

# Safeguarding Vulnerable Adults and Children at Risk Policy

## 1.) Introduction

At The BDD Foundation, we are committed to safeguarding the welfare and rights of vulnerable adults and children at risk. We recognise our responsibility to create a safe and supportive environment, ensuring that individuals in our care are protected from harm, abuse, and neglect. This policy outlines our approach to safeguarding, detailing the principles, procedures, and responsibilities that guide our staff, volunteers, and trustees in identifying, preventing, and responding to safeguarding concerns. By promoting a culture of vigilance, accountability, and continuous improvement, we aim to uphold the highest standards of care and protection in all aspects of our work.

## 2.) Safeguarding Vulnerable Adults

There are very clear rules and responsibilities regarding the safeguarding of vulnerable adults. This policy states the Charity's position and gives guidance on what you should do if you feel that a vulnerable adult is at risk of either physical or emotional harm.

There are three main principles behind this policy:

1. That the Charity complies with legal requirements and meets best practice.
2. That staff, trustees and volunteers have clear and definitive information on how to act.
3. That this policy is based on an understanding of BDD and risk to others.

Most of the people we support would meet the eligibility criteria for care services, which include receiving any form of health care, or support or assistance.

In our work, we may occasionally come across situations where:

- a. The actions of one person are impacting very negatively on another person who may seem too vulnerable, ill or powerless to leave the situation or ask for help. An example could be a mother of a person with severe BDD who may themselves have a learning disability, terminal illness, or dementia or other serious health problem.
- b. Someone we are helping is being subject to some form of physical, sexual or emotional abuse by another person and is too frightened or ill to seek help.

## 3.) What is Abuse

Abuse is described as *"a violation of an individual's human or civil rights by any other person or persons"*. The person causing harm may be known to the person suffering abuse. They could be a friend, a relative or a neighbour. They may be in a position of trust and power. They may be a professional in healthcare, social care or education.

Abuse can happen anywhere, including at home or in public places. It can be a single incident or repeated acts of abuse and neglect.

Everyone has the right to live in safety, free from abuse and neglect.

## 4.) Types of Abuse

- **Physical Abuse:** Any physical contact that results in discomfort, pain or injury. E.g. hitting, slapping, pushing, and shaking. Bruising, finger marks, burns, untreated sores or wounds, under or over-use of medication, unprescribed or inappropriate medication, and use of restraint are indicators.
- **Verbal abuse:** Any remark or comment by others that causes distress. E.g. demeaning, disrespectful, humiliating, racist, sexist or sarcastic comments. Condescending tone of voice, excessive or unwanted familiarity, shouting, swearing, name-calling.
- **Psychological or emotional abuse:** Action or inaction by others that causes mental anguish. E.g. inflexible regimes and lack of choice. Mocking, coercing, denying privacy, threatening behaviour, bullying, intimidation, harassment, deliberate isolation.
- **Sexual abuse:** Any non-consensual sexual activity, coercion or force to take part in a sexual act E.g. inappropriate touching, unwanted sexual advances.
- **Neglect:** The failure to meet a person's basic needs, whether intentional or due to an inability to provide care. e.g. the carer has financial, alcohol or mental health problems. Poor standards of care, inadequate staffing, lack of response to individual patient's complex needs, insufficient knowledge base and expertise.
- **Institutional Abuse:** Systemic failings within an organisation that result in neglect, poor care, or abuse. e.g. over medication, unnecessary use of restraint, withholding food, drink or medication. Inability or failure to access key health and social care services.
- **Financial Abuse:** Misappropriation or exploitation of benefits and/or use of vulnerable adult's money by other members of the household e.g. fraud or intimidation in connection with wills, property or other assets.

## 5.) Disclosures

Many incidents of abuse only come to light because the abused individual discloses the information themselves. Often, they may not realise they are being abused and may not be aware of the significance of what they are disclosing.

Some disclosures may happen after many years. There may be good reasons for this and any delay in reporting or disclosing by an abused person should not cast doubt on their truthfulness.

Staff, volunteers and trustees will be expected to take all allegations seriously, however insignificant they may initially seem.

If a disclosure happens:

- Remain calm and try not to panic.
- However extreme an allegation is, must be taken seriously, do not dismiss it or question the service user about it apart from ascertaining relevant timing and nature of incident.
- Do not probe or try to take a statement - if the disclosure goes down the criminal prosecution route you may be in danger of 'spoiling evidence'.
- Do not promise that you will maintain confidence - you will have to share with your line manager/ the safeguarding lead.
- Do not confront the alleged abuser.
- If you are unsure whether the client will be safe if left, then try and gain their permission to contact

- emergency services.
- Make notes when you have left the premises or ended the phone call and report directly to Kitty Newman (Managing Director & Safeguarding Lead)
  - During a disclosure of alleged abuse, staff and volunteers should always explain that they are required to share this information with the Managing Director/Chair.
  - A full record of the disclosure must be shared with the Managing Director and/or Chair, be made as soon as possible, and always within 24 hours.
  - If the Managing Director is unavailable, the Chair **must** be informed.

## 6.) Taking Action

The key as to whether action should be taken rests on the question of the mental 'capacity' of the vulnerable adult. The Mental Capacity Act 2005 is based on the idea that individuals have capacity unless proven otherwise, and enshrines the principle that people have the right to make unwise decisions. This means individuals should be free to make their own choices in relation to safety from abuse and neglect.

Consequently, all action, including referrals to social services and the police, must be subject to the consent of the service user.

In every situation it will be assumed that a person can make their own decisions and action will only be taken in the absence of consent from the service user in the following circumstances:

- They or others are in physical danger, *i.e. other vulnerable adults*, for example if abuse is taking place a care home setting/ hospital.
- If there are children (under the age of 18) involved.
- A serious crime has occurred or is about to be commissioned, for example if a service user tells you that her partner is going to assault her when he gets home.
- The client may lack capacity to make a decision. This could include someone who is being coerced, bullied and is in fear.

If the client does not meet any referral criteria and wishes to take no action, staff and volunteers should be prepared to accept that no action, other than continued monitoring, might in some circumstances be the only option. However, all cases of suspected or actual abuse must be reported to the Managing Director.

### Examples:

- A woman of 85 with poor mobility is frightened of her son, who when BDD rituals are broken, panics and hits her. He is inappropriately using her benefits to live off as he is no longer able to work. She wants him to leave the house but is too frightened to ask him.
- The sister of a person experiencing BDD phones to disclose that her sister has locked herself in her flat, refusing anyone access and to leave for fear of being seen and ridiculed by others. She is not taking deliveries and is, therefore, without food supplies.

All these cases would be appropriate for initial referral.

## 7.) Vulnerable Adults Summary

Any incident of abuse or suspected abuse should be reported to the Managing Director or the Chair of The BDD Foundation, as soon as possible.

You cannot promise to keep a confidence for a service user if it involves abuse, information must be shared

within the organisation.

The rights of the service user will be respected in terms of whether they wish action to be taken unless specific criteria are met - including the risk to others, serious risk to themselves, commission of a serious crime, incapacity of the service user to make an informed decision.

In each case the Managing Director and Chair will take a decision about referral to outside agencies such as the police or social services in line with criteria outlined in this policy and local and national safeguarding protocols.

Contact details for Managing Director, Kitty Newman: [kitty@bddfoundation.org](mailto:kitty@bddfoundation.org)

## 8.) Safeguarding Children and Young People at Risk

We believe everyone has a responsibility to promote the welfare of all children and young people, to keep them safe and to practice in a way that protects them. We will give equal priority to keeping all children and young people safe regardless of their age, disability, gender, race, religion or belief, sex, or sexual orientation.

There are three main principles behind this policy:

1. That the Charity complies with legal requirements and meets best practice.
2. That staff, trustees and volunteers have clear and definitive information on how to act.
3. That this policy is based on an understanding of BDD and risk to others.

### All trustees, staff and volunteers should:

- be alert to potential indicators of abuse or neglect;
- be alert to the risks which individual abusers, or potential abusers, may pose to children;
- share and help to analyse information so that an assessment can be made of the child's needs and circumstances;
- contribute to whatever actions are needed to safeguard and promote the child's welfare;

## 9.) Definitions of Abuse and Neglect for Children

A child is anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change their status or entitlements to services or protection (*Working Together to Safeguard Children (2023)*).

Abuse and neglect are forms 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 a stranger. They may be abused by an adult or adults or another child or children.

According to *Working Together to Safeguard Children (2023)*:

- **Physical abuse:** Physical abuse of a child 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 parent or carer fabricates the symptoms of, or deliberately induces illness in a child.

- **Emotional abuse:** Emotional abuse is 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 children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the 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 causing children frequently to feel frightened or in danger, or 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.
- **Sexual abuse:** Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape or oral sex) or non-penetrative acts (e.g. touching or groping). They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, encouraging children to behave in sexually inappropriate ways, or sexually exploiting them for financial or personal gain.
- **Neglect:** Neglect is the persistent failure to meet a child's basic physical and/or emotional needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to provide adequate food and clothing, shelter including exclusion from home or abandonment, failing to protect a child from physical and emotional harm or danger, failure to ensure adequate supervision including the use of inadequate care-takers, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to a child's basic emotional needs.

**Example:** A single mother experiencing BDD discloses that she feels unable, and is not managing to, care for her two children of six and nine years old due to feelings of depression and suicidality.

## 10.) Children at Additional Risk

According to *Working Together to Safeguard Children (2023)*, practitioners should be alert to children in the listed circumstances:

- is disabled
- has special educational needs (whether or not they have a statutory education, health, and care (EHC) plan)
- is a young carer
- is bereaved
- is showing signs of being drawn into anti-social or criminal behaviour, including being affected by gangs, county lines, organised crime groups, and/or serious violence, including knife crime
- is frequently missing/goes missing from care or from home
- is at risk of modern slavery, trafficking, sexual and/or criminal exploitation
- is at risk of being radicalised
- is viewing problematic and/or inappropriate online content (e.g., linked to violence) or developing inappropriate relationships online
- is in a family circumstance presenting challenges, such as drug and alcohol misuse, adult mental health issues, and domestic abuse
- is misusing drugs or alcohol themselves
- is suffering from mental ill health
- has returned home to their family from care

- is a privately fostered child
- has a parent or carer in custody
- is missing education, persistently absent from school, or not in receipt of full-time education
- has experienced multiple suspensions and is at risk of, or has been permanently excluded

## 11.) Procedures

You may have concerns about a child because of something you have seen or heard even though our services are for those aged 18+, or a child may choose to disclose something to you. If a child discloses information to you:

- 1.) Do not promise confidentiality, you have a duty to share this information and refer to Children's Social Care Services.
- 2.) Listen to what is being said, without displaying shock or disbelief.
- 3.) Accept what is said.
- 4.) Reassure the child, but only as far as is honest, don't make promises you may not be able to keep *eg: 'Everything will be alright now', 'You'll never have to see that person again'.*
- 5.) Do reassure and alleviate guilt; if the child refers to it. For example, you could say, *'You're not to blame'.*
- 6.) Do not interrogate the child; it is not your responsibility to investigate.
- 7.) Do not ask leading questions (*eg: Did he touch your private parts?*), ask open questions such as *'Anything else to tell me?'*
- 8.) Do not ask the child to repeat the information for another member of staff.
- 9.) Explain what you will have to do next and who you have to talk to.
- 10.) Take notes if possible or write up your conversation as soon as possible afterwards.
- 11.) Record the date, time, place any non-verbal behaviour and the words used by the child (do not paraphrase).
- 12.) Record statements and observable things rather than interpretations or assumptions.

Whatever the nature of your concerns, discuss them with the Managing Director or Chair (contact details below). See the diagram on the next page for the process to follow. Contact details for Managing Director, Kitty Newman: [kitty@bddfoundation.org](mailto:kitty@bddfoundation.org)

If you still have concerns, you should refer to:

[Working Together to Safeguard Children Act \(2023\)](#)

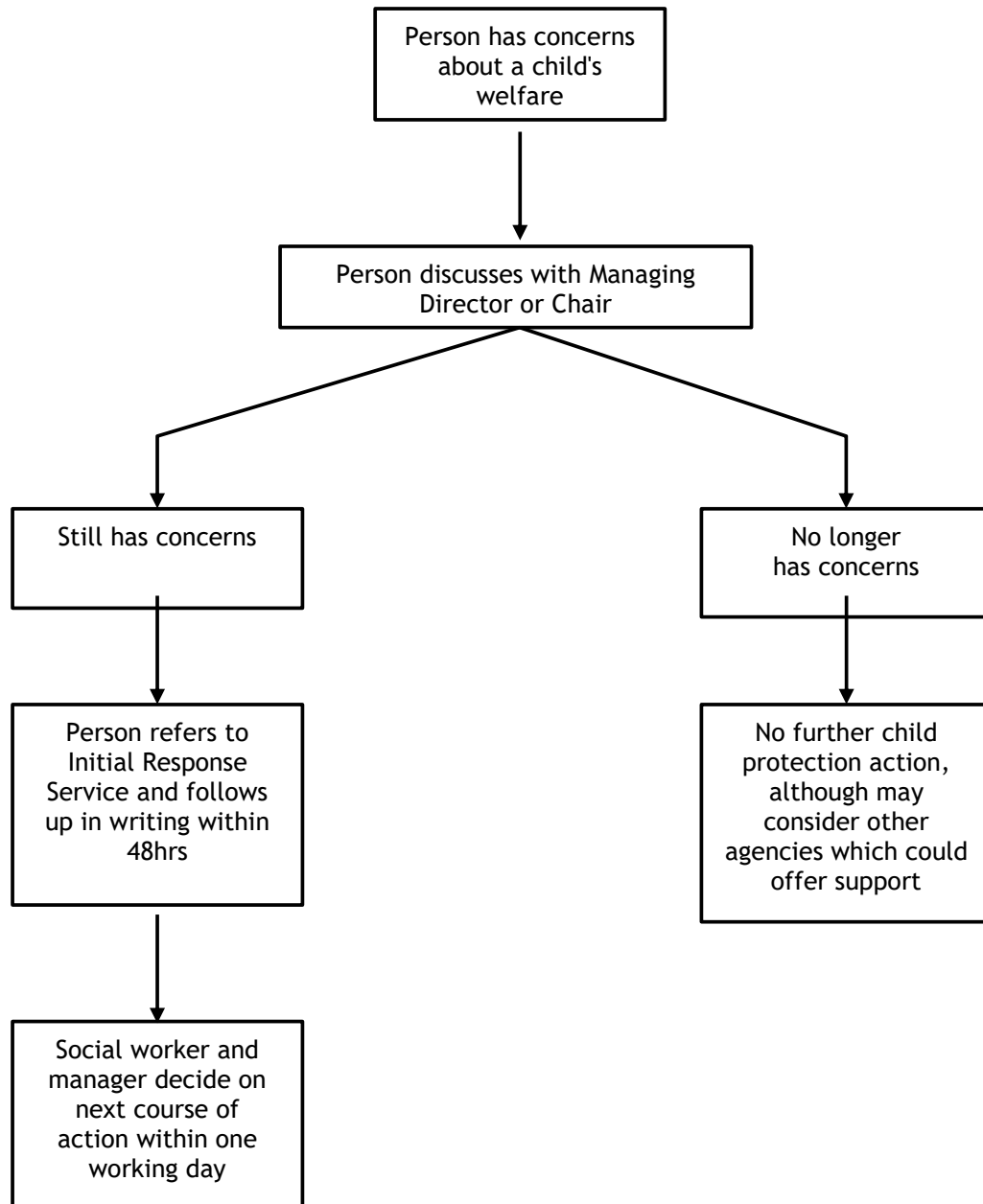
[NSPCC Helpline](#)

[Childline](#)

## 11.) Making a Referral

When reporting safeguarding concerns, you can contact the child's local council Children's Services department, or NSPCC. You will be asked to provide as much information as possible. This will include: the child's full name, date of birth, address, school, GP, languages spoken, any disabilities the child may have, details of the parents. Do not be concerned if you do not have all these details, you should still make the call. You should follow up the verbal referral in writing, within 48 hours.

### Process Chart Where There Are Concerns About A Child's Welfare



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