



## Safeguarding adults – policy and procedure

This policy is for:  
**All teams in England**

Date first issued: **March 2017**  
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Date of next review: **July 2023**

This policy is owned by:  
**Quality Directorate**

- We believe that everyone should have a good quality of life; this means protecting a person's right to live in safety, free from abuse or neglect.
- We take our duty to protect the people we support from harm and abuse very seriously.
- We will always listen to a person if they make a disclosure of abuse; we will take this seriously and take the appropriate action. We will also take appropriate action if we observe abuse or neglect.
- We will make sure we comply with our legal, regulatory, contractual and internal requirements.

## Why we need this policy and procedure

The purpose of this policy and procedure is to ensure that our teams promote the wellbeing of the people we support, help prevent them from coming to harm, abuse or neglect, and respond effectively if concerns are raised or observed.

When we use the term 'people we support' in this policy, we mean everyone over the age of 18 years who uses Mencap's services. This includes:

- Those being supported at home, in supported living or residential care services.
- Learners, supported interns, trainees and apprentices on Mencap's employability and education programmes.
- Anyone being supported by other programmes we deliver in the community.

This policy also applies to all staff (including volunteers and agency/supply staff) who work within Mencap. This policy does not apply to our Network Partners, who are responsible for their own safeguarding arrangements.

**Please note:** we have a separate procedure for our teams in Northern Ireland and Wales.

### Local delivery pilot teams – how this policy will work

If you work in a local delivery team, where the policy refers to a manager, you agree these things with your team. You will also need to refer to the [local delivery pilots safeguarding flow](#).

If you have any questions you should talk to your Quality Lead Coach or Branch Lead.

## Our approach

We are committed to preventing harm and abuse and we will respond quickly and effectively if concerns are raised.

We show this commitment by:

- Having good, open relationships with people.
- Knowing when a person is behaving in a way that is out of character.

- Supporting a person to understand what is an acceptable way for other people to treat them and how they treat others.
- Involving the person as practically possible in the safeguarding process. This includes engaging with them in a conversation about how best to respond to their safeguarding situation that enhances their choice and control, and improving their quality of life.
- Making sure a person feels safe to express concerns without fear.
- Making sure teams have the training when they begin their journey with us and they continue this throughout their employment with us.
- Having policies and procedures in place to support managers and teams alongside strategies to make sure that people who use our services are protected from harm and abuse.
- Making sure teams know and understand how to whistle blow. *Please see our organisational [Whistleblowing policy](#) for more information.*
- Having a [complaints procedure](#) in place that is available to everyone.

We recognise that the Covid-19 pandemic has heightened specific safeguarding risks for adults with care and support needs. Therefore, we will be extra vigilant and:

- Talk to people we support about the possible increased risk of abuse.
- Be aware that any changes in behaviour or demeanour could indicate abuse. Pay increased attention to people's mental health and wellbeing throughout the pandemic and signpost people to additional support, if required.

## Definitions

**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. At the same time making sure that the adult's wellbeing is promoted, this includes having regard to their views, wishes, feelings and beliefs in deciding on any action.

An **adult at risk** of abuse or neglect is an adult aged 18 or over who<sup>1</sup>:

- Has needs for care and support (whether or not the local authority is meeting any of those needs).
- Is experiencing, or is at risk of, abuse or neglect.

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<sup>1</sup> Care Act (2014) s42

- As a result of those care and support needs, is unable to protect themselves from either the risk of, or the experience or, abuse of neglect.

**Whistleblowing** means raising a concern about suspected wrongdoing at work. This can include concerns about a crime, civil offence, and injustice, dangers to health, safety and the environment, and the cover-up of wrongdoing.

**Abuse** is a violation of an individual's human and civil rights by any other person or persons. Abuse may consist of a single act or repeated acts. It can take many forms and we should not limit our view as to what constitutes abuse.

Anyone can carry out abuse or neglect, including family members, friends, paid staff or professionals, volunteers and strangers. Incidents may be one-off or multiple, and may affect more than just one person.

Abuse can happen anywhere, including in a person's own home, in a hospital, in a public place or a care home. It is vital that teams are vigilant on behalf of those people who are unable to protect themselves.

In order that we can spot any patterns, it is important that we record all incidents of possible abuse and neglect so we take the appropriate action. We will look at how we record incidents of possible abuse and neglect later in this policy.

**Abuse includes:**

**Institutional abuse** - including neglect and poor care practice within an institution or specific care setting such as a care home, 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.

**Physical abuse** - includes assault, hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions.

**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, sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

**Forced marriage** – a marriage without the full consent of both people and where pressure, threats or abuse is used. This is very different to an arranged marriage, which both people have agreed to. If we have concerns someone we support is in danger of a forced marriage, we should contact the Forced Marriage Unit for support and guidance.

**Psychological abuse** - including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or 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.

**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, and the withholding of the necessities of life, such as medication, adequate nutrition and heating.

**Emotional and psychological abuse** - this includes activity which makes people feel worthless, unloved or not good enough, ignoring their privacy and dignity, and teasing, shouting or threatening.

**Discriminatory abuse** - this includes forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.

**Exploitation** – either opportunistically or premeditated, unfairly manipulating someone for profit or personal gain.

**Domestic violence** - an incident or pattern of incidents of controlling, coercive, threatening, degrading and violent behaviour, including sexual violence by a partner, ex-partner, or family member. It can also include economic abuse, which is behaviour that affects a person's ability to acquire, use or maintain money or other property, or obtain goods or services.

Anyone can be a victim of domestic abuse, regardless of sexual identity, age, ethnicity, socioeconomic status, sexuality or background and it can take place inside or outside of the home.

**Honour based violence (HBV)** – violence committed by the extended family, which is motivated by a perceived need to restore standing within the community, which is presumed to have been lost through the behaviour of the victim.

**Female genital mutilation (FGM)** - the partial or total removal of external female genitalia for non-medical reasons. It's also known as female circumcision or cutting. Incidences of FGM must be reported to the Police. Information on when and how to report can be found at: [Mandatory reporting of female genital mutilation procedural information](#)

**Modern slavery** - this includes slavery, human trafficking, and forced labour and domestic servitude. Further information on the signs that someone may be a victim of modern slavery, the support available to victims and how to refer them to the National Referral Mechanism can be found in the [Modern Slavery Statutory guidance](#).

**Self-neglect** - this covers a wide range of behaviour neglecting care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

**County lines** is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK. Children, young people and vulnerable adults can be exploited to move and store drugs and money. Offenders will often use coercion, intimidation, violence and weapons to ensure compliance of victims.

**Cuckooing** is a form of crime where drug dealers take over the home of a vulnerable person in order to use it as a base for criminal activity. Organised criminal groups are increasingly targeting adults with care and support needs in this way.

**Online abuse/cyber bullying** – this includes the use of the internet, social networking websites or mobile phones to harass, intimidate, or cause harm to another. It can happen on its own or with other forms of bullying, and can occur 24 hours a day, seven days a week.

Types of cyber-bullying include:

- Sending threatening or disturbing text messages.
- Making silent, hoax or abusive calls.
- Trolling: the sending of menacing or upsetting messages on social networks, chat rooms or online groups.

- Setting up hate sites.

If we have concerns that someone could be committing a cybercrime, we should consider referring into the Cyber Choices Programme, which is led by the National Crime Agency.

Further information and guidance about online safety can be found in:

- Appendix 2 – Lifestyles & Work – Online Safeguarding
- Appendix 3 – Lifestyles & Work – Online teaching and learning activity risk assessment  
This document must be completed before undertaking any online learning
- [Supporting a person to be safe online – policy and procedure](#)
- [Supporting a person to be safe online - Appendix: Staying safe on social media and online](#)

**Radicalisation** – radicalisation is defined in the Prevent Strategy as “the process by which a person comes to support terrorism and forms of extremism leading to terrorism”. Further information about radicalisation can be found on page 11.

## Indicators of abuse

People we support who have been, or are being abused, may not always be prepared to tell others.

For those people we support who are unable to inform team members, observations regarding specific behavioural patterns may indicate abuse. We should not automatically assume abuse as there may be another explanation but any changes in a person’s behaviour should always be explored.

Indicators and signs may include:

- Unwillingness to be in the same room with certain people.
- Unwillingness to go to certain places e.g. work placement, day centre.
- Withdrawn, isolated behaviour.
- Complaining about missing possessions.
- Being homeless or being at risk of becoming homeless.
- Being easily distressed.

- Damage to property.
- Disruptive behaviour.
- Change in attitude.
- An unexplained illness.
- Bruising or torn clothes.
- Unexplained changes in material circumstances.

Possible signs of radicalisation include:

- A person's views become increasingly extreme regarding another section of society or government policy.
- A person becomes increasingly intolerant of more moderate views.
- A person expresses a desire/intent to take part in or support extremist activity.
- A person is observed downloading, viewing or sharing extremist propaganda from the internet.
- A person becomes withdrawn and focused on one ideology.
- A person changes their appearance, their health may suffer (including mental health) and they may become isolated from family, friends, peers or social groups.

## Key principles

There are six key principles that underpin and guide all our adult safeguarding work<sup>2</sup>:

- **Empowerment** – Personalisation and the presumption of person-led decisions and informed consent:

*“I am asked what I want as the outcomes from the safeguarding process and these 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** – Proportionate and the least intrusive response appropriate to the risk presented:

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<sup>2</sup> Care Act (2014) - <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>



*“I am sure that the professionals will work in my interest, 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 get help so that I am able to take part in the safeguarding process to the extent to which I want”.*

- **Partnership** - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse:

*“I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me”.*

- **Accountability** - Accountability and transparency in delivering safeguarding:

*“I understand the role of everyone in my life and so do they”.*

Safeguarding should also be personal. This means everybody involved doing all we can to ensure safeguarding is person-led, outcome focused and upholds the rights and best interests of the individual.

## **Making safeguarding personal: No decision about me without me**

In 2010, a national programme called ‘Making safeguarding personal’ (MSP) was launched. MSP is about developing a safeguarding culture which has a stronger emphasis on the outcomes wanted by the person who may have been abused and putting the person at the centre of their safety and wellbeing. The person is asked what outcomes they want and this leads the response taken.

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. It also has a strong focus on promoting wellbeing and preventing safeguarding issues arising in the first place.

Some examples of what MSP looks like in our practice include:

- We find out what is important to the person – what matters to them and what their future hopes are. We know the person well and how they communicate.
- We empower the people we support and give them information in an accessible way to help them stay safe. The people we support, their families and the staff who support them know what good care looks like and they know how to raise concerns.
- Where someone we support may have experienced abuse or neglect we work with them to answer the following MSP questions:
  - What difference is wanted or desired?
  - How will we work with someone to enable that to happen?
  - How will we know that a difference has been made?

All professionals involved in an individual's support must work in a multi-agency and cooperative way to safeguard, promote the person's wellbeing and regularly review progress against the outcomes set out in their care and support plans.

### ***Think family approach***

Neither adults nor children exist in isolation and 'think family' aims to promote the importance of a whole-family approach to safeguarding. Therefore, where safeguarding concerns lie within a family, we must have regard for the safety of any children who may be at risk and make a referral to children's services, as appropriate.

We must 'think family' at all times and not limit our scope to only the adults we support. This is particularly important when we are providing support in a family home.

### **Early Help**

Early help, also known as early intervention, is support given to a family when a problem first emerges rather than waiting until the situation escalates<sup>3</sup>. It is important that we can recognise when a family may benefit from an early help assessment from their Local Authority.

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<sup>3</sup> Department for Education (2018); Department of Health, Social Services and Public Safety (2017); Welsh Government (2018)

## **Our Prevent duty**

*Prevent* is about safeguarding people and communities from the threat of terrorism and radicalisation. It is one of the elements of the Government's counter-terrorism strategy, published in 2011. Radicalisation can occur to a person from any section of society and is not particular to any racial, ethnic or social group.

Our *Prevent* duty is monitored by Ofsted; however, it is important that we all understand what it means and what we can do to protect people from radicalisation and extremism.

At Mencap, we will:

- Ensure that equality, diversity and inclusion are embedded in everything we do.
- Promote fundamental British values.
- Operate a clear and consistent anti-bullying approach.
- Provide support, advice and guidance to the people we support and staff who may be at risk of radicalisation.
- Ensure that staff and the people we support are aware of their roles and responsibilities in preventing radicalisation and extremism.

Further information about the *Prevent Duty* can be found in: [Prevent duty guidance: for England and Wales](#). There is also additional [guidance](#) that applies to colleges.

We have completed a *Prevent* risk assessment. This can be accessed through our Lifestyles & Work team at [LWqueries@mencap.org.uk](mailto:LWqueries@mencap.org.uk).

### **Channel referrals**

Channel is an early intervention multi-agency process designed to safeguard vulnerable people from being drawn into violent extremist or terrorist behaviour and forms a key part of the *Prevent strategy*. Members of a Channel panel include: the Police, social workers, local authorities and community groups.

We must record and report any concerns regarding potential radicalisation or involvement with violent extremism using our internal Critical Incident Reporting Procedure. In addition, the relevant designated safeguarding lead will make a Channel referral to the local authority. Mencap will work in collaboration with the Channel panel in relation to any referrals we make. Guidance on how to make a Channel referral can be found in *Appendix 4 – Channel Referral Process*.

In all cases, we will liaise with the Police for additional advice and guidance.

For further information about how *Prevent* applies to our work, please visit:  
<https://royalmencapsociety.sharepoint.com/sites/MyMencapNews/SitePages/The-Prevent-duty-and-Mencap.aspx>

## **Safeguarding Governance – Our safeguarding panel**

We have a safeguarding panel that makes sure we have the right processes in place to manage safeguarding activity. They do this by reviewing serious incidents, organisational performance and effectiveness, looking at what we can learn from safeguarding incidents, producing organisational reports and making sure we are meeting our duty of care towards the people we support.

The membership of the panel is made up of representatives from across all parts of the organisation and its three jurisdictions. The Panel is chaired by an Independent Safeguarding Chair, who provides additional assurance to our Board of Trustees about our organisational safeguarding arrangements.

Our nominated person responsible for safeguarding is our **Chief Operating Officer, John Cowman**.

If you would like to know more about the work of the safeguarding panel, you can read our Safeguarding Policy Statement, which can be found on the Mencap intranet.

## Our Procedure

### **When we witness abuse, see signs/suspicious of abuse or abuse is disclosed to us**

The first and most important thing we must do is safeguard the person. This means making sure they are safe, meet any of their medical needs and, as far as possible, protected from further abuse. We do not expect a team member to put themselves at risk of harm to do this but we should provide comfort and reassurance to the person.

We will treat all allegations of abuse seriously, even if a person we support has a history of making false allegations.

If a person tells us they are being abused, we **must**:

- Take time to listen.
- Ask questions with sensitivity – do not ask leading questions.
- Try and find out if anyone else saw the incident happen.
- Not make the person feel more anxious by what we say and how we act.
- Ask the person what they would like us to do with the information.
- Not make promises we cannot keep, for example, do not guarantee confidentiality.
- Reassure the person they have done the right thing by talking to us about it and that they will be supported and kept safe.
- Act to protect a person from further serious harm.

We will need to establish if the person is able to give informed consent for us to notify the right people that there is an allegation or suspicion of abuse. To do this, we should consider:

- Does the person we support have the mental capacity to make informed decisions about their own safety bearing in mind the particular situation? If it is suspected the person lacks capacity to set their outcomes and understand the safeguarding process, undertake a Mental Capacity Act Assessment into this specific area of decision-making.
- Are they aware of their options?
- Do they have access to an Advocate?
- Are they making the decision free from pressure or duress from a third party?

- Are there any public interest considerations?

If the person has the capacity to make this decision, we need to respect their choice. However, there are some circumstances where the wishes of the person we support may need to be overridden. For example:

- We believe a criminal offence has been committed or may have been committed.
- A person(s) could be at serious risk of harm if the right people are not made aware.
- The concerns relate to a failure in care, breach of regulation or professional code of conduct.
- An adult at risk is thought to be the perpetrator of abuse or neglect towards another adult or child.
- The person is subject to coercion or undue influence to the extent they are unable to give consent.

In these situations, we must make sure we record the reason for proceeding without consent; inform adult social services the individual has not given their permission; and inform the person we support that a report has been made despite their wishes.

It is important we engage the people we support in the safeguarding process as early as possible to make sure their wishes and feelings are taken into consideration and to avoid them becoming mere 'objects of concern' (please see 'Making Safeguarding Personal' section).

### **Allegations against staff**

We are serious about making sure that people who we support are protected from harm and abuse. If there is an allegation made against one of our team members, we will investigate this and follow our internal [disciplinary procedure](#) to make sure our response is proportionate. If the concern involves a colleague from a local delivery team, a team member should log a case with the Colleague Support Hub.

We need to remember that at the point we are made aware of the allegation, we do not know if the person has committed abuse. We will support the team member throughout the process as this can be a very stressful experience for them.

It may be necessary to suspend a team member or change their place of work while an investigation is completed.

If the outcome of an investigation is that a team member is found to be unsuitable to work with adults at risk, we will make a referral to the Disclosure and Barring Service (DBS).

Further guidance about the process for making a DBS referral can be found in the Disclosure and Barring Service (DBS) Policy.

### **Informing a Manager/ Branch Lead/ Quality Lead Coach**

All allegations of abuse and neglect must be reported to the manager, Branch Lead or Quality Lead Coach (if a local delivery team). The only exception to this is if the allegation relates to the manager, in which case it will need to be notified to their line manager.

If an allegation of abuse occurs outside of our direct support services, then the incident needs to be reported using our critical incident process and we should inform the local authority safeguarding team, where necessary.

### **Our internal reporting process**

All safeguarding referrals, whether made by us or a third party, **must** be reported internally using the Critical Incident and Safeguarding Reporting Procedure. This makes sure that the right people at all levels in the organisation know what is happening. It also means we can learn from things.

If the service manager is not available, the allegation will need to be reported to the on-call manager or the area operations manager/ Branch Lead.

It is the responsibility of the manager/ Branch Lead to decide if the allegation meets the threshold for reporting to the local authority safeguarding team.

### **Informing the local authority safeguarding team**

If we believe that the allegation meets the threshold for reporting to the local authority safeguarding team, we must report at the earliest opportunity and no longer than 24 hours or the next working day. Any team member can make the referral to safeguarding.

We must follow the local authorities and multi-disciplinary safeguarding procedures. Therefore, teams must have access to the local authority reporting procedure for their

area. These procedures may change and it is the responsibility of the manager to make sure that they and their team are kept up to date.

If concerns arise out of office hours, referrals must be made to the emergency duty team at the local authority.

Please use *Appendix 1 – Local Safeguarding Protocol* as a template to record the safeguarding arrangements and contact details for your individual service.

If a colleague has been informed or witnesses possible abuse outside of our direct services, please refer to *Appendix 5 – Safeguarding flow for non-direct services*.

### **Informing the Police**

If we have concerns that a criminal offence has been committed or a person(s) is in immediate danger, we need to inform the local Police without delay. They may need us to do certain things to help them identify if a crime has been committed. The Police have a responsibility to investigate the allegations of criminal offences committed against vulnerable adults.

We may find that an attending Police Officer finds it difficult to engage with or get details of the crime. As people who know the person well, we should offer support to them, and help them to share with the Police Officer their concern.

If the individual, who we think a crime has been committed against, has capacity and does not want the Police informed, this should be respected unless there are justifiable reasons to act contrary to their wishes. For example:

- The person is subject to coercion or undue influence to the extent they are unable to give consent.
- Overriding public interest (e.g. risk to others).
- Prevention of imminent danger/distress or in life-threatening circumstances.

We must remember that people with a learning disability have the same right to request Police involvement in an incident as anyone else. If a person we support has been arrested, we must always ask the Police if the person has legal representation.

People with a learning disability may also be able to get support from a Registered Intermediary. Registered Intermediaries are communication specialists who support



victims, witnesses, suspects and defendants to communicate their answers more effectively during Police interview and when giving evidence at a trial. The Police should identify if someone would benefit from an Registered Intermediary; however we should prompt the Police Officer if this has not been identified.

#### Forensic evidence<sup>4</sup>

If we think that a crime has been committed, we must preserve any evidence:

- Try to disturb the 'scene' as little as possible, sealing off areas if possible.
- Do not clean things.
- Do not remove a person's clothing.
- Discourage washing/bathing.
- Do not handle items which may hold DNA evidence.
- Do not put items of bedding or clothing into plastic bags – use envelopes or brown paper bags.
- Try to avoid physical contact with the individual so as to avoid cross contamination.
- Do not alert the alleged perpetrator (avoids any danger of concealing the evidence or arranging of alibis).

Evidence of physical injury e.g. bruises, must be recorded on a body map chart.

#### **Informing families or carers**

We are committed to working in partnership with the families of people we support but we will always put the wishes of the people we support first. We will always inform the person's closest family member when a safeguarding concern arises, unless the person clearly indicates that they do not want us to do this.

If a person we support is not able to give consent, you will need to discuss this with the manager and possibly the safeguarding officer before sharing information with the family member or carer.

We need to consider the seriousness of the allegation and the impact that telling the family member or carer might have on them.

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<sup>4</sup> Sense – Safeguarding Adults at Risk guidance (2021)

We need to carefully consider the language we use and how we present the information to a family member or carer. Any concerns that have been notified to safeguarding are likely to cause a family member anxiety and stress and we need to be considerate of this when we inform them.

Our families and friends information pack, [‘Better Together’](#), contains helpful information about our safeguarding procedure and responsibilities. This pack should be shared with all families and friends.

### **Informing professionals**

We may need to inform other professionals involved in the person’s life. This should be done with the consent of the person but if we cannot get consent from the person, you need to discuss this with the manager to decide if they have a legitimate need to know.

### **Informing the team**

Depending on the circumstances, we may need to talk to the team. This should be done with the consent of the person, and should be only done if the team has a legitimate need to know.

### **Confidentiality and Data Protection**

We must always respect and maintain the confidentiality of the people involved and we should only pass information on to those people who have a legitimate need to know.

Through discussion with the manager we should be able to decide if a person has a right to have this information.

If a safeguarding board asks us to provide them with information relating to a particular allegation, we must provide this to them. If you are unsure as to the level or content of the information being disclosed, please seek advice from your manager or our Data Protection team.

### **Recording allegations of abuse**

Managers are responsible for making sure that their team members are familiar with our

recording and reporting procedures. This includes making sure that team members are familiar with the local authority safeguarding referral procedures.

Once familiarised with these procedures, team members are responsible for following them correctly.

Please use *Appendix 1 – Local Safeguarding Protocol* as a template to record the safeguarding arrangements and contact details for your individual service.

If a colleague has been informed or witnesses possible abuse outside of our direct services, please refer to *Appendix 5 – Safeguarding flow for non-direct services*.

### **Written records**

We must always make a written record of all allegations.

The written record needs to contain information that is precise and details what happened, why there is a concern or what was said without personal comment. It should also contain what actions were taken.

The written record needs to be completed by the team member who has reported the allegation(s) to the manager, witnessed the event or has the suspicions and cannot be delegated to someone else.

The following information must be included in all written records:

- Time(s).
- Date(s).
- Location(s).
- Witnesses.
- Signature and date.
- Be clear on what is factual and what is opinion.

The record must be given to the manager or their manager

### **Notifying our regulators**

If we support an individual with personal care, we may also be required to notify one of our regulators (CQC, OFSTED) about an allegation of abuse.

Regulators and the local safeguarding team are completely different things. If we make a safeguarding referral and it is not accepted by the local safeguarding team, we will still need to notify our regulators if there is an apparent or suspected allegation of abuse. All CQC notification forms can be found on the Mencap intranet. It is the responsibility of the registered manager to complete the notification form; it must then be sent by email to the Compliance Team at [CQC-compliance@mencap.org.uk](mailto:CQC-compliance@mencap.org.uk) for checking, referencing and submitting to CQC.

All reporting, both internal and external, must be done without delay. This means as quickly as possible after the incident has occurred, or we are made aware of the allegation. Please refer to our [Notifying the regulator policy and procedure](#) for more information.

## **Investigation of an allegation**

We need to investigate any allegations of abuse. How and when we can do this will be determined by whether the local authority safeguarding team or the Police want to carry out their own investigation. They may ask us not to do our own investigation until they have concluded theirs. The safeguarding team may ask us to investigate on their behalf.

A criminal investigation by the Police will usually take priority over all other lines of enquiry. This means that before you proceed with any disciplinary investigation, for an incident that has been reported to the Police, you must check with them that this will not compromise their investigation in any way.

If the local authority safeguarding team decide that no actions are needed, the regional operations manager or Branch Lead should decide if we should complete our own internal investigation.

Our internal investigation needs to be done as quickly and efficiently as possible, to avoid any unnecessary stress for the person, their family, the staff team and others.

The purpose of the investigation is to:

- Assess the needs of the individual.
- Establish the facts by listening to the individual and take into account the outcomes they wish to happen.

- Establish the urgency of the situation and whether immediate action needs to be taken to keep people safe.
- Decide what actions need to be taken for the person, alleged perpetrator and the service.

Where possible, we must include the person we support and their families/carers (if appropriate) at each stage of the investigation process, and ensure decision-making takes account of what the person we support wants to happen and the personal outcomes they want to achieve (please see ‘Making Safeguarding Personal’ section).

### **After an investigation has been concluded**

It is important that we inform people about the outcome of the investigation. This should include completing the critical incident update and closure forms and informing external stakeholders, if required.

It is very important that we keep the individual, their families and carers, and staff involved informed of the outcome as they may have been anxious or distressed during the process.

### **Providing support**

When a person we support or a team member has reported an allegation of abuse, we will need to make that they receive the right support. We will also need to provide support to the person who is alleged to have committed the abuse (this could be another person we support or a team member).

The type of support a person receives should always be based around the person’s needs.

### **Training requirements**

Team members are responsible for completing their training and updates as required.

We provide team members with safeguarding training as part of their induction and managers must refresh this with teams annually. The training includes what signs we should look for when we support a person and how we should respond.

The manager should attend the local authority safeguarding training at least every other year, if this is provided.

## Recruiting our teams

We have a robust recruitment process in place which makes sure that the people who come to work for us, in any capacity, are suitable to work with adults at risk.

This includes making sure that the people who are employed by us, or who volunteer for us, have an enhanced DBS check and two written references in place. This is detailed in our recruitment, referencing and Disclosure and Barring Service policies and procedures. Staff are not permitted to lone work until these documents have been received.

An enhanced DBS check will only be sought for those employees and volunteers who will be engaging in regulated activity.

## Further reading

This policy and procedure must also be read in conjunction with all our policies, including:

- [IT user agreement](#)
- [Data Protection Policy](#)
- [Data Sharing - Policy and Procedure](#)
- [Bring your own device \(BYOD\) to work policy](#)
- [Supporting a person to be safe online – policy and procedure](#)
- [Supporting a person to be safe online - Appendix: Staying safe on social media and online](#)
- [What to do if a person goes missing - policy and procedure](#)
- [Disciplinary policy and procedure](#)
- [Recruitment policy](#)
- [Disclosure and Barring Service policy](#)
- [References policy and procedure](#)

## Appendices

- **Appendix 1** – Local Safeguarding Protocol
- **Appendix 2** – L&W – Online safeguarding
- **Appendix 3** – L&W – Online teaching and learning activity risk assessment
- **Appendix 4** – Channel Referral Process
- **Appendix 5** - Safeguarding flow for non-direct services