



BAAS: SAFEGUARDING GUIDANCE & PROCEDURE

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1. PURPOSE OF THE GUIDANCE & PROCEDURE

BAAS believe that everyone has the right to live a life free from abuse

This guidance and procedure is designed to enable everyone who works in BAAS, whether as Trustee, a member of staff or volunteer understand and carry out responsibilities for safeguarding adults who need care and support and are at risk of, or experiencing abuse.

In most cases we will only be required to provide information and signposting to enable those raising concerns about abuse to obtain the support they need.

By following this guidance we can prevent abuse and empower adults who need care and support to achieve the outcomes they require.

Guidance

2. Who should use this procedure?

This procedure should be used by all BAAS members and volunteers.

3. Key Principles in the Adult Safeguarding Procedures

Safeguarding is a fundamental part of BAAS's work. The values of the Organisation, and the specific principles below, should be used to inform and support all our safeguarding activity.

Empowerment – We will empower adults who need care and support to make decisions about their own lives and to achieve the outcomes that they want.

Protection – We will give information and advice to enable them to protect themselves. Where an adult is not able to protect themselves, or others may be at risk, we will take reasonable and appropriate action to promote their safety and well-being.

Prevention – We aim to prevent abuse happening by raising awareness and providing information. We will recruit, support and treat staff and volunteers safely and fairly.

Proportionality – We will act and respond in a way which is proportionate to the presenting concern. We will aim to promote individual rights and secure positive outcomes in any actions that we take and any information that we provide.

Partnership – We will work co-operatively with adults who need care and support, those who support them and relevant agencies to secure good outcomes.

Accountability – We will take responsibility for adult safeguarding by being aware of abuse, understanding how we can play a part in preventing and ending abuse, sharing concerns appropriately, learning from experience and monitoring our progress.

4. Designated Person for Safeguarding at BAAS

The Designated Person for Safeguarding within BAAS is the Chairman. The Safeguarding Officer will deputise when the Chairman is unavailable.

Some incidents and allegations of abuse must be reported to the Designated Person. Their requirements are set out in the Procedure section of this document.

If you have any concerns at all about the possible abuse of an adult who needs care and support, and are not sure what to do, you should immediately contact the Designated Person for Safeguarding. If an urgent concern arises outside of office hours advice should be sought from the Police (via 999) or adult services in the area where the abuse is alleged to have taken place.

5. What is Adult Safeguarding?

Adult Safeguarding is a term used to describe a range of activity aimed at ensuring that adult who needs, or may need, care and support are not abused.

There are two key parts to this process:

- 1) **Preventing** abuse from happening. This includes safe recruitment, to ensure that unsuitable people are not employed, and an organisation culture in which all staff and volunteers are empowered to play a part in preventing and ending abuse.
- 2) **Protecting** people who may be experiencing, or at risk of, abuse. This includes empowering people to know their rights and to access the right support to enable them to achieve the outcomes that they want.

In England, Local Authorities, the Police, Health Services, The Care Quality Commission and the voluntary, independent, private and charitable sector are tasked with working together to prevent and end the abuse of adults who need care and support. This work is overseen by Local Adult Safeguarding Boards.

6. What is Abuse?

There is no single, universally accepted, definition of abuse in relation to adults who need care and support. For this procedure BAAS has adopted a definition developed by the charity Action on Elder Abuse and now adopted by the World Health Organisation.

‘A single or repeated act or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an adult who needs care and support’.

The list below outlines the main forms of abuse that can affect adults who need care and support, and sets out some of the signs that may indicate that an adult who needs care

and support is being abused. Adults can be affected by more than one type of abuse at any one time.

Bear in mind that the existence of one or more of these signs alone does not always mean that abuse is taking place. Nevertheless, where such signs are apparent it is always advisable to consider this possibility and, if you are not sure what to do, always share your concerns with the Designated Person for Safeguarding.

Physical Abuse – such as hitting, burning, pushing or kicking someone, misuse of medication and restraint.

Possible indicators of physical abuse:

- Cuts, lacerations, puncture wounds, open wounds, bruising, welts, discolouration, black eyes, burns, broken bones and skull fractures.
- Untreated injuries in various stages of healing or not properly treated.
- Broken or damaged eyeglasses, hearing aids or walking aids.
- Signs of being restrained.
- Inappropriate use of medication, overdosing or underdosing.
- The adult who needs care and support telling you that they have been hit, slapped or physically mistreated.

Neglect – is the failure of any person who has responsibility for the care of an adult who needs care and support to provide the amount and type of care that a reasonable person would be expected to provide. This includes, 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.

Possible indicators of neglect:

- Unsanitary, verminous and/or very unclean conditions in environments where the adult should be receiving appropriate care and support.
- Poor skin condition related to poor skin hygiene and/or skin care.
- Dehydration and/or malnourishment unrelated to diagnosed illness.
- Rashes, sores, lice on the person.
- A lack of basic possessions, which the person might reasonably be expected to own.
- Untreated medical needs.
- Lack of appropriate support with basic care, including personal care.
- The adult who needs care and support telling you that they are experiencing neglect.

Financial abuse – including theft, fraud, exploitation, pressure in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Possible indicators of financial abuse:

- Sudden changes in bank accounts, unexplained withdrawals of large sums of money or credit/debit expenditure (particularly where there is no evidence that expenditure is for the benefit of the adult).
- The unexplained disappearance of valuable possessions.

- Excessive amounts of money being expended on the care of the adult with no apparent return.
- Abrupt changes to or creation of wills.
- Unpaid bills, rent and other accumulation of debt when someone is supposed to be paying the bills on behalf of an adult who needs care and support.
- Lack of adequate provisions, clothing and other possessions that the person should be able to afford.
- Undue pressure and coercion in connection with financial expenditure.
- The adult who needs care and support telling you that they are being financially abused or exploited.

Many adults who need care and support have the mental capacity to make decisions about their financial affairs. They may choose to make decisions which others feel are unwise. Where there are any concerns about an individual's mental capacity in relation to a safeguarding concern, please consult the 'Mental Capacity Act' section below and contact the Designated Person for Safeguarding, for advice.

Psychological or Emotional abuse – including threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

Possible signs of emotional/psychological abuse:

- A carer or family member deliberately isolating the adult who needs care and support, and refusing without good reason to allow them to see other people without them being present.
- Hesitation in, and fear of, talking openly about concerns.
- Anger, emotional distress or agitation without an apparent cause.
- Sudden changes in behaviour and personality (such as the person becoming extremely withdrawn and non-communicative or non-responsive).
- Unusual self-comforting or self-harming behaviour (sucking, biting or rocking).
- The adult who needs care and support telling you that they are being verbally or emotionally abused.

Sexual abuse – including rape and sexual assault or sexual acts to which an adult who needs care and support has not consented, or could not consent or was pressured into consenting to.

Possible indicators of sexual abuse:

- Bruises around the breasts or genital areas.
- Unexplained sexually transmitted infections.
- Unexplained vaginal or anal bleeding.
- Torn, stained or blood stained underclothing.
- Inappropriate displays of physical affection or sexual touching by a care provider.
- The adult who needs care and support telling you they have been sexually assaulted, raped or forced to engage in sexual activity to which they have not consented.

Discriminatory abuse – such as ill-treatment or harassment based on a person's age, sex, sexuality, disability, religious beliefs or ethnic group.

Possible indicators of discriminatory abuse:

- Preventing the adult who needs care and support from having equal access to education, health, justice and access to appropriate services and protection.
- Verbal abuse, harassment and maltreatment due to a person's race, gender, disability, age, faith, culture or sexual orientation.

Institutional abuse – occurs when the routines, systems and regimes of an institution result in poor or inadequate standards of care and poor practice. An institution could be a hospital, care home, nursing home, day service or other facility which is meant to provide services for people who need care and support.

Institutional abuse is most likely to occur when staff:

- Receive little support from management.
- Are inadequately trained
- Are poorly supervised and poorly supported in their work.
- Receive inadequate guidance.

The risk of abuse is greater in institutions:

- With poor management.
- With too few staff.
- Which use rigid routines and inflexible practices.
- Which do not use person-centred plans and approaches.
- Where there is a closed culture.

Hate crime – hate crimes are any crimes that are targeted at a person because of hostility or prejudice towards that person's disability, race or ethnicity, religion or belief, sexual orientation or transgender identity. Those affected should be encouraged to report such crimes to the Police, so that action can be taken.

7. Who might be at risk of abuse?

Adult safeguarding processes focus on supporting and protecting adults who may be at particular risk of abuse due to their need for care and support. **For BAAS this may include not only those who use our services, but also our volunteers, trustees and staff.**

- 1) Anyone who is over the age of 18
and
- 2) Who is, or may be, in need of care and support because of mental or physical disability, age or illness
and
- 3) Who is, or may be, unable to take care of himself or herself or is unable to protect themselves against harm caused by abuse.

When an adult has a need for care and support it does not automatically mean that they are at risk of abuse. Many people are able to make informed choices about their safety and protect themselves from harm. However, it is the *combination* of the three factors outlined above which may cause an adult to be in a vulnerable situation where they are at risk of abuse.

PROCEDURE

8. What Action should I take? A TRAFFIC LIGHT GUIDE

Our primary aim should always be to determine the outcome that the adult who needs care and support wants, and to support them to achieve this. If you need any additional guidance you should always talk to your Manager, or, if this is not possible, the Designated Person for Safeguarding.

Green Level	Actions
<p>Concerns are raised which appear to be matters of complaint, dissatisfaction or indicate a need to obtain general information about money matters, health and care services etc. There are no indications that significant distress or harm has occurred as a result of abuse</p> <p>and/or</p> <p>There are no allegations of abuse taking place due to the actions or interactions of a third party.</p> <p>and/or</p> <p>The concerns raised do not relate to an adult who needs, or may need, care and support.</p>	<p>Establish what outcomes the person wants to achieve and provide information as required:</p> <p>Signpost to BAAS website for fact sheets and other information.</p> <p>Signpost to BAAS trustees for further advice and information.</p> <p>Signpost to local authority/council Adult Social Services.</p> <p>Signpost to relevant complaints department and/or Care Quality Commission for issues relating to care or health services.</p> <p>Clearly record all discussions, decisions and actions as soon as possible (see 'Confidentiality & Consent' below).</p> <p>Seek advice from the Designated Person for Safeguarding if required.</p>
Amber Level	Actions
<p>An adult who needs care and support or a third party discloses concerns that indicate that they, or other adults who need care and support, are experiencing abuse.</p> <p>and/or</p> <p>The concerns appear to indicate a need for action to prevent or end abuse.</p> <p>and/or</p>	<p>Remain calm and listen to what the person is telling you.</p> <p>Establish the basic facts.</p> <p>Establish what outcomes the person would like to achieve.</p> <p>Signpost to the Police or Adult Services in their area where they can report and have appropriate action taken in response to</p>

<p>The person raising the concern is, or appears to be able to decide on the course of action they wish to take, and is, or appears able to take action themselves, or obtain support to do so.</p>	<p>their concerns.</p> <p>Signpost to the BAAS website for information on local support services.</p> <p>Clearly record all discussions, decisions and actions as near to the time as possible (see 'Confidentiality & Consent' below).</p> <p>Seek advice from the Designated Person for Safeguarding if required.</p>
<p>Red Level</p>	<p>Actions</p>
<p>An adult who needs care and support or a third party discloses that they or other adults who need care and support are experiencing abuse and that they and/others in their environment are at risk of significant harm.</p> <p>and/or</p> <p>The person disclosing the information:</p> <p>Is unwilling to give consent for the information to be shared.</p> <p>or</p> <p>Is unwilling to contact relevant sources of support themselves.</p> <p>The concerns appear to indicate a need for action to prevent or end abuse.</p> <p>or</p> <p>Appears to lack mental capacity to make a decision about their own safety or getting support (see 10.4)</p>	<p><i>If there appears to be an immediate and significant risk to life or public safety.</i></p> <p>Remain calm and obtain relevant factual information.</p> <p>Where is the abuse happening? Who is affected? What is the impact of the abuse? Who is alleged to be causing the harm?</p> <p>Establish what outcomes the person is seeking by sharing this with you.</p> <p>Advise the person that it is best that the person with the most information makes contact with the Police or Adult Social Services.</p> <p>If the person is still unwilling, or appears unable to pass on information and you remain concerned, contact the Emergency services on 999 and explain your concerns.</p> <p>Inform the Designated Person for Safeguarding in BAAS or the Council's Safeguarding Officer.</p> <p><i>If the risk is not Immediate</i></p> <p>Obtain relevant factual information.</p> <p>Discuss your concern with the Chairman of BAAS. If this is not possible then do so with the Safeguarding Officer.</p>

	<p>The Designated Person for Safeguarding will support you to assess the situation (including any need for onward disclosure – see 10.3)</p> <p>The Designated Person for Safeguarding will make a record of their actions, discussions and outcomes.</p>
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9. Managing Safeguarding allegations involving BAAS members and volunteers

- a) Allegations that group members/relatives/carers, or volunteers have abused an adult at risk must be managed in a timely, effective and fair manner that balances the right and need for protection for all those involved.
- b) There is an assumption of innocence for staff and volunteers who are alleged to have abused an adult who needs care and support, until the allegations against them have been investigated.
- c) The allegations should be instantly escalated to the Chairman or Designated Person for Safeguarding.
- d) The Designated Person for Safeguarding & Safeguarding Officer will immediately consider the wishes of the adult who needs care and support (where known), and the need for protective action, including referral to the following agencies:
 - **Police** for any actions which may constitute criminal activity or where there are concerns for the immediate safety of an adult at risk or other members of the public.
 - **Local Authority Social Services in the area where the abuse is alleged to have taken place.** In some cases initial fact finding (but not full investigation) will be required in order to determine whether the alleged action or inaction of a member of staff is, or can reasonably be determined to be an abuse of an adult who needs care and support.
 - **Disclosure & Barring Service (DBS):** Referrals are made to the DBS when an employer or organisation, has concerns that a person has caused harm or poses a future risk of harm to ‘vulnerable groups’, including adults who need care and support. In these circumstances the employer must make a referral to the DBS (usually following the outcome of an investigation process). Advice on all potential DBS referrals should always be sought from the BAAS Designated Person for Safeguarding.

A referral to a relevant authority will only ever be delayed in order to ensure that relevant information can be gathered, and where determined that any such delay is unlikely to result in further harm to adults who need care and support.

- e) The Designated Person for Safeguarding will consider, in addition to any investigation under BAAS disciplinary procedures, whether temporary suspension or a change of duties may be appropriate. At this stage any such action will be considered to be a neutral act.
- f) The member of staff or volunteer should be kept informed of the progress of any case, except where it is determined that this may cause further harm to an adult who needs care and support. Where a statutory agency takes the lead role in a safeguarding process the mechanisms for communication with all parties should be agreed with them at the outset.
- g) Records will be kept in accordance with the guidance in 'Confidentiality & Consent' below.
- h) If an allegation or concern arises about a member of staff, outside of their work with BAAS, advice should be sought from BAAS Designated Person for Safeguarding.
- i) Where a person tenders his/her resignation, or ceases to provide their services to BAAS, this must not prevent an allegation being followed up. It is important that every effort is made to reach a conclusion in all cases of allegations relating to the safety or welfare of adults who need care and support, including those where the person concerned refused to co-operate with the process. 'Compromise agreements' – whereby a person agrees to resign, the employer agrees not to pursue disciplinary action, and both parties agree a form of words to be used in any future reference – will not be used by BAAS in these cases.

Where things do go wrong, BAAS will strive to be open about what has happened, conduct thorough investigations, co-operate with relevant agencies, provide support for those involved and learn lessons, so as to avoid future repetition.

9.1 Agency Staff

Allegations against agency staff placed at BAAS or working in partnership with BAAS will be responded to in the same way as any member, trustee or volunteer. However, the following additional steps should be taken:

The placing or partnership agency should be informed of any allegations relating to staff or volunteers that they have placed. This information will usually be passed on by the Chairman/Chairperson. This is in order to ensure that the agency can support those they have placed, be aware of any concerns about staff/volunteers they have placed and take part in any investigation, disciplinary process or referral to the DBS. This may affect commissioning arrangements for those services.

10. Confidentiality & Consent

10.1 Overview

All of those who share information with BAAS need to have confidence that we will protect their privacy and personal data. It is important that all staff and volunteers understand their responsibilities in this area.

10.2 Confidentiality

BAAS recognises that personal information relating to safeguarding is highly sensitive and must be carefully managed.

It is not possible to give absolute assurances of confidentiality to those who raise safeguarding issues, as exceptions may apply (see below). Nonetheless, in all circumstances BAAS will strive to protect confidentiality.

Keeping information secure includes careful consideration of the use of emails and other forms of digital communication. Where emails regarding safeguarding concerns are sent internally with BAAS, thought must be given as to who needs to receive the information.

If additional staff need to be copied into emails about safeguarding concerns, it is good practice to specify the reason they have been included. Staff should avoid putting personal information with email subject lines and must ensure that personally identifiable (such as names & addresses) is used only where absolutely necessary.

Data will not be disclosed to external organisations or other parties without the subject's consent, unless there are exceptional circumstances.

10.3 Onward disclosure of safeguarding information in exceptional circumstances

BAAS's aim is to empower individuals to raise concerns themselves, in order to obtain support from appropriate local resources.

There may be exceptional circumstances in which onward disclosure of information by BAAS, rather than by the person raising concerns themselves, to an external agency might be required.

Exceptional Circumstances are considered to apply:

- a) Where there are concerns about terrorism and/or serious criminal activity.
- b) Where there is a legal requirement to disclose information e.g. a court order, Coroner's Office request, Health and Safety Executive, Disclosure & Barring Service.
- c) Where, in certain circumstances, the Police, Social Services or other statutory authority formally request the disclosure of information. Each request will be considered on an individual basis by the person responsible for data protection issues within the department which holds the requested data.
- d) Where it is not possible to obtain the consent of the adult at risk of abuse and there is a reasonable belief that onward disclosure of information is required in order to prevent serious harm to an adult who needs care and support (vital interest) and/or other members of the public (public interests) – see also 'Mental Capacity Act' below.
- e) Where a third party discloses concern about an adult who needs care and support but indicates that they are unable or unwilling to pass this information onto relevant agencies themselves.

In all such cases your Designated Person for Safeguarding should be consulted.

10.4 Mental Capacity Act

Mental Capacity means being able to make your own decisions.

BAAS recognises that it is the right of adults who have mental capacity to make their own choices, irrespective of how unwise we may consider certain decisions to be. BAAS adopts the Mental Capacity Act 2005 presumption of mental capacity, unless a person's apparent comprehension of a situation gives rise to doubt.

The mental capacity of the adult concerned to consent to information being shared is a key element in considering any onward disclosure to another agency. This is important in helping us to take appropriate and proportionate action in response to a concern.

Then Mental Capacity Act sets out the process by which an adult's capacity to make a particular decision should be assessed. The five key principles of the Act are:

1. A person must be assumed to have capacity unless it is established that they lack capacity.
2. A person is not to be treated as unable to make a decision unless all practicable steps to help them to do so have been taken without success.
3. A person is not to be treated as unable to make a decision merely because they make an unwise decision.
4. An act done, or decision made, under this Act for and on behalf of a person who lacks capacity must be done, or made, in their best interests.
5. Before the act is done, or the decision made, regard must be had to whether the purpose for which it is needed can be effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

There are two issues to consider in assessing a person's mental capacity:

Stage 1 'diagnostic test'

An assessment as to whether there is an impairment in the functioning of the mind, at the time the decision is to be made (regardless of whether the condition is permanent or temporary).

Stage 2 'functional test'

An assessment as to whether a person is unable to make a decision about a specific matter at the time the decision needs to be made.

Can the person:

1. Comprehend the information relevant to the decision (where information had been provided as clearly as possible)?
2. Retain this information for long enough to make a decision?
3. Use and weigh the information to arrive at a choice (which requires an understanding of the consequences of making a decision one way or the other, or of failing to make a decision)?
4. Communicate the decision?

An inability to fulfil one of these criteria will result in a finding that the person is unable to make a decision, subject to the proper application of all the above principles of the Act.

In an emergency situation, such as contact with a person who appears to be seriously unwell, injured or at immediate and serious risk of harm, it may be more apparent that the person lacks capacity. In other cases it may be very difficult to determine the mental capacity of the adult who needs care and support. In all cases the fundamental approach should be one of assumption of capacity, unless there are valid reasons to believe that such an assumption cannot safely be made.

The Designated Person for Safeguarding should be contacted in any situation where there is doubt about an adult's mental capacity in regard to a safeguarding concern. If the risk is immediate and likely to cause significant harm however, and there are reasonable grounds to believe that a person lacks mental capacity to make a decision about their safety, then the emergency services should be contacted immediately.

10.5 Storage, retention and deletion of adult safeguarding information

Information about individual cases should only be accessible to those who have a demonstratable need to know.

Data relating to any substantial safeguarding allegations relating to BAAS staff and volunteers should be retained for a minimum of 10 years from the date of the allegation.

Disposal of this data after this time period should only be undertaken with the joint agreement of the Chairman.

Data relating to other safeguarding issues should be retained for a minimum of 6 years from the date of allegation unless instructed otherwise, in writing, by the Designated Person for Safeguarding.

10.6 Sharing Safeguarding stories

BAAS often asks older people, carers and other members of the public to share their experiences with us. This may be in order to enhance our understanding of an issue, to help publicise particular issues, for training or to improve services. Where individual safeguarding stories rather than, for example, survey statistics are used, care should be taken to obtain consent from the individual concerned for any use of this information, even where it is to be made anonymous. If a request is made by any other organisation to use this information, then an assessment of the suitability of the organisation and its purpose in using the information should be made. If the request appears appropriate then consent must be obtained from the person who has shared their experience before it is passed to another organisation.

11. Whistle-blowing

All members, trustees and volunteers should be aware of BAAS whistle-blowing policy. If a member of staff believes that an adult safeguarding allegation or concern is not being dealt with appropriately, and they have exhausted all other reasonable approaches, this policy can be used to escalate those concerns.

12. Safe Recruitment

BAAS puts in place procedure to ensure that appropriate checks are made prior to appointment of staff, trustees, volunteers and external/agency personnel, in order to prevent, as far as is possible, anyone from using their position to abuse adults who need care and support.

There are 3 key elements to safe requirements at BAAS:

1. We will prevent unsuitable people from obtaining positions within BAAS. People may be unsuitable because of lack of competence and required experience for a role, a previous dismissal due to harm to an adult who needs care and support (or a child) or because of (in certain circumstances) a relevant or unspent criminal conviction.
2. We will provide induction, supervision and continuous development of staff and volunteers.
3. We will provide procedures to be followed in the event of concerns about the conduct of an employee or volunteer.

13. Charity Commission Reportable Incidents

When a serious incident, which may include some safeguarding incidents, has occurred at BAAS it must be reported to the Charity Commission.

A serious incident is one which has 'resulted or could result in a significant loss of funds or a significant risk to a charity's property, work, beneficiaries or reputation'. Serious incidents in relation to safeguarding could include (but not limited to):

- Links with terrorism – the charity (including any individual staff, trustee or volunteers) having a known or alleged link to a prescribed (banned) organisation or to terrorist or other unlawful/criminal activity.
- Suspicions, allegations and incidents of abuse or mistreatment of beneficiaries and, in particular, beneficiaries who need care and support.
- The incident is also reported to the Police or other statutory agencies (unless it is a technical or minor issue that poses little or no risk).
- The charity having been subject to a criminal investigation, or an investigation by another regulator or agency, or where sanctions have been imposed or concerns raised by another regulator or agency such as Health & Safety Executive, The Care Quality Commission or Ofsted.
- Incidents which present a serious or significant risk to the charity, its beneficiaries or reputation.
- The charity not having a policy for Safeguarding.

Decisions to report a safeguarding issue as a serious incident to the Charity Commission will be taken in accordance with Bolton Council Procedures.

The Designated Person for Safeguarding must be informed of any safeguarding issues which may require reporting to the Charity Commission.

14. Aftercare – Adults who need care and support

BAAS has an important role to play in supporting adults who need care and support who have previously experienced abuse. We can play a part in helping people to regain their confidence and get the services and support they need to aid their recovery.

Where an adult who needs care and support discloses abuse that is historical, rather than current, support should always be offered via signposting to Adult Social Services, the Police, the National Information & Advice Service and Age UK for support.

15. Aftercare – Staff and volunteers

Receiving a disclosure of abuse, or witnessing abuse, can be a troubling and stressful experience. Where staff are concerned about the impact of such events they can seek support from their Manager.

16. Useful Contacts

Designated Person for Safeguarding: Graham Heywood

Telephone: 07772 547 158

E-mail: enquiries@boltonadultaustimsupport.org.uk

Safeguarding Officer: Eira Heywood

Telephone: 07788 894 337

E-mail: enquiries@boltonadultaustimsupport.org.uk

Charity Commission

www.gov.uk/government/organisations/charity-commission

Care Quality Commission (CQC). Concerns about the quality of registered health and social care can be raised with the CQC: 03000 61 61 61

Police (Greater Manchester Police Area) Safer Neighbourhood Teams: Safer Neighbourhood Teams are dedicated to the needs of each specific neighbourhood, with the policing priorities for that area. Local teams can be found via: <http://content.met.police/Site/saferneighbourhoods>

Bolton Council: For contacts with Bolton Council's Department for Children's and Adult Services: www.bolton.gov.uk Tel: 01204 333 333