

# ADULTS AT RISK POLICY 2022 - 2023

## Contents

1. Policy Statement Introduction.....	3
2. Scope of the Alliance Learning Policy .....	4
3. Safeguarding Adults at Risk in Alliance Learning .....	4
4. Informing Principles.....	5
5. Prevention.....	6
6. Responding to Concerns.....	6
7. Channel.....	7
8. Allegations against staff .....	7
9. Abuse of Trust.....	7
10. Physical Contact with Students/Restraint .....	8
11. Adult at Risk vs Adult at Risk Abuse.....	8
12. Staff Recruitment.....	8
13. Record Keeping.....	8
14. Staff Training .....	9
Appendix 1 - Summary Of Alliance Learning Adults at Risk Policy For Staff .....	10
Appendix 2 - Categories Of Abuse (Adults at Risk) .....	11
Appendix 3 – Body Map .....	18
Appendix 4 – Procedure for Reporting and Dealing with Concerns or Disclosure of Abuse related to Adults at Risk .....	19
Appendix 5 – Procedure for Reporting and Dealing with Allegations of abuse against adults at Risk by a Member of Staff .....	20
Appendix 6 – Safeguarding Adults Multi-Agency Alert Form .....	21
Appendix 7 – Alliance Learning’s Adult at Risk Policy for Parents and Carers .....	22
Appendix 8 – Relevant Legislation .....	24
Appendix 9 – Safeguarding Advice for All Staff .....	25
Appendix 10 – Roles and Responsibilities of Key Staff involved in Safeguarding Adults at Risk ...	27

## 1. Policy Statement Introduction

The Care Act 2014 brings together social care legislation and national policy that has developed over decades of local government practice. This legislation supersedes any existing social care legislation and as such replaces the document 'No Secrets' issued by the Department of Health under Section 7 of the Local Authority Social Services Act 1970, which gave guidance on developing and implementing multi-agency policies and procedures to protect from abuse.

The Care Act 2014 creates a single law for adult care and support. The legislation in summary puts [Safeguarding Adults Boards](#) and Safeguarding Adults Reviews on a statutory footing and requires local authorities to make enquiries, or to ask others to make enquiries, where they reasonably suspect that an adult with care and support needs is at risk of [Abuse](#) or neglect.

### Key Principles of Partner Agencies of Bolton Safeguarding Adults Board

Member organisations of the Bolton Safeguarding Adults Board work to the following principles in all its developments to achieve the vision and adhere to its statement of purpose:

- **Principle 1 - Empowerment:** taking a person-centred approach, whereby users feel involved and informed, and their consent needed for decisions and actions to safeguard;
- **Principle 2 - Protection:** it is everybody's responsibility to act upon suspicions of [Abuse](#) to ensure that adults are afforded protection in law;
- **Principle 3 - Prevention:** it is better to take action before harm occurs; prevention should be the primary goal. Everyone has a role, from organisations to members of the public and communities;
- **Principle 4 - Proportionality:** ensuring outcomes are appropriate for the individual, and responses to allegations of abuse are proportionate to the risk and nature of the allegation;
- **Principle 5 - Partnership:** agencies and communities should work together to respond effectively and share information appropriately, ensuring the individual is involved;
- **Principle 6 - Accountability:** all agencies have a clear role and should be transparent and accountable for decisions that they make.

Alliance Learning, in supporting these principles, endeavours to achieve the following outcomes.

- a. Empowerment:** we give individuals relevant information about recognising [Abuse](#) and the choices available to them to ensure their safety. We give them clear information about how to report abuse and crime, and any necessary support in doing so. We consult them before we take any action. Where someone lacks [Capacity](#) to make a decision, we always act in his or her best interests;
- b. Protection:** our local reporting arrangements for abuse and suspected criminal offences, along with our risk assessments, work effectively. Our governance arrangements are open and transparent and communicated to our students;
- c. Prevention:** we can effectively identify and appropriately respond to signs of abuse and suspected criminal offences. We make staff aware, through provision of appropriate training and guidance, of how to recognise signs and take any appropriate action to prevent abuse from occurring. In all our work, we consider how to make individuals safer;
- d. Proportionality:** we discuss with the individual and where appropriate with partner agencies the proportionality of possible responses to the risk of significant harm before we take a decision. Our arrangements support the use of professional judgement and the management of risk;
- e. Partnership:** we have effective local information-sharing and multi-agency partnership arrangements in place and staff understand these. We foster a 'one team' approach that places the welfare of individuals above organisational boundaries;
- f. Accountability:** the roles of all agencies are clear, together with the lines of accountability. Staff understand what is expected of them and others. Agencies recognise their responsibilities to each other, act upon them and accept collective responsibility for safeguarding arrangements.

## 2. Scope of the Alliance Learning Policy

This Policy applies to all staff employed by Alliance Learning including agency staff/'workers', volunteers and contractors. All have a legal responsibility to take seriously any adult at risk concerns that come to our attention and follow the procedures given.

Students who have concerns about other students, or the behaviour of adults towards them, can use this Policy to ensure they are taken seriously.

Placement providers and subcontractors must be informed of this Policy and deal with any concerns reported to them by contacting the Designated Person with responsibility for Safeguarding Adults at Risk in Alliance Learning.

### *Who is an Adult at Risk?*

The Care Act 2014 informs us that safeguarding duties apply to an adult who is over 18 years of age, who:

- Has needs for care and support (whether or not the local authority is meeting any of those needs); and
- Is experiencing, or at risk of, abuse or neglect; and
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

An adult may, therefore, be a person who:

- Is elderly and frail due to ill health, physical disability or cognitive impairment;
- Has a learning disability;
- Has a physical disability and/or a sensory impairment;
- Has mental health needs including dementia or a personality disorder;
- Has a long-term illness/condition;
- Misuses substances or alcohol;
- Is a carer such as a family member/friend who provides personal assistance and care to adults and is subject to abuse;
- Is unable to demonstrate the capacity to make a decision and is in need of care and support.

This list is not exhaustive.

### *What is Abuse?*

Violation of an individual's human or civil rights. Any or all types of abuse may be perpetrated as the result of deliberate intent, negligence or ignorance. Different types of abuse include: [Physical Abuse](#), [Neglect/acts of omission](#), [Financial/material abuse](#), [Psychological Abuse](#), [Sexual Abuse](#), [Institutional Abuse](#), [Discriminatory Abuse](#), [Modern Slavery](#) or any combination of these. See Appendix 2 for further categories of abuse. Abuse can be perpetrated by one or more people (either known or not known to the victim) or can take the form of Institutional Abuse within an organisation. It can be a single or repeated act.

## 3. Safeguarding Adults at Risk in Alliance Learning

Alliance Learning is concerned that all its students remain safe and free from harm and is committed to playing a full and active part in the multi-agency response to safeguarding adults at risk concerns. This document sets out Alliance Learning's position in relation to all aspects of the safeguarding adults at risk process.

During Alliance Learning time, the Designated Persons responsible for Safeguarding Adults at Risk are **Gill Waugh (Chief Executive Officer)**, **Jonathan Wetherby (Apprenticeships and Quality Manager and Designated Safeguarding Lead)**, **Chloe Ramsden (Business Development Manager and Designated Safeguarding Lead)** and **Stacie Blackburn (Curriculum Specialist Tutor and Designated Safeguarding**

**Officer).** In the event of any concern by any member of staff, or if any member of staff is approached by an adult at risk, regarding any matter concerning abuse, they must tell the student that they are bound to pass on the information to **Jonathan Wetherby, Chloe Ramsden or Stacie Blackburn, who will report to Gill Waugh as appropriate or necessary.**

The person receiving the information should pass it on to as a matter of urgency to **Jonathan Wetherby, Chloe Ramsden or Stacie Blackburn who will report to Gill Waugh as appropriate or necessary**, to ensure the matter can be dealt with as soon as possible. If **Jonathan Wetherby, Chloe Ramsden or Stacie Blackburn** are not available, the staff member should contact the Adult Social Care Team (see below contact details) and inform **Gill Waugh/Jonathan Wetherby/Chloe Ramsden/Stacie Blackburn** at the earliest opportunity.

No student must be promised that anything they say will be kept confidential if the matter is related to safeguarding vulnerable adult issue or abuse. It is helpful for a member of staff to tell the student they will jot down anything the student actually says to ensure an exact a record as possible is kept for future reference.

Bolton Council – contact points

- **Telephone** – 01204 337000 and ask for Adult Social Care Safeguarding Team
- **Email** - [safeguardingadults@bolton.gov.uk](mailto:safeguardingadults@bolton.gov.uk)
- **Hospital Social Work Team** - Phone this team if you are concerned about someone in hospital in Bolton.  
**Tel:** 01204 390614.

Any urgent/emergency concern outside of the above hours contact Out of Hours Duty Team on **Tel:** 01204 337777.

Alternatively, the police can be contacted if a crime is suspected on via 101 (non-emergency) or 999 in the case of emergency. The staff member must inform one of the Designated Persons, Chief Executive Officer or other senior members of staff as soon as possible.

#### **4. Informing Principles**

All members of staff involved with adults at risk (teaching and non-teaching) have a responsibility to be mindful of issues related to adult at risk safety and welfare and a **duty** to report and refer any concerns however “minor” they appear to be. **(N.B. it is NOT the job of Alliance Learning staff to investigate those concerns.)**

Individuals will be assumed to have the capacity to make informed decisions about their own care and treatment, unless there is clear evidence to the contrary. Under the Mental Capacity Act 2005, a person is unable to make a decision if s/he is unable:

- To understand the information relevant to the decision;
- To retain that information;
- To use or weigh that information as part of the process of making the decision; or
- To communicate his/her decision.

In cases where there is evidence that a person lacks capacity to make specific decisions, where appropriate, provision may be made to find a suitable independent person to represent their 'best interest' , for example an [Independent Mental Capacity Advocate \(IMCA\)](#).

Generally parents/carers may be informed about any concerns about the welfare of an adult at risk or any action taken to safeguard and promote the individuals welfare, providing this does not compromise the person's safety.

There is not necessarily a conflict between Alliance Learning's need to discharge its safeguarding responsibilities and its wish to work in partnership with parents/carers.

Adults at risk are best protected when professionals work effectively together and share responsibility for protective action.

Where there are possible concerns about an adult at risk's safety, unconditional confidentiality cannot be guaranteed and should not be offered.

Alliance Learning will be proactive and take positive steps to inform students of their rights to safety and protection and the options available to express their fears or concerns. Students away from Alliance Learning premises, e.g. on work experience, will be given advice on who to contact and how to contact them should they have concerns or suffer abuse.

Alliance Learning has in place systems that deter possible abusers and will manage effectively any allegations or concerns about abuse when they arise.

When students make allegations about abuse or neglect, they will always be listened to, have their comments taken seriously and, where appropriate, the allegations should be investigated thoroughly.

## **5. Prevention**

Alliance Learning takes seriously its duty of pastoral care and will be proactive in seeking to prevent adults at risk becoming the victims of abuse or neglect. It will do this in a number of ways:

- Through the creation of an open culture which respects all individuals' rights and discourages bullying and discrimination of all kinds;
- By identifying a member of staff, i.e. the Chief Executive Officer who has overall responsibility for safeguarding as the Designated Lead for Adults at Risk and three other staff, two Designated Safeguarding Leads, plus one Designated Safeguarding Officer. They have received training in this field and act as a source of advice and support to other Alliance Learning staff;
- By informing students of their rights to be free from harm and encouraging them to talk to Alliance Learning staff if they have any concerns and
- Through an ongoing programme of support, at an age-appropriate level, to promote self-esteem and social inclusion, and address the issue of student safety in general.

## **6. Responding to Concerns**

In all of the following circumstances, Alliance Learning will keep a confidential record of its concerns and actions.

If Alliance Learning receives information about a student, which suggests that he/she has been actually abused or neglected or that this is likely, it has a duty to refer these concerns to Adult Social Care or Police. Alliance Learning has no discretion in this matter. However, things may not be clear-cut. In which case staff should consult with colleagues from an appropriate agency which is usually, but not always, Adult Social Care.

Consultation is a means whereby those working with adults at risk can have ready access to consistent information and advice from suitably qualified and experienced staff, in order to explore a situation and to decide together on an appropriate course of action.

In these circumstances, Adult Social Care will undertake a risk assessment in order to decide future action and in which case their procedures will apply. In cases where it is deemed that an adult at risk lacks capacity to make informed decisions about the case, parents/carers may be informed of what has happened at the earliest opportunity, consistent with the student's best interests and wishes. Alliance Learning may play a support role in this process.

It is important to remember that a referral or consultation with Adult Social Care staff is an expression of concern about an adult at risk. It is not an accusation or a presumption of responsibility about a parent/carer.

In the course of gathering information, Social Workers or the Police might wish to speak to a student. The Chief Executive Officer, acting 'in loco parentis' (where the student lacks capacity to make informed decisions about the case) has discretion to agree to allow the authorities to explore concerns and determine whether there are grounds for further action. In these cases, the Chief Executive Officer will ensure that the student's welfare is secured and he/she has access to a trusted adult.

The Chief Executive Officer will not allow a student to be removed from Alliance Learning premises without either:

- Parental consent (if required);
- An order of the Court or a Police Protection Order or
- The student's own consent (providing the student is of an age and has capacity to give informed consent).

To avoid any misunderstandings, parents/carers of adults at risk who sustain accidental injuries, which result in cuts/bruises/fractures, should inform Alliance Learning as early as possible on the next working day.

## **7. Channel**

Channel is a national initiative which aims to identify adults who may be at risk from exposure to and influences of violent extremism / radicalisation which these individuals may not understand.

Alliance Learning has a Single Point of Contact (SPOC) to liaise with our Channel Coordinator as need arises. Channel considers information which suggests a person may be at risk and then determines the appropriate level of information sharing and intervention to safeguard them. The Single Point of Contact at Alliance Learning for Channel is Jonathan Wetherby (Designated Safeguarding Lead).

## **8. Allegations against staff**

Regrettably, sometimes allegations of abuse may involve a member of Alliance Learning staff. In these circumstances, the allegation **MUST** be reported to the Chief Executive Officer, or in the absence of the Chief Executive Officer a Designated Safeguarding Lead immediately.

On receipt of such an allegation, advice maybe sought from the Adult Social Care Team if this is felt to be appropriate.

If the allegation concerns the Chief Executive Officer or the Business Executive, the member of staff receiving the allegation **MUST** speak immediately to a Designated Safeguarding Lead who take advice and report to the Chair of Alliance Learning Board.

## **9. Abuse of Trust**

All education staff need to know that inappropriate behaviour with or towards children, young people and adults at risk is unacceptable. In particular, under the Sexual Offences Act 2003, it is an offence for a person, regardless of their role, who is over 18 to have a sexual relationship with a child under 18.

It is against Alliance Learning policy for any member of staff to have a sexual relationship with an adult at risk. This would be in contravention of Alliance Learnings Abuse of Trust Policy.

Alliance Learning generally regards sexual relationships between staff and students as unethical and against staff code of conduct and this may lead to a disciplinary investigation. Where staff and students have pre-

existing relationships then these must be declared to the staff members' line manager to ascertain whether there is any abuse of trust concerns. For further advice please contact Human Resources.

## **10. Physical Contact with Students/Restraint**

It is not realistic to suggest that staff should never touch students.

Under section 550A of the Education Act 1996, teachers and other staff in Alliance Learning have the right to use reasonable force to control or restrain students in certain circumstances. Staff should ensure that any physical contact with students is both appropriate and proportionate to the circumstances.

Staff must be mindful of their own vulnerability when dealing with students, particularly in a one-to-one situation, without letting undue anxiety get in the way of their normal practice.

## **11. Adult at Risk vs Adult at Risk Abuse**

In the event of physical or emotional abuse of one student by another, the matter will be taken seriously and dealt with through Alliance Learning's Prevention of Bullying, Harassment, Sexual Misconduct and Extremism Policy.

If it emerges that a sibling, who may not be a student, is bullying a student, then Alliance Learning, in the first instance, will inform the student's parents / carers of its concerns. If the problem persists and the student continues to be the victim of abuse, then Alliance Learning will refer its concerns to Adult Social Care Team.

In all matters of suspected sexual abuse, either victimisation or perpetration, Alliance Learning will refer its concerns to the relevant Adult Social Care Team / Police immediately.

## **12. Staff Recruitment**

Alliance Learning strives to recruit high calibre staff who are committed to offering learners a safe, happy and healthy learning environment.

As part of the recruitment process, Alliance Learning scrutinises and risk assesses applicants, verifying their identity and any academic and vocational qualifications, obtains professional references and character references (where appropriate), checks previous employment history to identify and clarify any gaps in employment, and ensures that a candidate verifies their health and physical capacity for the job. Normally, a face-to-face interview will be conducted, together with mandatory checks including an appropriate DBS and right to work in the UK verifications.

In doing so, Alliance Learning ensures that all persons, including volunteers and contractors who come into direct contact with children, young people or adults at risk, undergo a rigorous checking process in line with the relevant statutory guidance (to include Keeping children safe in education 2022 as updated from time to time).

## **13. Record Keeping**

Alliance Learning will maintain confidential adult at risk records as necessary. Such files are **NOT** subject to the requirements of Data Protection legislation and are **NOT** open for inspection other than by relevant Alliance Learning staff. The records will be kept by Alliance Learning Safeguarding Team for Safeguarding Adults at Risk and will be locked separately from a student's academic and other Alliance Learning files. Records will also be kept on the CPOMS system.



If a student moves to another training provider and Alliance Learning has knowledge of this move, any safeguarding adults at risk information will only be passed on to a named person at the new training provider, who will be informed in advance that such a file is on its way. When a student leaves Alliance Learning, any safeguarding information will be held securely by Alliance Learning for an indefinite period.

Our records will record the reasons why we have taken a course of action with an adult at risk. The Notes will also reflect the individual's wishes / desired outcome and effectively record 'their voice'.

#### **14. Staff Training**

Alliance Learning regards safeguarding Adults at Risk training as mandatory for all staff (whether or not they work directly with students) and expects that staff will refresh their training at a minimum of once every two years. Regular updates are also available via on-line learning and all staff communication emails. The training is also offered to agency staff.

## Appendix 1 - Summary of Alliance Learning Adults at Risk Policy For Staff

This procedure **must** be followed whenever any member of Alliance Learning staff hears an allegation from an adult at risk that abuse has, or may have, occurred, or where there is a significant concern that an adult at risk may have been be abused.

### RECEIVE

- What is said;
- Accept what you are told - you do not need to decide whether or not it is true;
- Listen without displaying shock or disbelief

### REASSURE

- The student;
- Acknowledge their courage in telling you;
- Do not promise confidentiality;
- Remind them they are not to blame - avoid criticising the alleged perpetrator;
- Do not promise that “everything will be alright now” (it might not be)

### REACT

- Respond to the student but do not interrogate;
- Avoid leading questions but ask open ended ones;
- Clarify anything you do not understand;
- Ask the student what they would like to happen to keep them safe;
- Explain what you will do next, i.e. **inform the Designated Lead Person for Safeguarding Vulnerable Adults or Deputy Leads for Safeguarding Vulnerable Adults - Jonathan Wetherby (Designated Safeguarding Lead) or Chloe Ramsden (Designated Safeguarding Lead) or Stacie Blackburn (Designated Safeguarding Officer) who will report to Gill Waugh as appropriate or necessary. You can do this via the CPOMS system or contact the team directly.**

### RECORD

- Make notes as soon as possible – during the interview if you can;
- Include:
  - ♦ Time;
  - ♦ Date;
  - ♦ Place;
  - ♦ Who was present;
  - ♦ The student’s own words – do not assume – ask e.g. “Please tell me what xxxxx means”
- Describe observable behaviour;
- Use the Body Map Sheet (Appendix 4) to record shape, colour and location of injuries/bruises
- Do not destroy your original notes – they may be needed later on
- Cross out mistakes – do not use Tippex

### SUPPORT

- Consider what support is needed for the student - you may need to give them a lot of your time;
- Ensure you are supported - such interviews can be extremely stressful and time consuming;
- Talk to your Designated Lead Person, Deputy Leads or Chief Executive Officer

## Appendix 2 - Categories Of Abuse (Adults at Risk)

1. [Physical Abuse](#)
2. [Emotional / Psychological Abuse](#)
3. [Sexual Abuse](#)
4. [Neglect / Acts of Omission](#)
5. [Financial Abuse](#)
6. [Institutional / organisational abuse](#)
7. [Domestic Abuse](#)
8. Modern Slavery
9. [Discriminatory Abuse](#)
10. [Self-neglect, inc Hoarding](#)
11. [Honour-based Violence](#)
12. [Female Genital Mutilation \(FGM\)](#)
13. [Forced Marriage](#)
14. Human Trafficking
15. [Exploitation by Radicalisers who Promote Violence](#)
16. [ICT Abuse](#)

### 1. Physical

Physical Abuse includes assault, hitting, slapping, pushing, kicking, misuse of medication or restraint or inappropriate physical sanctions, force-feeding, and unlawfully depriving a person of their liberty.

Possible indicators include:

- Unexplained or inappropriately explained injuries;
- Person exhibiting untypical self-harm;
- Unexplained cuts or scratches to mouth, lips, gums, eyes or external genitalia;
- Unexplained bruising to the face, torso, arms, back, buttocks, thighs, in various stages of healing. Collections of bruises that form regular patterns which correspond to the shape of an object or which appear on several areas of the body;
- Unexplained burns on unlikely areas of the body (e.g. soles of the feet, palms of the hands, back), immersion burns (from scalding in hot water/liquid), rope burns, burns from an electrical appliance;
- Unexplained or inappropriately explained fractures at various stages of healing to any part of the body;
- Medical problems that go unattended;
- Sudden and unexplained urinary and/or faecal incontinence;
- Evidence of over/under medication;
- Person flinches at physical contact;
- Person appears frightened or subdued in the presence of particular people;
- Person asks not to be hurt;
- Person may repeat what the alleged abuser has said (e.g. 'Shut up or I'll hit you');
- Reluctance to undress or uncover parts of the body;
- Person wears clothes that cover all parts of their body or specific parts of their body;
- A person without Capacity not being allowed to go out of a care home when they ask to;
- A person without Capacity not being allowed to be discharged at the request of an unpaid carer/family member.

## **2. Emotional / Psychological Abuse**

Psychological Abuse includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation or blaming, controlling, intimidation, coercion, indifference, harassment, verbal abuse (including shouting or swearing), cyber bullying, isolation or unreasonable and unjustified withdrawal from services or support networks.

Psychological Abuse is the denial of a person's human and civil rights including choice and opinion, privacy and dignity and being able to follow one's own spiritual and cultural beliefs or sexual orientation.

Possible indicators include:

- Untypical ambivalence, deference, passivity, resignation;
- Person appears anxious or withdrawn, especially in the presence of the alleged abuser;
- Person exhibits low self-esteem;
- Untypical changes in behaviour (e.g. continence problems, sleep disturbance);
- Person is not allowed visitors/phone calls;
- Person is locked in a room/in their home;
- Person is denied access to aids or equipment, (e.g. glasses, dentures, hearing aid, crutches, etc.);
- Person's access to personal hygiene and toilet is restricted;
- Person's movement is restricted by use of furniture or other equipment;
- Bullying via social networking internet sites and persistent texting.

## **3. Sexual Abuse**

Sexual Abuse includes rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the child or Adult at Risk has not consented, could not consent or was pressured into consenting. Denial of a sexual life to consenting adults is also considered abusive practice.

Any sexual relationship that develops between adults where one is in a position of trust, power or authority in relation to the other (e.g. day centre worker/social worker/residential worker/health worker etc.) may also constitute sexual abuse.

Possible indicators include:

- Person has urinary tract infections, vaginal infections or sexually transmitted infections that are not otherwise explained;
- Person appears unusually subdued, withdrawn or has poor concentration;
- Person exhibits significant changes in sexual behaviour or outlook;
- Person experiences pain, itching or bleeding in the genital/anal area;
- Person's underclothing is torn, stained or bloody;
- A woman who lacks the mental Capacity to consent to sexual intercourse becomes pregnant.

Sexual exploitation: The sexual exploitation of adults involves exploitative situations, contexts and relationships where adults (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.

Sexual exploitation can occur through the use of technology without the person's immediate recognition, this can include being persuaded to post sexual images on the internet or via mobile phone with no immediate payment or gain or being sent such an image by the person alleged to be causing harm.

In all cases those exploiting the adult have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources.

#### **4. Neglect / Acts of Omission**

Neglect, or acts of omission, include ignoring medical or physical care needs, failure to provide access to appropriate health, social care, or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Neglect also includes a failure to intervene in situations that are dangerous to the person concerned or to others, particularly when the person lacks the mental capacity to assess risk for themselves.

Neglect and poor professional practice may take the form of isolated incidents or pervasive ill treatment and gross misconduct. Repeated instances of poor care may be an indication of more serious problems.

Neglect can be intentional or unintentional.

Possible indicators include:

- Person has inadequate heating and/or lighting;
- Person's physical condition / appearance is poor (e.g. ulcers, pressure sores, soiled or wet clothing);
- Person is malnourished, has sudden or continuous weight loss and / or is dehydrated;
- Person cannot access appropriate medication or medical care;
- Person is not afforded appropriate privacy or dignity;
- Person and / or a carer has inconsistent or reluctant contact with health and social services;
- Callers / visitors are refused access to the person;
- Person is exposed to unacceptable risk.

#### **5. Financial or material abuse**

Financial or material abuse includes theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misappropriation of property, possessions or benefits.

It includes the withholding of money or the unauthorised or improper use of a person's money or property, usually to the disadvantage of the person to whom it belongs.

Staff borrowing money or objects from a service user is also considered financial abuse.

Possible indicators include:

- Change in living conditions;
- Lack of heating, clothing or food;
- Lack of money, inability to pay bills, especially after receipt of benefits;
- Unexplained loss/misplacement of financial documents;
- The recent addition of authorised signers on client or donor's signature card;
- Inadequately explained withdrawals from accounts;
- Disparity between assets/income and living conditions;
- Power of attorney obtained when the person lacks the Capacity to make this decision;
- Recent changes of deeds/title of house, will or other financial documents;
- Recent acquaintances expressing sudden or disproportionate interest in the person and their money;
- Service user not in control of their direct payment or individualised budget;
- Mis-selling/selling by door-to-door traders/cold calling;
- Illegal money-lending.

#### **Undue Influence**

The concept of 'undue influence' applies where a person has capacity to conduct a financial or property transaction (usually related to gifts or wills), but they have been not just influenced, but unduly influenced by someone else.

If there is evidence of coercion or undue pressure, this is known as 'express undue influence'. Usually there is no such evidence, but there may have been 'presumed' undue influence. 'There are three initial points in relation to undue influence.

- a. The unduly influenced person has mental capacity to take the decision in question;
- b. The person is influenced to enter into a transaction concerning a gift or will, in such a way that it is not of his or her own free will;
- c. There are two legal types of undue influence. One is called 'express' undue influence that applies to both gifts and wills; the other is called 'presumed' undue influence and applies to gifts only' Consent should not therefore always be accepted at face value, since some adults may need protection from emotional manipulation and exploitation.

In addition to undue influence, the courts can simply set aside gifts or wills on the grounds that the person lacked Capacity at the relevant time.

## **6. Institutional / Organisational Abuse**

This may take the form of isolated incidents of neglect, and poor or unsatisfactory professional practice at one end of the spectrum, through to pervasive ill- treatment or gross misconduct at the other.

Repeated instances of poor care may be an indication of more serious problems, and this is sometimes referred to as institutional abuse.

It may be a result of regimes, routines, practices and behaviours that occur in services that adults or young people live in or use and which violate their human rights. This may be part of the culture of a service to which staff are accustomed and may pass by unremarked upon.

They may be subtle, small and apparently insignificant, yet together may amount to a service culture that denies, restricts or curtails the dignity, privacy, choice, independence or fulfilment of these groups of people. It can occur in any setting providing health or social care

## **7. Domestic Violence**

Domestic violence includes psychological, physical, sexual, financial, emotional abuse: so called 'honour' based violence. In 2013, the Home Office announced changes to the definition of domestic abuse:

- Incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse by someone who is or has been an intimate partner or family member regardless of gender or sexuality;
- Includes: psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence; Female Genital Mutilation; forced marriage;
- Age range extended down to 16.

Many people think that domestic abuse is about intimate partners, but it is clear that other family members are included and that much safeguarding work (that meets the criteria set out above) that occurs at home is, in fact is concerned with domestic abuse. This confirms that domestic abuse approaches and legislation can be considered safeguarding responses in appropriate cases

## **8. Modern Slavery**

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

## **9. Discriminatory Abuse**

This type of Abuse is motivated by discriminatory and oppressive attitudes towards people on the grounds of disability, gender reassignment, age, race, religion or belief, sex and sexual orientation, and political beliefs. It may be a feature of any form of abuse of an adult or child, and manifests itself as physical abuse/assault, sexual abuse/assault, financial abuse/theft and the like, neglect and psychological abuse/harassment, including verbal

abuse and racist, sexist, homophobic or ageist comments, jokes or any other form of harassment. It also includes not responding to dietary needs and not providing appropriate spiritual support.

Possible indicators include:

- Indicators for discriminatory abuse may not always be obvious and may also be linked to acts of physical abuse and assault, sexual abuse and assault, financial abuse, neglect, psychological abuse and harassment, so all the indicators listed above may apply to Discriminatory Abuse;
- A person may reject their own cultural background and/or racial origin or other personal beliefs, sexual practices or lifestyle choices;
- A person making complaints about the service not meeting their needs.

Hate crime is any criminal offence that is motivated by hostility or prejudice based upon the victim's:

- Disability;
- Race;
- Religion or belief;
- Sexual orientation;
- Transgender identity.

## Disability Hate Crime

'Disability' means any physical or mental impairment. There is no statutory definition of a disability-related incident. However, the Crown Prosecution Service definition is: 'Any incident, which is perceived to be based upon prejudice towards or hatred of the victim because of their disability or so perceived by the victim or any other person'. It also applies to relevant cases where the offender has assumed a person is disabled, whether or not that assumption is correct.

## 10. Self Neglect

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

## 11. Honour Based Violence

Honour-based violence is a crime, and referral to the police must always be considered. It has or may have been committed when families feel that dishonour has been brought to them. Women are predominantly (but not exclusively) the victims, and the violence is often committed with a degree of collusion from family members and/or members of the community. Many of these victims are so isolated and controlled that they are unable to seek help. Alerts that may indicate honour-based violence include domestic violence and abuse, concerns about forced marriage, enforced house arrest and missing persons' reports. When dealing with victims, do not speak with them in the presence of their relatives. Women who return to their families should be offered support including, escape plans, the option to deposit DNA samples, finger prints and photograph with the police.

## 12. Female Genital Mutilation (FGM)

Female Genital Mutilation (FGM) is a collective term for procedures which include the removal of part or all of the external female genitalia for cultural or other non-therapeutic reasons. The practice is medically unnecessary, extremely painful and has serious health consequences, both at the time when the mutilation is carried out and in later life. The procedure is typically performed on girls aged between 4 and 13, but in some cases it is performed on young women before marriage or pregnancy.

FGM is a criminal offence in the UK; under the FGM Act 2003 it is also an offence for UK nationals or permanent UK residents to carry out FGM abroad, or to aid, abet, counsel or procure the carrying out of FGM abroad, even in countries where the practice is legal.

## NHS Actions

From April 2014 NHS hospitals will be required to record:

- If a patient has had Female Genital Mutilation;
- If there is a family history of Female Genital Mutilation;
- If a Female Genital Mutilation-related procedure has been carried out on a patient.

From September 2014 all acute hospitals must report this data centrally to the Department of Health on a monthly basis. This is the first stage of a wider ranging programme of work in development to improve the way in which the NHS will respond to the health needs of girls and women who have suffered Female Genital Mutilation and actively support prevention.

### **13. Forced Marriage**

Forced Marriage is where one or both of the parties is married without their consent or against their will. A forced marriage differs from an arranged marriage, in which both parties consent to the assistance of their parents or a third party in identifying a spouse.

In a situation where there is concern that an adult is being forced into a marriage they do not or cannot consent to, there will be an overlap between action taken under the forced marriage provisions and the safeguarding process. In this case action will be coordinated with the police and other relevant organisations

### **14. Human Trafficking**

Human trafficking involves acts of recruiting, transporting, transferring, harbouring or receiving a person through a use of force, coercion or other means, for the purpose of exploiting them. The police are the lead agency in managing responses to adults who are the victims of human trafficking.

### **15. Exploitation by Radicalisers who Promote Violence**

Radicalisation is defined as the process by which people come to support terrorism and violent extremism and, in some cases, to then participate in terrorist groups. If there are concerns related to an adult or young person being targeted for radicalisation, an alert should be raised and the police should become involved.

### **16. ICT Abuse**

E-safety can be described as safeguarding all users of fixed and mobile devices that allow access to content and communications that could pose risks to personal safety and wellbeing. Examples are PCs, laptops, mobile phones and gaming consoles such as Xbox, Playstation and Wii. Examples of risks associated with information and communication technology are:

Content (vulnerable person as recipient)

- Commercial (adverts, spam, sponsorship, personal information);
- Aggressive (violent/hateful content)
- Sexual (pornographic or unwelcome sexual content);
- Values (bias, racism, misleading info or advice).
- 

Contact (vulnerable person as participant)

- Commercial (tracking, harvesting personal information);
- Aggressive (being bullied, harassed or stalked);
- Sexual (meeting strangers, being groomed);
- Values (self-harm, unwelcome persuasions).

Conduct (vulnerable person as actor)

- Commercial (illegal downloading, hacking, gambling, financial scams, terrorism);
- Aggressive (bullying or harassing another);
- Sexual (creating and uploading inappropriate material);
- Values (providing misleading info or advice).

Signs and symptoms of ICT Abuse include:

- Spending extended amounts of time online;
- Secrecy over mobile phone and computer;
- Withdrawal from social contact;
- Depression;



- Mood Swings;
- Unexplained gifts;
- Sleep disturbances;
- Self-harming

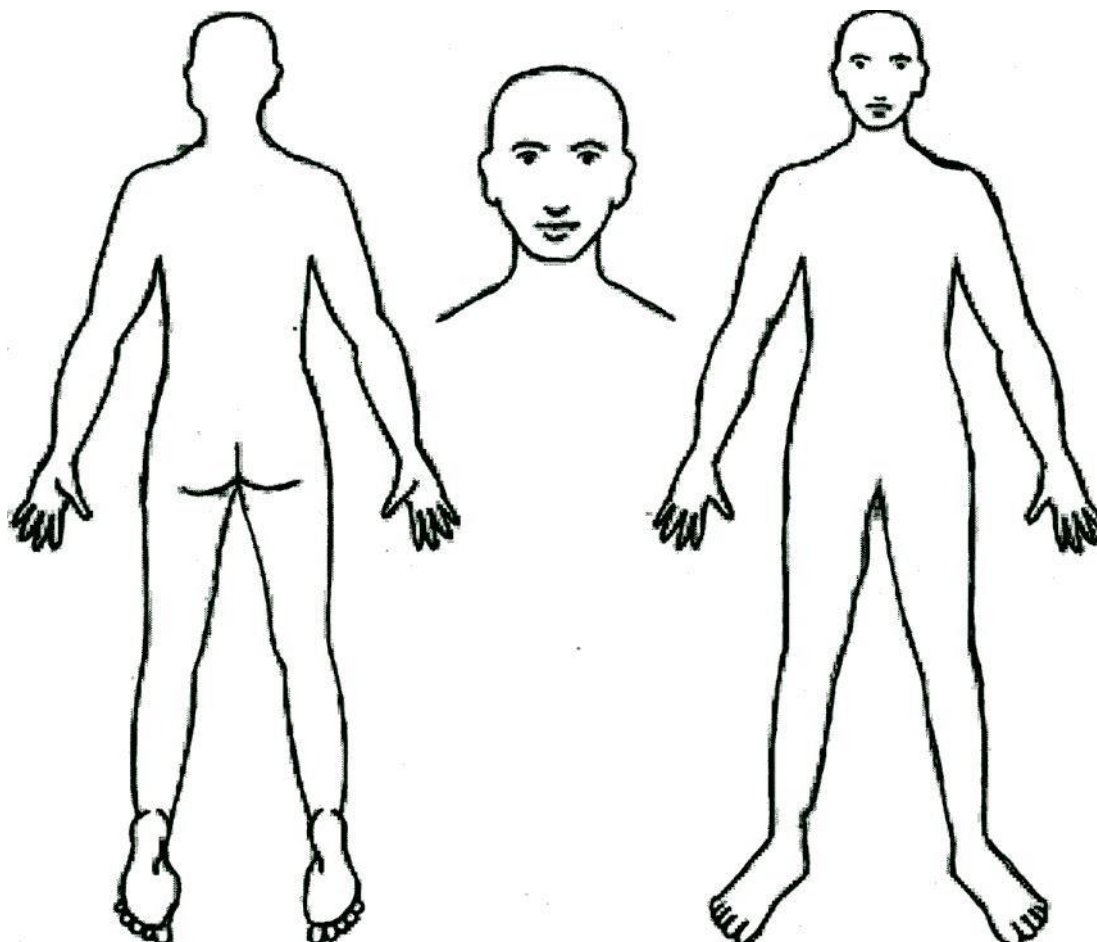
### Appendix 3 – Body Map

Name of Adult at Risk: \_\_\_\_\_

Person completing this form: \_\_\_\_\_

Use the diagram below to shade and label clearly any visible injuries, e.g. cuts, bruises, burns, soft tissue injury, including neck, under-arms, stomach, genitals and inner thighs.

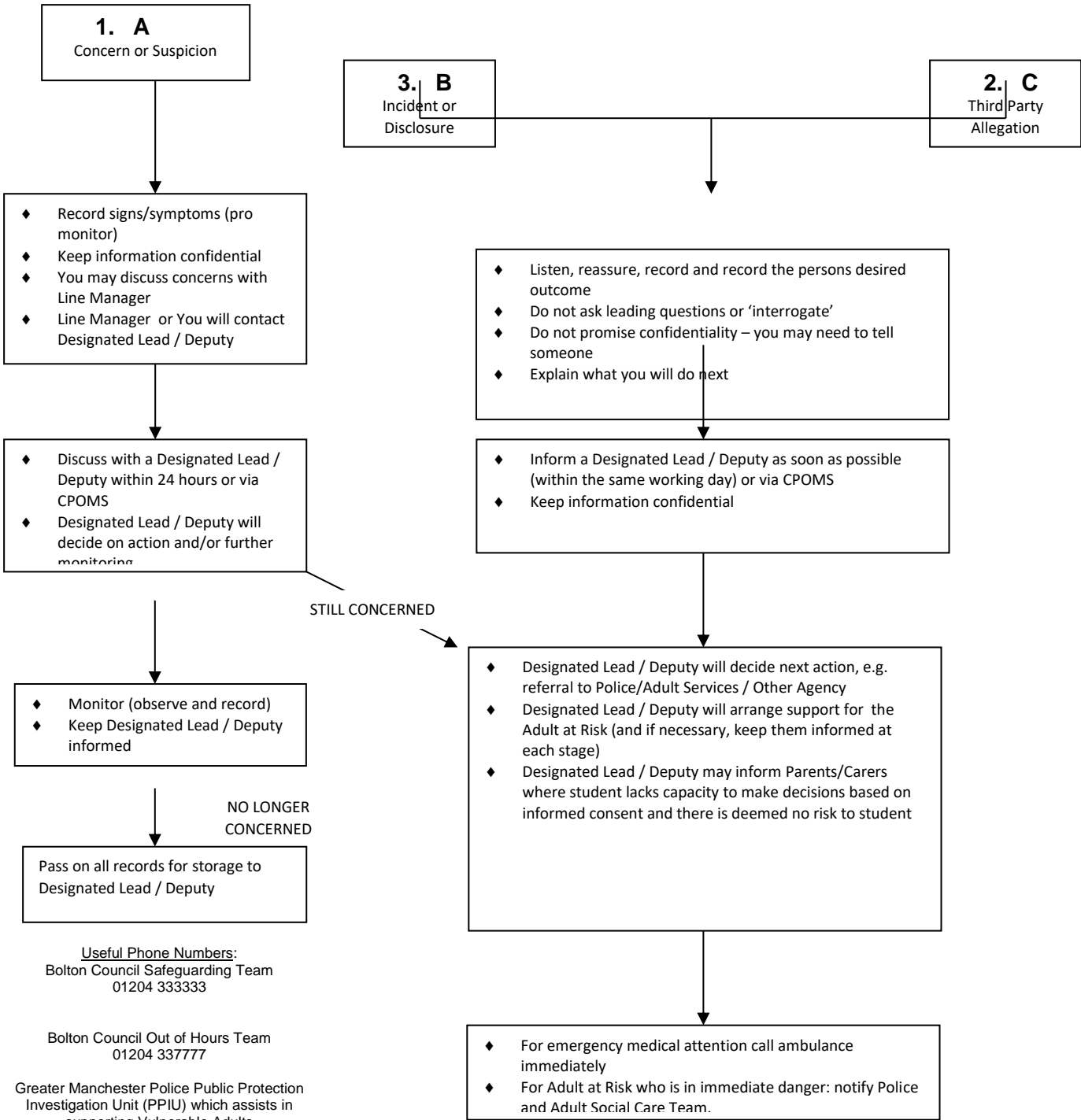
Use separate diagram if recording new injuries.



Date and time: \_\_\_\_\_

Signature: \_\_\_\_\_

# Appendix 4 – Procedure for Reporting and Dealing with Concerns or Disclosure of Abuse related to Adults at Risk



Useful Phone Numbers:  
Bolton Council Safeguarding Team  
01204 333333

Bolton Council Out of Hours Team  
01204 337777

Greater Manchester Police Public Protection Investigation Unit (PPIU) which assists in supporting Vulnerable Adults

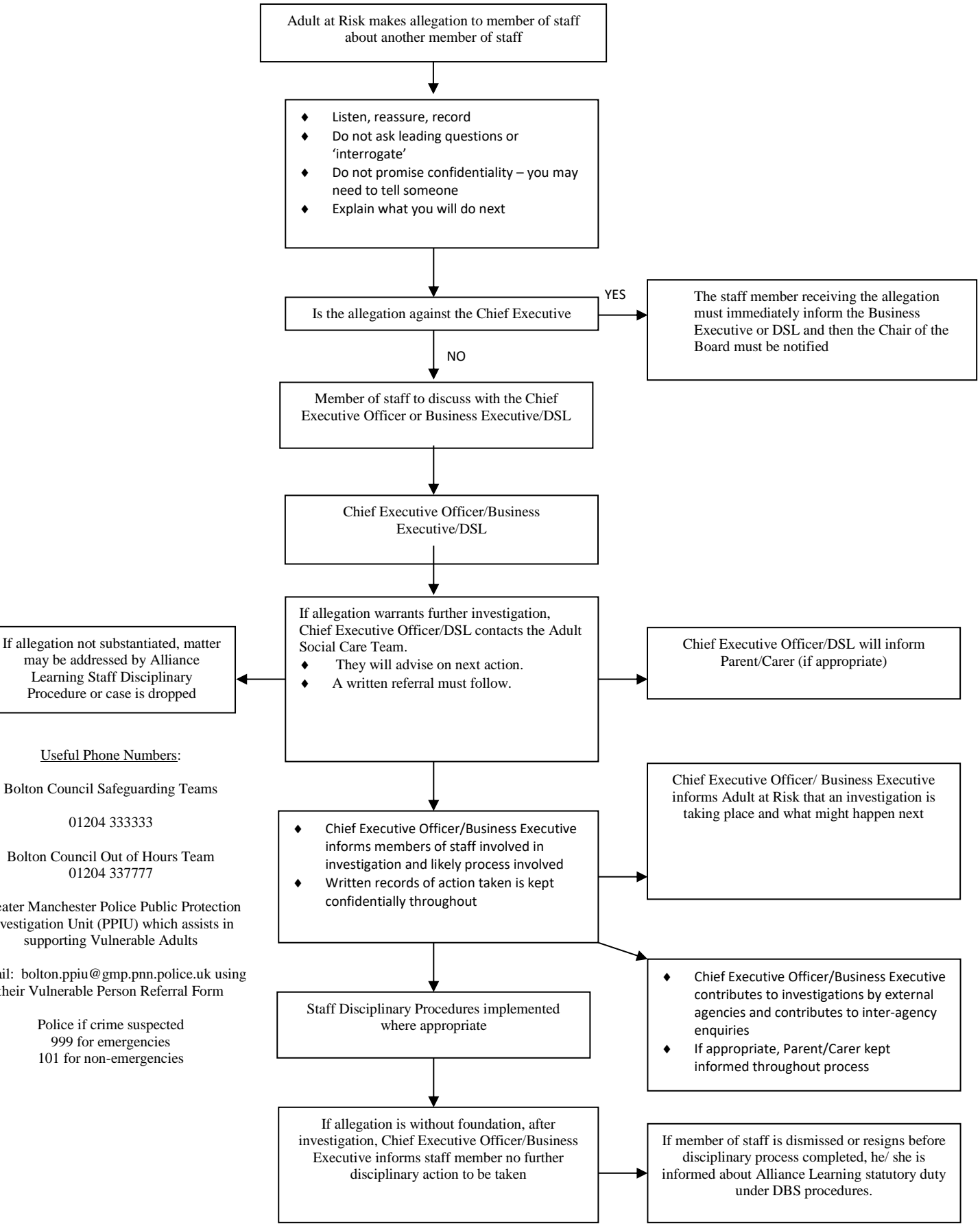
Email: [bolton.ppiu@gmp.pnn.police.uk](mailto:bolton.ppiu@gmp.pnn.police.uk)  
using their Vulnerable Person Referral Form

Police if crime suspected  
999 for emergencies  
101 for non-emergencies

Designated Lead / deputy Persons for Safeguarding Vulnerable Adults:

Gill Waugh (Chief Executive Officer)	01204 677895
Jonathan Wetherbv/Chloe Ramsden (DSL)	01204 677861 / 677871

Appendix 5 – Procedure for Reporting and Dealing with Allegations of abuse against adults at Risk by a Member of Staff



## Appendix 6 – Safeguarding Adults Multi-Agency Alert Form

Use this link to make a referral to Bolton Adult Safeguarding Team:-

<https://www.bolton.gov.uk/safeguarding-protecting-adults/adult-safeguarding-referral/1>

or Contact:-

Email: [Send an email to Safeguardingadults@bolton.gov.uk](mailto:Safeguardingadults@bolton.gov.uk)

Telephone: [01204 337000](tel:01204 337000)

## **Appendix 7 – Alliance Learning’s Adult at Risk Policy for Parents and Carers**

### **Introduction**

Alliance Learning is concerned that all students remain safe, free from harm and is committed to playing a full and active part in the multi-agency response to safeguarding adults at risk.

Through their day-to-day contact with students, and direct work with families, education staff have a crucial role to play in noticing indicators of possible abuse or neglect. Parents should be aware therefore that where it appears to a member of staff that a student may have been abused, Alliance Learning is required, as part of the Adults at Risk Policy and Procedures, to report their concern to Bolton Council Adult Social Care teams immediately. To avoid any misunderstandings therefore, parents of vulnerable adults who sustain accidental injuries, which result in cuts/bruises/ fractures, should inform Alliance Learning **without delay**.

### **Principles**

Everyone has the right to live in peace with no fear of abuse. Adults at Risk have the right to keep information to themselves relating to cases of abuse, except when it is deemed that the individual lacks capacity about the decisions which may be made about the case and then parents/carers may be informed. In these cases, adults at risk are best safeguarded when parents and Alliance Learning can work together.

### **Prevention**

Alliance Learning will take positive action to prevent adults at risk from suffering abuse and neglect through the development of an open culture that informs students of their rights and encourages them to speak about any concerns. Alliance Learning will also address the issue of students’ safety through the curriculum.

### **Responding to Concerns**

- Alliance Learning will refer all allegations or concerns that an adult at risk has been, or is likely to be, abused or neglected the Bolton Council Adult Social Care Teams or the Police.
- Alliance Learning will consult with other agencies when it has concerns that a student may have been abused or neglected.
- Alliance Learning may discuss with parents /carers any concerns they have about adults at risk (subject to the consent of the individual).
- Parents will be kept informed of what has happened (subject to the consent of the individual).

### **Adult at Risk / Adult at Risk Abuse**

Physical and emotional abuse of students by other students will be dealt with through Alliance Learning’s Bullying and Harassment Policy. All concerns about possible sexual abuse will be referred to Bolton Council Adults Social Care Teams /Police.

### **Multi Agency Safeguarding and Strategy Meetings**

Alliance Learning will attend conferences and provide information about adults at risk and their families. This information may be shared with parents/carers beforehand. Alliance Learning will keep confidential records separately from a student’s academic and other Alliance Learning records.

### **Confidentiality**

Information from parents/carers about possible adult abuse cannot be kept confidential.

If parents/carers have concerns about the adult at risk in their care, they should contact the Chief Executive Officer – Gill Waugh or a Designated Person for safeguarding adults at risk in Alliance Learning. These are Jonathan Wetherby (Designated Safeguarding Lead), Chloe Ramsden (Designated Safeguarding Lead) or Stacie Blackburn (Designated Safeguarding Officer). Contact Alliance Learning on 01204 696744.

## **Appendix 8 – Relevant Legislation**

[Care Act 2014](#)

[General Data Protection Regulations 2018](#)

[Equality Act 2010](#)

[Freedom of Information Act 2000](#)

[Health and Social Care Act 2012](#)

[Human Rights Act 1998](#)

[Mental Capacity Act 2005](#)

[Mental Health Act 1983](#)

[Mental Health Act 2007](#)

[Youth Justice and Criminal Evidence Act 1999](#)

### **Other Linked Alliance Learning Policies & Procedures**

- Alliance Learning Child Protection and Safeguarding Children Policy
- Prevention of Bullying, Harassment, Sexual Misconduct and Extremism Policy
- Equality, Diversity and Inclusion (including British Values) Policy
- Health and Safety and Well-Being Policy
- Staff Handbook
- Dignity and Respect Policy
- Governance Strategy
- Recruitment and Selection Policy



## Appendix 9 – Safeguarding Advice for All Staff

The following is a summary of the advice that Alliance Learning would want to give to you, as a member of Alliance Learning staff, with regards to keeping yourself safe. The advice provided has been fully supported and endorsed by the trade unions and Alliance Learning's safeguarding officers.

- Staff on occasions will be required to meet with learners (i.e. 1:1 tutorials); however staff **should not** spend excessive amounts of time discussing personal issues for example with learners. Meetings, where possible and where appropriate should take place within sight of others. Where possible, the door should remain open and others should be aware of the meeting. Try to use a room with a window in it so others can see into it.
- Staff **should not** give learners their personal email address / mobile / contact telephone numbers. Staff are therefore advised to provide learners with Alliance Learning contact numbers / email address.
- Staff **should not** accept learners as their 'friends' on social networking sites (face book etc). However, if a member of staff has a learner on their personal networking site, then you should inform your line manager who will record this information & make a note of the relationship. Alliance Learning recognises that some staff, through their personal networks, have personal / family connections with students and whilst Alliance Learning understands this, we do also want to ensure that you are keeping yourself and your learners safe.
- Staff are **advised not to** make unnecessary physical contact with learners.
- It is **not good practice** to take learners alone in a car, however short the journey. Where this is unavoidable, it should be with the full knowledge and consent of the parents (or carers) of the learner and your line manager. A risk assessment should also be undertaken that also includes confirmation that the correct motor insurance policies are in place, and shared with your line manager.
- Staff **should not** start an investigation or question anyone after an allegation or concern against a member of staff has been raised. This is the job of the authorities. You should record the facts and report these to a Safeguarding Officer.

Staff should **never** (even in fun):

- Initiate or engage in sexually provocative conversations or activity
- Engage in 'banter' or behaviour which could be interpreted as bullying
- Allow the use of inappropriate language to go unchallenged
- Do things of a personal nature for learners that they can do themselves
- Allow any allegations made by a learner go without being reported and addressed
- Trivialise or exaggerate abuse issues
- Make promises to keep any disclosure confidential from relevant authorities
- Staff **should not** show favouritism to any one learner.

You must:

- Staff **must respect** a learner's rights to privacy and encourage learners to feel comfortable enough to report attitudes or behaviour they do not like
- Staff **will be expected** to act with discretion with regards to their personal relationships. They should ensure their personal relationships do not affect their role within the organisation. All pre-existing relationships between staff and learners must be declared to the member of staff's line manager.
- All staff **should be aware** of the procedures for reporting concerns or incidents, and should familiarise themselves with the contact details of the Safeguarding Officers.

- If a member of staff finds himself or herself the subject of inappropriate affection or attention from a learner **they should** make others aware of this.
- If a member of staff has any concerns relating to the welfare of a learner in their care, be it concerns about actions/behaviours of another staff member or concerns based on any conversation with the learner; particularly where he/she makes an allegation, they should report this to a Safeguarding Officer.

If you have any questions with regards safeguarding, including on how best to keep yourself safe, then please discuss these with your line manager, trade union or a member of Alliance Learning's Safeguarding Team (Gill Waugh, Jonathan Wetherby or Chloe Ramsden).

Thank you

*Safeguarding Team*

## **Appendix 10 – Roles and Responsibilities of Key Staff involved in Safeguarding Adults at Risk**

**Responsibilities of Designated Lead** - with lead responsibility for Safeguarding Adults issues is the Chief Executive Officer.

- The Designated Lead is responsible for taking lead responsibility for raising awareness within the staff of issues relating to the welfare of adults at risk, and the promotion of a safe environment for them within Alliance Learning
- Leading on the referral of cases of suspected abuse or allegations to the appropriate adult agencies.
- Providing advice and support to other staff on issues relating to safeguarding adults at risk
- Maintaining resources for safeguarding adults at risk
- Liaising with Adult Social Care Teams and other appropriate agencies
- Available to deal with individual cases, including attending multi-agency safeguarding meetings and strategy meetings as appropriate
- Liaising with employers and training organisations that receive adults at risk from Alliance Learning on long term placements, to ensure that appropriate safeguards are put in place
- Ensuring that staff receive basic training in safeguarding adult at risk issues appropriate to their area of work and are aware of Alliance Learning safeguarding procedures
- The Designated Lead has received enhanced training in safeguarding issues and inter-agency working, and is required to receive refresher training at least every 2 years
- He/she will keep up to date with developments in safeguarding adult at risk issues

### **Deputy Leads**

In the absence of the Designated Lead, other members of staff with responsibility for safeguarding adults at risk are:

- Designated Safeguarding Lead – Jonathan Wetherby
- Designated Safeguarding Lead - Chloe Ramsden
- Designated Safeguarding Officer – Stacie Blackburn

All located at on site at Alliance Learning.

### **The Role and Responsibilities of the Chief Executive Officer**

- The Chief Executive Officer will ensure that the policies and procedures adopted by Alliance Learning Board are fully implemented and followed by all staff
- The Chief Executive Officer will ensure sufficient resources and time are allocated to enable the Designated Persons and other staff to discharge their responsibilities
- The Chief Executive Officer will ensure that all staff and volunteers feel able to raise concerns about poor practice in regard to adults at risk, and such concerns are addressed sensitively and effectively in a timely manner

## Responsibilities of Alliance Learning Board / Designated Board Member for Safeguarding

The Board, through the Designated Board member for Safeguarding must ensure Alliance Learning:-

- complies with its duties under legislation (i.e. Care Act 2015).
- has mechanisms in place to contribute to multi-agency working.
- has procedures and associated practice which reflect the safeguarding expectations laid down by the local authority adult safeguarding board.
- has an effective reporting procedure to the Board for matters of safeguarding.
- has an appointed safeguarding team and a designated safeguarding lead.
- has appropriate safer recruitment procedures in place as set out in relevant legislative / government guidance.

In order to support the Designated Board member for Safeguarding with his / her responsibilities; the Safeguarding Team will meet on a monthly with the Designated Board member. Additionally, to assist in these duties, the Designated Board member shall receive appropriate training.

### Responsibilities of Chair of the Board

The Chair of the Board must satisfy himself / herself that the requirements, as set out in the Care Act are fully complied with.

Manager Responsible:	Dr Gill Waugh
Reviewed and Updated:	22/03/2023
Issue Date:	30/03/2023
Next Review Date:	22/03/2024
Approved By:	Board of Trustees
Signed:	