



Safeguarding adults at risk

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Please refer to SharePoint for the latest version

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1. Why have a CVT safeguarding adults at risk policy?

- to enhance the quality of life for the people we support
- to promote the health, welfare and well-being of the people we support
- to secure the safety and protection of the people we support
- to ensure that we respond to concerns and report according to best practice
- to learn from the safeguarding process
- to meet contractual and regulatory requirements
- to fulfil trustee governance responsibilities

2. What is our policy?

2.1 It is the policy of CVT:

- to uphold the right of everyone to live free from abuse and the fear of abuse
- to ensure the people we support are protected from harm and exploitation
- to promote the human rights of all people within CVT irrespective of sex, race, religion or belief, disability, gender reassignment, age and sexual orientation
- to ensure the charity's safeguarding and protection arrangements are up to date and entirely in line with UK best practice
- to liaise effectively with external agencies and bodies regarding the reporting of abuse or suspected abuse
- to train our workforce to ensure the risk of abuse within CVT is minimised.

2.2 Key areas of learning:

- who is an adult at risk
- how to recognise if someone is being abused
- types of abuse and the signs and signals
- what your role is
- who to contact within your community
- how to record concerns and allegations
- whistleblowing.

3. What are your responsibilities?

3.1 You are expected to:

- make sure you have read this policy and know the key areas of learning identified above and understand all your responsibilities under this policy
- empower the people we support
- act as an alerter and raise the concern by reporting it to the appropriate person in your community or CVT (or, if appropriate, externally) if you become aware that abuse is taking place or suspect that abuse may be occurring or are told about something that may be abuse. You must also report anything that you feel may be poor practice
- refer to local authority thresholds or reporting arrangements, as appropriate, where they exist.

4. Why is empowering the people we support important for safeguarding?

4.1 It is the role of everyone working in CVT to help create an empowering environment so that the people we support become more confident and assertive. This will help empower people to make complaints about abuse and poor practice, to say 'no' to abuse and to be aware of their right to make their own decisions with support and to be safe from harm or exploitation.

4.2 If you support people directly or indirectly you are expected to:

- ensure people have access to good, accessible information
- support people to attend courses and generally become more skilled around keeping safe
- support people to make their own decisions and balance this against risk
- minimise dependency and offer supportive independence in line with the person's needs, wishes and capacity
- have completed comprehensive risk assessments which should be reviewed and updated on a regular basis.

5. Who is an adult at risk?

5.1 Section 14 of the Care and Support Statutory Guidance, issued under the Care Act 2014, identifies adult safeguarding as protecting an adult's right to live in safety, free from abuse and neglect.

5.2 The Care Act requires each local authority to:

- make enquiries, or **cause others to do so**, if it believes an adult is experiencing, or is at risk of abuse, or neglect in order to establish whether any action needs to be taken to prevent or stop abuse or neglect
- set up a Safeguarding Adults Board
- arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or Adult Safeguarding Review where the adult has ‘substantial difficulty’ in being involved in the process
- co-operate with its relevant partners in order to protect the adult.

5.3 These safeguarding duties apply to an adult (18 or over) who:

- has needs for care and support (whether or not the local authority is meeting any of those needs) and
- is experiencing or at risk of abuse or neglect and
- as a result of those care and support needs is unable to protect themselves from either the risk or the experience of abuse or neglect.

6. How does this relate to the CVT?

6.1 For providers to respond appropriately where abuse or neglect may be taking place, anyone in contact with the adult at risk, whether in a volunteer or paid role, must understand their own role and responsibility and have access to training, policy and procedural guidance, practical advice and support when raising a concern. This will include an understanding of local inter-agency safeguarding policies and procedures.

6.2 It is important that **everyone** working within CVT knows how to:

- recognise if a person is an adult at risk
- recognise signs and signals of abuse
- respond to disclosures
- respond when necessary to protect an adult and to preserve evidence
- report a disclosure, concern or allegation

6.3 The Care Act, 2014 identifies six key principles that underpin all adult safeguarding work:

- **Empowerment** - people being supported and encouraged to make their own 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** - the least intrusive response to the risk presented.

'I am sure that the professionals will work in my interests, 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 involved in my life and so do they.'

6.4 Safeguarding is about organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure the adult's well-being is promoted. This includes, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

6.5 In our safeguarding arrangements we should always strive to promote an adult's well-being as defined in Section 1 of the Care Act. In line with the 'Making Safeguarding Personal' approach, professionals should work with the adult to establish what being safe means to them and how that can be best achieved. Any 'safety measures' advocated should take account of individual wishes and their well-being.

7. What are the types of abuse?

7.1 Physical abuse - including assault, hitting, slapping, misuse of medication, restraint or inappropriate physical sanctions.

7.2 Domestic violence - including psychological, physical, sexual, financial, emotional abuse involving a partner

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

- 7.4 Psychological abuse** - including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
- 7.5 Financial or material abuse** - including theft, fraud, internet scamming, coercion in relation to an adult's affairs or arrangements including in connection with wills, property, inheritance or financial transactions or the misappropriation of property, possessions or benefits.
- 7.6 Modern slavery** - encompasses slavery, human trafficking, forced labour and domestic servitude.
- 7.7 Discriminatory abuse** - including forms of harassment, slurs or similar treatment because of race, gender and gender identity, age, disability, sexual orientation or religion.
- 7.8 Organisational abuse** - including neglect and poor care practice within an institution or specific care setting such as a hospital or care home or in relation to care provided in one's own home. 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 the organisation.
- 7.9 Neglect and acts of omission** - including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.
- 7.10 Self-neglect** - this covers a wide a range of behaviour such as neglecting to care for one's personal hygiene, health, safety or surroundings and includes behaviour such as hoarding.

8. Spotting signs of abuse

- 8.1** In spotting the signs of abuse, it is important for all staff to be aware and alert to **non-verbal communication or changes of behaviour** as these could indicate poor practice or abuse that may be being hidden or denied.
- 8.2** It is your responsibility to report, at the earliest opportunity, anything that might be abuse or poor practice to the relevant person in CVT (usually the safeguarding manager in your community). They will assess and make a decision as to the next steps in accordance with the relevant statutory agencies' policy and procedures. They may take advice from the Director of Care and Support and/or the local authority's safeguarding team.

9. Mental Capacity Act 2005

- 9.1 The Mental Capacity Act 2005 provides a statutory framework to empower and protect people at risk who are not able to make their own decisions. It makes it clear who can take decisions, in which situations, and how they should go about this.
- 9.2 Refer to CVT's Mental capacity, decision making and DOLS policy for further guidance on mental capacity and decision making and how deprivation of liberty is to be managed in a residential care or supported living setting.

10. What are the roles and responsibilities involved in safeguarding?

10.1 These are some of the identified distinct key roles in the protection of adults at risk in a local authority's safeguarding process:

- alerters (everyone is expected to be prepared to raise a concern)
- investigators
- responsible manager for safeguarding adults
- lead officer for safeguarding adults
- safeguarding adults board.

10.2 CVT has identified people in each community and in CVT with whom an alert can be raised. It is these people who are responsible for following the policy and procedure of the relevant statutory agencies and for reporting all actual and suspected incidents of abuse to the relevant statutory agencies.

10.3 As a non-statutory service, we do not need to formally designate investigators or have a dedicated manager or lead officers for safeguarding adults. Your local authority will have these and will identify people to investigate on their behalf where they decide this is necessary.

10.4 CVT has a Quality Committee which meets on a quarterly basis. The Quality Committee is chaired by a CVT Trustee, with an additional trustee and an external advisor from the Ann-Craft Trust. As part of the committee's responsibilities, it has delegated responsibility for reviewing our safeguarding management and outcomes as part of the Board of Trustees' governance responsibilities.

11. What do you do if you have concerns or someone raises concerns with you?

11.1 If you become aware that abuse is taking place, or suspect abuse may be occurring or be told about something that may be abuse you **must** act as an 'alerter' and **report** this concern at the earliest opportunity, once you have established that the person is safe. You must also report anything that you feel may be poor practice. See appendix 1: How to respond to someone who has alleged they are being abused.

- 11.2** It is important to report all concerns, no matter how minor, as this may help identify patterns of behaviour that could lead to more serious incidents or alerts and enable the matter to be addressed at an earlier and less serious stage for everyone involved.
- 11.3** **As an alerter you are not being asked to know or prove that information is true. You are not an investigator.** Only those identified to do so as a result of a multi-agency strategy meeting or Safeguarding Adults Case Conference meeting should undertake investigations. **Your responsibility is simply to report your concerns or any disclosure to you by another person. You should raise a concern at the earliest opportunity on the same day that you become aware of the concern or disclosure.** If you fail to do so without good reason, then we will treat the matter as a potentially serious concern under our concerns procedures which may result in you being dismissed (or asked to leave if you are a volunteer).
- 11.4** You **must** report concerns or disclosures to your line manager and your community's safeguarding lead. The safeguarding lead is most likely to be the registered manager in a registered service, the general manager or a care & support manager. If they do not respond promptly or you are unhappy with the response, then raise the matter again. You should expect to be informed of what action is being taken. In some circumstances it may be appropriate for you to report your concerns directly to the Director of Care and Support. If they are not available, contact the CVT Trust Office. If these options are not possible then contact an external agency.
- 11.5** The safeguarding lead receiving the allegation will determine how the allegation should be progressed in line with the local authority's safeguarding reporting procedures. If it is decided that the allegation will be referred onto the local authority safeguarding team, the safeguarding lead will be required to report the incident within 24 hours or next working day and at the same time complete **Safe A: Adult at risk safeguarding concern**, (see appendix). The **Safe A** form will be filed in the Support file of the adult at risk.
- 11.6** You must complete the **Safe B: Detailed safeguarding statement**, as soon as practicable once you have reported to the safeguarding lead, (see appendix). The completed **Safe B** is to be forwarded as soon as possible to notify the Director of Care and Support and the head of quality and health and safety that a safeguarding concern has been raised.
- 11.7** The safeguarding lead will quality assure the content of any safeguarding notifications to the local authority and the Care Quality Commission and ensure the alert is recorded on the safeguarding log for the community.
- 11.8** Contact details of all relevant people can be found at the back of this policy. Further information about whistleblowing can be found in our whistleblowing policy.
- 11.9** However, you should respect the needs and wishes of the person at risk, taking into account the nature of the concern. Further information on this is given in the

section 14: 'guidance on making safeguarding personal, confidentiality and information sharing'.

12. How to record a disclosure

12.1 To record a disclosure:

- make a note of what the person said using his or her own words as soon as practicable as this may be used for legal purposes
- use anything you have to hand to make the note as it is important you make the note as soon as practicable, you can prepare a more formal note on the relevant CVT documentation and use a body map later
- add the date and time written and sign that note
- describe the circumstances in which the disclosure came about
- note the setting and anyone else who was about
- make a drawing or use a body map if relevant
- make sure information is factual; if you wish to make a personal comment or observation ensure this is noted separately
- record what the person at risk wants to happen (outcome).

12.2 Complete [Safe B: Detailed safeguarding statement](#), as soon as practicable once you have reported to the safeguarding lead (See appendix). The completed [Safe B](#) is to be forwarded as soon as possible to notify the Director of Care and Support and the head of quality and health and safety that a safeguarding concern has been raised.

12.3 When you are providing information, you should take care to distinguish between fact, observation, allegation and opinion. It is important that, should any information exchange be challenged e.g. as a breach of confidentiality or of the Human Rights Act, the information can be supported by evidence.

12.4 **If you are in the least unsure then seek advice from your safeguarding lead or Director of Care and Support who will be able to advise and provide support.**

13. The importance of preserving or protecting evidence

13.1 Your first responsibility is the **safety and welfare of the abused person**, but immediate action may be necessary to preserve or protect evidence.

13.2 Action may be vital in any future proceedings and the success or failure of any investigation may depend upon what you **do** or **not do** in the time whilst you are waiting for the police to arrive.

13.3 If possible, try not to touch or move anything that may be connected to the incident.

13.4 As soon as you can, report the situation to your safeguarding lead and seek their advice.

13.5 In traumatic situations, it may not be possible to follow guidance exactly. Do the best you can.

14. 'Making safeguarding personal', confidentiality and information sharing

14.1 If a person you are supporting makes a disclosure and requests that it be kept confidential you need to inform the person that you will try to maintain and respect their right to confidentiality as far as possible, but that you cannot keep it a secret and will need to inform the community's safeguarding lead, for the protection and best interests of that person and others.

14.2 Making Safeguarding Personal (MSP) is a sector led initiative which aims to develop an 'outcomes' focus to safeguarding work and a range of responses to support people to improve or resolve their circumstances. It is about seeing people as experts in their own lives and working alongside them. It is about having conversations with individuals about what they would like to see happen in their own safeguarding.

14.3 The adult at risk must be central to the decision about who you need to inform and why. The [Safe B](#) form records whether the person has been informed that a referral to safeguarding is being made and if so, what outcomes they are looking for. The wishes of the person at risk must be considered and they should also be kept informed and involved throughout the process. (LGA/ADASS: Making Safeguarding Personal Outcomes framework, 2018).

14.4 As part of involving the person we support in the safeguarding process, it may be appropriate, according to the nature of the concern and how the concern is being managed, to have a dialogue with the person around how they can keep themselves safe and involving them in developing a 'keeping me safe' plan. See appendix.

14.5 On conclusion of the safeguarding process, the [Safe C](#) form records if the person at risk is happy with the outcome of the safeguarding process. The 'keeping me safe' plan can inform this.

14.6 Within the safeguarding framework **information must be treated as confidential at all times** and staff will be bound by the ethical and statutory codes that cover confidentiality and data protection. Information should be shared on **a need to know basis** as otherwise an investigation could be jeopardised and someone put at further risk.

15. What happens next?

15.1 As the alerter, information will be shared with you, as appropriate, with regard to the progress of the safeguarding process.

15.2 You may be invited to co-operate with any investigation. This may include:

- providing a statement
- being interviewed
- attending strategy and case conferences
- contributing towards the plans for the adult at risk's care, support and protection, depending on your level of support for the individual.

15.3 The community safeguarding lead will maintain a record of activity in respect of the safeguarding alert by completing [Safe C: Safeguarding alert record](#) (see appendix).

15.4 [Safe C](#) will record the outcome of any investigation and further action taken or to be taken to safeguard the needs of the individual, address any concerns identified and follow up undertaken with staff. Any lessons learned or changes to be made at an organisational level will also be documented. The [Safe C](#) form must be forwarded to the Director of Care and Support and the head of quality and health and safety on completion.

16. Supporting yourself

16.1 Alerting, witnessing or being involved in a safeguarding alert can be stressful and cause anxiety. It is important that this is acknowledged and you are supported to deal with potential feelings of anxiety, stress and anger. In the first instance, this will be your line manager or safeguarding lead.

16.2 In addition, CVT can provide access to support and counselling within a safe and confidential setting.

16.3 Staff should feel free to use the confidential employee assistance programme which is available 24 hours a day. [Health Assured](#) can be contacted on freephone 0800-030-5182 for confidential support and advice.

17. Training for staff

17.1 All staff will complete Level 1 face to face safeguarding training on induction and 3 yearly thereafter. An annual on-line safeguarding update will also be completed.

17.2 Safeguarding leads, team leaders and care and support managers will complete Level 3 safeguarding training and refresh 3 yearly.

17.3 Senior and general managers will complete Level 4 safeguarding training and refresh 3 yearly.

18. Contact details for raising an alert or seeking advice

CVT and Community contacts: see safeguarding flowchart

Janine Moorcroft - Director of Care and Support
07741-890463

Mike Bagnall - Head of Quality and Health and Safety
07531-456496

Otherwise, contact the CVT Trust Office on 0845 0944638 and they will arrange for someone else to talk with you

Deborah Kitson, external advisor - CVT Quality Committee
0115 9515400

External contacts:

Your local authority safeguarding team:

Local authority prevent co-ordinator:

Care Quality Commission: 03000 616161

Ann Craft Trust - 0115 9515400

We do recommend you read our Whistleblowing Policy first and seek advice.

Responsible individual: Director of Care and Support

Endorsed by: Approved by the Board of Trustees

Date of endorsement: 8.10.19

Review date: Reviewed 12.11.20

Appendix 1: How to respond to someone who has alleged that they are being abused

Do:

- Make the situation safe
- try to remain calm and not show shock or disbelief
- listen carefully
- acknowledge what has happened to them and show concern
- reassure the person they have done the right thing by telling you
- reassure the person they have done nothing wrong
- ask the person what they want you to do but do not make promises
- follow the guidance on recording disclosures.

Do not:

- ask probing questions
- interrupt a person who is freely recalling
- show shock, horror, anger, disbelief or embarrassment
- promise to keep secrets but advise the person you will have to inform someone
- talk to anyone else (including other members of staff) about what has happened without the agreement of the person you have reported to
- approach the alleged perpetrator.


If the person is in need of urgent medical treatment or you are fearful for yourself or the person you are supporting, telephone the emergency services immediately on **999**.

The person at risk may not understand they are at risk and so not realise the significance of what they are telling you. Some disclosures may happen many years after the abuse. There may be good reasons for this: the alleged abuser may no longer be working with them, and the abused person may have felt threatened or intimidated.


Appendix 2: Local Authority Safeguarding Adults Boards

 Hertfordshire:

<http://www.hertfordshire.gov.uk/HSAB>

 North Yorkshire:

<http://www.nypartnerships.org.uk/sab>

 Redcar and Cleveland:

<http://www.tsab.org.uk>

 Gloucestershire:

<http://www.gloucestershire.gov.uk/gsab/safeguarding-adults-board/>

 Dudley:

<http://www.safeguarding.dudley.gov.uk/adult/safeguarding-adults-board/>

 Middlesbrough:

<http://www.tsab.org.uk>

 Worcestershire:

<http://www.worcestershire.gov.uk/wsab>

Appendix 3: Key government initiatives and legislation

■ **Sexual Offences Act 2003**

The Sexual Offences Act introduced a number of new offences concerning vulnerable adults and children. www.opsi.gov.uk

■ **Mental Capacity Act 2005**

Its general principle is that everybody has capacity unless it is proved otherwise, that they should be supported to make their own decisions, that anything done for or on behalf of people without capacity must be in their best interests and there should be least restrictive intervention. www.dca.gov.uk

■ **Safeguarding Vulnerable Groups Act 2006**

Introduced the new Vetting and Barring Scheme and the role of the Independent Safeguarding Authority. The Act places a statutory duty on all those working with vulnerable groups to register and undergo an advanced [vetting](#) process with criminal sanctions for non-compliance. www.opsi.gov.uk

■ **Deprivation of Liberty Safeguards**

Introduced into the Mental Capacity Act 2005 and came into force in April 2009. Designed to provide appropriate safeguards for vulnerable people who have a mental disorder and lack the capacity to consent to the arrangements made for their care or treatment, and who may be deprived of their liberty in their best interests in order to protect them from harm. www.dca.gov.uk

■ **Disclosure and Barring Service 2013**

Criminal record checks: guidance for employers - How employers or organisations can request criminal records checks on potential employees from the Disclosure and Barring Service (DBS). www.gov.uk/dbs-update-service

■ **The Care Act 2014**

The Care Act introduces new responsibilities for local authorities. It also has major implications for adult care and support providers, people who use services, carers and advocates. It replaces No Secrets and puts adult safeguarding on a statutory footing. www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation

■ **Making Safeguarding Personal Guide 2014**

This guide is intended to support councils and their partners to develop outcomes-focused, person-centred safeguarding practice. www.local.gov.uk/documents/10180/5854661/Making+Safeguarding+Personal+-+Guide+2014/4213d016-2732-40d4-bbc0-d0d8639ef0df

■ **Prevent duty guidance 2015**

www.gov.uk/government/publications/prevent-duty-guidance

Appendix 4: Guidance for supporting people who regularly make false allegations

CVT is committed to raising concerns of abuse of adults at risk in order to ensure their safety. We all have a duty to report suspicions or disclosures of abuse, and failure to do so is a failure in your duty of care and may result in disciplinary action being taken. However, we recognise that from time to time some people who we support make false allegations. For a small minority this can occur frequently and we recognise that this can be stressful for staff.

This guidance does not replace any existing reporting procedures and it should be read in conjunction with the CVT Safeguarding Adults at Risk Policy and Procedure. Its aim is to help you think about some additional safeguards you may need to have in place and questions you may wish to ask if you support a person who makes false allegations.

Guidance for Safeguarding Plans

1. Keeping good records and making sure all allegations are reported is very important. Design a recording format that allows you to capture what was said, when it was said, how it was said, the time it was said and who else was around when the allegation was made. Good recording will help you look for patterns e.g. you may discover the allegations are made at the same time or on the same day. The allegation may be made when a certain person is around or before/after an activity. It may be that the allegation is linked to something that happened a long time ago so you may need to explore the person's past.
2. It is essential you have a detailed individual safeguarding plan for that person in place. This plan will ensure that the person is responded to appropriately and that the person's needs are not ignored. A person known to have made false allegations is at risk of being disbelieved when they may be raising a genuine concern. The plan should be written with the local authority safeguarding adult's team and may include others e.g. the person's family and carers if appropriate.
3. The plan should detail the person and the allegations that they make, explaining the words that they use or the signs that they make when making allegations. It should also detail who they usually tell and other relevant details.
4. The safeguarding plan should explain to staff how they should react to the person when they make the allegation. Never assume that an allegation is false on the basis that false allegations have been made previously.
5. The plan should detail how and to whom the allegation should be reported. In cases like this there may be a different reporting procedure than that usually implemented with the local authority safeguarding team. **If not, you must follow the normal reporting procedures for allegations of abuse.** It is important that you inform the person you are reporting to that there is an individual safeguarding plan.

6. The plan should detail what happens if the allegation has been investigated and is proven false i.e. how is this feedback given to the person, what follow up work does the person need? It is essential that you have a good understanding about the person and their level of understanding. You may want to spend time talking to the person about the allegations and the impact it has caused. It is important to ensure that this approach does not become punitive and confusing for the individual. In this case alternative means of working with them on this issue should be explored e.g. training, role play.
7. It is important that you question why the person is making false allegations and whether there is another reason for this e.g. what is happening in the person's life? How much power and control do they have over other aspects of their life? There is usually a reason that a person acts in this way and it is part of our role as supporters to try to ascertain the reason. The person may benefit from counseling from an outside source. You should make a referral to the psychology or challenging needs team or your local multi-disciplinary team.

Appendix 5: Safeguarding forms and flowcharts

- Safe A - Summary record of alert for Support file
- Safe B - Detailed alert for Safeguarding file
- Safe C - Safeguarding outcome record for Safeguarding file
- 'Keeping me safe' plan
- Flowchart procedure for reporting and recording abuse
- Flowchart procedure for Incident reporting
- Serious Incident reporting flowchart (Charity Commission)

See Sharepoint for current forms and flowcharts.