Safeguarding Guide (incorporating Incident Reporting and Policies)	
Responsible Person:	Deputy CEO
Date Reviewed by Board of Trustees:	June 2023
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Next Review Date:	June 2026

Bipolar UK

Safeguarding Guide,

Incident Reporting and

Policies

Peer Support Services team - May 2023

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Section 1 - Bipolar UK Safeguarding Guide

Services and charity overview

What we do

Bipolar UK is the only national charity dedicated to empowering individuals and families affected by bipolar. Peer support is at the core of our work. This means people affected by bipolar help other people affected by bipolar. Our integrated service consists of:

- More than 60 peer support groups for people affected by bipolar, facilitated by trained and supported volunteers. We have a road map to reopening a further 25 groups both online and in person.
- A moderated eCommunity with over 13,500 active users.
- One-to-one peer support provided by telephone and email, recognising that support groups and a digital service is not for everyone.
- A website with information and resources which are accessed by more than 300,000 people a year.
- We deliver weekly Facebook live sessions attracting a monthly average audience of over 800 views alongside our expanding social media reach. We have a growing bank of digital resources, including podcasts, webinars and videos. We host an annual online conference. We run self-management courses.
- We empower approximately 1,000 people per month to stay well – and we have the ambition to reach thousands more.

Why Bipolar UK exists

Bipolar is one of the biggest mental health challenges of the 21st century:

- More than one million people in the UK have bipolar - one in 50 people
- Bipolar increases someone's risk of suicide by up to 20 times
- It takes an average of 9.5 years to get a correct diagnosis of bipolar
- Bipolar has a huge impact on families and friends
- 60% of people living with bipolar get no treatment or support for the condition
- People impacted by bipolar need specialist services

Our vision

Everyone affected by bipolar can live well and fulfil their potential.

Our mission

To empower everyone affected by bipolar to live well and fulfil their potential.

Our strategic aims

- Provide a comprehensive peer support service for people affected by bipolar and increase the reach of our delivery.

- Act as the voice of our community to change public attitudes and build a society that enables people affected by bipolar to live well and fulfil their potential.

Safeguarding overview

Safeguarding is everyone's responsibility, and is a term used in the UK and Ireland to protect the health, wellbeing and human rights of individuals including vulnerable adults, children and young people enabling them to live free from abuse, harm and neglect.

Bipolar UK has policies and procedures in place to ensure we are able to support and respond to vulnerable individuals, their carers and family and friends affected by bipolar who may be at greater risk or concern of safeguarding.

Bipolar and vulnerability

Having a complex and challenging mental health condition such as bipolar can mean people are treated differently, discriminated against, abused or neglected as part of their care. It can also be a reason for self-neglect, especially when someone is experiencing and episode and having symptoms of depression or mania. Reasons for this can include, but are not limited to someone:

- Believing they do not deserve help.
- Wanting to keep a low profile and not wanting to make a fuss.
- Stopping medication thinking it will stop side effects or that it's no longer required.
- Believing others when they say their bipolar / mental health is the issue.
- Not wanting to acknowledge or know there is a safeguarding risk and thinking certain behaviour towards them is 'normal' / has become normalised.
- Fearing being further intimidated / injured.
- Self-neglecting and feeling unaware they need more support or help to improve their mental health or living standards/manage their home or personal affairs.
- Being a risk to themselves or others and needing support to access crisis help
- Not wanting services to be involved and/or fearing child services.
- Not having capacity.

Although bipolar does not necessarily make individuals more susceptible to abuse, or neglect including self-neglect, we are aware that in some instances people with bipolar are at a higher risk of experiencing abuse or exploitation. This can include, but is not limited to:

- **Financial abuse** – for example: theft, being vulnerable to exploitation, giving out personal information or bank cards to others who then take advantage by defrauding.
- **Verbal abuse** – being called offensive names and/or intimidated due to their mental health diagnosis and others being aware of this.
- **Psychological** – encouraging the person to think bipolar and their mental health is the reason for confusion, rather than the other person deliberately misleading them
- **Physical abuse** through domestic violence – using bipolar as an excuse to physically assault someone.
- **Historic abuse or trauma** – this can result in disclosures of child or adult sexual abuse or other forms of abuse/assault.
- **Self-neglect** – neglecting self-care due to a bipolar episode or symptoms.

A full list of the definitions, and forms abuse can take is outlined in our 'Adults at Risk' (p11) and 'Child Protection' (p18) Safeguarding Policies along with our incident reporting guidance (below).

Our Safeguarding Lead is **Rosie Phillips, Deputy CEO**
Contact information: rphillips@bipolaruk.org or 07584 677003

Bipolar UK takes safeguarding concerns and disclosures of abuse seriously and will defer to relevant authorities in circumstances where we understand there is an ongoing risk to safety. This may mean we have to seek external guidance and inform relevant authorities when we consider someone is a risk to themselves or others.

We record safeguarding concerns on our CRM (Salesforce) platform for future incident reference and we escalate, when appropriate, any concerns to our Board of Governance Safeguarding Trustee.

Each policy has a recording form at the end. These should be sent to the Safeguarding Lead, or you can internally fill out an incident record online via our CRM (Salesforce) platform. An explanation of what makes up different concerns and reporting guidance can be found below and in the policies.

Incident reporting guide

Reporting an incident on our CRM (Salesforce) platform allows the team to understand the current and previous risks that may be present for the people we support in services.

It can be difficult to know when to report an incident. This guide has been created to provide more detail to support you in making decisions and help you to prioritise.

What incident types are there?

Salesforce details five incident 'concerns':

1. Children's Safeguarding
2. Crisis
3. Domestic Violence
4. GDPR Breach
5. Vulnerable Adult

Defining terms

What do we mean by 'escalation'?

Escalation is not the same as asking for advice or checking in with a staff member after a difficult call or asking for advice from an external agency. Escalating a concern means you have recognised that this incident is serious or is something that falls outside of your area of expertise, and that you may need to hand over the incident internally for it to be managed by another staff member or externally to be taken on by a relevant external agency.

What do we mean by 'active' or 'current' concerns?

'Active' or 'current' concerns are ones that are happening now, as you are speaking to someone. For example, if someone attends a group meeting and is experiencing hallucinations, they may be in an *active* crisis. If someone attends a group meeting and discusses their previous experiences of hallucinations, this is not a *current* crisis.

The same is true for many discussions we have within services. People frequently raise that they have previously experienced recurring suicidal thoughts, abuse or other vulnerabilities. Unless someone is experiencing them *currently*, you do not need to log an incident. You can, however, log them on Salesforce as being discussed within an email or phone call so that other

members of staff know this has been raised previously, and can offer a person support to access relevant agencies and organisations should anything change in the future.

What is 'Safeguarding'?

Safeguarding is a term used in the United Kingdom and Ireland to denote measures to protect the health, wellbeing and human rights of individuals, which allow people — especially children, young people and vulnerable adults — to live free from abuse, harm and neglect.

Types and patterns of abuse and neglect

Different types of abuse can include the following:

- **Physical abuse –** including assault, hitting, slapping, pushing, misuse of medication, restraint, or inappropriate physical sanctions.
- **Coercive control –** controlling behaviour to make a person dependent by isolating them from support, exploiting them, depriving them of independence and regulating their everyday behaviour. Coercive control is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish or frighten their victim.
- **Sexual abuse –** including 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 person has not consented or was pressurised into consenting. Depending on the age of the child, they may not be able to consent. Children and young people can also be vulnerable to grooming.
- **Financial or material abuse –** including theft, fraud, internet scamming, coercion in relation to financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- **Modern slavery –** encompasses slavery, human trafficking, and forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.
- **Discriminatory abuse –** including forms of harassment, slurs, or similar treatment; because of race, sex, gender identity, age, disability, sexual orientation or religion.
- **Organisational abuse –** including neglect and poor care practice within an institution or specific care setting such as a hospital, care home or in relation to care provided in one's own home. This can range from one-off incidents to ongoing ill treatment. It can be through neglect or poor professional practice because of the structure, policies, processes and practices within an organisation.
- **Neglect and acts of omission –** including ignoring medical, emotional, or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.
- **Self-neglect –** this covers a wide range of behaviour, such as neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.
- **Radicalisation –**- PREVENT (a government-led, multi-agency programme to stop people becoming terrorists or supporting terrorism) safeguards vulnerable people at risk of being

radicalised and drawn into terrorism or extremism. The service also supports individuals to disengage.

- **Female Genital Mutilation –** comprises all procedures involving partial or total removal of the external female genitalia for non-medical reasons. It is a form of child abuse and violence against women.
- **Honour-based violence –** Honour-based violence (HBV) is a violent crime or incident which may have been committed to protect or defend the honour of the family or community. The concept of 'honour' is for some communities deemed to be extremely important. The punishment for bringing dishonour can be emotional abuse, physical abuse, family disownment and in some cases even murder. In most honour-based abuse cases there are multiple perpetrators from the immediate family, sometimes the extended family and occasionally the community at large.
- **Forced marriage –** A forced marriage is one that is carried out without the consent of both people. This is very different to an arranged marriage, where both people have consented.
  Please note - both forced marriage and HBV can be covered under 'domestic violence' in some Safeguarding reporting forms. It is also covered under 'domestic violence' on Salesforce.

1. Children's Safeguarding

Bipolar UK does not normally provide services to young people under the age of 18. Exceptions where this may arise are:

- Between the ages 16 and 18, young people may attend a support group when accompanied by a parent/guardian, but not alone or with a peer group member.
- Young people aged 16 and over may access our online eCommunity with parental consent as outlined in our eCommunity House Rules.
- Young people may participate in an ethically approved research project provided parental consent has been obtained.

It is also possible that Bipolar UK staff may come into direct or indirect contact with children, or become aware of them while providing its services to adults.

Bipolar UK defines a 'child' as someone under the age of 18. To understand when something might become a safeguarding risk, it is important to know what might be abuse. Please note - the list above is not exhaustive.

What do I do if I have a concern about a child?

As well as following the Bipolar UK 'Child Protection' policy (p18), it is important to know when to log a concern about a child on the CRM (Salesforce) platform:

- If someone you are speaking to raises a concern about a child, or if you speak to a child directly for any reason, and the concerns are active or ongoing, please log an incident on Salesforce.
- If you need to escalate this concern internally, please log an incident on Salesforce. This includes escalation to management or the safeguarding lead(s).
- If you need to escalate this concern externally, please log an incident on Salesforce. This includes escalation to emergency services, Local Authorities etc.

2. Crisis

As part of your role, you may be in contact with people who are in crisis. A mental health crisis often means that a person no longer feels able to cope or be in control of their situation. They may feel great emotional distress or anxiety, be unable to cope with day-to-day life or work, think about suicide or self-harm, or experience hallucinations, such as hearing voices or seeing things that aren't there. Please note - discussing suicidal thoughts or thinking does not automatically indicate a crisis. Please follow guidance and explore with the member of our community you are in contact with.

- If someone you are speaking to is in an active crisis (currently in crisis) please log an incident on Salesforce.
- If you need to escalate this concern internally, please log an incident on Salesforce. This includes escalation to management or the Safeguarding lead(s).
- If you need to escalate this concern externally, please log an incident on Salesforce. This includes escalation to emergency services, Local Authorities, GPs or crisis teams.

3. Domestic Violence

Domestic violence and coercive control can impact anyone of any background. However, there may be important factors that impact how able someone is to report this abuse, such as disability, language barrier, class, faith, race, sex, sexuality or gender identity. Domestic violence and coercive control perpetrators are most commonly intimate partners but may also include family members and carers. Please note - when logging concerns around forced marriage, honour-based violence and/or female genital mutilation, you can log them under 'domestic violence' on Salesforce.

Domestic abuse can include, but is not limited to, the following:

- Coercive control (a pattern of intimidation, degradation, isolation and control with the use or threat of physical or sexual violence)
- Psychological and/or emotional abuse
- Physical or sexual abuse
- Financial or economic abuse
- Harassment and stalking
- Online or digital abuse - including the use of spyware, control of accounts such as social media or email, sharing of images digitally including 'revenge porn' and any other abuse conducted in a digital or online space.

Please log an incident on Salesforce if:

- The abuse is current. Historical abuse is often discussed within our services, and for some of our community this makes up an important part of their experiences with bipolar, or may have been a trigger for a first or further episode. This does not necessarily illustrate an actively abusive relationship or a current risk of abuse in all circumstances.
- The risk is current. Someone might still live with an abuser, for example, and feel they are at risk in the home.
- If you need to escalate this concern internally, please log an incident on Salesforce. This includes escalation to management or the safeguarding lead(s).
- If you need to escalate this concern externally, please log an incident on Salesforce. This includes escalation to emergency services, Local Authorities etc.

4. GDPR Breach

A personal data breach means a breach of security leading to the accidental or unlawful destruction, loss, alteration, unauthorised disclosure of, or access to, personal data. This includes breaches that are the result of both accidental and deliberate causes. At Bipolar UK we handle large amounts of personal data, including 'special category' data (health data), as well as names and contact details of people who use our services, volunteers and staff. Examples of a data breach might be:

1. You intend to email two prospective volunteers instructions on how to complete their DBS checks. You forget to BCC their email addresses, meaning they can now view each other's personal contact information.
2. The eCommunity develops a technical fault that allows users to see each other's personal data, including how they are affected by the condition, where they live and contact details.
3. One of our support groups has had to rearrange their meeting. They email their contact list but forget to BCC, instead CC'ing the list including the support groups email address.

It is everyone's responsibility to report data breaches. The process for reporting a data breach includes logging it on Salesforce. You should report all data breaches you are aware of and responsible for. In the above examples:

Example 1: the responsibility would fall to you as you are the person responsible for the data breach

Examples 2 and 3: the responsibility would fall to whomever first comes into contact with the breach - for example, in example 3 it would be the member of staff who first reads the email
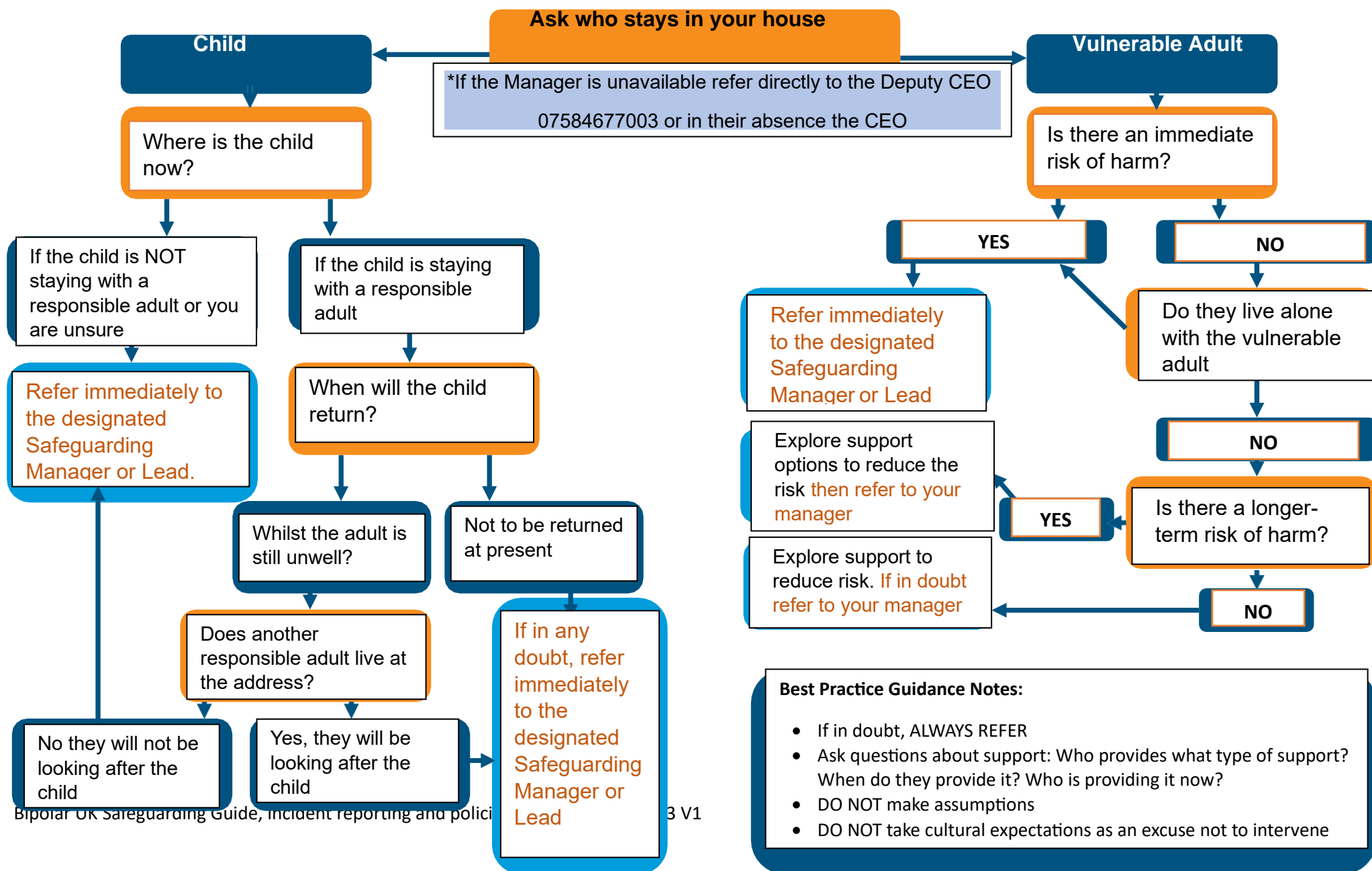
5. Vulnerable Adult
A vulnerable adult is defined as someone over the age of 18 who has additional needs that might make them more vulnerable to abuse or make it more difficult for them to recognise when abuse is happening, protect themselves from abuse or access support for abuse. Examples of this might be:

- someone has a learning or physical disability
- someone has a physical or mental illness, chronic or otherwise
- someone has an addiction to alcohol or drugs
- someone has a reduction in physical or mental capacity

Please log an incident on Salesforce if:

- The abuse is current.
- The risk is current. For example, someone might be at risk of abuse because they have a substance misuse concern and therefore be financially dependent on someone who presents a risk to them.
- If you need to escalate this concern internally, please log an incident on Salesforce. This includes escalation to management or the Safeguarding lead(s).
- If you need to escalate this concern externally, please log an incident on Salesforce. This includes escalation to emergency services, Local Authorities etc.

'Safeguarding Alerter' flowchart: Use when talking to/about an adult who is finding it difficult to manage their situation

Ask who stays in your house

*If the Manager is unavailable refer directly to the Deputy CEO 07584677003 or in their absence the CEO

Child

Where is the child now?

If the child is NOT staying with a responsible adult or you are unsure

Refer immediately to the designated Safeguarding Manager or Lead.

If the child is staying with a responsible adult

When will the child return?

Whilst the adult is still unwell?

Not to be returned at present

Does another responsible adult live at the address?

No they will not be looking after the child

Yes, they will be looking after the child

If in any doubt, refer immediately to the designated Safeguarding Manager or Lead

Vulnerable Adult

Is there an immediate risk of harm?

YES

NO

Refer immediately to the designated Safeguarding Manager or Lead

Do they live alone with the vulnerable adult

NO

Is there a longer-term risk of harm?

YES

Explore support options to reduce the risk then refer to your manager

NO

Explore support to reduce risk. If in doubt refer to your manager

Best Practice Guidance Notes:

- If in doubt, ALWAYS REFER
- Ask questions about support: Who provides what type of support? When do they provide it? Who is providing it now?
- DO NOT make assumptions
- DO NOT take cultural expectations as an excuse not to intervene

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Section 2 - Bipolar UK Safeguarding Guide

Policies

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Section 2 - Policies

Bipolar UK Safeguarding

'Adults at Risk' policy

Introduction

For the purpose of this policy BPUK adopts the definition of an 'adult at risk' which is contained in the Care Act 2014, which defines an 'adult at risk' as a person:

- who is 18 years and over
- who has needs for care and support (whether or not the local authority is meeting any of those needs)
- is experiencing, or at risk of abuse or neglect
- who 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

Bipolar UK has a duty to promote the welfare and safety of adults. All staff, volunteers and trustees are committed to ensuring that adults who use our services are not exploited or abused and that working practices minimise the risk of abuse. If abuse is reported this policy outlines what steps should be taken.

Legal Framework
- Mental Health Act 2007
- Human Rights Act 1998
- Data Protection Act 2018
- Mental Capacity Act and Deprivation of Liberty 2005
- NHS Act 2006
- Safeguarding Vulnerable Groups 2006
- Equality Act 2010
- Protection of Freedom Act 2012
- Domestic violence protection orders 2010 - 2015
- Care Act 2014
- Deprivation of Liberty Safeguards Supreme Court Ruling 2014
- Modern Slavery Act 2015
- Serious Crime Act 2015
- Mandatory reporting of female genital mutilation (FGM) (Home Office, 2016)

Safeguarding Principles

The government has agreed safeguarding principles that underpin the work of adult safeguarding. These are:
- **Empowerment** – people being supported and encouraged to make their own decisions and with informed consent
- **Preventions –** it's better to take action before harm occurs
- **Proportionality –** the least intrusive response appropriate to meet the risk presented
- **Protection –** support and representation for those in greatest need
- **Partnership –** local solutions through services working with their communities who have a part to play in preventing, detecting and reporting neglect and abuse
- **Accountability –** accountability and transparency in delivering safeguarding

Defining abuse

All staff, trustees and volunteers should be clear that a high percentage of abuse occurs within the family or the wider family network. Abuse is also perpetrated by those who work in 'positions of trust' with adults at risk.

All staff, trustees and volunteers should be sensitive to the power which exists in relationships where:
- one person is dependent upon another for their care; or
- one person has more status or credibility than the other; or
- one person controls access to resources or to contact with other people.

Abuse is categorised into different 'types' and some of the possible signs which may indicate that a person is at risk of, or being, abused are outlined below. It is important for staff, trustees and volunteers to be aware of the nature of abuse and how it can present itself through a number of signs and indicators. They should also understand the importance of sharing concerns about possible abuse with their manager or Safeguarding Lead.

Different types of abuse can include the following (this list is not exhaustive):

Physical abuse – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.

Domestic abuse – including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence.

Sexual abuse – including 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 adult has not consented or was pressured into consenting.

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

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

Discriminatory abuse – including forms of harassment, slurs or similar treatment; because of race, sex, gender identity, age, disability, sexual orientation or religion.

Organisational abuse – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to ongoing ill treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

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

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.

Radicalisation – PREVENT (a government-led, multi-agency programme to stop people becoming terrorists or supporting terrorism) safeguards vulnerable people at risk of being radicalised and drawn into terrorism or extremism. The service also supports individuals to disengage.

Female Genital Mutilation – comprises all procedures involving partial or total removal of the external female genitalia for non-medical reasons. It is a form of child abuse and violence against women.

Honour-based violence – Honour-based violence (HBV) is a violent crime or incident which may have been committed to protect or defend the honour of the family or community. The concept of 'honour' is for some communities deemed to be extremely important. The punishment for bringing dishonour can be emotional abuse, physical abuse, family disownment and in some cases even murder. In most honour-based abuse cases there are multiple perpetrators from the immediate family, sometimes the extended family and occasionally the community at large.

Forced marriage – A forced marriage is one that is carried out without the consent of both people. This is very different to an arranged marriage, where both people have consented.

Please note - both forced marriage and HBV can be covered under 'domestic violence' in some Safeguarding reporting forms. It is also covered under 'domestic violence' on Salesforce.

It is never the responsibility of staff, trustees or volunteers to determine the nature or extent of abuse being experienced or perpetrated by someone who uses our services. The responsibility for determining this always rests with external agencies such as social services and/or the police.

Equality statement
Bipolar UK works within an equalities framework and has an Equality and Diversity Policy. Bipolar UK is committed to anti-discriminatory practice, and we ensure that adults at risk who we work with or have contact with can expect the same protection regardless of age, disability, sex, racial heritage, religious belief, sexual orientation or gender identity.

How abuse may come to light

Staff, trustees and volunteers should understand that abuse/neglect may come to light through:
    A. An allegation/disclosure of abuse made directly by a person
    B. Signs and indicators of abuse and/or neglect
    C. A report from a third party
    D. An allegation of 'historical abuse'

Designated named person for safeguarding adults
Bipolar UK has an appointed individual who is responsible for dealing with any safeguarding issues.
Our Safeguarding Lead is **Rosie Phillips, Deputy CEO**
Contact information: rphillips@bipolaruk.org or 07584 677003

The designated named person will ensure that the Safeguarding 'Adults at Risk' policy works in conjunction with and is consistent with the 'Child Protection' policy (p18).

Rights and responsibilities of Bipolar UK:
- To ensure that all staff, trustees and volunteers are aware of what they should do if they have concerns that an adult at risk may be experiencing, or has experienced, abuse or neglect.
- To ensure everyone has access to the 'Safeguarding Alerter' flowchart (p9).
- To ensure that all staff, trustees and volunteers are recruited following our recruitment process with an application form being completed, two references and an appropriate interview / assessment undertaken.
- To ensure that concerns are acted on, clearly recorded and referred to the appropriate agencies.
- To ensure that all staff, trustees and volunteers receive relevant support and training.
- To use the Disclosure Barring Service (DBS) to check all staff, trustees and volunteers as appropriate and ensure that these checks are renewed every three years. And to ensure that any DBS's with convictions listed are risk-assessed by the service manager.

Making a referral to/seeking advice from Adult Social Care and/or the police
Whenever there are concerns that a service user could pose a risk of abuse, advice should be sought from Adult Social Care and/or the police. In the first instance staff members, trustees and volunteers should communicate their concerns to their manager who will then liaise with the safeguarding lead. The manager or safeguarding lead will then report to Adult Social Care and/or the police as appropriate, completing the relevant charity records.

Staff, trustees and volunteers should, however, report concerns to the adult protection agencies whenever a concern arises outside office hours and a manager or safeguarding lead is not contactable via relevant work mobiles.

Which social work and/or police divisions will be contacted?
In general, Bipolar UK will contact the appropriate agency in the area where the person lives.

Sharing confidential information with external agencies
Bipolar UK's 'Confidentiality Policy' explains how confidential information will be managed where there is a concern that a person is at risk of abuse, intends to take their own life, seriously self-harm or inflict harm on someone else. For example, in certain circumstances, we may have to disclose to external agencies information regarding a person's location if details are known.

On no account should any representative of Bipolar UK subject the person to a series of 'interviews' – the investigation of safeguarding concerns is always the responsibility of social care or the police. The adult needs to give consent to their family being informed / contacted. Nor should the person's family / carer / friends / support staff be spoken to about the allegation until appropriate advice has been obtained from social services and/or the police.

Monitoring
Bipolar UK is committed to reviewing our policy and good practice.

The policy will be reviewed a year after development and then every three years, or in the following circumstances:
- changes in legislation and/or government guidance
- as required by the Local Safeguarding Adult Board

- as a result of any other significant change or event

Please ask for support for yourself. Remember that receiving an allegation of abuse can be very distressing. All members of staff and volunteers can access the charity's peer support team for a support call. Email info@bipolaruk.org to book a call, marking the email as urgent, and/or please speak with your manager, a senior manager or the safeguarding lead.

The following pages set out the forms that require completion in hard copy or electronically.

Bipolar UK will endeavour to assess the individual's capacity at the time of the concern and understand what the person's wishes are as outlined in the Mental Capacity Act 2005.

The two-stage functional test of capacity is outlined below:
In order to decide whether an individual has the capacity to make a particular decision, you must answer two questions in two stages:
Stage 1: is there an impairment of or disturbance in the functioning of a person's mind or brain? If so,
Stage 2: is the impairment or disturbance sufficient that the person lacks the capacity to make a particular decision?
The complexity of assessing capacity should not prevent safeguarding concerns being raised but a person's wishes should always be taken into account, at the time of recording.

Bipolar UK Safeguarding

Recording concerns: Adults at Risk

Staff, trustees and volunteers (including support group facilitators) should complete as many sections of this proforma as possible. It will not always be possible to complete all sections, although it's essential to gain as much relevant information as possible in order to ensure help can be arranged appropriately.

Where concern for a child is raised, this may be in relation to a parent / carer / guardian being unwell. This may also form a report from a third party and should be reported below or via a Salesforce Incident report.

Key:

YELLOW: Details - the person(s) at risk and/or reporting concern(s)
BLUE: Actions - what BPUK will do to address the concern(s)

Name of person(s) about whom there is a concern:	Date(s) of Birth
Address (where known):	
Any special circumstances relating to the person (eg. special needs, health and welfare issues): ***Please ask if social services or authorities are already engaged with the person(s) and ask if they have any contact details?***	
What is the nature of the concern? (eg. a disclosure of abuse made by the person; 'signs' of possible abuse spotted by the advocate / self-help facilitator, or a concern raised by a third party):	
If a person has alleged / disclosed abuse, record the name of the person they spoke to together with the place and time when this was made:	
If a person has alleged / disclosed abuse, record as quickly as possible what s/he said. Remember that this should be as accurate as possible and that you should record the person's words / phrases:	
If a third party has expressed concern about a person's safety, are they expressing their own worries or passing on those from someone else? Record their concerns and ask them to confirm that the details are correct:	
Are there children involved?	

☐**Unknown**		
☐**N/A***		
☐ Yes – complete section below if yes		
Overview		
Name(s) of Child/ren		**DOB:**
		DOB:
		DOB:
Address of Child/ren		☐**Unknown**
Are the children living with the parent(s) / vulnerable adult?		☐**Unknown** ☐**Yes** ☐**No**
Are the children living away from the parent(s) / vulnerable adult?		☐**Unknown** ☐**Yes** ☐**No**
Name of victim / vulnerable person *if different from above*		☐**Unknown**
Victim / vulnerable person's other contact details		☐**Unknown**
Age / DOB of victim / vulnerable person not recorded above		☐**Unknown**
Caller name / relationship		
Caller contact details		
Date of session		
Consent to share information?	**Yes**	
	No	

Best practice in safeguarding will apply to sharing when no explicit consent is provided. The adult needs to give consent to their family being informed/contacted. Nor should the person's family/carer/friends/support staff be spoken to about the allegation until appropriate advice has been obtained from social services and/or the police if family are contacted.

Person/s completing report	
Name(s)	
Date of last entry	
Date added to Salesforce Incident report	

Safeguarding concerns summary – include all factual information

Risks – potential risk to child / vulnerable adult		
Quick reference type of concern		
☐ DVA ☐SVA ☐ Physical ☐ Psychological ☐Neglect ☐ Financial ☐ Other		
Escalation	**Yes (M, SL, CEO)**	**No**
Internal (Manager, Safeguarding Lead, CEO)		
External		
Where external referral made complete name, address and contact below	**Date**	**Time**
Contact agency/organisation		
Contact		
Contact email		
Contact phone if known		

The manager, safeguarding lead, or the person making the referral should complete this section

Record the steps taken by Bipolar UK to manage this concern of abuse. This may include a referral to social services and/or the police if the person is considered to be at risk of abuse:

What advice was given to Bipolar UK about liaising with the person and their support network? This is very important where a parent/carer/support worker/family member is alleged to be involved in the reported/suspected abuse:

Bipolar UK Safeguarding

'Child Protection' policy

This policy aims to adopt the highest possible standards and take all reasonable steps in relation to the safety and welfare of children with whom Bipolar UK comes into contact within the course of its work.

Purpose:
- To protect children and young people who use Bipolar UK services
- To provide staff and volunteers who come into contact with children or young people in the course of their work with an informed guide to the main principles which cover our responsibilities on child protection and safeguarding

All those who come into contact with children and young people under the age of 18 in the context of their work for Bipolar UK – whether paid or voluntary – must apply this policy. This includes all staff, trustees, volunteers and contractors.

Implementing this policy and the referral procedures will enable those who have contact with children through Bipolar UK to:
- Be confident in referring to authorised team members
- Take all reasonable precautions to prevent harm
- Understand what to do if information comes to light or an incident should occur

Definition of a child

There is no single law that defines the age of a child across the UK. The UN Convention on the Rights of the Child, ratified by the UK government in 1991, states that a child "means every human being **below the age of eighteen years** unless, under the law applicable to the child, majority is attained earlier."

Legal Framework

- Children Act 1989/2004
- Data Protection Act 2018
- Human Rights Act 1998
- Sexual Offences Act 2003
- Safeguarding of Vulnerable Groups Act 2006
- Protection of Freedoms Act 2012
- Children's and Families Act 2014
- Special Educational Needs and Disability Code of Practice: 0-25 years – statutory guidance for organisations which work with and support children and young people who have special educational needs or disabilities; HM Government 2014
- Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers; HM Government 2018
- Working together to safeguarding children: a guide to inter-agency working to safeguard and promote the welfare of children; HM Government 2018

Safeguarding and promoting the welfare of children

- Protecting children from mistreatment.
- Preventing impairment of children's health or development.
- Ensuring that children grow up in circumstances with the provision of safe and effective care.
- Taking action to enable all children to have the best outcomes.

(Working Together to Safeguard Children, 2018)

Child abuse

Child abuse is defined as any action by another person – adult or child – that causes significant harm to a child. It can be physical, sexual or emotional, but can just as often be about a lack of love, care and attention. We know that neglect, whatever form it takes, can be just as damaging to a child as physical abuse.

(NSPCC 2007) The 4 categories of child abuse are:

- Physical
- Neglect and acts of omission (which means missing things out/ not doing what is required to care for the child)
- Sexual
- Emotional or psychological

The causes of child abuse can include:

- organisational abuse (and neglect)
- self-neglect
- financial or material
- domestic abuse / violence
- child sexual exploitation (CSE)
- female genital mutilation
- forced marriage and honour-based violence
- modern slavery
- county lines, gang activity and violence (child criminal exploitation)
- bullying, peer on peer and online abuse
- discriminatory abuse
- radicalisation

Equality statement

Bipolar UK works within an equalities framework and has an Equal Opportunities Policy and a Diversity Policy.

Bipolar UK is committed to anti-discriminatory practice and we ensure that all children and young people who we work with or have contact with can expect the same protection regardless of age, disability, sex, racial heritage, religious belief, sexual orientation or gender identity.

Bipolar UK acknowledges that some children and young people are faced with additional challenges and risks. For example, disabled children who may have additional needs as recognised under the Special Disability Code of Practice 0-25, and those from diverse cultural backgrounds who may face additional communication barriers such as speech or language, can be particularly vulnerable to abuse and we accept the responsibility to take reasonable and appropriate steps to ensure their welfare.

Age at which 'mental capacity' becomes applicable

From the age of 16, mental capacity is applicable. The two-stage functional test of capacity is outlined below.

In order to decide whether an individual has the capacity to make a particular decision, you must answer two questions:

Stage 1: is there an impairment of or disturbance in the functioning of a person's mind or brain? If so,

Stage 2: is the impairment or disturbance sufficient that the person lacks the capacity to make a particular decision?

The complexity of assessing capacity should not prevent safeguarding concerns being raised but a person's wishes should be considered at the time of recording.

Duties

All staff, trustees and volunteers covered by the policy have a duty to do everything reasonable in their power to ensure the safety and welfare of children while they are in contact with Bipolar UK. It is the policy of the charity to:

- Refer children who contact the charity for service support to authorised individuals within the appropriate Bipolar UK team

- Respect the wishes and needs of the child whilst ensuring they are protected from harm

- Take all reasonable steps to ensure the health, safety and welfare of any child in contact with Bipolar UK

- Remember that children regard adults as role models and ensure that behaviour, language, gestures etc. are appropriate and above reproach

- Ensure that staff, trustees and volunteers are aware of child protection issues in relation to the work we do and not become complacent and believe 'it could never happen to us'

- Prevent any member of staff, trustee or volunteer from putting any child in a situation in which there is a significant risk to their health or safety

- Take appropriate action if aware of anyone physically, emotionally or sexually abusing a child

- Immediately report any evidence or reasonable suspicion that a child has been physically, emotionally or sexually abused whether by an adult or another child, to Bipolar UK's safeguarding lead, or in their absence the CEO or a senior manager

All staff, if they become aware of a child at risk of harm, should:

- Be prompt, calm, assured and professional and follow the 'Safeguarding Alerter' flowchart
- Keep any details strictly confidential and report immediately to Bipolar UK's designated Child Safeguarding Officer, CEO or senior manager

If there is any doubt about any elements of this policy or associated practice, staff and volunteers are required to speak with the designated safeguarding lead, CEO or senior manager.

Designated named person for safeguarding children
Bipolar UK has an appointed individual who is responsible for dealing with any safeguarding issues.
Our Safeguarding Lead is **Rosie Phillips, Deputy CEO**
Contact information: rphillips@bipolaruk.org or 07584 677003

The designated officer will ensure that the Bipolar UK 'Child Protection' policy works in conjunction with and is consistent with the Bipolar UK 'Safeguarding Adults at Risk' policy.

Rights and responsibilities of Bipolar UK:
- To ensure that all staff, trustees and volunteers are aware of what they should do if they have concerns that a child may be experiencing, or has experienced, abuse or neglect.
- To ensure that everyone has access to the 'Safeguarding Alerter' flowchart.
- To ensure that all staff, trustees and volunteers are recruited following our recruitment process with an application form being completed, two references and an appropriate interview / assessment undertaken.
- To ensure that concerns are acted on, clearly recorded and referred to the appropriate agencies.
- To ensure that confidential, detailed and accurate records of all safeguarding concerns are maintained and securely stored.
- To ensure that all staff, trustees and volunteers receive relevant support and training.
- To use the Disclosure Barring Service (DBS) to check all staff, trustees and volunteers and renew these checks every three years. To ensure that any DBS's with convictions listed on are risk-assessed by the service manager in conjunction with the safeguarding lead.

Monitoring
Bipolar UK is committed to reviewing our policy and good practice.

The policy will be reviewed a year after development and then every three years, or in the following circumstances:
- changes in legislation and / or government guidance
- as required by the Local Safeguarding Children Board
- as a result of any other significant change or event

Please ask for support for yourself. Remember that receiving an allegation of abuse can be very distressing. All members of staff and volunteers can access the charity's peer

support team for a support call. Email info@bipolaruk.org to book a call, marking the email as urgent, and/or please speak with your manager, a senior manager or the safeguarding lead.

Bipolar UK Safeguarding

Recording concerns: Children

Staff, trustees and volunteers (including support group facilitators) should complete as many sections of this pro-forma as possible. It will not always be possible to complete all sections, although it's essential to gain as much relevant information as possible in order to ensure help can be arranged appropriately.

Where concern for a child is raised, this may be in relation to a parent / carer / guardian being unwell. This may also form a report from a third party and should be reported below or via a Salesforce Incident report.

Key:

YELLOW: Details - the person(s) at risk and/or reporting concern(s)
BLUE: Actions - what BPUK will do to address the concern(s)

Name of person(s) about whom there is a concern:	Date of Birth(s)
Address (where known):	
Any special circumstances relating to the person (eg. special needs, health and welfare issues): ***Please ask if social services or authorities are already engaged with the person(s) and ask if they have any contact details?***	
What is the nature of the concern? (eg. a disclosure of abuse made by the person; 'signs' of possible abuse spotted by the advocate / self-help facilitator, or a concern raised by a third party):	
If a person has alleged / disclosed abuse, record the name of the person they spoke to together with the place and time when this was made:	
If a person has alleged / disclosed abuse, record as quickly as possible what s/he said. Remember that this should be as accurate as possible and that you should record the person's words / phrases:	

If a third party has expressed concern about a person's safety, are they expressing their own worries or passing on those from someone else? Record their concerns and ask them to confirm that the details are correct:		

Are there children involved?
☐**Unknown**
☐**N/A***
☐ Yes – complete section below if yes

Overview		
Name(s) of Child/ren		**DOB:**
		DOB:
		DOB:
Address of Child/ren		☐**Unknown**
Are the children living with the parent(s) / vulnerable adult?		☐**Unknown** ☐**Yes** ☐**No**
Are the children living away from the parent(s) / vulnerable adult?		☐**Unknown** ☐**Yes** ☐**No**
Name of victim / vulnerable person *if different from above*		☐**Unknown**
Victim / vulnerable person's other contact details		☐**Unknown**
Age / DOB of victim / vulnerable person not recorded above		☐**Unknown**
Caller name / relationship		
Caller contact details		
Date of session		
Consent to share information?	**Yes**	
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