



Care Ashore

safeguarding policy and Procedures

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Named Safeguarding Lead (Trustee):	TBC
Named Safeguarding Lead (staff)	TBC
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Objects of the charity

Are, for the public benefit, to provide exclusively charitable support services and grants to:

- Those men and women who are or have been seafarers, and their dependents, who need assistance by the provision of accommodation, financial allowances or grants and in other such ways as the board think fit.
- Those men and women who are or have been seafarers and who are sick, disabled, aged or infirm or those who require rest or convalescence by the provision and maintenance of a convalescent home or rest home or in other ways as the board think fit.
- To extend its services to those persons having an appropriate connection with the sea as the board think fit, that includes potential visitors and their families to Care Ashore.

Aims

The aim of adult safeguarding is to:

- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs.
- Safeguard individuals in a way that supports them in making choices and having control in how they choose to live their lives.
- Promote an outcomes approach in safeguarding that works for people resulting in the best experience possible.
- Raise public awareness so that professionals, other staff and communities as a whole play their part in preventing, identifying and responding to abuse and neglect.
- Identify a designated safeguarding lead within the charity to oversee all safeguarding concerns.

Protecting adults at risk represents the commitment of all staff (paid and unpaid) working within Care Ashore, to work together with the Local Authority and other organisations to safeguard vulnerable adults and adults at risk.



Care Ashore's safeguarding policy and procedures aim to make sure that:

- The need and interests of adults at risk are always respected and upheld
- The human rights of adults at risk are respected and upheld
- A proportionate, timely, professional and ethical response is made to any adult at risk who may be experiencing abuse.
- All decisions and actions are taken in line with the principles of the Mental Capacity Act 2005.
- The Care Act 2014 principles are always adhered to.

The Care Act 2014 (implemented in April 2015) identifies that the local authority has the lead role in coordinating the response to safeguard adults; however, the Care Act recognises that successful responses need to have effective multi-agency and multi-disciplinary working.

No decision about me without me means that an adult has the right to know about how Care Ashore and other agencies can work with them to find the right solutions to keep people safe and support them in making informed choices. Making safeguarding personal means that an agency's work with adults should be person-led and outcome-focused. It means engaging 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.

This person led approach to safeguarding leads to services which are: person centred and focused on the outcomes identified by the individual; planned, commissioned and delivered in a joined-up way between organisations; responsive and which can be changed when required.

Personalised care and support are for everyone, but some people will need more support than others to make choices and manage risks. Making risks clear and understood is crucial to empowering and safeguarding adults and in recognising people as 'experts in their own lives'.

Safeguarding adults from abuse is everyone's responsibility and there is a duty to report all concerns. All trustees, staff and volunteers of Care Ashore have a duty to protect the adult and act to manage the immediate safety of the adult and to report the concerns in line with this Safeguarding Adults Policies and Procedures.

All trustees, staff and volunteers have a key role in preventing abuse or neglect occurring and in acting when concerns arise.



Six key principles underpin all adult safeguarding work (care Act 2014):

- **Empowerment** – Personalisation and the presumption of person-led decisions and informed consent
- **Prevention** – it is better to take action before harm occurs
- **Proportionality** – Proportionate and least intrusive responses response appropriate to the risk presented
- **Protection** – Support and representation for those in greatest need
- **Partnership** – Local solutions through services working with their communities
- **Accountability** – Accountability and transparency in delivering safeguarding

Adults at risk

- Services provided should be appropriate to the adult at risk and not discriminate because of disability, age, gender, sexual orientation, 'race', religion, culture or lifestyle
- The primary focus/point of decision making must be in discussion with the adult at risk, and the person must be supported to make choices.
- Adults at risk, must be offered advocacy services where the adult needs the support of an advocate to fully engage and be part of the decisions following a concern of abuse being reported and there is no one in the person's support that is appropriate to do this. **This is the responsibility of the local authority.**
- There is a presumption that adults have the mental capacity to make informed decisions about their lives. If someone has been assessed as **not** having mental capacity which is decision specific, decisions will be made in their best interests as set out in the Mental Capacity Act (MCA) 2005 and MCA Code of Practice, they **may not be able to reside at Care Ashore. Care Ashore is not a registered care home and is not set up to provide care staff or provision.**
- Adults at risk should be given information, advice and support in a form that they can understand and have their views and what outcomes they want included in all forums that are making decisions about their lives
- All decisions taken by professionals, including Care Ashore management and welfare staff regarding a person's life should be timely, reasonable, justified, proportionate and ethical and must be made in discussion with the adult or where appropriate, their advocate.



Care Ashore staff*working with adults at risk

- All Care Ashore staff* (paid and unpaid) **must** understand their role and responsibilities regarding this policy and procedure and **must** know how to recognise abuse and how to report and respond to it
- All Care Ashore staff* (paid and unpaid) have a duty to report in a timely way any concerns or suspicions that an adult at risk is being or is at risk of being abused and to gain the consent of the adult where possible or where this is not possible, to make a best interest decision to report without consent
- **All concerns and suspicions that an adult at risk is being or is at risk of being abused by a visitor, member of staff or a volunteer, must be reported even if consent is absent**
- Actions to protect the adult from abuse should always be given a high priority with dignity, safety and the well-being of the individual a priority within the actions
- Concerns or allegations must be reported without delay and given a high priority
- As far as possible, Care Ashore staff*(paid and unpaid) must respect the rights of the person causing harm. If that person is also considered an adult at risk, they must receive support and their needs must be addressed. They are likely to be another resident at Care Ashore.
- All Care Ashore staff*(paid and unpaid) must undertake the relevant levels of safeguarding training in line with the 2019/2020 training framework.

Working together in safeguarding adults

- All Care Ashore staff*(paid and unpaid) will contribute to effective inter-agency working and effective multi-disciplinary assessments and joint working partnerships in order to provide the most effective means of safeguarding adults
- Actions taken under the multi-agency safeguarding procedures does not affect the obligation on Care Ashore to comply with its statutory responsibilities such as notification to regulatory authorities and the Charities Commission.
- Care Ashore staff*(paid and unpaid) may have information about adults who may be at risk from abuse and may be asked to share this where appropriate, with due regard to confidentiality.



Definition of an adult at risk

The Care Act 2014 defines an adult at risk who requires a safeguarding response as being someone who is:

an adult who is aged 18 or over who has needs for care and support

AND

Is experiencing or at risk of, abuse or neglect?

AND

As a result of their care and support needs are unable to protect themselves from either the risk of, or the experience of abuse or neglect

‘Local authority statutory adult safeguarding duties apply equally to those adults with care and support needs regardless of whether those needs are being met, who is meeting those needs, regardless of whether the adult lacks mental capacity or not, and regardless of setting, other than prisons and approved premises where prison governors and National Offender Management Service (NOMS) respectively have responsibility’.

III Treatment and Wilful neglect

An allegation of abuse or neglect of an adult at risk who does not have capacity to consent on issues about their own safety must always be referred to the Local Authority as a safeguarding concern.

Consent

Care Ashore staff*(paid and unpaid) must always seek the consent of the individual before taking any action or sharing personal information. However, there may be circumstances when consent cannot be obtained because the adult lacks the capacity to give it, but the best interests of the individual or others at risk, demand action.

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

- There is a public interest, for example, not acting will put other adults or children at risk



- There is a duty of care to intervene, for example, a crime has been or may be committed
- The person alleged to have caused harm is employed in a position of trust, such as a health or social care professional

A person's refusal to give consent does not preclude Care Ashore staff* from sharing information with other relevant agencies.

Types of Harm

Abuse can be viewed in terms of the following categories:

- Physical
- Sexual
- Psychological
- Financial or material
- Neglect and acts of omission
- Discriminatory
- Organisational
- Self-Neglect
- Domestic abuse
- Modern slavery

Physical abuse

This may be defined as 'the use of force, or any action, or inaction which results in pain or injury or a change in the person's natural physical state' or the 'non-accidental infliction of physical force that results in bodily injury, pain or impairment'. Examples of physical abuse include hitting, slapping, pushing, pinching, shaking, scalding, misuse of medication, restraint or inappropriate physical sanctions

Restraint

Unlawful or inappropriate use of restraint or physical interventions and / or deprivation of liberty is physical abuse. There is a distinction to be drawn between restraint, restriction and deprivation of liberty. A judgement as to whether a person is being deprived of their liberty will depend on the circumstances of the case, taking into account the degree of intensity, type of restriction, duration, the



effect and the manner of the implementation of the measure in question. In extreme circumstances unlawful or inappropriate use of restraint may constitute a criminal offence. Someone is using restraint if they use force, or threaten to use force, to make someone do something they are resisting, or where a person's freedom of movement is restricted, whether they are resisting or not.

Restraint covers a wide range of actions. It includes the use of active or passive means to ensure that the person concerned does something, or does not do something they want to do, for example, the use of keypads to prevent people from going where they want from a closed environment. Appropriate use of restraint can be justified to prevent harm to a person who lacks capacity if it is a proportionate response to the likelihood and seriousness of the harm.

Care Ashore staff* and volunteers are not permitted to use restraint.

Sexual abuse

Examples of sexual abuse/sexual assault include rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual innuendo, sexual photography, subjection to pornography or witnessing sexual acts, or sexual acts to which the adult has not consented or was pressured into consenting.

Rape and other sexual assaults are among the most serious offences investigated by the police. The trauma that victims suffer presents unique challenges to any investigation. It is the responsibility of all staff to ensure that they are aware of their individual roles and responsibilities to maximise all evidential opportunities to assist any investigation of a sexual nature and the minimum standards required regarding immediate response, recording and reporting.

Sexual Assault Referral Centre (SARC) is located at the Solace Centre, Cobham Community Hospital, 168 Portsmouth Road, Cobham, Surrey, KT11 1HT, Telephone Number 0800 970 9952

Further information can be found at: <http://www.solacesarc.org.uk>

SARCs provide a safe location where victims of sexual assault can receive medical care and psychological support, information and access to counselling, legal advice, meeting points with police and forensic examiners, emergency contraception, and screening for sexually transmitted diseases.



Psychological/emotional abuse

This is behaviour that has a harmful effect on the person's psychological and emotional health. This can include emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

Financial or material abuse

Financial abuse can occur in isolation, but it is also likely to be connected to some other forms of abuse. Although this is not always the case, everyone should be aware of this possibility. **Financial abuse is a crime.**

Examples may include 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

This can take several forms and can be the result of an intentional or unintentional act(s) or omission(s). Neglect includes, ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition or heating.

The Police have the powers to investigate allegations of neglect under the Mental Capacity Act 2005, Section 44 and under the Criminal Justice and Courts Act 2015 Section 20 and 21.

Discriminatory abuse

This exists when values, beliefs or culture result in a misuse of power that denies mainstream opportunities to some groups or individuals. It is the exploitation of a person's characteristics, which excludes them from opportunities in society, for example, education, health, justice, civic status and protection. It includes discrimination based on age, disability, gender reassignment, marriage, civil partnership, pregnancy, maternity, race, religion or belief, sex or sexual orientation and includes hate crime incidents. Discriminatory abuse includes forms of



harassment and slurs or similar treatment because of race, gender and gender identity, age, disability, sexual orientation or religion.

Organisational abuse

Repeated instances of poor or inappropriate care or support may be an indication of more serious problems and this is referred to as 'organisational abuse'.

Organisational abuse occurs when an organisation's systems and processes, and/or management of these, fails to safeguard a number of adults leaving them at risk of, or causing them harm. Organisational abuse can also occur when the routines, systems and norms of an organisation override the needs of those it is there to support, or fail to be the product of both ineffective and / or punitive management styles, creating an environment within which abuse can take place, intentional or otherwise.

Organisational abuse includes, neglect and poor care practice within an institution or specific care setting such as a hospital or care home, or

in relation to care provided in a person's own home. This may range from one-off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Domestic abuse

Domestic abuse is any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain.



Self-neglect

This is 'the inability (intentional or non-intentional) to maintain a socially and culturally accepted standard of self-care with the potential for serious consequences to the health and well-being of people who self-neglect and perhaps even to their community' (Gibbons, 2006).

An individual may be considered as self-neglecting and therefore at risk of harm where they are:

- either unable or unwilling to provide adequate care for themselves
- unable or unwilling to obtain necessary care to meet their needs
and/or
- declining essential support without which their health and safety needs cannot be met.

This includes a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviours such as hoarding,

nourishment, medication and treatment, administration (utility bills/services), refusing help/services.

Modern slavery

Modern slavery exists in the UK and can be perpetrated against men, women and children, UK nationals, and those from abroad. Modern slavery includes exploitation in the sex industry, forced labour, domestic servitude in the home and forced criminal activity. These types of crime are often called human trafficking. It can include victims that have been brought from overseas, and vulnerable people in the UK, being forced to work illegally against their will in many different sectors, including brothels, cannabis farms, nail bars and agriculture.

There is a national framework to assist in the formal identification and help to coordinate the referral of victims to appropriate services; this is called the National referral mechanism. The UK Human Trafficking Centre takes referrals of adults and children identified as being the victims of trafficking. Local authorities can provide a range of assistance on a discretionary basis. The Centre now comes under the Serious and Organised Crime Agency (SOCA).

The police are the lead agency in managing responses to adults who are the victims of human trafficking.



Human trafficking is defined as the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation.

Related issues

Professional abuse

Professional abuse is the misuse of therapeutic power and abuse of trust by professionals, the failure of professionals to act on suspected abuse / crimes, poor care practice or neglect in services, resource shortfalls or service pressures that lead to service failure and culpability as a result of poor management systems / structures.

Signs of possible professional abuse:

- failure to refer disclosure of abuse
- poor, ill-informed or outmoded care practices
- denying an adult at risk access to professional support and services such as advocacy, service design where groups of users living together are incompatible
- punitive responses to challenging behaviours
- failure to whistle blow on issues when internal procedures to highlight issues have been exhausted.

Honour based violence (HBV)

HBV may be committed when family members feel that dishonour has been brought to their family. Women are predominantly (but not exclusively) the victims, and the abuse is often committed with a degree of collusion from family members and / or the community. Many victims are so isolated and controlled that they are unable to contact the police or other organisations.

Safeguarding concerns that may indicate 'honour'-based abuse include domestic abuse, concerns about forced marriage or enforced house arrest and missing person reports. If a concern is raised and there is a suspicion that the adult is the victim of 'honour'-based abuse, a referral to the police should always be considered as they have the necessary expertise to manage the risk.



Forced marriages

Forced marriage is a term used to describe a marriage in which one or both of the parties is married without their consent or against their will. A forced marriage differs from an arranged marriage, in which both parties' consent to the assistance of their parents or a third party in identifying a spouse.

In a situation where there is concern that an adult is being forced into a marriage they do not or cannot consent to, there may be an overlap between action taken under the forced marriage provisions and the adult safeguarding process. In this case action will be co-ordinated with the police and other relevant organisations, such as The Forced Marriage Unit.

Forced marriage is a criminal offence.

There is a website www.fco.gov.uk/forcedmarriage which provides further guidance, information and advice.

Female genital mutilation (FGM)

This involves procedures that include the partial or total removal of the external female genital organs for cultural or other non-therapeutic reasons. The practice is medically unnecessary, extremely painful and has serious health consequences, both at the time when the mutilation is carried out and in later life. The age at which girls undergo FGM varies enormously according to the community. The procedure may be carried out when the girl is new-born, during childhood or adolescence, just before marriage or during the first pregnancy.

FGM constitutes a form of child abuse and violence against women and girls and has severe physical and psychological consequences. In England, Wales and Northern Ireland, the practice is illegal under the *Female Genital Mutilation Act 2003*.

Hate crime

Hate crime is defined as any crime that is perceived by the victim, or any other person, to be racist, homophobic, transphobic or due to a person's religion, belief, gender identity or disability. It should be noted that this definition is based on the perception of the victim or anyone else and is not reliant on evidence.

Individuals may be concerned that they would not be recognised as victims or be believed and taken seriously. Abusers may also control their victims, threatening to 'out' them to friends, family or support agencies.



Local authorities have a range of support services and advice for professionals in place.

Mate crime

Happens when someone is faking a friendship in order to take advantage of a vulnerable person. Mate crime is committed by someone known to the person. They might have known them for a long time or met recently. A 'mate' may be a 'friend', family member, supporter, paid staff or another person with a disability.

Exploitation by radicalisers who promote violence

'The Prevent Duty 2015' is a key part of the Government's Counter Terrorism Strategy. Its aim is to stop people becoming extremists or supporting terrorism. It is the preventative strand of the government's counter-terrorism strategy, CONTEST 2018. Early intervention to divert people away from being drawn into extremist activity is at the heart of Prevent.

Safeguarding adults from radicalisation is no different from safeguarding them from other forms of harm. Indicators for vulnerability to radicalisation include:

- Family tensions
- Sense of isolation
- Migration
- Distance from cultural heritage
- Experience of racism or discrimination.
- Feeling of failure

Individuals may be susceptible to exploitation into violent extremism by radicalisers. Violent extremists often use a persuasive rationale and charismatic individuals to attract people to their cause. The aim is to attract people to their reasoning, inspire new recruits and embed their extremist views and persuade vulnerable individuals of the legitimacy of their cause.

There are a number of factors that may make the individual susceptible to exploitation by violent extremists. None of these factors should be considered in isolation but in conjunction with the circumstances of the individual: identity or personal crisis, personal circumstances, unemployment or underemployment and criminality. All of these may contribute to alienation from UK values and a decision to cause harm to symbols of the community or the state.



Role of Trustees at Care Ashore

Our role is to protect people and safeguarding responsibilities will be a governance priority for all Care Ashore trustees.

As part of fulfilling our trustee duties, we will take reasonable steps to protect people who come into contact with Care Ashore from harm.

This includes:

- people who benefit from the charity's work
- staff
- volunteers
- visitors and site users

It will also include other people who come into contact with the charity through its work, such as contractors and external care staff.

What the trustees will do

We will:

- make sure all trustees, employees, volunteers and beneficiaries know about safeguarding and people protection through training and supervision.
- have appropriate policies and procedures in place and review them regularly.
- check that people are suitable to act in their roles and follow safer recruitment processes.
- know to spot, refer and report concerns using the Care Ashore safeguarding reporting form.
- have a clear system of referring or reporting to relevant organisations as soon as we/you suspect or identify concerns
- set out risks and how we will manage them in a risk register which is regularly reviewed by the board of trustees in partnership with the management and staff team at Care Ashore.
- be quick to respond to concerns and carry out appropriate investigations for staff and residents.
- not let one trustee dominate our work - trustees will work together



Role of Designated Person

- Ensure that the Care Ashore safeguarding policies and procedures are followed on site.
- Ensure that all staff are aware of these policies and procedures;
- Ensure that appropriate training and support is provided for all staff on an ongoing and regular basis.
- Develop effective working partnerships with other agencies and services.
- Decide whether to take further action about specific concerns (e.g. refer to adult protection Social Worker).
- Liaise with adult protection teams over suspected cases of abuse;
- Ensure that accurate records relating to individual people are kept in a secure place and marked 'strictly confidential'
- Submit reports to, and attend, safeguarding meetings or conferences;
- Ensure that Care Ashore staff effectively monitors residents who have been identified as 'at risk'
- Provide guidance to families and staff about suitable support.
- Keep the resident identified at risk (and if appropriate) families, fully informed of all matters related to the safeguarding concern

Safeguarding children and young people

Staff and residents should be able to welcome children to Care Ashore as visitors and guests in the same way as they would living elsewhere.

When a child visits, the fact should be made known to the staff in the front office so that they can be on hand to manage any known risks to their safety arising from the setting (e.g. Health and Safety risks) or the people (e.g. those who may cause harm to a child).

- Throughout a visit a child should remain the responsibility of a parent or other responsible adult.
- The responsible adult will make sure that the child behaves in ways that are acceptable and respectful towards other residents and staff.
- Any staff member or resident that is concerned about the safety of the child will report to relevant persons.
- The management team of Care Ashore will reserve the right to take action through the responsible adult if it considers the presence of the child is putting them at risk of harm or is presenting a risk of harm to staff or residents.
- No child under 16 will be left unaccompanied in the bar at Care Ashore.
- No child under 18 will be served alcoholic beverages in the bar at Care Ashore.



Working together to Safeguard children and young people 2018, provides the legislative framework for agencies to take decisions on behalf of children and to act to protect them from abuse and neglect.

All Care Ashore staff (paid and unpaid) must be aware that in situations where there is an immediate concern that a child is at risk, urgent safeguarding action must be taken, and the police called on 999.

See dealing with disclosure (Appendix 1)

If the concern or suspicion is not urgent, a referral **must** be made to Children's services.

If you are concerned about the safety of a child or young person you can contact the Surrey Children's Single Point of Access (SPA).

The SPA is based at Guildford pavilion and acts as the front door to children's services in Surrey.

Care Ashore – procedures you MUST follow.

See raising a safeguarding concern (Appendix 2)

- Identify the safeguarding concern.
- Discuss with your designated safeguarding lead or immediate line manager (if appropriate)
- Record the safeguarding concern on the Care Ashore safeguarding reporting form. Complete the form factually, do not include assumptions or opinions.
- Pass the completed form to the Designated Safeguarding Lead immediately or within 24 hours.
- Maintain confidentiality at all times (vital Interest)

Further information

The SPA provides residents and people who work with children in Surrey with direct information, advice and guidance about where and how to find the appropriate support for children and families.

Availability: 9am to 5pm, Monday to Friday



Phone: 0300 470 9100

Out of hours phone: 01483 517898 to speak to our [emergency duty team](#).

Email: emails are dealt with during normal office hours

For concerns for a child or young person: csmash@surreycc.gov.uk

For concerns for an adult: ascmash@surreycc.gov.uk

Fax number: 01483 519862

Professional expectations

The trustees and the operational manager expect all staff to keep abreast of changes to safeguarding legislation as part of the contracted responsibilities. The management team will run safeguarding training for all staff, this is mandatory, and all staff and volunteers must attend.

Review

This Safeguarding policy and procedure will be reviewed annually to reflect any legislative amendments and also to reflect lessons learned from safeguarding adult reviews. In addition the board of trustees in partnership with Care Ashore management and staff* will reflect upon the learning arising from all safeguarding concerns within the organisation and review the learning against the safeguarding policy and procedure making amendments as necessary.

Any amendments made will be recorded together with the date of any changes to the policy and procedure.

*For the purpose of this policy Care Ashore staff will include subcontractors and all outsourced workers.



Appendix 1

Dealing with disclosure

There are a number of basic 'rules' that should be followed to ensure the safe handling of any disclosures of abuse from a child/adult.

- Don't panic.
- Remember that the safety and well-being of that person comes before the interests of any other person.
- Listen to them and accept what they say.
 - Look at the person directly, but do not appear shocked.
 - Don't seek help while the person is talking to you.
 - Reassure them that they did the right thing by telling someone.
 - Assure them that it is not their fault and you will do your best to help.
 - Let them know that you need to tell someone else.
 - Let them know what you are going to do next and that you will let them know what happens.
 - Be aware that the person may have been threatened and be really frightened.
- Write down what the person says in their own words – record what you have seen and heard also.
 - Make certain you distinguish between what the person has actually said and the inferences you may have made. Accuracy is paramount in this stage of the procedure
- Follow your lines of reporting concerns as soon as possible.
- Refer to child or adult services or the Police.
- After making the referral, look after yourself. Discuss the matter with your manager, supervisor or relevant person.

Important Notes:

- The same action should be taken if the allegation is about abuse that has taken place in the past, as it will be important to find out if the person is still working with or has access to children/adults.
- Dealing with an allegation that a professional, staff member, carer or volunteer has abused a child or adult is difficult but must be taken seriously and dealt with carefully and fairly.

Things TO SAY



- Repeat the last few words in a questioning manner
- 'I believe you'
- 'I am going to try to help you'
- 'I will help you'
- 'I am glad that you told me'
- 'You are not to blame'

Things NOT TO SAY

- 'You should have told someone before'
- 'I can't believe it! I am shocked!'
- 'Oh, that explains a lot'
- 'No not...he's a friend of mine'
- 'I won't tell anyone else'
- 'Why? How? When? Where? Who?' in an aggressive/argumentative manner

Things TO DO

- Reassure the child/adult that it was right to tell you.
- Let them know what you are going to do next.
- Immediately seek help, in the first place from the designated safeguarding lead
- Write down accurately what the person has told you. Sign and date your notes. Keep all notes in a secure place for an indefinite period.
- Seek help for yourself if you feel you need support.

Things NOT TO DO

- Do not attempt to deal with the situation yourself.
- Do NOT formally interview the person:
 - Never ask leading questions.
 - Never push for information or make assumptions.
 - Only necessary relevant facts should be obtained, when clarification is needed.
- Do not make assumptions, offer alternative explanations or diminish the seriousness of the behaviour or alleged incidents.
- Do not keep the information to yourself or promise confidentiality.
- Do not take any action that might undermine any future investigation or disciplinary procedure, such as interviewing the alleged victim or potential witnesses, or informing the alleged perpetrator or parents or carers.
- Do not permit personal doubt to prevent you from reporting the allegations.



Appendix 2

Raising a safeguarding concern

