



Safeguarding adults – policy and procedure (England)

This policy applies to all people who are over the age of 18 years and who use or come into contact with **any** of our activities in England. It applies to **all** colleagues who work within Mencap. This includes volunteers and agency/supply/relief workers.

We have a separate procedure for our teams in Northern Ireland and Wales.

- We believe that everyone should have a good quality of life; this means protecting a person's right to live in safety, free from harm, 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 or are told about abuse or neglect by others.
- We will make sure we comply with our legal, regulatory, contractual and internal requirements.

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This policy is owned by the Quality Directorate



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Our approach

We are committed to preventing harm and abuse and we will respond quickly and effectively if concerns are raised or identified within or outside a Mencap setting.

We show this commitment by:

- Making sure a person we support; families and our colleagues feel safe to express concerns without fear.

- Having good, open relationships with people.
- Knowing when a person is behaving in a way that is out of character and being aware that any changes in behaviour or demeanour could indicate abuse.
- 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 improves their quality of life.
- Supporting a person to understand healthy relationships.
- Having a zero-tolerance approach to abuse – **all** actual or alleged abuse and concerns must be reported.
- Reporting any concerns to statutory agencies as soon as possible.
- Making sure all colleagues and trustees have the appropriate training and recruitment checks for their role.
- Supporting our teams with safeguarding through supervision in their My Mencap Review, team meetings, audits, procedures and training.
- Working in partnership with relevant agencies and people's families, as appropriate.
- Promoting the importance of a whole-family approach to safeguarding as neither adults nor children exist in isolation. Where a carer's support needs change, we will consider the impact this may have on the person we support, and we will liaise with the person's care manager or other relevant professionals to make sure everyone is supported well.
- Making sure teams know and understand how to whistle blow. Please see our organisational [whistleblowing policy](#) for more information.
- Having a [complaints policy](#) in place that is available to everyone.
- Making sure safeguarding is considered in everything we do.

Designated Safeguarding People

At Royal Mencap Society, the named individuals with designated responsibility for [safeguarding](#) adults are:

Designated Safeguarding Person (DSP)	Deputy DSPs
Hannah Bowers 01733 793525 Quality	Rachael Savidis 07929 666088 Quality

Linsey Wild 07976 513625 Retail	Sarah Thomas 07583 002425 Retail
Jason Hardman 07766776335 Mencap Training Academy	Diana De Rubeis 07956060569 Mencap Training Academy
Rachel Wilson RachelE.Wilson@mencap.org.uk Information and Advice	Steve Weeks steve.weeks@mencap.org.uk Information and Advice
Anne-Marie Zaritsky 07983 610423 People	Lola Shonowo lola.shonowo@mencap.org.uk People
Rhian O'Connor 07931862109 Employ Me Programme	Martyn Elwell 07739395202 People
Gail Maclachlan-Gray 07814 071654 Me Time Programme	Fiona Kelly 07900 575605 PS England
Kelly Crisafi 07943 617675 PS England	Candice Lancaster 01684 457278 PS England
Mark Crouch 07776 228967 PS England	Laura Anthony 07506921821 PS England
Wayne Crocker 07340 490034 Cymru	

Our DSPs are available to support teams to carry out their safeguarding duties and liaise closely with other services, such as local authority safeguarding teams.

Our nominated person responsible for safeguarding adults is our **Executive Director of Personal Support, Chris Chalkley**.

Our Safeguarding Governance and Accountability Group

We have an internal [Safeguarding Governance and Accountability Group](#) (SGAG) 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 group meets quarterly and has delegated responsibility from the Executive Team to ensure we meet our responsibilities and accountabilities for the management of safeguarding activity.

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 Scrutineer, Frances Millar, who provides additional assurance to our Board of Trustees about our organisational safeguarding arrangements.

Our Learning Review Scrutiny Group (LRSG) also provides a forum for reflective learning and improvement of our safeguarding practices. The LRSG meets every 2 months and is chaired by the Executive Director of Quality and Impact. It consists of senior colleagues from across the organisation.

Recruiting our teams

Our recruitment process makes sure that the people who come to work for us, in any capacity, are suitable to work with [adults at risk](#)

We have a responsibility to ensure that our employment procedures and practices are sensitive to the matter of abuse. We operate open employment practices and rigorous standards of recruitment.

This includes making sure that colleagues have an enhanced disclosure and barring service (DBS) check and two written references in place. This is detailed in our [recruitment, references](#), and [DBS](#) policies. Colleagues are not permitted to lone work until these documents have been received. We must also make sure that all gaps in people's CV are explored and recorded.

All applicants make a declaration of previous offences on their job application or volunteer application.

Please note: an enhanced DBS check will only be sought for those employees and volunteers who will be engaging in regulated activity.

Key principles of safeguarding

There are six key principles that underpin and guide all our adult safeguarding work¹:

¹ [Care Act \(2014\)](#)

- **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:

“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

Making Safeguarding Personal (MSP) is an approach in adult safeguarding that focuses on placing the individual at the centre of the safeguarding. It emphasises the importance of empowering adults to be involved in decisions about their safety and wellbeing, ensuring that safeguarding actions are person-centred, and outcome focused. For example, the person is asked what outcomes they want, and this leads the response taken. Outcomes should be discussed with the individual at the beginning of the process, monitored throughout, and reviewed at the end to ensure their goals have been met.

MSP 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 colleague 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?
- Safeguarding interventions are proportionate to the level of risk, ensuring that any actions taken are the least intrusive while still protecting the person from harm.

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.

Types of abuse

Type of abuse	Definition	Example(s)	Possible indicators and signs
Neglect and acts of omission	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.	• Failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity • Not providing appropriate health care (including dental care and vaccinations), refusing care or ignoring medical recommendations • Providing care in a way that the person dislikes • Failure to administer medication as prescribed • Refusal of access to visitors • Not taking account of an individual's cultural, religious or ethnic needs • Failure to ensure privacy and dignity	• Poor environment – dirty or unhygienic • Poor physical condition and/or personal hygiene • Pressure sores or ulcers • Malnutrition or unexplained weight loss • Untreated injuries and medical problems • Inconsistent or reluctant contact with medical and social care organisations • Accumulation of untaken medication • Uncharacteristic failure to engage in social interaction • Inappropriate or inadequate clothing
Self-neglect	An individual is unable or unwilling to care for their own personal well-being, resulting in a failure to attend to basic needs such as personal hygiene, health, nutrition, or living conditions. It can lead to serious harm or risks to the individual's health and safety.	• Lack of self-care to an extent that it threatens personal health and safety • Neglecting to care for one's personal hygiene, health or surroundings • Inability to avoid self-harm • Failure to seek help or access services to meet health and social care needs	• Very poor personal hygiene • Unkempt appearance • Lack of essential food, clothing or shelter • Malnutrition and/or dehydration • Living in squalid or unsanitary conditions • Neglecting household maintenance • Hoarding

		• Inability or unwillingness to manage one's personal affairs	• Collecting a large number of animals in inappropriate conditions • Non-compliance with health or care services • Inability or unwillingness to take medication or treat illness or injury
Physical	Deliberately hurting a person and causing physical harm.	• Assault, hitting, slapping, punching, biting, pushing • Rough handling • Scalding and burning • Physical punishments • Inappropriate or unlawful use of restraint, restricting movement (e.g. tying someone to a chair) • Making someone purposefully uncomfortable (e.g. opening a window and removing blankets) • Forcible feeding or withholding food	• Bruises, broken bones, cuts, burns or scalds, bite marks. • Scarring • Loss of hair in clumps • No explanation for injuries or inconsistency with the account of what happened • Injuries are inconsistent with the person's lifestyle. • Subdued or changed behaviour in the presence of a particular person • Failure to seek medical treatment or frequent changes of GP
Emotional	A pattern of behaviour that harms an individual's emotional well-being, mental health, and sense of self-worth. It involves the intentional infliction of distress, fear, or humiliation through verbal or non-verbal actions, manipulation, and control.	• Enforced social isolation – preventing someone from accessing services, educational and social opportunities • Removing mobility or communication aids or intentionally leaving someone unattended when they need assistance	• Seem unconfident or has low self-esteem • An air of silence when a particular person is present • Signs of distress: tearfulness, anger • Uncooperative and aggressive behaviour • Insomnia

		• Preventing someone from meeting their religious or cultural needs • Preventing the expression of choice and opinion • Failure to respect privacy • Intimidation, coercion, harassment, use of threats, humiliation, bullying, swearing or verbal abuse • Addressing a person in a patronising or infantilising way • Cyber bullying • Predatory marriage	• Withdrawal or change in the psychological state of the person
Sexual	Any non-consensual sexual activity or behaviour imposed on a person. It can occur when someone is forced, coerced, manipulated, or taken advantage of to engage in sexual acts without their full and informed consent. This type of abuse can happen to individuals of any age, gender, or capacity. It can happen online or in person. Sexual assault referral centres (SARCs) provide a safe space where individuals who have experienced sexual assault can receive medical care, forensic	<u>Contact abuse</u> • Sexual touching of any part of a person's body, whether they're clothed or not • Using a body part or object to rape or penetrate a person's vagina, anus or mouth • Forcing a person to take part in sexual activities, e.g. masturbation, kissing or rubbing • Any sexual activity that the person lacks the capacity to consent to <u>Non-contact abuse</u> • Indecent exposure • Inappropriate looking, sexual teasing or innuendo or sexual harassment	• Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck • Torn, stained or bloody underclothing • Bleeding, pain or itching in the genital area • Unusual difficulty in walking or sitting • Foreign bodies in genital or rectal openings • Infections, unexplained genital discharge, or sexually transmitted diseases • Pregnancy in a woman who is unable to consent to sexual intercourse • The uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude • Incontinence not related to any medical diagnosis • Self-harming

	examinations and access to counselling and advocacy.	Sexual photography or forced use of pornography or witnessing of sexual acts	- Poor concentration, withdrawal, sleep disturbance - Fear of receiving help with personal care - Reluctance to be alone with a particular person
Financial or material abuse	The illegal or improper use of an individual's funds, assets, or property. It typically occurs when a person is coerced, tricked, or manipulated into giving up control over their finances, or when someone steals or exploits their resources.	- Theft of money or possessions - Fraud, scamming - Preventing a person from accessing their own money, benefits or assets - Colleagues taking a loan from a person we support - Undue pressure, duress, threat or undue influence put on the person in connection with loans, wills, property, inheritance or financial transactions - Arranging less care than is needed to save money to maximise inheritance - Misuse of personal allowance in a care home - Misuse of a power of attorney, deputy, appointeeship or other legal authority - Exploitation of a person's money or assets, e.g. unauthorised use of a car <u>Predatory marriage</u>	- Missing personal possessions - Unexplained lack of money or inability to maintain lifestyle - Unexplained withdrawal of funds from accounts - Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity - Failure to register an LPA after the person has ceased to have mental capacity to manage their finances, so that it appears that they are continuing to do so - The person allocated to manage financial affairs is evasive or uncooperative - The family or others show unusual interest in the assets of the person - Signs of financial hardship in cases where the person's financial affairs are being managed by a court appointed deputy, attorney or LPA - Rent arrears and eviction notices - A lack of clear financial accounts held by a service

			• Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person • Disparity between the person's living conditions and their financial resources, e.g. insufficient food in the house • Unnecessary property repairs
Online	Any type of abuse that happens on the internet, facilitated through technology like computers, tablets, mobile phones and other internet-enabled devices. It can happen anywhere online, including: • Social media • Text messages and messaging apps • Emails and online chats • Online gaming • Live-streaming sites	Online abuse might be part of other abuse which is taking place offline. <u>Types of online abuse</u> • Cyberbullying • Emotional abuse • Sexting • Sexual abuse • Sexual exploitation • Sextortion	• Spend a lot more or a lot less time than usual online, texting or gaming • Seem distant, upset or angry after using the internet or texting • Be secretive about who they are talking to or what they are doing on their device • Have lots of new phone numbers, texts or email addresses • Suddenly using much more mobile phone data/ running out of data
Discriminatory abuse	The harassment, slurs or unfair treatment based on a person's age, gender, race, sexual orientation, disability, religion, or other protected characteristics.	• Unequal treatment based on a person's protected characteristics • Verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic • Denying access to communication aids, not allowing access to an interpreter, signer or lip-reader • Denying basic rights to healthcare, education, employment and criminal	• The person appears withdrawn and isolated • Expressions of anger, frustration, fear or anxiety • The support on offer does not take account of the person's individual needs in terms of a protected characteristic

		justice relating to a protected characteristic Substandard service provision relating to a protected characteristic	
Domestic abuse	Domestic abuse is an incident or pattern of incidents of controlling, bullying, threatening or violent behaviour between people who are or have been in a relationship, such as a partner, ex-partner, or family member. It can take place inside or outside of the home, and online or in person. Anyone can be a victim or perpetrator of domestic abuse, regardless of their gender, ethnicity, background, sexuality or age group.	It can be physical, sexual, financial, emotional or psychological. It also includes ‘honour’-based violence, female genital mutilation and forced marriage. Coercive or controlling behaviour can include: - Acts of assault, threats, humiliation and intimidation - Isolating the person from sources of support - Regulating everyday behaviour	- Low self-esteem, anxiety, depression or suicidal thoughts - Feeling that the abuse is their fault when it is not - Fear of outside intervention - Damage to home or property - Isolation – not seeing friends or family - Limited access to money
Organisational or institutional abuse	The mistreatment, neglect, or poor care practices within an institution or service, such as a care home, supported living service, or other facility where care and support are provided. This type of abuse typically occurs when the systems, policies, and practices of an organisation lead to substandard care, a lack of respect for individuals' rights, or even intentional harm.	- Discouraging visits or the involvement of relatives or friends - Run-down or overcrowded establishment - Routine-based care - Authoritarian management - Lack of leadership and supervision - Insufficient staff or high turnover resulting in poor quality care - Abusive and disrespectful attitudes towards people using the service	- Lack of flexibility and choice for people using the service - Inadequate staffing levels - People being hungry or dehydrated - Poor standards of care - Lack of personal clothing and possessions and communal use of personal items - Lack of adequate procedures - Poor record-keeping and missing documents - Absence of visitors

		• Inappropriate use of restraints • Lack of respect for dignity and privacy • Not providing adequate food and drink, or assistance with eating • Not offering choice or promoting independence • Misuse of medication	• Few social, recreational and educational activities • Unnecessary exposure during bathing or using the toilet • Unnecessary exposure during bathing or using the toilet
Modern slavery	Individuals are exploited and controlled by others for personal or commercial gain, often through force, coercion, or deception. If we are worried about someone, we can contact the Modern Slavery helpline to get help or report a suspicion on 0800 012 1700 or fill in their online form. Information about the National Referral Mechanism can be found in the Modern Slavery Statutory guidance.	• Human trafficking • Forced labour • Debt bondage – being forced to work to pay off debts that realistically they never will be able to • Criminal activity, such as theft or moving drugs • Benefit fraud • Forced marriage • Sexual exploitation • Domestic slavery Traffickers use physical, sexual and emotional abuse as a form of control.	• Signs of emotional or physical abuse • Appearing to be malnourished, unkempt or withdrawn • Isolation from the community, seeming under the control or influence of others • Living in dirty, cramped or overcrowded accommodation and or living and working at the same address • Lack of personal effects or identification documents • Always wearing the same clothes • Avoidance of eye contact, appearing frightened or hesitant to talk to strangers • Can't or are reluctant to share personal information or where they live • Be unsure which country, city or town they're in
Honour based abuse and female genital mutilation (FGM)	Honour-based abuse encompasses incidents or crimes which have been committed to protect or defend the honour of the family and/or the community. It includes female genital	It can happen at different times in a girl or woman's life, including: • When a baby is newborn • During child or as a teenager • Just before marriage	<u>Physical:</u> • Chronic pelvic, genital or lower abdominal pain • Difficulty urinating • Irregular, painful or prolonged periods

	mutilation (FGM), forced marriage, and practices such as breast ironing. FGM is where a female's genitals are deliberately altered or removed for non-medical reasons. It's also known as female circumcision or cutting. The National FGM Centre also has a list of traditional terms for FGM. It can happen in the UK or abroad. It is illegal and <u>must</u> be reported to the police. Information on when and how to report can be found at: Mandatory reporting of female genital mutilation procedural information	• During pregnancy	• Pain during sexual intercourse • Difficulties with fertility • Genital scarring • Recurrent infections, e.g. pelvic inflammatory disease <u>Emotional:</u> • Depression and anxiety • Reluctance to seek medical care • Flashbacks or nightmares • Low self-esteem or body image issues <u>Behavioural</u> • Avoidance of intimate relationships • Reluctance to discuss their genital area • Distress during medical examinations
Radicalisation	The process through which a person comes to support or be involved in extremist ideologies. This can happen online, in-person or a combination of both. In England, extremism is the promotion or advancement of an ideology based on violence, hatred or intolerance, that aims to: • Negate or destroy the fundamental rights and freedoms of others	• Using or excusing violence towards a group of people to stop them from using their legally defined rights and freedoms • seeking to overthrow or change the political system outside of lawful means • using or excusing violence towards public officials, including British armed forces and police forces, to stop them carrying out their duties	• Spend increasing amounts of time talking to people with extreme views (this includes online and offline communication) • Change their style of dress or personal appearance. • Lose interest in friends and activities that are not associated with the extremist ideology, group or cause. • Have material, videos or symbols associated with an extreme cause • Try to recruit others to join the cause.

	- Undermine, overturn or replace the UK's system of liberal parliamentary democracy and democratic rights - Intentionally create a permissive environment for others to achieve the results in the above points. Further information about radicalisation and our Prevent Duty can be found on page 17.	attempting to radicalise and recruit others, including young people, to an extremist ideology.	- Becoming increasingly intolerant of more moderate views. - Expressing a desire/intent to take part in or support extremist activity. - Becoming isolated from family, friends, peers or social groups. - Increase in violence and threats of violence.
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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.

It is important to remember that abuse, neglect and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases, multiple issues will overlap with one another.

In addition, we should all be aware that mental health problems can, in some cases, be an indicator that a person has suffered or is at risk of suffering abuse, neglect or exploitation. Further information about mental health can be found in our [supporting a person with their mental health - guidance](#).

Our Prevent duty

Under the Counter-Terrorism and Security Act 2015, the Prevent duty aims to safeguard people from becoming terrorists or supporting terrorism. The government has created two sets of [statutory guidance to support the strategy](#), one of which is specifically for [further education](#).

The objectives of Prevent are to:

- Tackle the ideological causes of terrorism
- Intervene early to support people susceptible to radicalisation
- Enable people who have already engaged in terrorism to disengage and rehabilitate.

To comply with the Prevent duty at Mencap, we will:

- Ensure that equality, diversity and inclusion are embedded in everything we do.
- Promote fundamental British values.
- Not tolerate bullying.
- [Assess the risks](#) associated with Prevent.
- Provide support, advice and guidance to the people we support and colleague who may be at risk of radicalisation.
- Ensure that colleagues and the people we support are aware of their role and responsibilities in preventing radicalisation and extremism.
- Ensure colleagues know [how to refer](#) someone at risk of radicalisation.
- Provide ongoing Prevent training for relevant colleagues.

We have further information about how the Prevent duty applies to our work and a list of our Prevent Champions on [our intranet](#).

Channel referrals

If someone is at risk of radicalisation, we will refer them to the Channel Panel Programme. The panel includes 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 [critical incident reporting system](#). 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.

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

Mencap devices ‘flag’ words or phrases to our IT department that are deemed risky or inappropriate, such as ‘radicalisation’ or ‘suicidal’. Our IT department then escalates this to the relevant team.

Important definitions

Safeguarding

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.

Abuse

A violation of an individual’s human and civil rights by any other person(s). 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 colleagues or professionals, volunteers and strangers.

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.

Adult at risk

An adult aged 18 or over who²:

- 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.

² 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

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.

Consent

Having the freedom and capacity to choose.

Professional curiosity

Always being alert and asking questions if we notice anything unusual about a person's behaviour, appearance or situation. It is about being open-minded and not just accepting things at face value.

Sexual harassment

The unwanted conduct of a sexual nature that can occur online and offline. This can include sexual comments; physical behaviour, such as deliberately brushing against someone and displaying pictures of a sexual nature.

County lines

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

A county lines gang takes over the home of a vulnerable adult by coercion or force and use it as a base to deal drugs from. The vulnerable adult may have issues with substance misuse or mental health problems, be elderly or disabled or be in debt to the gang. These factors can make it easier for the gang to exploit and control them.

Exploitation

Unfairly manipulating someone for profit or personal gain either opportunistically or premediated.

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.

Predatory marriage

A marriage that occurs when an individual, often an older or vulnerable person, is manipulated into marriage by someone who seeks to exploit them, typically for financial gain or control. The main motive for a predatory marriage is usually to gain access to the person's assets, inheritance or pension rights, especially since marriage can revoke any existing wills, potentially leaving the predator as the main beneficiary. [My Marriage My Choice](#) provides information for individuals, families and professionals to help prevent forced and predatory marriage.

Sexting

The act of sending, receiving or sharing sexually explicit messages, images or videos via digital devices. It often involves text messages, photos or videos with sexual content shared through messaging apps, social media or other platforms.

Sextortion

A form of image-based sexual abuse, which includes making threats to share intimate photos or videos of a person unless they comply with the perpetrator's behavioural or financial demands.

Safeguarding supervision

A structured process that provides colleagues with dedicated time to reflect on their safeguarding practice, receive guidance, and improve decision-making. It ensures there is accountability, professional development and emotional support for colleagues, helping them to manage safeguarding concerns more effectively. It forms part of our [My Mencap Review](#).

Section 42 enquiry

The process carried out by a local authority in England under Section 42 of the Care Act 2014 to investigate concerns about abuse or neglect of an [adult at risk](#). The enquiry aims to establish whether action needs to be taken to protect the individual and ensure their safety and wellbeing.

Case conference

This is a multi-agency meeting held to discuss the outcome of a Section 42 enquiry and to put a safeguarding plan in place that addresses any immediate concerns and outlines actions to protect the adult.

Multi-agency risk assessment conference (MARAC)

This is a multi-agency forum of organisations that manage high-risk cases of domestic abuse, stalking and ‘honour’-based violence.

Multi-agency safeguarding hub (MASH)

This is a multi-agency forum of organisations created to share information about and make decisions on specific safeguarding concerns.

Multi-agency public protection arrangements (MAPPA)

A statutory framework used to manage the risk posed by violent and sexual offenders living in the community. The primary aim of MAPPA is to protect the public by ensuring that agencies work together to manage and reduce the risk that these individuals pose upon their release from custody.

Safeguarding Adults Board (SAB)

A board made up of various organisations in a local authority involved in safeguarding adults.

Safeguarding adults review (SAR)

This is a review of the practices of agencies involved when an adult in need of care and support experiences serious harm or dies. The SAB will commission it and its aim is to determine whether agencies involved could have worked more effectively to protect the person.

Large scale enquiry

The process a local authority follows when there has been an allegation of organisational abuse or a number of adults at risk have been allegedly abused, or patterns and trends are emerging from data that suggest serious concerns about poor quality of care in particular service/ provider.

Registered intermediaries

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.

Our Procedure

When we witness abuse, see signs/suspicions of abuse/neglect or abuse/neglect is disclosed to us

The first and most important thing we must do is safeguard the person(s). 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.

Dealing with a disclosure or an allegation of abuse

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

- Take time to listen to what is being said without displaying shock or disbelief.
- Allow the person to talk freely.
- Ask questions with sensitivity – do not ask leading questions.
- Try and find out if anyone else saw the incident happen.
- Ask the person what they would like us to do with the information.
- Explain what must be done next and who must be told.
- 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, we will take it seriously, and they will be supported and kept safe.
- Explain what must be done next and who must be told.
- Act to protect a person from further serious harm.
- Not criticise the alleged perpetrator.
- Make a **written record** – we can include diagrams if that helps to explain what has happened.
- Use the person's preferred method of communication.

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'.

Sharing information³

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

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.

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, request that the local authority completes a Mental Capacity Act Assessment into this specific area of decision-making. If the person lacks capacity, decisions should be made in their best interests, considering their past wishes and involving family or advocates where possible.
- Are they aware of their options?
- Do they have access to an advocate? [VoiceAbility](#) is one of the UK's largest providers of advocacy and involvement services.
- Are they making the decision free from pressure or duress from a third party?
- Are there any public interest considerations?

It is important to keep in contact with families **with** the person's consent on a regular basis, even if there is no news.

Individuals may not give their consent to the sharing of safeguarding information for several reasons. For example:

- They may be frightened of reprisals
- They may fear losing control

³ [SCIE, 2019](#)

- They may not trust social services or other partners, or they may fear that their relationship with the abuser will be damaged

Reassurance and appropriate support along with gentle persuasion may help to change their view on whether it is best to share information.

If a person has capacity and refuses intervention to support them with a safeguarding concern, or requests that information about them is not shared with other safeguarding partners, we need to respect their choice. **However**, we do need to consider our duty of care. There are also 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.
- Sharing information could prevent a crime.
- 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, for example, a colleague is the alleged perpetrator of abuse.
- Other people are, or may be, at risk, including children.
- The alleged abuser is an [adult at risk](#) and may also be at risk.
- The person is subject to coercion or undue influence to the extent they are unable to give consent.
- The risk is unreasonably high and meets the criteria for a [multi-agency risk assessment conference \(MARAC\) referral](#).
- A court order or other legal authority has requested the information.

There are also circumstances where we **may** decide not to seek consent from the individual. For example:

- It may put the person at further risk.
- It may result in the person being threatened or coerced into silence.
- It may result in important evidence being destroyed/lost.
- The alleged abuser is the carer or family member.
- It is in the public interest.

If none of the above apply and the decision is not to share safeguarding information with other safeguarding partners, we must:

- Support the person to weigh up the risks and benefits of different options
- Ensure they are aware of the level of risk and possible outcomes

- Offer to arrange for them to have an advocate or peer supporter
- Offer support for them to build confidence and self-esteem if necessary
- Agree on and record the level of risk the person is taking
- Record the reasons for not intervening or sharing information
- Regularly review the situation
- Try to build trust and use gentle persuasion to enable the person to better protect themselves.
- If it is necessary to share information outside the organisation:

If it is necessary for us to share information outside of Mencap, we must:

- Explore the reasons for the person's objections – what are they worried about?
- Explain the concern and why you think it is important to share the information
- Tell the person who you would like to share the information with and why
- Explain the benefits, to them or others, of sharing information – could they access better help and support?
- Discuss the consequences of not sharing the information – could someone come to harm?
- Reassure them that the information will not be shared with anyone who does not need to know
- Reassure them that they are not alone, and that support is available to them.

If the person cannot be persuaded to give their consent, then unless it is considered dangerous to do so, it should be explained to them that the information will be shared without their consent. The reasons should be given and recorded. The safeguarding principle of proportionality should underpin decisions about sharing information without consent, and decisions should be on a case-by-case basis.

If the person cannot be persuaded to give their consent, then unless it is considered dangerous to do so, it should be explained to them that the information will be shared without their consent. The reasons should be given and recorded. We must also inform adult social services that the individual has not given their consent. The safeguarding principle of proportionality should underpin decisions about sharing information without consent, and decisions should be on a case-by-case basis.

We must also always consider the risk of sharing information. In some cases, such as domestic violence or hate crime, it is possible that sharing information could increase the risk to the individual. We need to work in partnership with other safeguarding partners to

provide advice, support and protection to the individual to minimise the possibility of worsening the relationship or triggering retribution from the abuser.

[SafeLives](#) provide resources for identifying the risk people experiencing domestic abuse face including a [Dash risk checklist](#), which is a risk assessment tool we can use when we support adults experiencing domestic abuse. It offers a consistent approach to identifying those who are at high risk of harm and whose cases should be referred to a [MARAC](#) meeting in order to manage their risk.

Immediate risk of harm

If you think an [adult at risk](#) is at immediate risk of harm or abuse, and/or a criminal offence is taking place, you must:

1. Ensure the person's immediate safety and medical needs are met.
2. Stay with the person (if safe to do so) and provide reassurance and support until further help arrives.
3. Where possible and appropriate, seek the person's consent to take action and identify the person's desired outcomes. This involves explaining the safeguarding concern and the steps that need to be taken. While seeking consent is always our preferred approach, the safety of the person takes priority.
4. Contact the emergency services ([police](#), ambulance or fire service) on 999 without delay.
5. If we think a crime has been committed, we need to [preserve the evidence](#). For example, if a person has recently been sexually assaulted, we must advise the individual not to wash, change clothes, or clean themselves if they are comfortable with that, and we must avoid touching anything at the scene.

If the individual has experienced a sexual assault, we can support them to find a [sexual assault and referral centre](#) (SARC) so they can receive medical care, forensic examinations and access to counselling and advocacy.

6. Contact your line manager or [DSP](#) to inform them about what has happened.
7. Contact the local authority's adult safeguarding team to make an urgent safeguarding referral at the earliest opportunity and within **1 working day**. This will trigger a review

of the case and, potentially, an enquiry under [Section 42](#) of the Care Act (2014) if the criteria are met.

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

The referral must include details of the adult (name, age, address, care and support needs); the nature of the concern; any actions already taken to address the issue; the adult's views and wishes, where known, and information about consent. Where a referral is made by telephone to the local authority, we should confirm the report in writing **within 24 hours**. We must use the referral forms provided by the local authority.

If the referral indicates the person is at immediate risk of serious harm or danger, the safeguarding team should respond within **24 hours**. This could involve protective actions, such as arranging temporary safety measures.

The safeguarding team will then make an initial decision on the safeguarding referral and next steps **within 2 working days**. If we do not hear from them within 2 days, we must follow up with them.

The local authority will decide whether a [safeguarding planning meeting](#) is required. If this is required, this should take place within **5 working days**.

Please use [Appendix 1 – Local Safeguarding Protocol](#) as a template to record the safeguarding arrangements and contact details for your individual service - the safeguarding referral procedure differs from Local Authority to Local Authority.

8. Complete an [internal critical incident](#) and record information about:
 - What was observed or disclosed
 - Any conversation with the person
 - Actions taken and the date(s)
 - The adult's response and wishes
 - Response from any referrals
9. If the safeguarding concern involves an allegation involving a colleague, contact AskHR. Consider whether a [Persons in Position of Trust \(PiPoT\)](#) referral is required.
10. If the person is experiencing domestic abuse, complete a [Dash risk checklist](#) to identify whether a [MARAC](#) referral is required.

11. Notify the relevant funder, placing authority, commissioner and regulator, if required ([CQC](#), OFSTED, Charity Commission – Charity Commission notifications are made by the Governance team).
12. If appropriate, refer the person(s) to other support services (e.g. mental health services, community groups, [MAPPA](#), the person's landlord or [advocacy services](#)) that can help address their needs. We do not need to wait for a multidisciplinary team meeting/ [safeguarding planning meeting](#) to do this.
13. Complete a [post-incident debrief](#) with the team or colleague(s). Record that this has been completed on the critical incident system. The safeguarding concern should also be discussed during [safeguarding supervision](#), which forms part of colleagues' [My Mencap Review](#).

Throughout the whole process, we must keep person's circumstances under review and re-refer if appropriate.

No immediate risk of harm

If you're worried about an [adult at risk](#) but they are not in immediate danger, you **must** still share your concerns as soon as possible:

1. Ensure the person's immediate safety and medical needs are met.
2. If it is safe and appropriate, talk to the person about your concerns. Ask open questions in a non-judgmental and supportive way, allowing the person to share their feelings or concerns if they wish to do so. Identify the person's desired outcomes.

Reassure the person that you are there to support them and that any further action taken will involve them as much as possible.

Respect the adult's autonomy: Adults have the right to make their own decisions, even if these might place them at risk. If the person chooses not to discuss their situation or do not want help, their wishes should be respected unless they lack capacity or there are [overriding safeguarding concerns](#). Refer to the [sharing information](#) section of this policy for support about consent.

3. Report your concerns to your line manager or a [DSP](#). A DSP can provide support and advice about whether:

- The adult is not at risk of harm, but we/others could meet their needs by providing early help.
- The adult has potential care and support needs, and we need to make a referral to social services for a needs assessment.
- The adult is at risk of abuse, and we need to make a safeguarding report to the local authority.

Contact the emergency services (police, ambulance or fire service) on 999, as required.

If the individual has experienced a sexual assault, we can support them to find a [sexual assault and referral centre](#) (SARC) so they can receive medical care, forensic examinations and access to counselling and advocacy.

4. Make a referral to the local authority's adult safeguarding team at the earliest opportunity and within **1 working day**. This will trigger a review of the case and, potentially, an enquiry under [Section 42](#) of the Care Act (2014) if the criteria are met.

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

If you are unsure whether to raise a concern, talk to your line manager, a senior manager or [DSP](#). Please remember that it is always better to over-report than under-report.

The referral must include details of the adult (name, age, address, care and support needs); the nature of the concern; any actions already taken to address the issue; the adult's views and wishes, where known, and information about consent. Where a referral is made by telephone to the local authority, we should confirm the report in writing **within 24 hours**. We must use the referral forms provided by the local authority.

The safeguarding team will make an initial decision on the safeguarding referral and next steps **within 2 working days**. If we do not hear from them within 2 days, we must follow up with them.

The local authority will decide whether a [safeguarding planning meeting](#) is required. If this is required, this should take place within **5 working days**.

Please use [Appendix 1 – Local Safeguarding Protocol](#) as a template to record the safeguarding arrangements and contact details for your individual service – the safeguarding referral procedure differs from Local Authority to Local Authority.

5. Complete an [internal critical incident](#) and record information about:
 - What was observed or disclosed
 - Any conversation with the person
 - Actions taken and the date(s)
 - The adult's response and wishes
 - Response from any referrals
6. If the safeguarding concern involves an allegation involving a colleague, contact AskHR. Consider whether a [Persons in Position of Trust \(PiPoT\)](#) referral is required.
7. If the person is experiencing domestic abuse, complete a [Dash risk checklist](#) to identify whether a [MARAC](#) referral is required.
8. Notify the relevant funder, placing authority, commissioner and regulator, if required ([CQC](#), OFSTED, Charity Commission – Charity Commission notifications are made by the Governance team).
9. If appropriate, refer the person(s) to other support services (e.g. mental health services, community groups, MAPPA, the person's landlord or advocacy services) that can help address their needs. We do not need to wait for a multidisciplinary team meeting/ safeguarding planning meeting to do this.
10. Complete a [post-incident debrief](#) with the team or colleague(s). Record that this has been completed on the critical incident system. The safeguarding concern should also be discussed during [safeguarding supervision](#), which forms part of colleagues' [My Mencap Review](#).
11. Keep monitoring the situation and stay alert for any changes in the person's behaviour, condition or circumstances. Further signs may indicate that the situation is escalating and requires immediate intervention.

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](#).

Our internal reporting process

All safeguarding referrals, whether made by us or a third party, **must** be reported internally using our [critical incident system](#). 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.

It is the responsibility of the manager to record the safeguarding incident/ concern as a critical incident.

We must make sure we update the critical incident regularly and capture all information relating to the incident. As part of service monitoring and visits, area and regional managers must review safeguarding incidents and ensure that actions have been completed and cases closed.

Record keeping

All concerns, allegations, discussions and decisions made and the reasons for those decisions should be recorded in writing as soon as possible after the event. We should also update the person's support plans and risk assessments to reflect any changing needs and involve other professionals as appropriate. This might include our Practice Development Team or a psychologist.

The written record needs to be completed by the team member who has reported the allegation(s), witnessed the event or has the suspicions. It 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.
- Details of the concern.
- The context in which the concern arose.
- Action taken.
- Noticeable non-verbal behaviour and the words used by the person.

Be clear on what is factual and what is opinion – avoid interpretations or assumptions.

We will hold records in line with our records retention schedule.

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. Examples of this may include:

- Physical assault
- Ongoing intimidation or threats that create fear or distress, including threats to kill
- Any form of non-consensual sexual contact, such as rape
- Indecent exposure
- Theft
- Fraud and other kinds of financial exploitation
- Certain kinds of discrimination

Please also refer to the [sharing information](#) section.

The police may need us to do certain things to help them identify if a crime has been committed. They 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. However, we must be careful not to use leading questions.

We must remember that people with a learning disability have the same right to request Police involvement in an incident as anyone else, and we may need to help them to report it. 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](#). The police should identify if someone would benefit from a Registered Intermediary; however, we should prompt the police officer if this has not been identified.

[Victim Support](#) provides emotional and practical support to anyone who has been a victim of crime. Their services are available regardless of whether the assault has been reported to the police.

Forensic evidence⁴

If we think that a crime has been committed or may have been committed (for example, you think the circumstances are unusual), 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 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 the local authority safeguarding team before sharing information with the person’s family member or carer. We may need to consider asking the local authority to complete a mental capacity assessment.

When telling a person we support’s family 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.

⁴ Sense – Safeguarding Adults at Risk guidance (2021)

- 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. We can direct them to other support groups, such as [Respond](#) and [Victim Support](#).
- Which colleague should liaise with the person's family. Where possible, we should make it someone who has a positive relationship with 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 and share our concerns with them. This should be done with the consent of the person, and should be only done if the team has a legitimate need to know.

Notifying CQC

If we support an individual with personal care, we are required to [notify the Care Quality Commission](#) (CQC) about the allegation of abuse **without delay**.

CQC 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 CQC if there is an apparent or suspected allegation of abuse.

Where we support someone with personal care, the Registered Manager will also need to determine whether a concern falls within the [Duty of Candour regulation](#).

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 enquiries. They may ask us not to do our own investigation until they have concluded theirs if the safeguarding concern meets their thresholds. The local authority safeguarding team may instruct us to conduct the enquiry on their behalf, where appropriate. However, the duty to determine the outcome of s42 enquiries remain with social services even if we are carrying out these enquiries.

The Local Authority will consider if the person needs an [independent advocate](#) to support them through their enquiry.

All investigations should be person-centred. If we have been asked to investigate, we must:

- Talk to and engage with the adult at risk at each stage of the process using their preferred communication method, unless there are exceptional circumstances that would increase the risk of abuse or neglect.
- Make sure the person is aware of their right to have an [independent advocate](#) to ensure their views and wishes are represented throughout the process. This may be through professional advocacy or informal advocates such as family members/carers.
- Enable the person to control decisions they have capacity to make for themselves and ensuring safeguarding actions reflect the nature and seriousness of the risk.
- Empower the person to determine how risks are managed.
- Make sure decision-making takes account of what the person wants to happen and the personal outcomes they wish to achieve.
- Offer reassurance without making unrealistic promises.

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.

Sometimes the local authority will decide that the concern you have raised does not reach its safeguarding threshold and does not require an enquiry. If this is determined, we will still complete our own internal investigation, applying the same principles as if it were an

external enquiry. We must remember that the decision not to progress to an enquiry can be challenged. Please refer to [Appendix 6](#).

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

The purpose of our internal 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 refer to [Making Safeguarding Personal](#) section.

Safeguarding planning meeting

A safeguarding planning meeting may happen when:

- Significant or critical harm has occurred or is likely to occur.
- There is no clear referral pathway.
- Multi-agency interventions are required.

The objective of these meetings is to decide what actions are needed to ensure the safety, care and support needs of the adult at risk are met, who should undertake them and by when. All discussion must be centred around the person we support and their desired outcomes.

Again, the local authority should decide whether a person needs an independent advocate to represent them through the planning meeting.

The meeting should take place within **5 working days** and have review meetings scheduled at least every **3 months** until the case is closed.

The local authority will discuss outcomes with the person and their representatives.

A safeguarding planning meeting may also be called a multidisciplinary team meeting or a strategy meeting.

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 closure and lessons learnt information and informing external stakeholders, if required. We must also make sure that we review the process so we can determine that the person's desired outcomes have been achieved as far as possible and we have fully involved them and their families throughout.

It is very important that we keep the individual, their families and carers, and colleague involved informed of the outcome as they may have been anxious or distressed during the process. The safeguarding concern should also be discussed during [safeguarding supervision](#), which forms part of colleagues' [My Mencap Review](#).

The local authority will determine whether a case meets the [safeguarding adults review](#) (SAR) threshold.

Managing allegations made against colleagues, including volunteers, agency workers and contractors

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. We will also need to make a [PiPoT referral](#).

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 need to support the team member throughout the process as this can be a very stressful experience for them. Please refer to our [wellbeing support](#) for a variety of support options available to colleagues. Unless there is an objection by adult safeguarding team or the Police, the individual should be informed of concerns or allegations as soon as possible and explained the likely course of action.

It may be necessary to suspend a team member or change their place of work while an investigation is completed. Where an allegation has been made against a volunteer, the

volunteer may be asked not to continue with their voluntary activity until the investigation is concluded. In the event that the allegation is proven, we may withdraw the volunteering opportunity.

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 [DBS](#).

Further reading

This policy and procedure must also be read in conjunction with our:

- [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](#)
- [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](#)
- [Complaints policy](#)
- [Persons in Position of Trust \(PiPoT\) guidance](#)

References

- [Care Act 2014](#)
- [Care and support statutory guidance](#) – Department of Health and Social Care, 2024
- [Mental Capacity Act 2005](#)
- [Mental Capacity Act Code of Practice](#) – Office of the Public Guardian, 2020
- [Safeguarding Vulnerable Groups Act 2006](#)
- [Human Rights Act 1998](#)
- [Sexual Offences Act 2003](#)

- [Female Genital Mutilation Act 2003](#)
- [The right to choose: government guidance on forced marriage](#) – Home Office, 2023
- [Modern Slavery: Statutory guidance for England and Wales and non-statutory guidance for Northern Ireland](#) – HM Government, 2024
- [Counter-Terrorism and Security Act 2015](#)
- [Prevent duty guidance: for England and Wales](#) – Home Office, 2023
- [Prevent duty guidance: for further education institutions in England and Wales](#) – 2023
- [Domestic Abuse Act 2021](#)
- [Equality Act 2010](#)

Appendices

- **Appendix 1** – Local Safeguarding Protocol
- **Appendix 2** – MTA – Online safeguarding
- **Appendix 3** – MTA – Online teaching and learning activity risk assessment
- **Appendix 4** – Channel Referral Process
- **Appendix 5** – Safeguarding flow for non-direct services
- **Appendix 6** – Safeguarding escalation