becoming aware of a situation where there may be an adult or child subject to, or at risk of abuse to:

- Make sure the person is safe
- Inform
- Record

Make Safe

Deal with the immediate needs of the person. This may mean:

- Taking reasonable steps to ensure the adult or child is in no immediate danger
- Seeking medical treatment if required as a matter of urgency

Do **NOT** discuss the allegation of abuse with the alleged perpetrator.

Do **NOT** disturb or destroy articles that could be used in evidence and where an assault of some kind is suspected, do not wash or bath the person unless this is associated with first aid treatment necessary to prevent further harm.

Inform

- Inform your Line Manager immediately or another senior manager if your Line Manager is implicated in the allegation
- Employees from the Operations Directorate (such as Repairs, Assets, Compliance etc.) and employees from the Finance and Resources Directorate who have concerns or who identify risks, should pass the information to a Manager within Housing Services (Rents, Lettings or Neighbourhoods or to the Head of Housing Services/BCH Deputy Safeguarding Lead) immediately, in order for a referral to be made if necessary

- Contact the police if you think a crime has been committed

Record

- Record the details of the allegation in either the file of the person involved, or if this is not available somewhere else that can be kept secure
- Record the allegation or concerns, including the date and time of the incident, what the vulnerable adult or child has said about the abuse and how it occurred or what has been reported to you
- Record the appearance and behaviour of the victim
- Record any injuries observed

Responsibilities of Line Managers

Once the allegation or suspicion of abuse has been raised with the Line Manager, she/he must decide without delay on the most appropriate course of action. Operations Directorate and, staff from the Finance and Resources Directorate should pass all information to a manager within Housing Services (Rents/Lettings or Neighbourhoods or to the Head of Housing Services/BCH Deputy Safeguarding Lead) to make a referral.

It is the responsibility of the Line Manager to:

Make Safe

Deal with any immediate needs:

- Ensure that the victim of the alleged abuse is safe
- Ensure that any necessary emergency medical treatment is arranged
- Ensure that no forensic evidence is lost
- If the alleged perpetrator is also an adult or child at risk, ensure that a member of staff is allocated to attend to their needs and ensure that other customers are not put at risk

Clarify

- Check the facts stated by the member of staff, but do NOT in any circumstances discuss the allegation of abuse with the alleged perpetrator or, if possible, the victim
- Check that the circumstances fall within the safeguarding procedures, i.e. meeting the definition of abuse, as defined in this Policy and Blackpool Council Safeguarding Procedures
- Check issues of consent and confidentiality

Refer

- Make a referral to Blackpool Council Safeguarding Adults Team, or to Blackpool Council Children's Social Work Teams, or to the Police if the adult or child is at immediate risk of harm
- Report to the police if you think a crime may have been committed
- Ensure full details are recorded on the tenant file and a note added to the system that a referral has been made including the date and to whom. Any further information, for example, any outcomes of any safeguarding meetings etc. should be held on the tenants file with a note on the system to refer to the file for full details

Making a Referral

The referral stage involves bringing the concern regarding alleged abuse or potential abuse formally to the attention of the Council and other authorities. Any individual who has been alerted to the possibility of abuse having occurred or being likely to occur should make a referral.

A referral must be made where:

- A crime has been, could have been, or yet could be committed
- The allegation involves a member of staff
- Other adults or children are at risk
- The alleged perpetrator is an adult or child at risk
- There are still questions as to whether abuse has taken place

Referral should be made within 24 hours once a person has been alerted to suspected or actual abuse.

Responsibility of the Referrer

The person making the referral should have the following information available if known:

- The name of the adult or child at risk
- Date of birth and age
- Address and telephone number
- Why the adult or child is considered at risk
- Whether consent has been obtained for the referral, and if not, the reasons why, e.g. the adult or child at risk lacks capacity, or there is an over-riding public interest (e.g. where other adults or children are at risk)
- Whether there are any concerns or doubts about the capacity of the adult or child at risk
- Whether the police are aware of the allegation, and whether a police investigation is underway

Other information that could be useful:

- Names and addresses of carers, significant family members and next of kin
- What arrangements have been made for protection of the adult or child at risk?
- Reason for concern / details of the alleged abuse including any injuries and dates
- Who can be contacted to gain access to the adult or child at risk?
- How the information was obtained?
- Whether the referrer can be used as a source of information?
- Who else can be contacted for further information?
- Whether there are any personal safety issues that anyone making a visit should be aware of?
- Which police station is dealing with the case?
- Details of any medical treatment that has been arranged
- Name of GP and other services involved
- Gender, language, race, cultural background and whether an interpreter will be required
- Details of physical and / or mental disability or illness
- Details of any communication difficulties due to sensory or other impairments (including dementia or other cognitive impairment)
- Details of the alleged perpetrator, including whether the perpetrator is also an adult or child at risk
- If a crime has been committed, what steps have been taken to preserve evidence?

Good Practise Guidance

Receiving an Allegation of Abuse from an Alleged Victim

- Take time to listen to the person rather than directly question him or her
- Don't interrupt an adult or child at risk who is freely telling you what has happened
- Accept what is being said without comment and remain open minded
- Do not make judgments or jump to conclusions
- Reassure the person
- Ask the person what they would like to do about what has happened
- Do not promise that you will be able to keep what the person says confidential. Make explicit the fact that you may need to share what you are told, but only to people who need to know
- Reassure the person that their wishes will be taken into account
- Make a note of what was said, where it was said and who was there, including any questions you have asked
- Always remember to sign and date any notes you make

Alerting

- Assure the person making the complaint or allegation that they will be taken seriously
- If an adult or child is making a disclosure, listen carefully to what they are saying, stay calm, clarify the facts of the abuse but avoid detailed investigation at this stage
- Do not be judgmental or jump to conclusions
- Reassure the person that you will take steps to protect them from further abuse
- Do not give any promises of complete confidentiality. The wishes of the adults or children at risk will be respected but they must be informed that the information given to an individual member of staff is not confidential to that member of staff and that there is a duty to report their concern to their line manager or to Social Services and/or the Police
- Explain that you have a duty to report what you have been told to your line manager and their concerns may be shared, especially if other adults or children are at risk
- The records kept should be factual. However, if the record does contain an opinion or an assessment, it should be supported with factual evidence. Opinion should be stated as such, and facts differentiated from hearsay, which is something that has not been seen or heard first hand by a witness
- If medical treatment is not immediately required, medical examinations should NOT be arranged until the investigation has started

Making Safe

If at any time you feel the person needs urgent medical assistance, call for an ambulance or arrange for a doctor to see the person at the earliest opportunity as appropriate.

If the adult or child at risk wishes to remain in the situation and they have the capacity to make this decision and understand the consequences, and refuses assistance, their wishes must be respected.

In most circumstances you may not need to take any immediate action, as the person may not have suffered a serious injury or be at immediate risk. However, if you come across someone in serious distress, or at immediate risk:

- Keep calm
- Assess the situation
- Make sure that you and the victim are safe
- Give any emergency help that may be needed and you are confident and competent to give
- Get help
- Reassure and take care of the person

Recording and Preserving Evidence

It is the responsibility of all individuals and agencies having a responsibility for the care, treatment and support of adults or children at risk to ensure that any concerns they have about the welfare of an adult, or child, are recorded and that any evidence indicating that abuse is occurring or has happened is retained.

In most circumstances you may not need to do anything except record the events that have given rise for concern. However, there may be occasions when it is important to follow certain rules:

- Ensure written records (notes, letters, bank statements, medication records etc.) are kept in a safe place
- Make a written record of messages (e.g. answerphone) to ensure they are not lost. Include the date and time and sign them
- In cases of physical or sexual assault encourage the person not to wash bathe or shower where you think they might have a medical examination. Preserve clothing and footwear and handle them as little as possible
- Where the abuse has involved oral sex encourage the person not to drink until they have been seen by the police or forensic doctor
- Don't tidy up, wash clothes, bedding or other items
- If evidence has to be moved, then put it in a clean paper bag or envelope
- Secure any financial records if financial abuse is suspected

What to Record

- It is important that you write down why you are concerned about a person as simply and clearly as you can, and as soon as you can after an event. In some cases, this will mean writing in a person's records or notes, in others it might be on a piece of paper. All original notes must be retained
- It is important that you record all relevant information including what you saw, what you heard, and why you acted as you did
- Sign and date your records and make sure they are kept in a safe place
- Record any physical signs or injuries using a drawing, if necessary, make sure you sign and date it
- Where the person at risk has physical signs or injuries try and ensure they are seen by a qualified medical practitioner (e.g. doctor or nurse)
- Write down what is said to you as soon as possible, who said it including their relationship to the adult or child at risk and how they can be contacted, if appropriate include any questions you have asked, make sure you sign and date it
- Include any details about what the person at risk wants to be done at this stage
- Make a written record of messages (e.g. answerphone) to ensure they are not lost. Include the date and time and sign them
- Ensure you record what action you took and why
- Sign and date all your records and make sure they are kept in a safe place

Appendix 4 – Allegations Made Against Staff

If a young person makes an allegation against a staff member you must report this to your Line Manager immediately, or the BCH Safeguarding Lead or BCH Deputy Safeguarding Lead (details are within this policy).

All allegations are to be reported to the Council's LADO within 24 hours.

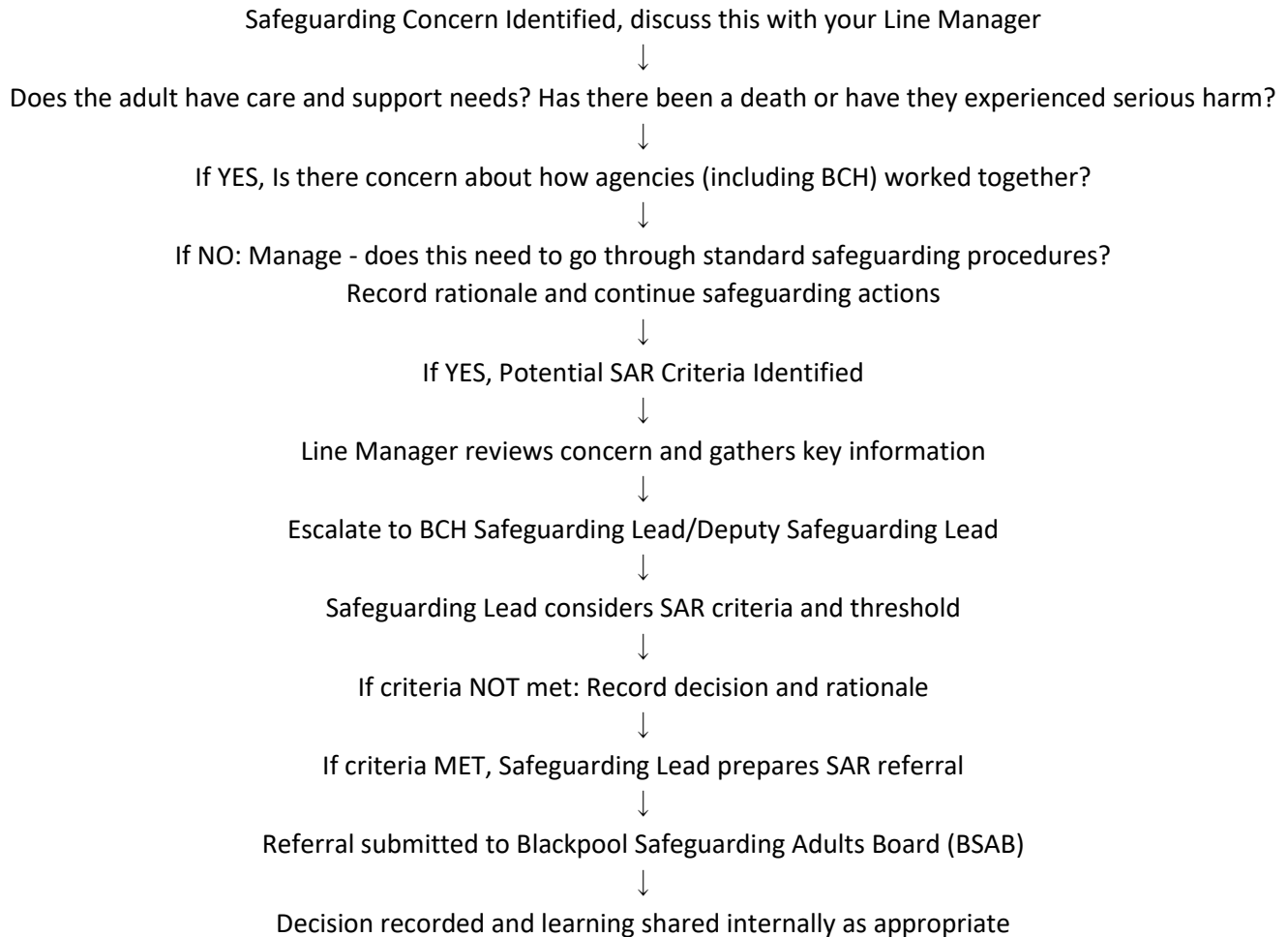
The process that follows will be:

- Agency receives information regarding a possible allegation
- Ensure children & young people are safeguarded. Refer to children's social care or police if required
- Do not investigate the matter – do not question the alleged victim, alleged perpetrator or potential witnesses without formal consultation with the Local Authority Designated Officer
- The Designated Senior Officer will discuss with the Local Authority Designated Officer and agree a course of action;
 - Does not meet threshold
 - Action by the Setting via HR
 - Strategy meeting

If the allegation is discussed at a Strategy Meeting, it will decide:

- What is required to safeguard the young person involved
- What support is needed
- Whether a police and/or social care investigation is required or whether disciplinary procedures should be followed
- What information can be shared with the alleged perpetrator
- Whether the outcome of the allegation is
 - **Substantiated:** Evidence was able to prove that it did happen as reported
 - **Unsubstantiated:** It cannot be proven that it did or didn't happen as reported
 - **Unfounded:** Evidence is available to prove that what was alleged did not happen, or couldn't have happened, or information has been misinterpreted
 - **Malicious:** A deliberate act to deceive. It is necessary to have evidence which proves this intention
 - **False:** It is known without a doubt that an allegation is untrue

Appendix 5 – Safeguarding Adults Review (SAR) Flowchart



Supporting notes for the flowchart

Identification

- Any member of staff may identify a case that could meet Safeguarding Adults Reviews (SAR) criteria
- Indicators may include serious incidents, death, or significant harm involving an adult with care and support needs, where multi-agency working is a factor

Escalation

- Concerns must be escalated without delay to the staff members Line Manager
- Line Managers are responsible for ensuring concerns are reviewed and escalated to the BCH Safeguarding Lead or Deputy

Decision-Making

- The BCH Safeguarding Lead will determine whether the case meets SAR criteria and whether a referral should be made
- All decisions, including cases where the criteria are not met, must be clearly recorded with a rationale

Referral

- Where criteria are met, the Safeguarding Lead will submit a referral to the Blackpool Safeguarding Adults Board (BSAB). The referral should detail:
 - What happened with dates if known
 - The views of the staff
 - Where the incident/concerns took place
 - Who was involved and their organisation
 - Why the request is being made
 - A synopsis of the case
- BCH will cooperate fully with any review process and share learning to improve safeguarding practice

Guidance on criteria can be found here: [pan lancs multi-agency policy nov 2024.pdf](#).