

# Safeguarding Policy

The aim of this policy is to establish best practice guidelines and outcomes for staff and volunteers working in the Organisation so that the people we support are safeguarded from the risk of abuse.

The Organisation is in agreement with the following principles:

- Everyone has the right to live their lives free from violence
- Everyone has the right to be protected from harm and exploitation
- Everyone has the right to self-determination, which, particularly for vulnerable adults, may involve a degree of risk

Under the [Health and Social Care Act 2008](#), the Care Quality Commission (CQC) requires that all health and social care services in England register with them for any regulated activities which they undertake. Fylde Community Link is registered to provide personal care for vulnerable adults and young people aged 16-17. This policy sets out how Fylde Community Link will safeguard and protect those people whom it supports, and applies to all Fylde Community Link staff and volunteers.

The [Care Act 2014](#) introduced a major change in approach by making safeguarding personal and supporting the view that the most effective way to safeguard adults from abuse is to enable them to safeguard themselves. Skills for Care state “Making Safeguarding Personal...follows the edict of “**no decision about me, without me**” and means that the adult, their families and carers are working together with agencies to find the right solutions to keep people safe and support them in making informed choices”. ([Skills for Care – Briefing: Care Act implications for safeguarding adults.](#))

The Care Act guidance is founded on six [Key Safeguarding Principles](#) that must guide everyone who works with adults, in all settings. These are: Empowerment, Prevention, Proportionality, Protection, Partnership and Accountability.

The Organisation is committed to delivering a transparent service within a positive culture in which staff are able to communicate honestly and openly and prevent a culture of secrets which may protect those who abuse vulnerable people. The Organisation has a [Restrictive Practices Policy](#) which gives guidance about using restrictive practices with supported individuals.

A transparent service is one in which staff are committed to work in ways that safeguard vulnerable people; this means that you have a duty to speak out and ask questions.

Safeguarding is everybody’s business. Your action could prevent abuse; your silence or inaction could perpetuate abuse.

## **What you must do to stay informed, alert and aware**

All staff must:

- Attend and evidence annual training in safeguarding.
- Read, understand and work in accordance with the Lancashire and Blackpool Safeguarding Policies and Procedures, and know where to find them.
- Know where to find this policy and any associated policies.

- Ensure the confidentiality of all information relating to supported individuals.
- Ensure that if they attend any social function or event organised by Fylde Community Link whilst they are off duty they take full responsibility for any guest that they invite. Children and young people must be supervised at all times.
- Ensure that they do not allow either their family, friends or unauthorised people onto Organisation premises, or to interact with people who use the service, without the express permission of their Area Manager.

## **Safeguarding and Recruitment**

Fylde Community Link is committed to safeguarding and promoting the welfare of the people whom it supports and undertakes safe recruitment practices for all positions within the Organisation. This includes utilising the [Government's Disclosure and Barring Service](#) (DBS) in order to verify the identity of an applicant and check that they are not barred from working with vulnerable adults and/or children, before they commence work with the Organisation. Fylde Community Link also requires all staff members to subscribe to the DBS Update Service, so that a check can be performed on a regular basis to ensure that the information released on the DBS Certificate is current and up-to-date. More information can be found in the [Safer Recruitment Policy](#).

The Organisation ensures that job descriptions for Community Support Worker roles are comprehensive and include the following wording under the areas of responsibility:

“Safeguarding individuals from all forms of abuse (physical, emotional, sexual, financial or otherwise) and immediately reporting any suspicion of abuse, however slight, to the appropriate authority”; (which would, in the first instance, be their line manager)

The Organisation uses the interview process as a method of identifying applicants' aptitude and suitability for working with vulnerable adults and/or children. The Organisation also ensures that at least two references are received for each new member of staff before they commence work; one of which must be from their current or most recent employer. In exceptional circumstances, where all other checks are satisfactory, character references may be sought.

If Fylde Community Link has concerns that a member of staff has caused harm, or poses a future risk of harm to vulnerable groups, including young people, then the staff member may be suspended to protect themselves or others and will be referred to the relevant Local Authority Safeguarding Team, the DBS and/or the police. An internal investigation will also be carried out by the Organisation.

## **Who are Vulnerable Adults?**

The definition of a vulnerable adult (as defined by [Section 42 of the Care Act 2014](#)) is an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs)
- is experiencing, or is at risk of, abuse or neglect, and
- as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it

All of the adults whom the Organisation supports are vulnerable adults as defined by [Section 42 of the Care Act 2014](#).

## **What is Abuse?**

Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person, subjected to it.

There are 3 forms of abuse, and 10 types of abuse.

Abuse is:

- The violation of an individual's human and civil rights by any other person or persons (taken from "No Secrets", Department of Health, 2000)
- The mistreatment of a dependent person by a formal or informal carer; i.e. where another person has "power" over a vulnerable adult

The abuse may be intentional, unintentional or spontaneous.

It includes depriving someone of their support and/or services or treatments which are necessary for their health and safety by someone who has a duty to "provide or ensure provision of such services or treatment", i.e. under, or over misuse of medication, not providing sufficient food and drink resulting in malnutrition, dehydration etc.

Abuse may consist of a single act or repeated acts. A question to ask yourself is:

"Does the act come under any of the categories of abuse listed in this policy?"

It is extremely important to keep detailed and accurate records so that you can see at a glance if a pattern of abuse is occurring.

## **Forms of Abuse**

### **1. Intentional Abuse**

This is abuse where the abuser knows that they are abusing. It is pre-planned and often systematic. For example, when an abuser plans to physically hurt an individual.

### **2. Unintentional Abuse**

This means abuse that can arise through neglect or poor practice, or where there are inadequate resources to provide the proper care that is needed. For example, when a carer fails to provide access to appropriate health services.

### **3. Spontaneous Abuse**

This means abuse which is an isolated incident without pre-meditation. For example, when a carer becomes very frustrated by a challenging person and starts shouting at them.

Abuse of any form is a serious matter, even if it is spontaneous or unintentional. For more information about restrictive practices, see the [Restrictive Practices Policy](#).

## **Types of Abuse - Vulnerable Adults**

### **1. Physical Abuse**

This occurs when injuries are inflicted, or the health and development of a person is severely impaired. For example, when a person is given too much medication causing drowsiness or when someone hits a vulnerable adult.

Indicators may include:

- Different types of bruising, perhaps in various states of healing, often on non- visible areas
- Evidence of over feeding
- Person appears frail or underweight
- It appears that equipment or furniture has been used to restrict movement or mobility
- There may be an odour of urine or faeces
- Evidence of lack of proper personal care; e.g. inadequate or inappropriate clothing, inadequate heating

### **2. Domestic Abuse**

This occurs when there is an incident, or pattern of incidents, such as 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. Domestic abuse also includes “honour-based violence” and Female Genital Mutilation.

Examples include the following:

A jealous and possessive partner, who monitors the individual’s movements.

Someone who is cut off from their friends, and isolated from their family.

A person is humiliated or insulted in front of others and constantly criticised by their partner.

Indicators may include:

- Visible physical injuries (bruises, lacerations, burns, human bite marks etc.)
- Stress-related illnesses
- Marital and/or family problems
- Depression
- Alcohol or other drug addictions
- Withdrawn
- Lack of personal grooming
- Low self-esteem

### **3. Sexual Abuse**

This occurs when the person is involved in sexual activities to which they have not consented, or to which they do not have capacity to give consent to. For example, when a person is touched inappropriately.

Indicators may include:

- An individual's conversation regularly becomes of a sexual nature
- Signs of depression or stress
- Nightmares
- Onset of urinary or faecal incontinence or retention
- Sudden onset of confusion
- Pain, bruising to inner thigh, bleeding in genital or rectal area
- Significant change in sexual behaviour or language

### **4. Psychological Abuse**

This occurs where there is a denial of a person's basic rights such as, not being given choices, or their opinions are not being heard or they are not given privacy. This can also include verbal abuse such as shouting and threats.

It may also occur where the person is being over protected and kept back, not enabled to live a normal life and to develop. This would include being over supported by staff.

Examples include: when a person is punished for being incontinent or when a vulnerable adult is not encouraged to live independently by their family because the family would lose benefits.

Indicators may include:

- Changes in behaviour
- Becoming fearful or anxious - e.g. when the individual is fearful of a care giver and avoids looking at them; may flinch on approach, act defensively or appear stressed
- Not being supported to participate in the activities agreed in their plan
- Few visitors/phone calls or outings
- Radicalisation

### **5. Modern Slavery**

This includes exploitation in the sex industry, forced labour, domestic servitude in the home, and forced criminal activity.

Indicators may include:

- A person may look malnourished or unkempt, or appear withdrawn
- The person rarely interacts or appears unfamiliar with their neighbourhood or where they work
- The person may be living in dirty, cramped or overcrowded accommodation

- The person may have few personal possessions and always wear the same clothes, which may not be suitable for their work
- The person may be being dropped off/collected for work on a regular basis either very early or late at night

## **6. Financial and Material Abuse**

This occurs where an individual's money or possessions are taken and used by others without their consent, or without an agreement being made under a fully documented Best Interests Decision.

Examples include the following:

Someone manages the finances for a vulnerable person, but does not use the money in the best interests of the person. Management of finances can include:

- Appointees
- Court of Protection Financial Deputies
- Trustees
- Attorneys for Property and Financial Affairs
- A Best Interests Decision in place for the person regarding their financial affairs

Someone supports the person to buy new clothes but replaces the clothes with items of a lesser quality, keeping the original purchases for themselves and using the original receipts to enter into the person's financial records.

Someone has knowledge of the person's bank account PIN number and utilises this to withdraw cash for themselves.

Indicators may include:

- Person managing financial affairs is evasive or non-co-operative or wants total control in all areas of accounting. (Attitudes to cover for leave are significant.)
- Receipts in book do not tally with supported individual's purchases
- Person lacks belongings or services which they could clearly afford
- Unusual or inappropriate bank account activity

## **7. Neglect and Acts of Omission**

This occurs when family members, carers or staff pay too little or no attention to a person, fail to take proper care of the person, or omit to do something which should have been done for the person's well-being. Neglect can also be both physical and psychological abuse.

Examples include: the person is not supported to have sufficient food and/or drink resulting in malnourishment and or dehydration or a person is not acknowledged and so is treated as though they were invisible.

Indicators may include:

- Person's clothing is unclean or being left wet

- Physical condition of person is poor; e.g. bed sores
- Refusal or failure of staff to support personal relationships or preferences of the person
- Failure to support the person to take prescribed medication or access to health/dental care
- Malnutrition, loss of weight or weight gain

If the Organisation establishes neglect as part of an investigation it will be referred to the Police who will deal with it as a criminal matter.

## **8. Self-neglect**

This is the unwillingness or inability of someone to care for themselves and/or their environment.

Examples include hoarding, living in squalor, poor self-care and hygiene, alcohol or drug dependence.

Indicators may include:

- Eccentric behaviour or lifestyle, such as excessive hoarding
- Poor diet and nutrition, or mouldy food in the fridge
- Refusing necessary help from health professionals
- Poor personal hygiene
- Sores
- Long toe nails
- Over or under-eating

## **9. Discrimination**

This occurs where judgements or actions around a person are not based on their ability or needs but are made in relation to their race, gender, sexual orientation, age, culture or disability. The [Equality Act 2010](#) gives protection around certain characteristics which are:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

Examples include the following:

An Asian woman is not given any option about what she wants to wear, such as a sari, or is refused choice about religiously appropriate meals.

In some cultures, a female being expected to be examined by a male Doctor is regarded as abusive.

Indicators may include:

- Signs of discriminatory abuse may be similar to signs of other forms of abuse such as psychological or physical, including;
- Favouritism to other people in preference to the individual
- “Jokes” about matters which are not a choice such as race, sexual orientation or disability may reveal discriminatory attitudes in staff and should always be a cause for concern
- Threats or intimidation; shouting or bullying
- Unexplained attacks on the person, their property or possessions
- Unexplained fear or emotional withdrawal

Information regarding Hate Crimes can be found in the [Hate Crimes Policy](#).

## **10. Organisational/Institutional Abuse**

This occurs when services develop ways of working that meet the needs of the staff group and the Organisation rather than those of the supported individual.

These practices often appear to enhance the smooth running of the service but, in themselves, can become abusive if they deny or limit the choice, dignity or privacy of those using the service.

Examples include the following:

The staff team prefer to drink filter coffee and don't like the food choices made by a client so purchase the food and coffee of their preference when shopping with the supported individual's money.

Individuals are put into continence products without a full professional assessment because this makes the staff's lives easier.

The [Winterbourne View](#) case is an example of Organisational abuse.

Indicators may include:

- The person does not receive their commissioned support as they wish to receive it
- Not being supported to make choices about their meals or bath times
- Everyone having their clothes washed together
- Staff talking to each other but not the supported individual in their own home
- Staff behaving in ways that show they do not respect that they are working in the supported individual's home

## **Types of Abuse - Children**

The following is taken from the [“Working Together to Safeguard Children”](#) document (HM Government 2018) and [“What to Do if You're Worried a Child is Being Abused”](#) (HM Government, 2015):

Child abuse is a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults, or another child or children.

## **1. Physical Abuse**

A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a family member or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Indicators may include:

- Children with frequent injuries
- Children with unexplained or unusual fractures or broken bones
- Children with unexplained bruises, cuts, burns, scalds or bite marks

## **2. Emotional Abuse**

The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or values insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or "making fun" of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, of the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Indicators may include:

- Children who are excessively withdrawn, fearful, or anxious about doing something wrong
- Parents or carers who withdraw their attention from their child, giving the child the "cold shoulder"
- Parents or carers blaming their problems on their child
- Parents or carers who humiliate their child, for example, by name-calling or making negative comparisons

## **3. Sexual Abuse**

Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Indicators may include:

- Children who display knowledge or interest in sexual acts inappropriate to their age
- Children who use sexual language or have sexual knowledge that you wouldn't expect them to have
- Children who ask others to behave sexually or play sexual games
- Children with physical sexual health problems, including soreness in the genital and anal areas, sexually transmitted infections or underage pregnancy

Child sexual exploitation is a form of sexual abuse where children are sexually exploited for money, power or status. It can involve violent, humiliating and degrading sexual assaults. In some cases, young children are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status. Consent cannot be given, even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. Child sexual exploitation does not always involve physical contact and can happen online. A significant number of children who are victims of sexual exploitation go missing from home, care and education at some point.

Indicators may include:

- Children who appear with unexplained gifts or new possessions
- Children who associate with other young people involved in exploitation
- Children who have older boyfriends or girlfriends
- Children who suffer from sexually transmitted infections or become pregnant
- Children who suffer from changes in emotional well-being
- Children who misuse drugs and alcohol
- Children who go missing for periods of time or regularly come home late
- Children who regularly miss school or education or don't take part in education

#### **4. Neglect**

The persistent failure to meet a child's basic physical and /or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy or as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- Protect a child from physical and emotional harm or danger
- Ensure adequate supervision (including the use of inadequate care-givers), or
- Ensure access to appropriate medical care or treatment

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Indicators may include:

- Children who are living in a home that is indisputably dirty or unsafe
- Children who are left hungry or dirty
- Children who are left without adequate clothing, e.g. not having a winter coat
- Children who are living in dangerous conditions i.e. around drugs, alcohol or violence

- Children who are often angry, aggressive or self-harm
- Children who fail to receive basic health care
- Parents who fail to seek medical treatment when their children are ill or are injured

### **Use of Restrictive Practices**

Some people may be subject to a Care Order (children) or detained under a Section of the Mental Health Act and restrictive practices may form part of these legal processes.

Staff must:

- Know and understand the different forms that restrictive practice can take
- Understand when different types of restrictive practice are or are not appropriate, prioritising de-escalation or positive behaviour support over restrictive practices wherever possible
- Understand that restrictive practices should be used in a way that respects dignity and protects human rights wherever possible
- Know whether and what type of restrictive practice is permitted in the service in which they are working
- Understand that restrictive practices should only be used as a last resort, and that the type used should be the least restrictive and for the minimum amount of time to ensure that harm is prevented and that the person, and others around them, are safe

All employees must read and be familiar with the [Restrictive Practices Policy](#) and the [Restrictive Practice Best Interests Analysis Form](#). If you are unsure about when or why you may need to use restrictive practices you must speak to your line manager.

### **What is a Safeguarding Concern?**

A Safeguarding Concern is when a person contacts a Responsible Person within the Organisation, or the Local Authority because they are concerned about possible abuse or neglect of an individual.

Safeguarding is everyone's business and anyone can raise a Safeguarding Concern.

### **How to Respond to a Disclosure of Abuse**

In circumstances where a person chooses to disclose that they are being abused or have been abused, follow the guidance below:

- Ensure the person is safe.
- Accept that what the person is saying is true.
- Reassure the person that you will take what they have said seriously.
- Know that you must report the disclosure.
- Ensure that you speak to the person in a private space, and if appropriate, ask a colleague to act as a witness and to take notes

- Don't "interview" the person; just listen carefully and calmly to what they are saying. If the person wants to give you lots of information, let them. Try to remember what the person is saying in their own words so that you can record it later.
- You can ask questions to establish the basic facts, but try to avoid asking the same questions more than once, or asking the person to repeat what they have said – this can make them feel they are not being believed.
- Don't promise the person that you'll keep what they tell you confidential or "secret". Explain that you will need to tell another person but you'll only tell people who need to know so that they can help.
- Do not be judgmental or jump to conclusions.
- If the person has specific communication needs, provide support and information in a way that is most appropriate to them.
- Inform your Area Manager or the On-Call Manager if out of office hours, immediately after the disclosure.
- Record everything that the person has said on an [Accident/Incident Report Form](#). This should be completed as soon as possible, ideally on the same day as the disclosure. Record the exact questions asked and the answers given – use the same vocabulary as the person.

You should not:

- Form, show or voice your opinion
- Allow any shock or distaste to show
- Probe for more information than is offered
- Speculate or make assumptions
- Make negative comments about the alleged abuser
- Approach the alleged abuser
- Make promises or agree to keep secrets
- Give the person advice

### **How to Report Actual or Suspected Abuse**

The Safeguarding Flowchart in this policy details how to report abuse. The normal route will be to report your concerns to your Area Manager or the On-Call Manager, unless you have reason to suspect that s/he may be involved in the abuse, in which case you must go to another Senior Manager.

As much evidence as possible must be supplied when reporting actual or suspected abuse. If the type of abuse includes physical injury, the reporter must complete an accurate body map with the person. A body map can be found [here](#). This will assist in understanding the type and severity of any injury. [Daily Record Log Sheets](#) may also be used as evidence. A [Safeguarding Concerns Checklist](#) must also be completed for Safeguarding Concerns which are reported to Lancashire County Council's Safeguarding Team.

The Safeguarding Leads who are responsible for safeguarding adults' procedures, staff awareness and training at Fylde Community Link are the Area Supported Living Managers and the Outreach Services Manager. The Responsible Person at head office is the Chief Executive Officer.

The **Blackpool Council Safeguarding Adults Team** can be contacted by telephoning **01253 477592** (or 01253 477600 for the out of hours service).

The **Blackpool Council Safeguarding Children Team** can be contacted by telephoning **01253 477299** (or 01253 477600 for the out of hours service).

The **Lancashire County Council Safeguarding Adults Team** can be contacted by telephoning **0300 1236721** (or 0300 1236722 for the out of hours service).

The **Lancashire County Council Safeguarding Children Team** can be contacted by telephoning **0300 1236720** (or 0300 1236722 for the out of hours service).

The [Care Quality Commission](#) (CQC) is the independent regulator of health and adult social care in England. They can be contacted on 03000 616161 or by writing to:

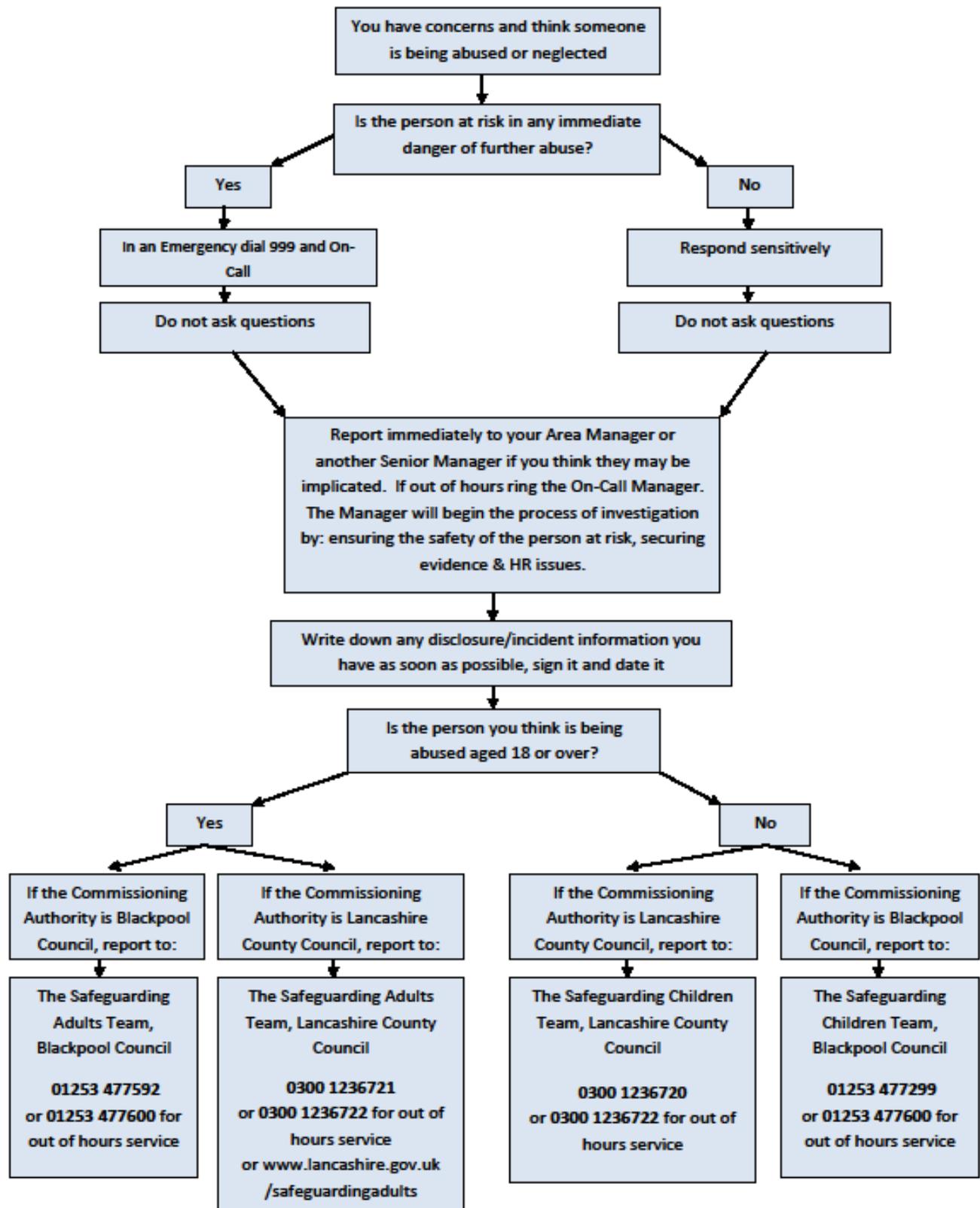
CQC National Customer Service Centre  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

### **Mechanisms for Communication of this Policy**

The Safeguarding Policy is available on the Organisation's website and intranet and is also available upon request. Staff are required to read the policy at induction and annually thereafter when they complete their [Safeguarding Questions](#), as part of their mandatory Safeguarding training.

All members of staff undertake mandatory Safeguarding Training on an annual basis.

## Safeguarding Flowchart – Procedure for Raising a Safeguarding Concern



## **Relevant Legislation**

[Public Interest Disclosure Act 1998](#) and the [Enterprise and Regulatory Reform Act 2013](#): Whistleblowers are given protection under these Acts. Please see the [Whistleblowing Policy](#) for more information.

The Mental Capacity Act Deprivation of Liberty Safeguards (formerly known as the Bournewood Safeguards) - introduced into the [Mental Capacity Act 2005](#) through the [Mental Health Act 2007](#).

[Children Act 1989](#)

[United Nations Convention on the Rights of the Child](#)

[Human Rights Act 1998](#)

[Sexual Offences Act 2003](#)

[Criminal Justice Act 2003](#)

[Children Act 2004](#)

[Mental Capacity Act 2005](#)

[Safeguarding Vulnerable Groups Act 2006](#)

[Mental Health Act 2007](#)

[Care Quality Commission \(Registration\) Regulations 2009](#)

[Equality Act 2010](#)

[Protection of Freedoms Act 2012](#)

[Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014](#)

[Care Act 2014](#)

[Counter Terrorism and Security Act 2015](#)

[Criminal Justice and Courts Act 2015](#)

[Modern Slavery Act 2015](#)

[Data Protection Act 2018](#)

## **Relevant Organisational Policies, Procedures and Documentation**

[Accident/Incident Report Form](#)

[Accidents to Service Users/Staff](#)

[Aggression towards Staff](#)

[Anti-Harassment and Bullying Policy](#)

[Body Map](#)

[Code of Conduct](#)

[Commendations and Complaints Policy](#)

[Confidentiality](#)

[Daily Log Record Sheet](#)

[Data Protection Policy](#)

[Disciplinary Procedure and Action](#)

[Gifts, Wills and Bequests](#)

[Hate Crimes Policy](#)

[Health and Safety Policy](#)

[Key Holder Sheet](#)

[Medication Policy](#)

[Mental Capacity Act Policy](#)

[Missing Person Procedure](#)

[Monitoring Policy](#)

[Pressure Area Care Policy](#)  
[Record Keeping and Access to Files](#)  
[Restrictive Practice Best Interests Analysis Form](#)  
[Restrictive Practices Policy](#)  
[Risk Assessment Form](#)  
[Safeguarding Concerns Checklist](#)  
[Safeguarding Questions](#)  
[Safer Recruitment Policy](#)  
[Supported Individual Holidays Policy](#)  
[Sexuality and Personal Relationships](#)  
[Support Protocol Form](#)  
[Supporting Individuals \(Finances etc.\)](#)  
[Training Policy](#)  
[Whistleblowing Policy](#)  
[Working In Service Users Homes](#)

This is not an exhaustive list.

### **Further Information**

Blackpool Council Safeguarding Adults Board

<https://www.blackpoolsafeguarding.org.uk/safeguarding-adults-1>

Blackpool Safeguarding Children Board

<https://www.blackpoolsafeguarding.org.uk/about-blackpool-safeguarding-children-board-1>

Lancashire Safeguarding Adults Board

<http://www.lancshiresafeguarding.org.uk/lancashire-safeguarding-adults.aspx>

Lancashire Safeguarding Children Board

<http://www.lancshiresafeguarding.org.uk/>

Online Safeguarding:

<http://www.lancshiresafeguarding.org.uk/online-safeguarding.aspx>

Guidance for Providers on Meeting the Regulations (Care Quality Commission, 2015)

<http://www.cqc.org.uk/sites/default/files/20150311%20Guidance%20for%20providers%20on%20meeting%20the%20regulations%20FINAL%20FOR%20PUBLISHING.pdf>

Revised Prevent Duty Guidance for England and Wales (HM Government):

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/445977/3799 Revised Prevent Duty Guidance England Wales V2-Interactive.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/445977/3799_Revised_Prevent_Duty_Guidance_England_Wales_V2-Interactive.pdf)

Safeguarding Disabled Children (DCSF, 2009)

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/190544/00374-2009DOM-EN.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/190544/00374-2009DOM-EN.pdf)

“Working Together to Safeguard Children” (HM Government, 2018)

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/729914/Working Together to Safeguard Children-2018.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729914/Working_Together_to_Safeguard_Children-2018.pdf)

“What to do if you’re Worried a Child is Being Abused” (HM Government, 2015)

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/419604/What to do if you re worried a child is being abused.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419604/What_to_do_if_you_re_worried_a_child_is_being_abused.pdf)