

Adults Safeguarding Policy and Procedure

The Care Act 2014 details the statutory framework for adult safeguarding setting out the responsibilities of local partners, and creating Safeguarding Adults Boards in every area. Chapter 14 of the Care Act Statutory Guidance replaces No Secrets¹ as the statutory guidance for safeguarding adults.

In Hertfordshire the arrangements for adult safeguarding are overseen by the Hertfordshire Safeguarding Adult Board (HSAB) and are set out in *Safeguarding Adults at Risk*, the HSAB multi-agency policy, procedure and practice for working with adults at risk of abuse or neglect in Hertfordshire (January 2019, Issue 12). '*Safeguarding Adults at Risk*' has been designed to explain simply and clearly how agencies and individuals should work together to safeguard adults at risk.

This Policy and Procedure sets out how Age UK Hertfordshire will implement *Safeguarding Adults at Risk*.

Author:	Mark Hanna
Status:	Approved
Approved:	September 2019
Review date:	September 2020

1

Table of Contents

1	Introduction
2	Policy
3	Schedule of Responsibilities
4	Definitions
5	Duty to Report
6	Procedure to be followed following an allegation or suspicion of abuse
7	Promoting 'Safe Services'
Appendices	
1	Reporting Flowchart
2	Disclosures Do and Don'ts
3	Written Records
4	Hertfordshire safeguarding adult alert form

Policy and Procedure: Adults at Risk of Abuse or Neglect

1 Introduction

Safeguarding is a key priority that reflects both our focus on human rights and the requirement within the Care Act 2014 to have regard to the need to protect and promote the rights of people who use health and social care services.

This Age UK Hertfordshire (AUKH) policy should be read in conjunction with *Safeguarding Adults at Risk* the HSAB multi-agency policy, procedure and practice for working with adults at risk of abuse or neglect in Hertfordshire: <https://www.hertfordshire.gov.uk/media-library/documents/adult-social-services/herts-safeguarding-adults-board/hcs-666-issue-11.pdf>

The Health and Community Services Adult Safeguarding Procedure aims to ensure that organisations work together to prevent abuse occurring and when abuse does occur, adults at risk are protected from further harm. It makes sure that:

- the needs and interests of adults at risk are always respected and upheld
- the human rights of adults at risk are respected and upheld
- a proportionate, timely, professional and ethical response is made to any adult at risk who may be experiencing abuse
- all decisions and actions are taken in line with the Mental Capacity Act 2005

Each adult at risk maintains:

- choice and control
- safety
- health
- quality of life
- dignity and respect

Adult safeguarding is part of a legal framework in the Care Act 2014, and places a legal duty of care onto Local Authorities to make, or ask others to make, enquiries if they believe an adult is, or is at risk of, being abused or neglected. It is also a requirement to have a Safeguarding Adults Board. In Hertfordshire this is the Hertfordshire Safeguarding Adults Board which is a multi-agency partnership who work with and support adults at risk in Hertfordshire. The Board works with organisations to make sure adults at risk are cared for and supported somewhere free from abuse, harassment, violence or aggression both at home and at work.

The role of the Hertfordshire Safeguarding Adults Board is to:

- Use Safeguarding Adult Reviews and performance data from key agencies to update and deliver effective safeguarding practices in Hertfordshire
- Support agencies to update and deliver effective safeguarding practices in Hertfordshire
- Challenge current safeguarding practices in Hertfordshire
- Make sure safeguarding practices are followed by key organisations to a high standard
- Agree and oversee a strategic plan and publish an annual report.

1.1 Principles

The best defence we have against abuse is the strength of values incorporated in organisational and local service cultures. Age UK Hertfordshire's mission, vision and values underpin all of the policies and procedures that support the work that we do to ensure the support and protection of vulnerable adults in Hertfordshire.

1.2 Good Practice Statement

Safety is embedded within good sound care practice and the growing ability of service users to protect themselves, make their views known and be listened to. Standards for good practice within Age UK Hertfordshire are laid out and assessed through our organisational standards to ensure that service users can feel confident in the knowledge that Age UK Hertfordshire continually strive to create a safe and caring environment that will most effectively protect people from abuse.

1.3 Scope

This policy and procedure is designed to enable everyone who works for Age UK Hertfordshire to understand and carry out their responsibilities for safeguarding adults who need care and support and are at risk of, or experiencing, abuse.

2 Policy

Age UK Hertfordshire's Recruitment Policy puts in place procedures to ensure that appropriate checks are made prior to appointment of staff, volunteers and external/agency personnel, in order to prevent, as far as is possible, anyone from using their position to abuse adults who need care and support.

A structured programme of induction is provided for all new staff that takes account of their level of knowledge about adults at risk. Induction will ensure that employees know what behaviour is and is not acceptable, understand what might constitute abuse and who should be informed if abuse is suspected. Age UK Hertfordshire supports staff and volunteers to deliver safe services by providing regular supervision, training and development.

All Age UK Hertfordshire services will ensure that every service user, or others on their behalf, are actively encouraged to provide feedback on the service they receive, and take any comments or complaints seriously.

All staff that come into regular contact with service users will be made aware of the vulnerability of our service users and will be taught to recognise and appropriately respond to suspicions or allegations of abuse.

Abusive staff or practices will not be accepted or tolerated and action will be taken using the framework of the Age UK Hertfordshire Disciplinary and/or Whistle Blowing policies.

3 Schedule of Responsibilities

3.1 Trustees

- To ratify policy
- To have an awareness of the issues relating to service users and abuse
- To read and understand Charity Commission Guidance 'Safeguarding and Protecting People for Charities and Trustees 2017'

3.2 Chief Executive

- At the discretion of the Chief Executive, a Senior Manager may be made responsible for carrying out a staff disciplinary investigation into abuse.

3.3 Senior Managers

- To create and review policy
- To authorise variations in policy in local circumstances
- To authorise and monitor any actions resulting from an investigation
- To decide upon what information should be shared with individuals and agencies during the course of and following an investigation into abuse
- To deploy staff in a way that deters collusive relationships and opens up opportunities for disclosure
- To enforce the policy and procedures
- To report any alerted allegation or suspicion of abuse to the registering authority
- To carry out an initial assessment of any allegation or suspicion of abuse
- To report any allegation or suspicion of abuse to the Chief Executive, Police where appropriate, Social Services and service user's family or 'significant other'
- To know the HSAB procedures for reporting and investigating allegations or suspicions of abuse for each service within their responsibility
- To identify any potential conflict that exists between Age UK Hertfordshire and the local authority procedures
- To assess the 'safety' of services by observing and listening to service users and looking for positive and negative indicators of performance as part of their visits to services
- To produce a written report following an investigation for the Chief Executive and Trustees together with any recommendations for action

3.4 Local Managers/Supervisors

- To implement the policy and guidelines within their service
- To set standards and practice within the service which promote a 'safe service' from abuse
- To ensure there are written aims and objectives for the service
- To immediately notify a Senior Manager or the Chief Executive of any alerted allegation or suspicion of abuse. To be aware of the Local Authority policy and procedures for reporting and investigating an allegation or suspicion of abuse

3.5 All Employees and volunteers

- To personally uphold Age UK Hertfordshire's Statement of Values
- To be aware of abuse as an issue and to alert their or another Manager of any concerns, suspicions or allegations of abuse
- To maintain a service user's safety and wellbeing at all times. They should secure the service user's immediate safety where possible and ensure immediate medical attention if required.
- To ensure their duty to alert overrides any desire to keep a confidence

- To make clear and detailed written records when abuse is disclosed, witnessed or alleged (Appendix 4)

4 Definitions

4.1 What is adult safeguarding?

Safeguarding is a term that refers to our duty to protect 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, while 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.

An Adult at Risk is a term that refers to any adult aged 18 years or over who:

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

An adult at risk may therefore be a person who, for example:

- is an older person who is frail due to ill health, physical disability or cognitive impairment
- has a learning disability
- has a physical disability and/or a sensory impairment
- has mental health needs including dementia or a personality disorder
- has a long-term illness/condition
- misuses substances or alcohol
- is an unpaid carer such as a family member/friend who provides personal assistance and care to adults and is subject to abuse
- lacks mental capacity to make particular decisions and is in need of care and support

All staff need to recognise that safeguarding is everyone's responsibility, irrespective of the role they undertake.

There are two key parts to this process:

Preventing abuse from happening. This includes safe recruitment, to ensure that unsuitable people are not employed, and an organisational culture in which all staff and volunteers are empowered to play a part in preventing and ending abuse.

Protecting people who may be experiencing, or at risk of, abuse. This includes empowering people to know their rights and to access the right support to enable

them to achieve the outcomes that they want.

4.2 What is abuse?

Abuse and neglect can take many forms. Organisations should not be constrained in their view of what constitutes abuse or neglect, and should always consider the circumstances of the individual case.

The main forms of abuse set out in the Care Act 2014 (Chapter 14) are as follows):

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

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

Sexual abuse – including rape and sexual assault or sexual acts to which the adult at risk has not consented, or could not consent or was pressured into consenting, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography, witnessing sexual acts or indecent exposure

Psychological abuse – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber abuse, isolation or unreasonable and unjustified withdrawal of services or supportive networks

Financial or material abuse – including theft, fraud, internet scamming, coercion in relation to an adult’s 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, forced labour and domestic servitude

Discriminatory abuse – including forms of harassment, slurs or similar treatment because of race, gender and 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, or in relation to care provided in one’s own home

Neglect and acts of omission – including ignoring medical 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 – a wide range of behaviour including neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

Abuse is difficult to assess; situations are rarely as tidy or straightforward as these categories suggest. Many situations may involve a combination of abusive elements.

5 Duty to Report

However difficult it may seem, all staff have a duty to make known their suspicions of abuse. Failure to do so is a failure in our duty of care. Remember, an individual may not be able to alert anyone themselves, perhaps through failure to understand that the activity is abusive or through poor communication skills or through fear.

Reporting is not easy and often takes a great deal of personal strength and courage. Staff who have reported incidents have already been exposed to disturbing information that could leave them feeling a range of emotions from sadness to anger and even guilt that they could not prevent the alleged abuse. Managers must be aware of these issues when receiving a report and ensure that staff are appropriately supported according to their individual needs.

6 Procedures to be followed following an Allegation or Suspicion of Abuse

The minimum requirement for all staff and volunteers is that they know how to:

- Recognise, record and report abuse
- Take any immediate action to protect further harm
- Access help and advice for the adult at risk

These guidelines follow four procedural stages:

- Alerting
- Reporting
- Investigating
- Monitoring

6.1 Alerting

Any member of staff working with service users may be alerted to the possibility of abuse.

Alerting could mean that you witness an act of abuse, a person saying that abuse has occurred, or suspicions raised by indicators listed in these

guidelines.

In carrying out these procedures the person alerted must keep detailed records of the initial cause for concern. Note down exactly what the complainant or alleged victim has said or indicated to you or what you have witnessed. Any such records must clearly separate factual information from expression of opinion. The member of staff must be aware that the report may be required later as part of legal or disciplinary action (see Appendix 4).

If the disclosure is made by a Service User, staff must accept what the person is saying and never make a decision without consulting with their line manager to ignore or suppress a disclosure because it is thought to be fantastic or improbable. Do not make comments other than to be comforting and sympathetic.

6.2 The Designated Person

The Designated Person is the Director of Operations, who is the safeguarding lead for Age UK Hertfordshire. Incidents and allegations of abuse must be reported to the Designated Person.

If you have any concerns at all about the possible abuse of an adult who needs care and support, and are not sure what to do, you should immediately contact the Designated Person for Safeguarding. If an urgent concern arises outside of office hours or when you cannot make contact with the Designated Person, you should report it without delay to Health and Community Services (0300 123 4042) or to the Police (via 999) if it is an emergency situation.

All staff should be aware of Age UK Hertfordshire's Whistle Blowing policy. If a member of staff believes that an adult safeguarding allegation or concern is not being dealt with appropriately, or is suspected of perpetrating abuse, and they have exhausted all other reasonable approaches, this policy should be used to escalate those concerns

In any case of suspected abuse, staff have a responsibility to ensure the service user's immediate safety. This may involve immediately challenging the person abusing the service user, even though this may be difficult to do, and trying to persuade him or her to stop.

Ensure immediate medical attention is arranged if necessary (e.g. physical injury/trauma, reports of severe pain). Inform any examining doctor of the suspicion of abuse and that a written report will be required which may be used in legal proceedings.

Every effort must be made to preserve and note evidence by:

6.2.1 Placing any material evidence in a safe place.

6.2.2 Not allowing vital evidence to be destroyed by lack of forethought or the passage of time (for example, evidence of a sexual assault could be

destroyed if the victim takes a bath before he/she has been medically examined).

6.2.3 Noting carefully any pertinent comments relating to the alleged abuse.

6.2.4 Completing '**the adult alert form**', making a careful note of any signs of abuse/injuries (Appendix 6).

6.3 Reporting

If you have any concerns at all about the possible abuse of an adult who needs care and support, and are not sure what to do, you should immediately contact the Designated Person for Safeguarding. If an urgent concern arises outside of office hours or when you cannot make contact with the Designated Person, you should contact Health and Community Services to raise an alert by calling the customer service centre on:

0300 123 4042

Or contact can be made via a direct line for professionals:

01438 844344 (East Herts)
01442 453553 (Herts Valleys)

REMEMBER INCIDENT REPORT FORMS MUST BE PASSWORD PROTECTED AND EMAILED – NO INFORMATION SHOULD BE SENT BY FAXSIMILE.

If you have reason to believe **an adult receiving mental health services** in Hertfordshire may be at risk of suffering abuse or neglect then a safeguarding referral can be made to Hertfordshire Partnership Foundation Trust on:

0300 777 0707

If there is an **immediate risk to life**, or a **serious injury**, or a **serious crime** has been committed, the police must be contacted direct as set out below:

Immediate response- For incidents concerning a vulnerable adult where there is immediate danger to life, risk of injury or a crime being committed, dial 999.

High - For incidents taking place against a vulnerable adult where there is no immediate risk to life or property, but a police response is required as soon as practicable due to the seriousness of the incident and/or potential loss of evidence, dial 101.

Routine- For incidents that have taken place against a vulnerable adult where that person wishes to report a crime please dial 101 and specify that a crime has been committed and that the person concerned wishes to make a complaint of crime.

Inform service user's 'significant others' (parents, relatives, partner, friends or advocate²). The usual expectation would be that families or 'significant friends' would be informed about issues relating to the person's welfare, unless the person has made it clear that they do not wish them to know, or it seems not to be in the person's best interests. If relatives or friends are not informed, the reasons for this must be clearly documented. Note if a person at risk lacks capacity it is only possible to make a best interest decision (Refer to the Mental Capacity Act).

Any information given or received verbally or by telephone must be confirmed in writing at the earliest available opportunity.

² At every stage of the safeguarding process consideration must be given to whether the person at risk would benefit from the support of an independent advocate, including an Independent Mental Capacity advocate to express their views. There are two types of non-statutory advocacy that can be commissioned:

Instructed advocates take instructions directly from the person and can support at meetings and with communication. If the person decides they do not require the support of an advocate then support will be withdrawn.

Non-instructed advocates work with people who may lack capacity or have severe communication challenges. A non-instructed advocate will work with the person and those around them. An independent report will be produced that will ask relevant questions and can support the safeguarding decision-making process.

Statutory advocates: IMCAs (independent mental capacity advocates) were established by the Mental Capacity Act 2005. IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions, including making decisions about where they live and about serious medical treatment options. IMCAs are mainly instructed to represent people where there is no one independent of services, such as a family member or friend, who is able to represent the person.

6.4 Consent

It is always essential in safeguarding to consider whether the adult at risk is capable of giving informed consent in relation to the investigation. If they are, their consent should be sought. This includes an awareness of the risks of disclosing that an investigation is being undertaken.

Where an adult at risk with capacity has made a decision that they do not want action to be taken and there are no public interest or vital interest considerations, their wishes must be respected.

The adult at risk must be given information and have the opportunity to consider all the risks and fully understand the likely consequences of that decision over the short and long term.

If, after discussion with the adult at risk who has mental capacity, they refuse any intervention, their wishes will be respected unless:

- there is a public interest, for example, not acting will put other adults or children at risk
- there is a duty of care to intervene, for example, a crime has been or may be committed

However, consent may need to be considered in relation to the adult at risks participation in activity that may be abusive. If consent to abuse or neglect was given under duress, for example, as a result of exploitation, pressure, fear or intimidation, this apparent consent should be disregarded with a safeguarding adults investigation going ahead in response to the concern that has been raised.

6.5 Ill treatment and willful neglect

Section 44 of the Mental Capacity Act makes it a specific criminal offence to willfully ill treat or neglect a person who lacks capacity.

An allegation of abuse or neglect of an adult at risk who does not have capacity to consent on issues about their own safety will always give rise to action under the safeguarding adults' process and subsequent decisions made in their best interests in line with the MCA and Mental Capacity Act Code. Where the alleged abuser is an employee (including relief staff) of Age UK Hertfordshire the manager must comply with the organisation's disciplinary procedure. The alleged abuser must be suspended from duty in the relevant service at once, pending a disciplinary investigation. This action is necessary in the best interests of both the alleged victim and abuser.

The Safeguarding Regulations as revised in 2012 apply. These include:

- If your organisation works with children or vulnerable adults and you dismiss or remove a member of staff or a volunteer because they have harmed a child or vulnerable adult (or there is a risk of harm), or you would have done so if they had not left, you must tell the Safeguarding Authority. AUKH will fulfil its responsibilities by considering referral to the Disclosure and Barring Service throughout regulatory processes.
- A person who is barred by the Disclosure and Barring Service from working with children or vulnerable adults will be breaking the law if they work or volunteer, or try to work or volunteer with those groups.
- An organisation which knowingly employs someone who is barred to work with those groups will also be breaking the law.
- If your organisation works with children or vulnerable adults and you dismiss a member of staff or a volunteer because they have harmed a child or vulnerable adult, or you would have done so if they had not left, you must tell the Disclosure and Barring Service.

Any allegation of abuse, whether considered valid or not, must be reported to the registering authority.

Whether or not the incident is reported further depends upon the manager's assessment of the situation. The manager should use these guidelines together with their own professional judgment to make an initial assessment about whether the matter should be taken further as an issue of abuse.

If the manager is clear that the allegation is not one of suspected abuse then it may be necessary for further action to be taken to deal with the matter as a complaint, an issue of poor practice or a review of an individual service user's support.

All decisions and actions must be clearly recorded at every stage, including any decision not to proceed.

If the allegation is suspected to be abuse, even if considered less serious, you should advise the Designated Person, Chief Executive or any Senior Manager of the situation and the proposed course of action at the earliest opportunity.

6.6 Investigating

In every case where abuse has been alleged and reported, it will be necessary to complete a timely³ investigation for Age UK Hertfordshire's own purposes, in order to:

- 6.6.1 Establish Age UK Hertfordshire's formal position in relation to the allegation.
- 6.6.2 Comply with relevant disciplinary procedures if relating to a member of staff or volunteer.
- 6.6.3 Identify any assistance required by the service user

The Chief Executive will allocate and fully brief a Senior Manager to conduct the investigation.

It is important for the manager and any other Age UK Hertfordshire employee to work in full co-operation with the local authorities and police as part of any formal investigation. They must also seek to ensure the safety and welfare of the service users and staff and the interests of Age UK Hertfordshire are kept to the fore. In appropriate cases, this may involve:

- The needs of the service user or users for explanation, reassurance, rest and immediate or ongoing medical assistance.
- The need to keep service users families and significant others informed.
- Support for employees (in whatever capacity they are involved).
- Complying with Age UK Hertfordshire's HR procedures.
- Seeking to ensure effective joint working so that the individual/s in question is/are not repeatedly investigated/questioned.
- Ensuring that clear post abuse support plans are in place

No employee must speak on the behalf of a service user or 'translate' as part of a police and/or Social Services interview without the permission of the relevant Senior Manager/Chief Executive. The outcome of an investigation, together with any recommendations from the Service User/Manager/s must be reported to the Chief Executive for discussion and confirmation of necessary action.

6.7 Monitoring

Any actions resulting from investigations will be monitored by the Designated Person who will report to the Chief Executive.

6.8 Recording

For proper investigation and monitoring of abuse it is important that a record is kept of any part of a procedure carried out to alert, report or investigate whether unsubstantiated or not.

These records are also important in the identification of abuse where it may be necessary to build up a picture from fragments of relevant information over time by recalling information of previous alerting.

Managers should hold this information confidentially although staff should be aware of what should be recorded when abuse is suspected, who holds such records and who has access to them.

7 Promoting 'Safe Services'

7.1 Collusion/Inactivity

Staff may not report their suspicions if they are concerned that their manager will not believe them or ignore the report on the grounds of divided loyalty or friendship, in this case the member of staff should always report their concerns to a more senior manager. Similarly, if staff have concerns about the behaviour of a colleague, alerting could mean being faced with the possibility of breaking up friendships, upsetting colleagues and causing disruption to the lives of those who work in or use the service. Managers must be aware of these blocks and give their full support to any member of staff who reports in good faith.

7.2 Breaking through the Barriers of Collusion

Discovering abuse where collusion exists is extremely difficult, some of the most disturbing cases of severe and systematic abuse to people with learning disabilities and other vulnerable groups have happened within a setting of 'colluded silence'. These are environments where people deny or cover up their abuse or as a team of workers may be so tightly knit or isolated that abuse is simply not found out. The victim or victims of abuse in this situation have little chance of disclosing or alerting.

Individual staff who work within this kind of 'abusing service' and do not like what is happening may not see any opportunity to report their concerns and are likely to take an easier option and leave.

To overcome collusion managers must firstly be aware of its potential to occur. They must look out for the indicators of abuse both amongst the service users and in the working culture of a team. Services must be visible.

In order to give service users and individual staff the opportunity to disclose or alert, no staff team or individual support worker should continue to work without observation or scrutiny for any sizeable length of time.

7.3 Confidentiality

All staff must be aware of the sensitivity for all concerned in matters of abuse. Strict confidentiality must be adhered to on a 'needs to know' basis, according to the reporting procedures contained herein.

ALL DOCUMENTS STORED OR SENT ELECTRONICALLY MUST BE PASSWORD PROTECTED.

7.4 Recruitment

It is important to get recruitment right; to attract the best people for the post and to prevent unsuitable people from joining the charity.

Appointing officers must fully adhere to the charity's written procedures including:

7.4.1 Recruitment and Selection Policy.

7.4.2 Equality and Diversity and Employment Policy.

Recruitment procedures must be fully applied to all staff including full-time, part-time, casual staff and volunteers.

All job applicants will complete in full a standard application form. Under no circumstances should unsupervised work commence before the following checks have been completed:

7.4.3 Obtaining three references. References must be in writing and originals (photocopies or facsimiles are not acceptable). At least one of the references should be verified with the provider by telephone. Ideally the last employer should be a reference.

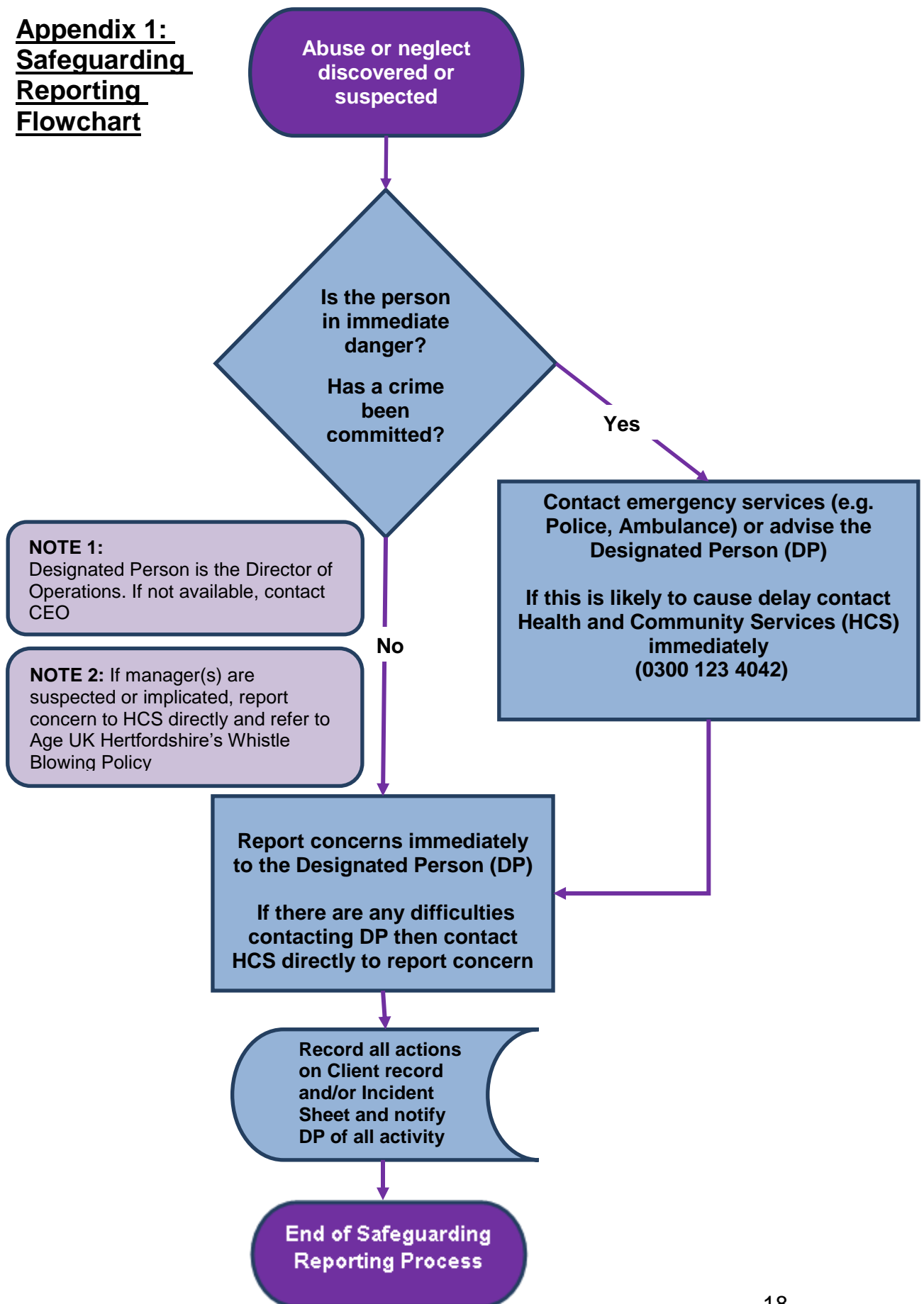
7.4.4 Evidence has been provided to confirm the date of birth and acceptable recorded proof of National Insurance Number (obtained from a Birth Certificate, Passport and P45 documentation etc).

7.4.5 Questionnaire and the Equal Opportunities Monitoring Form.

7.4.6 The necessary Criminal record checks (DBS) have been actioned.

All employees will be required to complete a satisfactory probationary period. During this time an employee will be fully inducted and will be required to demonstrate full competence to the required job standards. In addition training on this policy will be given and formal evaluation will be undertaken.

**Appendix 1:
Safeguarding
Reporting
Flowchart**



Doing nothing is not an option.

Appendix 2: Disclosures Do's and Don'ts

Do:

- Stay calm and try not to show shock.
- Listen carefully.
- Be sympathetic ("I am sorry that this has happened to you").
- Be aware of the possibility of medical evidence.
- Tell the person that he/she did right to tell you
- Treat the information seriously
- Inform the appropriate Line Manager
- Take steps to protect and support them.
- Report to your Line Manager
- Write down what was said by the person disclosing, noting date and time.

Don't:

- Do not press the person for more details.
- Do not promise to keep secrets.
- Do not make promises you cannot keep (e.g. "this will never happen to you again").
- Do not contact the alleged abuser.
- Do not be judgemental (e.g. "why didn't you run away?")
- Do not break the confidentiality agreed with the alleged victim and your Line Manager (e.g. to other members of staff – "it's just awful, something terrible happened to...")

Appendix 3: Written Records

Points to Remember:

- In some circumstances it may be possible to take notes at the time the allegation is being made. Try and note down what the person actually says, using their own words and phrases.
- In some circumstances it would not be appropriate to be taking notes at the time the allegation is being made. Make a written report as soon as possible afterwards. Try to remember what the person said using his or her own words and phrases.
- In your written report factual information should be clearly separated from expression of opinion
- Use a pen or biro with black ink if you possibly can
- Sign and date your report
- Complete Accident/Incident report when necessary
- Be aware that your report and any written records may be required later as part of a legal action or disciplinary procedure
- During an investigation phase it is particularly important that notes are kept on all interviews, telephone calls, information gathered

Appendix 4

Hertfordshire safeguarding adult alert form⁴

Personal details of adult at risk			
Name:	Mr/Mrs/Ms	DOB:	Gender:
Current Address:	Home address <i>(if different):</i>	GP:	Surgery:
Postcode:	Postcode:	Tel no:	Tel no:
NHS no (if known):	Police URN:	Other ref no:	Ethnic origin: Preferred language/communication needs?
Allegation			
Date alleged abuse took place:		Time (if known):	
Where did the abuse happen:			
What type of abuse is suspected?		Please check all appropriate	
Physical Abuse	<input type="checkbox"/>	Modern Slavery	<input type="checkbox"/>
Domestic Violence	<input type="checkbox"/>	Discriminatory abuse	<input type="checkbox"/>
Sexual Abuse	<input type="checkbox"/>	Organisational abuse	<input type="checkbox"/>
Psychological/emotional abuse	<input type="checkbox"/>	Neglect and acts of omission	<input type="checkbox"/>
Financial or material abuse	<input type="checkbox"/>	Self neglect	<input type="checkbox"/>
Please provide a brief, <u>factual</u> summary of the concerns leading to the referral. This should include what harm/injury or potential harm was caused?			

⁴ Link to electronic version of form:
<http://www.hertsdirect.org/docs/pdf/s/hcs666i9.pdf> (page 52)

Is anyone else at risk of harm?	
<i>Please state</i>	
Vulnerability of the adult at risk	
Physical disability	Dementia
Learning disability	Sensory impairment
Mental health	Older person, frailty, temp illness
Substance misuse	Terminal illness
Other	
Confidentiality and consent	
Has this referral been discussed with the service user? Yes or No?	Has the service user given permission to share the concerns with appropriate others Yes or No?
If the answer either/both of the above questions is No , please state the reasons for proceeding without consent?	
What are the service user's views and what outcome do they expect?	
Does the service user have mental capacity to be involved in the investigation and protection plan? Yes/No/Unknown Or, has a diagnosis or presents in such a way that indicates that a capacity assessment is required? <i>(please state)</i>	
Has a capacity assessment been arranged or taken place? <i>(please state)</i>	
Details of the people involved in the incident	
Name:	DOB:
Address:	Occupation:
	Relationship to service user?
Immediate actions	
(Including any emergency medical treatment provided, evidence preserved, actions taken to prevent further abuse)	

Protection plan			
Please indicate other agencies alerted			
Health & Community Services	<input type="checkbox"/>	HPFT	<input type="checkbox"/>
Police	<input type="checkbox"/>	CLDT	<input type="checkbox"/>
Acute hospital	<input type="checkbox"/>	Hertfordshire Community NHS Trust	<input type="checkbox"/>
GP	<input type="checkbox"/>	Other	<input type="checkbox"/>
Details of person completing the referral			
Name:		Organisation:	
Contact number:		Date referral form completed:	

Confidentiality must be observed.

This report must be sent (password protected) immediately to your line Manager.