Safeguarding & Vulnerability Policy

Protecting people without removing their agency

Version 1.0 - Effective 26 August 2026

Applies to	Academy of Life Planning Limited, its staff, contractors and, where incorporated into their professional arrangements, Academy-accredited practitioners.
Purpose	To identify and respond proportionately to vulnerability, abuse, coercion, exploitation, acute distress and safeguarding concerns arising during Academy services.
Core principle	Safeguarding should support the person's wellbeing, wishes and control. Protection should not become unnecessary paternalism.
Safeguarding lead	Stephen James Conley, Founder & CEO, unless another responsible person is formally appointed for a particular matter.
Emergency principle	If there is an immediate risk of serious harm, call the emergency services or the relevant local emergency service rather than relying on an Academy planning process.

1. Purpose and approach

The Academy works with people making important decisions about life, money, work, pensions, property, family, fraud, loss and other significant matters. Some people may be vulnerable temporarily or permanently because of their circumstances.

This Policy sets minimum standards for recognising vulnerability, reducing avoidable harm and responding to safeguarding concerns without assuming that vulnerability removes a person's right to make their own decisions.

The Academy's approach is person-centred and agency-preserving: understand the person's wishes, reduce pressure, make information accessible, involve appropriate support, and escalate only as far as the circumstances reasonably require.

2. What we mean by vulnerability

Vulnerability is not a fixed label. A person may be more susceptible to harm, misunderstanding, pressure or poor outcomes because of personal characteristics, life events, capability limitations or external circumstances.

Examples may include:

- bereavement, divorce, redundancy, retirement or other major life change;
- serious illness, disability, cognitive impairment or reduced mental resilience;
- low financial capability, language barriers, literacy or digital exclusion;
- acute financial stress, debt, housing insecurity or loss of income;
- fraud, scams, financial abuse or exploitation;
- coercive or controlling relationships, family pressure or undue influence;
- loneliness, social isolation or dependence on another person;
- acute anxiety, depression, distress, suicidal thoughts or self-harm risk;
- age-related vulnerability or reduced confidence;
- recent trauma or circumstances that impair concentration or decision-making; or

- any combination of factors that materially affects the person's ability to understand, decide, communicate or protect their own interests.

A person should not be treated as incapable merely because they are vulnerable, make an unusual decision, decline professional advice or choose an option another person would not choose.

3. Adult safeguarding

Safeguarding means protecting a person's right to live in safety, free from abuse and neglect, while promoting wellbeing, choice and control.

In England, statutory adult-safeguarding duties under the Care Act 2014 focus on adults who have care and support needs, are experiencing or at risk of abuse or neglect, and because of those needs are unable to protect themselves from the risk or experience of that abuse or neglect.

Different statutory frameworks apply in Wales, Scotland and Northern Ireland. Where a safeguarding concern arises, the Academy will use the relevant local authority, safeguarding partnership, police, health or other appropriate route for the person's location.

4. Forms of abuse and neglect

Safeguarding concerns may involve, among other things:

- physical abuse;
- domestic abuse or coercive control;
- sexual abuse;
- psychological or emotional abuse;
- financial or material abuse, including theft, fraud, scams, coercion over money or misuse of powers of attorney;
- modern slavery or exploitation;
- discriminatory abuse;
- organisational abuse;
- neglect or acts of omission; and
- self-neglect where the circumstances create a serious risk and safeguarding intervention may be appropriate.

5. Indicators that require additional care

A practitioner should consider slowing down or increasing safeguards where there are signs such as:

- sudden unexplained changes in financial decisions or behaviour;
- another person speaking for the client, controlling access or refusing private communication;
- pressure to transfer, gift, withdraw or invest money urgently;
- unexplained payments, losses, debts or changes in ownership;
- confusion about a decision that the person previously understood;
- repeated difficulty retaining or weighing important information;
- obvious fear, distress or reluctance when a particular person is present;
- statements suggesting hopelessness, self-harm or suicide;
- evidence of threats, blackmail, impersonation or exploitation;
- a significant mismatch between the person's stated wishes and the actions being taken in their name; or
- signs that someone may be abusing a position of trust.

6. Proportionate response to vulnerability

Depending on the circumstances, the planner should consider:

- slowing the pace and allowing more time;
- using plain language and shorter explanations;
- breaking a decision into smaller steps;
- checking understanding rather than merely asking whether the person understands;
- providing written summaries or alternative formats;
- avoiding unnecessary urgency, scarcity or sales pressure;
- encouraging the client to delay an irreversible decision where there is no genuine time pressure;

- offering a second meeting or cooling-off period;
- encouraging support from a trusted person where the client wants this and it is safe;
- obtaining specialist professional input; or
- pausing the engagement where proceeding would create an unacceptable risk of harm.

7. Making Safeguarding Personal

Where possible, safeguarding action should begin by asking the person what they want to happen, what being safe means to them, and what outcome they are seeking.

The person's wishes may not always determine the final response - for example where there is an immediate risk to life, a serious crime, risk to another vulnerable person, or a lawful duty to disclose - but their views should be considered and respected as far as reasonably possible.

The Academy will avoid protective action that is disproportionate to the actual risk or that unnecessarily removes the person's control over their own affairs.

8. Mental capacity and decision-making

Capacity is decision-specific and time-specific. A person may have capacity for one decision and not another, or may regain capacity when distress, illness or temporary impairment reduces.

In England and Wales, the Mental Capacity Act 2005 starts from the presumption that an adult has capacity unless it is established otherwise. A person should be given practical support to make their own decision before it is concluded that they cannot do so.

A practitioner should not attempt to conduct a formal clinical or legal capacity assessment unless appropriately qualified. Instead, they should:

- notice and record material concerns about understanding, retention, weighing or communication;
- take reasonable steps to support the person's own decision-making;
- avoid treating an unwise decision as proof of incapacity;
- seek appropriate legal, medical, social-care or safeguarding input where capacity is genuinely in doubt and the decision is significant; and
- verify the authority of an attorney, deputy, guardian or other representative before relying on them to make decisions for another person.

9. Financial abuse, scams and coercion

Financial abuse can arise from strangers, fraudsters, relatives, carers, professionals, businesses or people in positions of trust. The Academy should not assume that a transaction is voluntary merely because the client appears to have consented.

Where coercion or exploitation is suspected, consider:

- speaking with the client privately where safe and appropriate;
- checking who initiated the transaction or proposed decision;
- asking whether the client feels free to say no or change their mind;
- avoiding sharing information with the suspected abuser;
- preserving relevant evidence without conducting an amateur criminal investigation;
- encouraging contact with the bank, police, Action Fraud or relevant fraud-reporting route where appropriate;
- considering a local-authority safeguarding referral where the statutory threshold may be met; and
- seeking legal or specialist safeguarding advice where ownership, authority or coercion is disputed.

10. Severe distress, self-harm and suicide risk

Financial loss, fraud, debt, bereavement and major life disruption can be associated with severe psychological distress. Academy staff and planners are not expected to diagnose mental illness or provide crisis therapy.

If a person expresses thoughts of suicide, self-harm or immediate hopelessness:

- take the statement seriously and remain calm;

- ask enough direct questions to understand whether there appears to be an immediate danger, without attempting a clinical assessment;
- if there is an immediate risk of serious harm, encourage or arrange urgent emergency help - in the UK, call 999 or attend an emergency department;
- where the risk is not immediate but the person needs urgent emotional support, encourage contact with an appropriate crisis service, GP, NHS service or Samaritans on 116 123;
- do not leave an obviously high-risk person unsupported merely to continue a financial-planning process; and
- record the safeguarding concern and actions taken in a factual, proportionate way.

Confidentiality should not prevent proportionate disclosure where there is a genuine and serious risk to life or safety and disclosure is lawful and necessary.

11. Trusted persons and representatives

A client may ask for a family member, friend, attorney, advocate or other trusted person to participate. Their involvement should support, not displace, the client's own voice unless they hold valid legal authority to make the relevant decision.

Before sharing information or accepting instructions, the planner should consider:

- whether the client has consented to the person's involvement;
- what information the client has authorised the Academy to share;
- whether the third party has any conflict or potential undue influence;
- whether formal legal authority exists where the third party is purporting to decide for the client; and
- whether it would be helpful to speak with the client privately.

12. Children and young people

The Academy's main professional planning services are intended for adults. If a safeguarding concern involving a child or young person arises, the welfare of the child is paramount and the matter should be referred to the relevant local children's safeguarding service or police where appropriate.

A practitioner should not investigate suspected child abuse personally or promise secrecy to a child where information may need to be shared to protect them.

13. Confidentiality and information sharing

Safeguarding information is personal and often highly sensitive. It should be shared on a need-to-know basis and only where there is a lawful basis and a legitimate safeguarding purpose.

Where safe and appropriate, the person should be told what information may be shared, with whom and why. Consent should normally be sought where this is compatible with the person's safety and the law.

Information may need to be shared without consent where, for example:

- there is an immediate or serious risk to the person or another person;
- a child or another adult at risk may be endangered;
- a serious crime may have been committed;
- the person lacks capacity for the relevant information-sharing decision and disclosure is lawfully justified;
- a court, regulator, police force or other authority lawfully requires disclosure; or
- another recognised legal basis makes the disclosure necessary and proportionate.

Only information reasonably necessary for the safeguarding purpose should be disclosed.

14. Reporting a safeguarding concern

A member of staff or practitioner who identifies a material safeguarding concern should report it promptly to the Academy safeguarding lead where the matter involves an Academy service, Academy systems, or an Academy-accredited practitioner and it is appropriate for the Academy to know.

The report should record factual information including:

- the date and nature of the concern;
- what the person said, using their own words where material;

- what was directly observed and what is inference;
- who else was present or involved;
- any immediate risk identified;
- the person's wishes where known;
- actions taken, advice sought and referrals made; and
- any follow-up required.

Do not embellish, speculate, diagnose or attempt to determine criminal liability in a safeguarding record.

15. Escalation framework

Level	Example	Typical response
1 - Additional support	Temporary vulnerability, reduced confidence, bereavement, mild distress, difficulty understanding.	Adapt communication, slow down, check understanding, offer support or a trusted person.
2 - Material concern	Possible coercion, scam, financial abuse, questionable capacity, serious distress or material risk of exploitation.	Pause high-consequence decisions, consult safeguarding lead, obtain specialist input, consider external referral.
3 - Immediate / serious risk	Immediate danger, credible threat to life, ongoing serious abuse, serious crime or urgent safeguarding risk.	Contact emergency services, police, relevant local safeguarding authority or other urgent service as appropriate. Do not wait for internal process.

16. Roles and responsibilities

Role	Responsibility
Academy safeguarding lead	Maintains this Policy, receives material internal concerns, supports proportionate decisions, ensures serious matters are escalated appropriately, and keeps a restricted safeguarding record where required.
Academy staff / contractors	Recognise concerns, act within this Policy, record facts, protect confidentiality and escalate rather than attempting specialist safeguarding work beyond competence.
Accredited practitioners	Maintain their own safeguarding responsibilities within their practice, comply with stricter local or professional requirements, and report Academy-related concerns where appropriate.
Specialists and authorities	Police, local authorities, health services, solicitors, regulated advisers, mental-health services and other bodies remain responsible for the specialist functions they perform.

17. Concerns about a person in a position of trust

A concern that an Academy employee, contractor or accredited practitioner has harmed, exploited, coerced or placed a vulnerable person at risk must be treated separately from an ordinary service complaint.

The Academy may take immediate protective steps, including restricting access to Academy systems, suspending accreditation or pausing referrals, while facts are assessed.

Where the concern may amount to abuse, a criminal offence, a regulatory breach or a risk to other vulnerable people, the Academy may refer the matter to the relevant local authority, police, regulator, professional body or other appropriate authority.

18. Safeguarding records and retention

Safeguarding records should be accurate, factual, access-restricted and retained only for as long as there is a legitimate legal, safeguarding, insurance or governance reason.

They should be stored separately or clearly classified from ordinary planning notes where appropriate, because they may contain special-category or highly sensitive personal data.

Retention and deletion should follow the Academy's Data Retention Schedule and Information Security & Records Management Policy once adopted.

19. Training and professional awareness

People carrying out Academy-facing professional work should have a level of safeguarding and vulnerability awareness proportionate to their role.

Training or professional development may cover:

- recognising vulnerability and financial abuse;
- person-centred safeguarding and agency;
- mental-capacity principles;
- coercion, undue influence and scams;
- handling disclosures;
- suicide and self-harm escalation;
- information sharing and confidentiality; and
- local referral routes relevant to the practitioner's location and client base.

20. Complaints and safeguarding

A complaint and a safeguarding concern can arise from the same facts but are not the same process. A complaint asks whether a service was delivered properly. Safeguarding focuses on preventing or responding to abuse, neglect or serious risk.

Where both arise, the Academy may run the processes in parallel or prioritise urgent safeguarding action before completing the complaints process.

21. Legal and jurisdictional context

This Policy is designed as an operational safeguarding standard for a UK-based professional services business. It does not attempt to reproduce every statutory safeguarding framework across the United Kingdom or overseas.

Relevant law may include the Care Act 2014 and Mental Capacity Act 2005 in England and Wales, together with the corresponding safeguarding and capacity frameworks applying in Scotland, Northern Ireland or another jurisdiction.

Where law, professional regulation or a local safeguarding procedure imposes a stricter or more specific obligation, that requirement takes precedence.

22. Review

This Policy will be reviewed at least annually and sooner following a serious safeguarding incident, a material change in law or guidance, or evidence that the current procedure is not protecting people effectively.

23. Company information

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