



Policy & Procedures for Safeguarding Adults

Updated January 2025

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1. Policy statement

The policy exists to ensure that DIY Theatre Company (DIY) implements appropriate arrangements, systems, and procedures to ensure that the organisation has the right skills, means and resources to protect and safeguard adults.

DIY recognises that safeguarding means protecting an adult's right to live in safety, free from abuse and neglect.

2. Aims of the policy

The aims of adult safeguarding are to:

- Stop abuse or neglect wherever possible.
- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs.
- Safeguard adults in a way that supports them in making choices and having control about how they want to live.
- Promote an approach that concentrates on improving life for the adults concerned.
- Raise public awareness so that communities, alongside professionals, play their part in preventing, identifying, and responding to abuse and neglect
- Provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult
- Address what has caused the abuse or neglect

3. Legislation - The Care Act 2014

The Care Act 2014 provides a definition and framework for safeguarding adults.

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, whilst at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.

In line with statutory guidance and in compliance with the Care Act, DIY recognises that there can be barriers and complexity in any adults' interpersonal relationships and life circumstances and that we all at times may need the support of the people around us to recognise and understand the impact of these complexities on our experience of life.

Safeguarding Duties

The Care Act 2014 introduced statutory safeguarding duties.

The safeguarding duties apply to an adult who:

- a) has needs for care and support
(whether the authority is meeting any of those needs, or not)
- b) is experiencing, or is at risk of, abuse or neglect, and
- c) because of those needs is unable to protect themselves against the abuse or neglect or the risk of it.

4. Key principles for safeguarding adults

In the safeguarding of adults, DIY Theatre Company is guided by the 6 principles set out in The Care Act 2014 and we aim to demonstrate and promote these principles in our work. Underneath each principle listed below is a statement which is the response we aim to receive from the people we work with as a result of enacting each principle:

Empowerment - People being supported and encouraged to make their own decisions and informed consent

'I am asked what I want to happen as a result of the safeguarding process, and this directly inform what happens'

Prevention – It is better to take action before harm occurs.

'I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help'

Proportionality – Finding the least intrusive response appropriate to the risk presented.

'I am sure that the professionals will work in my best interests, as I see them, and they will only get involved as much as needed'

Protection – Support and representation for those in greatest need.

'I get help and support to report abuse and neglect. I am supported to take part in the safeguarding process to the extent that I want to'

Partnership – Finding local solutions through services working with communities. Communities have a part to play in preventing, detecting, and reporting neglect and abuse.

'I am confident that professionals will work together and with me to get the best result for me'

Accountability – Taking responsibility and demonstrating transparency in delivering safeguarding.

'I understand the role of everyone in my life and so do they'

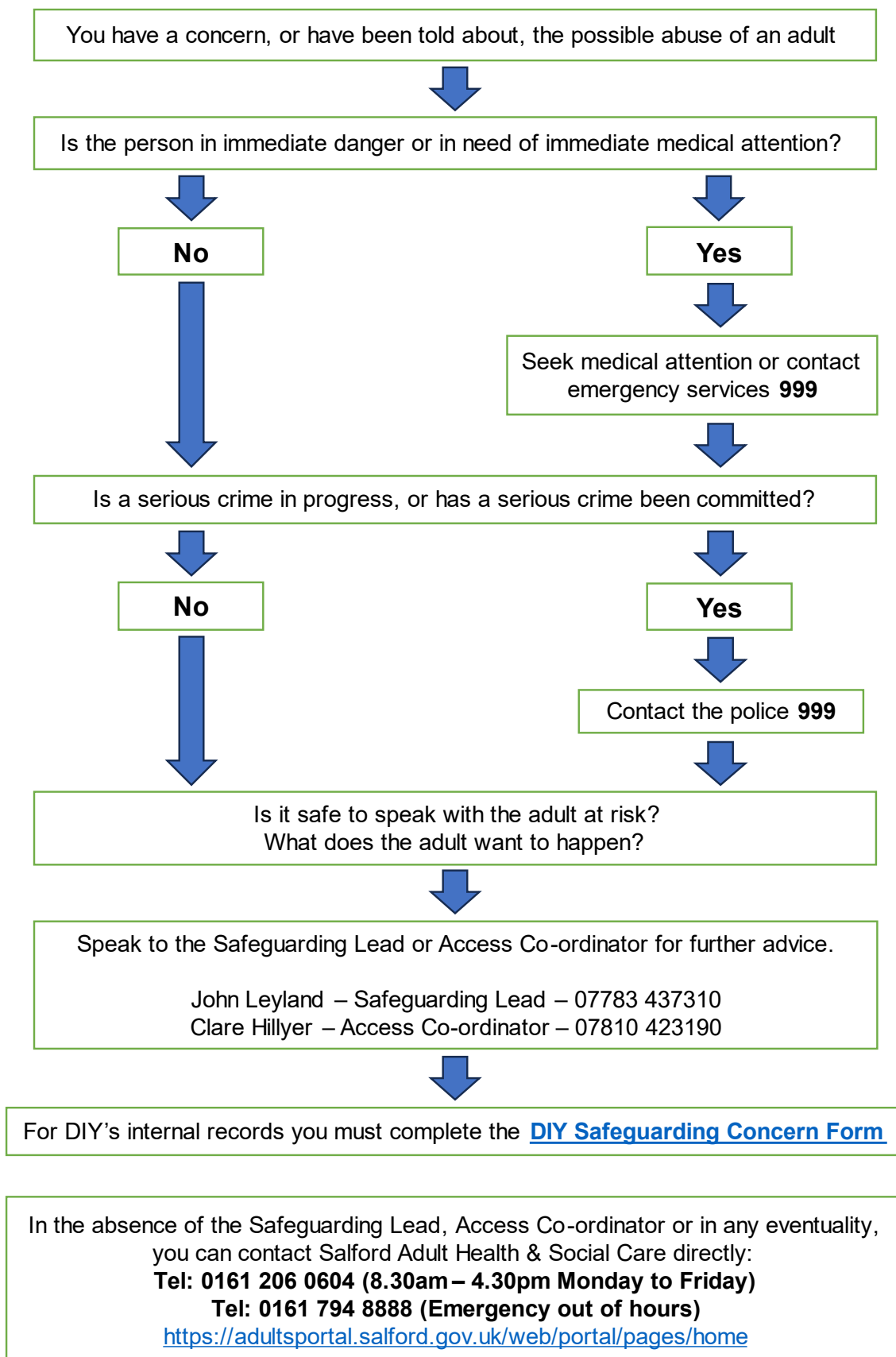
5. Safeguarding reporting procedure

The aim of the safeguarding procedure is to provide staff of DIY Theatre Company with knowledge in relation to types and signs of abuse as well as understanding the process for reporting it.

The following procedure sets out:

- 5.1** Safeguarding Adults Procedure Flow Chart
- 5.2** Recognising abuse and neglect
- 5.3** Who might abuse?
- 5.4** What is a disclosure?
- 5.5** Responding to a disclosure
- 5.6** Reporting a disclosure or concern
- 5.7** Immediate action
- 5.8** Confidentiality
- 5.9** Local Authority contacts

5.1. Safeguarding Adults Procedure Flow Chart



5.2. Recognising abuse and neglect

The Care Act 2014 defines the following areas of abuse and neglect as shown below. They are not exhaustive but are a guide to behaviour that may lead to a safeguarding enquiry:

Physical abuse	Sexual abuse
Financial or material abuse	Psychological / emotional abuse
Neglect & acts of omission	Self-neglect
Discriminatory abuse	Institutional / organisational abuse
Domestic abuse	Modern Slavery
Radicalisation	

Everyone at DIY Theatre Company should know about the different types of abuse and neglect and their signs and indicators and be vigilant on behalf of those at risk. Staff / volunteers may be particularly well-placed to spot abuse and neglect.

See Appendix 1 for signs and indicators of abuse.

5.3. Who might abuse?

Abuse of adults at risk may be perpetrated by a wide range of people including relatives, family members, professional staff, paid workers, volunteers, participants, neighbours, friends and associates, people who deliberately exploit vulnerable people and strangers.

Incidents of abuse may be one-off or multiple and affect one person or more.

Patterns of abuse vary and include:

- Serial abusing in which the perpetrator seeks out and 'grooms' individuals
- Long term abuse in the context of an ongoing family relationship
- Opportunistic abuse such as theft

5.4. What is a disclosure?

A safeguarding concern may result from something that you have seen, been told, or heard (a disclosure).

A disclosure happens when an adult communicates that they have been abused or neglected, or are worried that they may be,

OR

Any other person reveals that they have seen an incident of abuse or neglect or found evidence that indicates it is or may be occurring.

A disclosure can be verbal but can also be written, for example a text or an email.

A disclosure can relate to abuse that is happening now, has happened in the past or may happen in the future.

5.5. Responding to a disclosure

Do:

- Take action if an urgent response is required, i.e. a crime is occurring or immediate medical treatment is required, by phoning 999
- Take the disclosure seriously
- Listen carefully
- Ask questions to establish basic facts
- Try to remember the words used by the adult, making notes if necessary
- Establish if the adult feels safe now to identify if any immediate action may be required
- Explain to the adult that information will be shared with the Safeguarding Lead and Access Co-ordinator
- Phone either the Safeguarding Lead or Access Co-ordinator if you require further assistance, advice, or support
- Complete a written record using the DIY Safeguarding form

Don't:

- Delay taking action or seeking advice
- Ask leading questions or pass judgement
- Make promises about keeping the information confidential
- Speculate about the outcome of the safeguarding process

5.6. Reporting a disclosure or concern

The [DIY Safeguarding Concern Form](#) must be completed and submitted as soon as possible after a disclosure is made or a concern is recognised, and must include:

- The date on which the safeguarding incident was raised
- The full name of the person at risk
- The facts of what happened, when and where and the names of anyone else involved
- The views and wishes of the adult at risk
- Action taken and any further support which is required for the person at risk or the staff member(s) reporting the concern
- All records should be signed and dated by the person reporting the concern

5.7. Immediate Action

Following a disclosure or whenever concerns are present, there should always be an immediate evaluation of risk to identify any urgent steps to ensure the adult is not in pressing danger.

Cases that require an urgent response:

- Phone 999 if a serious crime is occurring or has taken place
- Phone 999 in a medical emergency

Other examples of immediate action could include:

- Steps to manage the risk to others
- (e.g. identifying a safe space for the person/s at risk)
- Phoning an emergency contact of the adult concerned
- Arranging for someone safe to be with the adult at risk so that they are not alone
- Supporting the adult to get home safely
- Seeking advice from the Safeguarding Lead / Access Co-ordinator

In most situations there will not be an immediate threat and the decision about protecting the person at risk will be taken in consultation with themselves and the Access Co-ordinator/Safeguarding Lead.

5.8. Confidentiality

Confidentiality and trust must be maintained for the Safeguarding process to be effective. Any actions should take place in line with the views and wishes of the adult about how best to protect them from harm.

However, staff must act on the basis that the safety of the adult is the overriding concern, and the degree of confidentiality will be governed by the need to protect the adult.

At the earliest possible stage of the disclosure, the adult must be made aware that the information will be passed on; in the first instance to the Safeguarding Lead and / or Access Co-ordinator.

If the adult at risk does not wish for the disclosure to be shared, DIY staff must take the time to explain the process, using appropriate language and/or forms of communication, and checking understanding with the adult.

Usually, DIY's Safeguarding Lead and/or Access Co-ordinator will assess the level of risk posed by the disclosure by considering the nature and extent of the abuse, the length of time it has been occurring, the impact on the individual being allegedly abused, the risk of repeat acts if unaddressed and the risk to others, amongst other factors, to make a judgement whether to refer the case to external agencies for further support.

If the adult at risk does not want the disclosure to be shared with external agencies, this should always be discussed with the Safeguarding Lead.

DIY can override the wishes of the adult at risk and share information with external agencies if:

- There is risk to life
- There is risk to others
- A crime is in progress, or to prevent a crime from happening
- The adult lacks capacity
- A child or children are involved in the situation
- There are concerns that the adult is under duress when responding

Discussions of the case must only be with the appropriate member of staff and any discussion must be private and on a need-to-know basis.

Fears about sharing information should not stand in the way of the need to promote the welfare and safety of the adult at risk.

5.9. Local authority contacts

Local Authorities have statutory responsibility for safeguarding adults at risk as well as children and young people.

Typically, DIY staff will discuss concerns with the Safeguarding Lead and / or Access Co-ordinator to decide if further action, including an external referral, is required. However, staff should not allow the absence of the Safeguarding Lead to delay their contact with the Salford Adults Safeguarding Team, if required.

Contact Details for Salford Adult Health & Social Care

By phone:

0161 206 0604 (8.30am – 4.30pm Monday to Friday)

0161 794 8888 (Emergency out of hours)

Or via the online portal:

<https://adultsportal.salford.gov.uk/web/portal/pages/home>

(links to an online form)

6. Safeguarding Children and Young People

If at any time you become concerned that a child might be at risk, you should follow the procedure outlined in DIY's Safeguarding Children and Young People Policy.

A child is defined as a person who is aged under 18 and includes an unborn child.

- Phone 999 if a serious crime is occurring or has taken place
- Phone 999 in a medical emergency
- Phone 999 if a child is in immediate danger of being harmed

If working with children in a school or college, immediately report any concerns or disclosures to the school's Designated Safeguarding Lead.

You must also report any concerns or disclosures to DIY's designated Safeguarding Lead or Access Co-ordinator:

DIY's designated Safeguarding Lead

John Leyland - 07865 822037

DIY's Access Co-ordinator

Clare Hillyer - 07865 822024

In addition, the [DIY Safeguarding Concern Form](#) must be completed and submitted as soon as possible after a disclosure is made or a concern is recognised.

In the absence of the Safeguarding Lead or in any eventuality, you can contact The Bridge Partnership directly (Salford City Council's multi-agency hub for child protection):

The Bridge Partnership

By phone:

0161 603 4500 (8.30am – 4.30pm Monday to Friday)

If out of hours call the number above and you will be re-directed

Or via the portal:

www.salford.gov.uk/bridgereferral

(links to an online form)

7. What happens once a concern is reported?

Following the report of a safeguarding concern, DIY will ensure that the adult at risk is kept informed about any referrals or further action taken and will support them to continue with their activities at DIY, should they wish. The adult should be signposted to other sources of relevant support where appropriate.

Staff involved in a disclosure or concern will be given a debrief session with the Safeguarding Lead and signposted to further support if appropriate.

DIY's Safeguarding Lead and Access Co-ordinator review and discuss ongoing or new concerns as they arise, as well as meeting weekly for this purpose.

8. DIY's Designated Safeguarding Lead

John Leyland
Business Director
DIY Theatre Company

Tel: 07865 822037
Email: john.leyland@diytheatre.org.uk

9. Promoting safeguarding adults at DIY Theatre

To assist in the prevention of abuse DIY is committed to:

- Rigorous recruitment practices (see 9.1 below)
- Understanding, respecting and integrating safeguarding as critical for the well-being of staff, participants and others who interact with the organisation
- Producing and maintaining clearly defined, co-created and appropriately communicated policies and procedures for raising issues and encouraging speaking up
- Providing training and support for staff and participants to contextualise, explore, reflect, and regularly check understanding of the materials
- An organisational culture which is transparent, person-centred, and safe for everyone to express themselves and raise concerns

9.1. Safe Recruitment & Selection

DIY has a robust recruitment policy and procedure which covers all potential board members, paid staff, freelance staff and volunteers. DIY Theatre Company ensures that all potential new staff, volunteers and board members:

- **Complete an application form or a letter of application.**
This includes address, evidence of relevant qualifications, paid work and voluntary work experience and all criminal convictions.
- **Provide two pieces of identification that confirm identity and address.**
- **Undergo an interview** with a panel of at least 2 people
- **Provide at least two references** that are followed up before a post is offered.

If undertaking a regulatory activity or if their post is eligible, anyone working with DIY must consent **to a Disclosure and Barring Service check.**

All DIY Theatre Company staff and relevant volunteers are required to pass a DBS check appropriate to the duties undertaken in their contracted role. This is monitored by the Access Co-ordinator and Safeguarding Lead to ensure DBS checks are kept up-to-date.

DIY Theatre Company understands that:

- A person who is barred from working with children or vulnerable adults is breaking the law if they work or volunteer or try to work or volunteer with these groups.
- An organisation which knowingly employs someone who is barred to work with those groups will also be breaking the law.
- If DIY dismisses a member of staff or volunteer because they have harmed a child or vulnerable adult or would have done so if they had not left, we must make referral to the Disclosure and Barring Service.

9.2. Management and Support of Paid Staff and Volunteers

DIY Theatre Company has the following in place for managing all staff, freelancers, contractors, and volunteers:

- A code of conduct which everyone signs up to
- A job description or a role profile outlining their main responsibilities. This includes a requirement to comply with the Safeguarding Policy and Procedures and Code of Conduct.
- An induction, which includes information on all the organisation's policies and procedures.
- A role review at the end of the induction period before being confirmed in post. Inductions will be completed within 6 months.
- Regular supervision and/or line management support as appropriate to the role.
- Ongoing internal safeguarding training/briefings appropriate to the role.
- All policies (including accessible versions) are available on the DIY website.

9.3. Training

DIY Theatre Company will promote awareness of Adult Safeguarding issues to its board members, staff, freelancers, volunteers, broader membership and participants.

Board members, staff, freelancers and volunteers, are required to attend Adult and Child Safeguarding training as appropriate to their role. This is provided by Salford CVS and DIY's Access Co-ordinator and Safeguarding Lead monitor that this is done at induction and updated every 2 years. Staff are required to provide a certificate as evidence of having completed the training.

Everyone at DIY who works or volunteers with adults at risk is required to have awareness training that enables them to:

- Understand what safeguarding is and their role in safeguarding adults
- Recognise an adult potentially in need of safeguarding and take action
- Understand the procedures for making a safeguarding alert
- Understand dignity and respect when working with individuals
- Have knowledge of policy, procedures and legislation that supports safeguarding adults' activity

9.4. Making Safeguarding Personal

Making safeguarding personal means it should be person-led and outcome-focused. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety.

We aim to provide participants with the information they need to make decisions about how to be safe from abuse and reduce risks.

We recognise that adults may make decisions that might be perceived as risky or unwise.

We need to understand and always work in line with the Mental Capacity Act 2005 (MCA) and seek support and guidance when we have concerns regarding an adult's capacity.

Adults must always be assumed to have the capacity to make their own decisions and be given all practicable help before anyone treats them as not being able to do so. Where an adult is found to lack capacity to make a decision then any action taken, or any decision made for, or on their behalf, must be made in their best interests.

The Mental Capacity Act states that:

A person is unable to make a decision if they cannot:

1. Understand information about the decision to be made
2. Retain that information in their mind
3. Use or weigh that information as part of the decision-making process, or
4. Communicate their decision (by talking, using sign language or any other means).

If there are concerns about a person's capacity to make a decision for themselves at a particular moment in time, DIY staff should seek advice from DIY's Safeguarding Lead about the appropriate action to take to establish whether the person lacks capacity or not. The nature of the decision in question will dictate the level of assessment required and whether additional support will be needed.

10. Review Date

DIY is committed to reviewing its policy and good practice annually.

This policy was last reviewed on 28th January 2025.

Approved by the board of DIY Theatre CIC on 4th February 2025.

Agreed Date for Review: January 2026

Signed on behalf of the board by: Charlotte Little, Chair.

11. Appendix 1 – Glossary (types of abuse, signs, and indicators)

It is important to be aware of the indicators of abuse.

The following pages contain a table describing different types of abuse, and the signs and indicators of that type of abuse.

The presence of one or more of these doesn't necessarily mean that the person at risk is being abused. However, they may reflect the potential for abuse in a given situation and suggest the need for further investigation.

Different indicators of abuse may appear at the same time.

More information can be found here:

<https://safeguardingadults.salford.gov.uk/for-the-public/what-is-abuse/>

Type of Abuse	Description	Signs and indicators
<u>Physical abuse</u>	Physical abuse is deliberately hurting a person which may include slapping, burning, punching, unreasonable confinement, pinching, force feeding, misuse of medication, shaking, inappropriate moving and handling.	No explanation for injuries, bruising, cuts, bite marks, burns, marks on the body, loss of hair in clumps, frequent injuries, unexplained falls, subdued or changed behaviour in the presence of a particular person, signs of malnutrition, failure to seek medical treatment.
<u>Sexual abuse</u>	Sexual abuse is when a person is forced or persuaded to take part in sexual activities and includes rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, any sexual activity that the person lacks the capacity to consent to.	Bruising, particularly to thighs, buttocks, upper arms and marks on the neck, recoiling from physical contact, inappropriate sexual behaviour or language in the presence of others, infections or sexually transmitted diseases, taking longer with personal care, pregnancy in a woman who is unable to consent to sexual intercourse.

Type of Abuse	Description	Signs and indicators
<u>Financial abuse</u>	Financial or material abuse is limiting access to money or other resources, using a person's money for their own gain, forcing financial responsibility onto their victim while limiting their ability to provide this, theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements including wills, property, inheritance or financial transactions or the misuse or misappropriation of property, possessions or benefits.	Over protection of money, money not available, forced signatures, inability to pay bills or basic food and clothes, lack of money after payments of benefits or other, unexplained withdrawals.
<u>Psychological or emotional abuse</u>	Emotional abuse may include the use of intimidation, hostility, rejection, threats of harm or abandonment, humiliation, verbal abuse such as shouting, swearing or the use of discriminatory or oppressive language. It may include enforced social isolation, blaming, controlling, coercion, harassment, cyber bullying or unreasonable withdrawal of services or supportive networks. It may include threats to harm themselves or others if you don't comply with their demands.	A change in character when a particular person is present, withdrawal, depression, insomnia, low self-esteem, uncooperative or aggressive behaviour, a change in appetite, weight gain / loss, signs of distress such as tearfulness, anger, anxiety, lack of trust.

Type of Abuse	Description	Signs and indicators
<u>Neglect or acts of omission</u>	Behaviour by carers which results in a failure to provide or allow access to food, shelter, clothing, heating, stimulation & activity, personal or medical care, support or educational services, failure to administer medication as prescribed, ignoring or isolating the person, preventing the person from making their own decisions, preventing access to glasses, hearing aids etc, failure to ensure privacy and dignity, failure to use agreed risk management procedures.	Poor environment – dirty or unhygienic, poor physical condition or personal hygiene, pressure sores or ulcers, malnutrition or unexplained weight loss, untreated injuries and medical problems, accumulation of untaken medication, inappropriate or inadequate clothing, detachment from a carer.
<u>Self-neglect</u>	Self-neglect is a lack of self-care to an extent that it threatens personal health and safety, neglecting to care for one's personal hygiene, health or surroundings, an inability to avoid self-harm, failure to seek help or access services to meet health and social care needs, inability or unwillingness to manage one's personal affairs.	Very poor personal hygiene, unkempt appearance, lack of essential food / clothing / shelter, malnutrition and/or dehydration, squalid living conditions, neglecting household maintenance, hoarding, not attending medical appointments, non-compliance with services, inability or unwillingness to take medication or treat illness or injury.

<p><u>Discriminatory abuse</u></p>	<p>Unequal treatment based on protected characteristics of age, disability, gender reassignment, marriage & civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation (known as protected characteristics under the Equality Act 2010) verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic. Harassment or deliberate exclusion, denying basic rights to healthcare, education, employment & criminal justice or substandard service provision relating to a protected characteristic.</p>	<p>The person appears withdrawn and isolated, expressions of anger, frustration, fear or anxiety, support on offer does not take account of the person's needs in terms of a protected characteristic, an abuser may use derogatory language or deny someone social and cultural contact.</p>
<p><u>Institutional or organisational abuse</u></p>	<p>Neglect and poor practise within an institution or specific setting (e.g. hospital/care home) or in relation to care at home. Ranges from one off incidents to ongoing ill treatment as a result of the structure, policies, processes and practises within an organisation. Examples include abusive/ disrespectful attitudes towards people using the service, misuse of medication, inappropriate use of restraints, lack of respect for dignity and privacy, insufficient staff, not offering choice or promoting independence.</p>	<p>Inadequate staffing, poor care standards, inadequate procedures, no individual care plans, no manager overview and support, little or no evidence of training, poor environment, no stimulation, repeated infections or falls, lack of understanding of disability, unaddressed poor practise, misuse of power / control.</p>

Type of Abuse	Description	Signs and indicators
<u>Domestic abuse</u>	The government definition for domestic abuse is 'any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality'. The abuse can encompass but is not limited to psychological, sexual, physical, financial and emotional forms of abuse.	The indicators may include many of those listed under other categories in this glossary including low self-esteem, physical evidence of violence, verbal humiliation in front of others, fear of outside intervention, isolation – not seeing family and friends, limited access to money.
<u>Modern slavery</u>	Modern slavery encompasses human trafficking, forced labour, domestic servitude, sexual exploitation such as prostitution and debt bondage – being forced to work to pay off debts that realistically they will never be able to. Local Authorities have a duty to notify the Home Office of any individual encountered in England and Wales who they believe is a suspected victim of slavery or human trafficking.	Signs of physical or emotional abuse, appearing to be malnourished, unkempt or withdrawn, isolation from the community, living in dirty, cramped or overcrowded accommodation, living and working at the same address, lack of personal documents, always wearing the same clothes, appearing frightened, fear of law enforcers, not knowing who to trust.

Type of Abuse	Description	Signs and indicators
<u>Radicalisation</u>	<p>Radicalisation is considered to be the process by which adults come to support terrorism and extremism and, in some cases, to then participate in terrorist groups. The process of radicalisation is different for every individual and can take place over an extended period or very quickly. Violent extremists often use a persuasive rationale and charisma to attract people to their cause, inspire new recruits, embed their extreme views and persuade vulnerable individuals of the legitimacy of their cause. This can put an adult at risk of being drawn into criminal activity and has the potential to cause significant harm.</p>	<p>There is no obvious profile of a person likely to become involved in extremism, or a single indicator that a person might adopt violence in support of extremist ideas. Holding different views does not mean that somebody is radical. The concern is when somebody acts, or intends to act, upon their extreme view/s in a way that is harmful to themselves or others. Signs may include articulating support for extremist causes, accessing propaganda material they find on or offline, justifying the use of violence to solve societal issues, significant changes to appearance and/ or behaviour.</p>

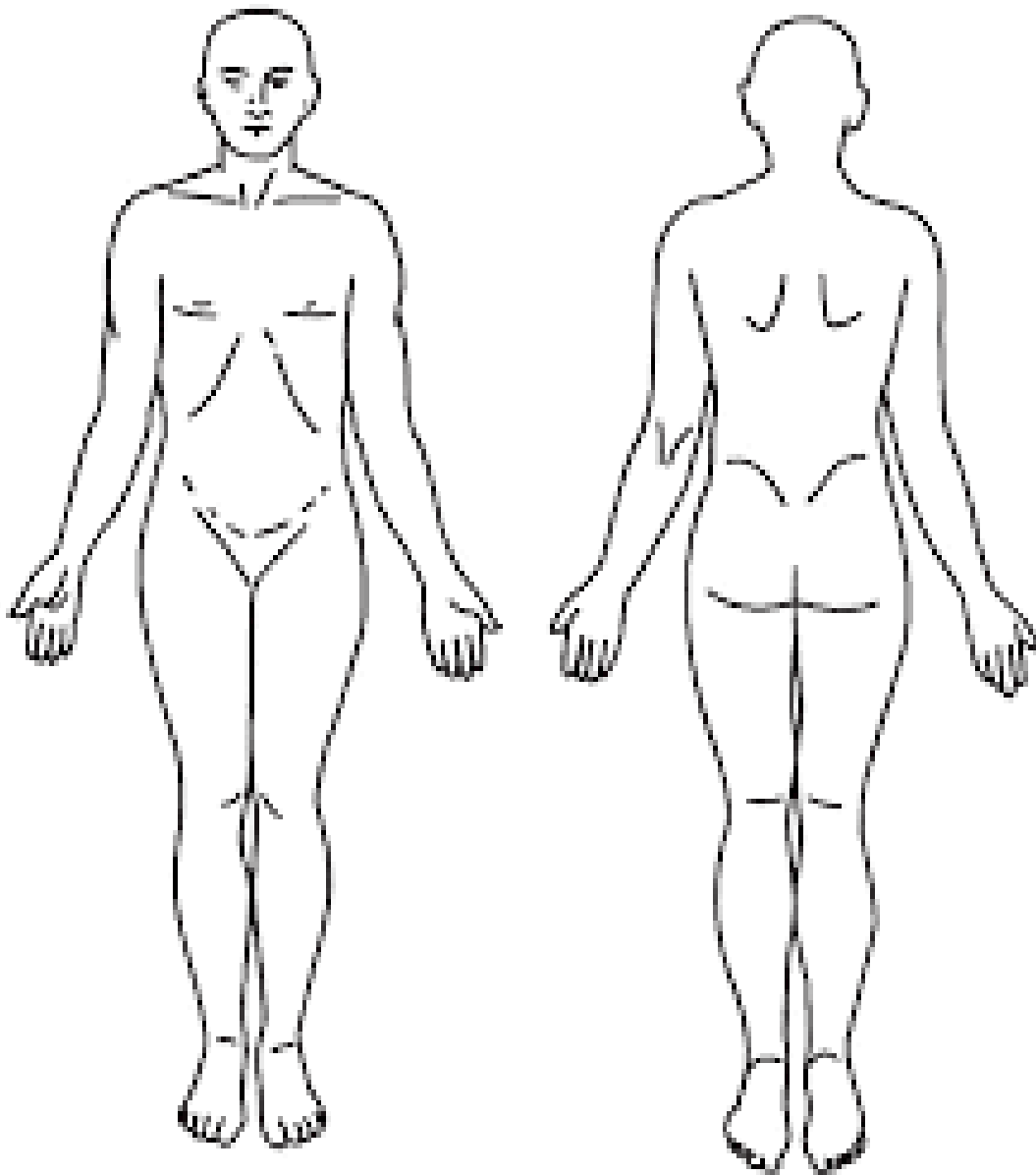
12. Appendix 2 – Body Map

(To be used in conjunction with the DIY Safeguarding Concern Form)

Guidance notes for completion of Body Maps

- Use the body map to mark off and detail any injury you have seen / been told about. Check areas that are clearly visible to you.
- Draw and write on the body map in black ink.
- Provide details for each injury e.g. approximate size of wound, colour of bruise etc. using arrows pointing to the relevant part of the body.
- The completed body map should be provided to John Leyland, Business Director and Safeguarding Lead.

Name of adult



BODY MAP COMPLETED BY:

STAFF NAME:.....

SIGN:.....

DATE:.....

TIME:.....

NOTE ANY RELEVANT DETAILS: