# Safeguarding Vulnerable Adults Policy

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<td><strong>Lead Manager:</strong></td>
<td>Tracey Thompson</td>
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## Policy history

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1. **Policy Statement of Intent**

The Motor Neurone Disease Association provides services to a wide range of people throughout England, Wales and Northern Ireland and we recognise that some people with whom we are in contact are vulnerable adults at risk.

All staff members and volunteers of the MND Association play an important part in promoting the safety and protection of the adults at risk with whom the Association works.

The aim of this policy is to ensure that the Association acts appropriately when it becomes aware that a vulnerable adult is at risk of abuse or neglect. It also provides a framework which ensures that those involved in the care of adults at risk have the appropriate information and support to enable them to take the necessary steps to stop the neglect/abuse happening. Furthermore, the Association must have appropriate mechanisms in place to prevent neglect or abuse by any employee, supporter, volunteer or associate of the organisation.

This policy is designed to inform and offer guidance to staff and volunteers in all Directorates across the MND Association, in the management of issues relating to protecting, safeguarding and promoting the welfare of vulnerable adults. Whilst we are not a statutory social care organisation all staff and volunteers, from whichever Directorate, have an obligation and responsibility to be aware of and report concerns related to protection, safeguarding and promotion of the welfare of adults at risk from abuse.

This policy will be reviewed and revised as and when it becomes necessary and at least every two years.

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1 Those responsible for investigating and coordinating all incidents of suspected abuse are: the Police, Local Authority Adult's Social Care in England and Wales; and the Health and Social Services Board and/or the Police in Northern Ireland.
2. Principles

The MND Association’s safeguarding arrangements are underpinned by the following key principles:

2.1 **Safeguarding is everyone’s responsibility:** for those adults we work with or come into contact with to be safe and for our services to be effective, each employee and volunteer must play their full part in safeguarding vulnerable adults.

2.2 All staff and volunteers working with vulnerable adults must listen to what they say; take their views seriously; and work with them collaboratively when deciding how to support their needs, as appropriate.

2.3 Procedures are in place to ensure concerns of abuse or neglect are dealt with appropriately and that action is taken promptly.

2.4 Recruitment and selection policies and procedures for staff and volunteers will take account of the need to safeguard and protect vulnerable adults at risk. This will include the introduction and adoption of Safer Recruitment tools and techniques.

2.5 Induction training for all new staff and volunteers will include safeguarding related policies and procedures. ‘Protection Of Vulnerable Adults’ (POVA) training will be provided every two years for all staff regardless of role unless there are legal or policy updates, in which case additional training will be required. Safeguarding training will be delivered at a number of different levels dependent on staff or volunteer’s level of responsibility and their likely direct or indirect contact with vulnerable adults. Staff and volunteers will have access to appropriate guidance and support when required and as appropriate.

2.6 All staff and volunteers will have access to a Designated Safeguarding Manager within the Association and details of the appropriate local agencies to which they can report safeguarding concerns. The Designated Safeguarding Manager will be a Regional Delivery Manager (RDM) or a member of the Care Directorate Leadership team.

2.7 The Association will nominate a Safeguarding Lead (at a Director level) who will be responsible for maintaining a strategic overview of all safeguarding matters within the MND Association – this is not the same role as Designated Safeguarding Manager.

2.8 The policy reflects the differences in health and social care structures and legislation for safeguarding vulnerable adults across England, Wales and Northern Ireland. The
The MND Association adopts the same principle that safeguarding and promotion of the welfare of vulnerable adults is paramount.

2.9 Managers will ensure that all staff complete safeguarding training during their probationary period. The level of safeguarding training required will be dependent upon a person’s role description and level of responsibility, and identified at staff supervision and performance management review.

2.10 Staff in the Care and Volunteering Directorates must be encouraged to enhance their knowledge concerning safeguarding adults at risk of abuse and neglect, by also accessing local training and information provided by Local Safeguarding Adults Boards and other suitable local external providers, as appropriate.

2.11 All Staff who have direct contact with adults and their families/carers online, by telephone or face to face should be encouraged to access additional training and information that may enhance their role and confidence in identifying risks and concerns about vulnerable adults. This may be training provided by Local Safeguarding Adults Boards and other suitable local external providers, as appropriate.

It is the responsibility of all managers in The MND Association to be conversant with this policy and its practice implications and to ensure that all staff and volunteers for whom they are responsible understand the policy, are aware of their responsibilities within it and are sufficiently trained and supported to deliver the procedures set down in this policy.
3. Definitions

3.1 Who is an adult at risk of abuse?

An adult at risk is a person aged 18 years or over who is or may be in need of community care services by reason of mental health issues, learning or physical disability, sensory impairment, age or illness and is or may be unable to take care of him/herself, or unable to protect him/herself against harm or exploitation.

3.2 What does mental capacity mean?

Mental capacity refers to a person’s ability to make decisions for themselves or about their own life. Some people have difficulties in making such decisions. This is called ‘lacking capacity’. Under the Mental Capacity Act 2005 there are laws governing who can make decisions on someone else’s behalf which help safeguard adults at risk of abuse.

3.3 What do we mean by abuse?

Abuse is a violation of a person’s human rights or dignity by any other person or persons. There are many kinds of abuse, which can be carried out deliberately or unknowingly and it may be a single or repeated act. Abuse includes:

- **Physical**: Including hitting, slapping, pushing, kicking, squeezing, shaking, suffocating, punching, drowning, burning/scalding, restraint or inappropriate sanctions.
- **Sexual**: Including rape and sexual assault or sexual acts including activities such as looking at or being involved in the production of pornographic material or watching sexual activities or encouraging individuals to behave in sexually inappropriate ways; to which the adult at risk has not consented, could not consent or was pressured into consenting.
- **Psychological**: Including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation/belittling, name-calling, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.
- **Financial or material**: Including theft, fraud, selling of assets, exploitation, pressure in connection with wills, property or inheritance or financial transactions, the misuse or misappropriation of property, possessions or benefits.
- **Neglect or acts of omission**: Including ignoring medical or physical care needs, failure to provide access to appropriate health care, social care, education services or misuse of medication, adequate nutrition or heating, leaving in soiled clothes, exposing a person to unacceptable risk, omitting to provide or ensure adequate care and supervision.

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3 Department Of Health – No Secrets Guidance (2000)
• **Discriminatory**: Including racist, sexist behaviour and harassment based on a person’s ethnicity, race, culture, sexual orientation, age or disability, and other forms of harassment, slurs or similar treatment.

• **Institutional abuse**: This can sometimes happen in residential homes, nursing homes or hospitals when people are mistreated because of poor or inadequate care, neglect and poor practice that affect the whole of that service.

• **Human and Civil Rights**: the denial of or coercive influence on an individual’s rights to be registered to vote; the right to be treated as an equal with dignity and respect; the right to speech and movement (where physically possible).

This is not an exhaustive list but provides a guide to the most regular forms of abuse.

3.4 Any of these forms of abuse can be either deliberate or the result of ignorance or lack of training, knowledge or understanding. Often if a person is being abused in one way they are also being abused in other ways.

3.5 **Who may be an abuser?**

The person who is responsible for the abuse may be a stranger but is often well known to the person being abused and could be:

- A relative/family member.
- Professional/staff member.
- Paid care worker.
- Volunteer.
- Other service user.
- Neighbour.
- Friend or associate.

3.6 **What are the signs?**

Some of the following signs might be indicators of abuse or neglect:

- Multiple bruising or finger-marks.
- Injuries the person cannot give a good reason for.
- Deterioration of health for no apparent reason.
- Loss of weight.
- Inappropriate or inadequate clothing.
- Withdrawal or mood changes.
- A carer who is unwilling to allow access to the person.
- An individual who is unwilling to be alone with a particular carer.
- An unexplained shortage of money.

With respect to the **Association’s online Forums**, online moderators may also be alerted by the following signs:

- Posting of inappropriate photos, images or videos.
- Suicide notes or good-bye letters.
- Discussion of intentions to undertake risky activities, e.g. self-harm or injury.
- Discussion of illegal activities, e.g. substance misuse.
• Sharing of personal information or pressurising others to share personal information, e.g. email addresses, phone numbers, instant-messaging.
• Change in the tone of messages.
• Direct reference to issues of a safeguarding nature, e.g. disclosure of abuse.

3.7 What is meant by the term ‘Appropriate Agency’?
These agencies are responsible for the investigation and coordination of all incidents of suspected abuse. This would the jurisdiction of the agency closest to where the adult at risk is residing.

Where there is an indication that a criminal offence has been committed the appropriate agency is ALWAYS the police.

In England these are the Police, Local Authority Adult's Social Care.
In Northern Ireland this is the Health and Social Services Board and/or the Police.
In Wales this is the Police or the Local Authority Adult Protection Team.

3.8 Designated Safeguarding Manager
This is the manager designated within the Association to whom any safeguarding concerns should be reported.

Staff and volunteers should report any safeguarding concerns to their immediate line manager in the first instance. The line manager will report those concerns, in turn, to the Designated Safeguarding Manager who will be a Regional Delivery Manager (RDM) or a member of the Care Directorate Leadership team. If concerns are raised outside of office hours, staff and volunteers should contact the manager on call (see appendix 3)
4. **Legal and Policy Context**

There are a number of key pieces of legislation which set out the framework for all agencies working with vulnerable adults. In summary these are:

- The Care Act 2014 (updated March 2016).
- Information Sharing Guidance (Department of Health).
- Commissioning for Better Outcomes (Department of Health, Local Government Association, ADASS, Think Local, Act Personal).
- Prevention in Safeguarding (Social Care Institute of Excellence, 2011).
- Gaining access to an adult suspected to be at risk of abuse or neglect – a guide for social workers and managers in England (SCIE, 2014).
- Social Services and well-being (Wales) Act 2016.
- Regulation and Inspection of Social Care (Wales) Act 2016.

Please refer to Appendix 4 for detail relating to each piece of legislation.
5. Reporting Allegations or Suspicions of Abuse: Procedure for Staff and Volunteers in all Directorates

Please refer to flowchart diagram - Procedures to be followed by all staff and volunteers for reporting serious concerns about a vulnerable adult – in Appendix 1

5.1 The first priority should always be to ensure the safety and protection of the adult at risk. To this end, if any person in the MND Association reasonably suspects or is told that an adult at risk is being, has been, or is likely to be abused they must take immediate action as set out in this policy and pass on their concerns to the designated safeguarding manager or appropriate agency.

The following procedures should be followed if you are required to make a referral to Local Authority Social Care in England/Wales or Health and Social Services Board in Northern Ireland:

5.2 It is important to emphasise to anyone seeking assistance from the MND Association that we are NOT an agency with statutory powers to investigate allegations of abuse or neglect. Neither can we remove vulnerable adults from abusive situations. But you do need to stress that you will have to share your concerns with a manager within the MND Association and possibly make a referral to a statutory agency, as we have a responsibility to pass on such information where there is a vulnerable adult suffering or likely to suffer significant harm. These agencies are:

In England and Wales:

- Local Authority Adult Social Care
- The Police

In Ireland:

- Health and Social Care Board

If the person disclosing information to you is at risk of immediate physical harm or danger, ask them to call 999 and ask for the police, or alternatively make the call yourself. However, Adult Social Care Services should be contacted at the same time, to ensure that the safeguarding element is reported and followed up. A note must be placed on Raisers Edge (RE) in the ‘safeguarding/POVA Notes’ section.
Pre-Referral

5.3 If an adult discloses concerns/abuse, staff and volunteers should:

- Listen and acknowledge what is being said.
- Be reassuring and calm.
- Be aware that the person’s ability to recount their concern or allegation will depend on age, culture, language and communication skills and disability.
- Not promise full confidentiality.
- Ask their consent to take up their concerns.
- Explain what you’ll do next.
- Try to encourage and support them to share their information.
- Don’t talk to the alleged abuser – confronting the abuser could make the situation much worse for the individual making the allegations, e.g. in situations where there is domestic violence.
- Don’t delay in reporting the abuse – the sooner the abuse is reported after disclosure the better. Details will be fresh in your mind and action can be taken quickly.
- Consult with your line manager, who in turn will discuss with the Association’s Designated Safeguarding Manager the Designated Safeguarding Manager.

5.4 If a concern or allegation is made about a staff member or volunteer within the Association: do not inform the person in question as this might prejudice any police investigations. Contact your line manager immediately, who in turn will contact the Designated Safeguarding Manager and the Head of HR. If it is outside of office hours, contact the manager on call (see Appendix 3)

5.5 If the concerns or allegations are raised by another person, e.g. a member of the public or another professional: the staff member/volunteer receiving the allegation must make notes of the information and contact their line manager who in turn will contact the designated safeguarding manager, who must consult with them immediately about what action to take.

5.6 If an adult discloses abuse of another adult to a member of MND Association’s staff/volunteer, the staff member/volunteer who receives the information must make it clear to that person that the information will be passed to their line manager for consultation and for further action to be taken. If the member of staff/volunteer has any reason to believe that having this conversation could place themselves or the vulnerable adult at risk, they must ask another member of staff/volunteer to join them if possible. If this is not possible, e.g. due to lone working, they should listen attentively but must take every precaution to maintain their own safety and end the conversation if necessary.
5.7 All staff and volunteers are responsible for contacting their immediate line manager as a matter of urgency to discuss a concern to reduce any further harm to the vulnerable adult. Where concerns arise outside of normal office hours, the ‘out of hours’ response service should be contacted. It is the line manager’s responsibility to offer immediate support and guidance.

Out-of- Hours Emergency Response Service

1. An out-of-hours Emergency Response Service will be provided by the MND Association Care Directorate for the Safeguarding of adults and children/young people.

2. The out-of-hours service will operate at the following times:

   **Monday-Friday 5:00pm - 11:00pm**
   **Weekends & Bank Holidays 10:00am-10:30pm**

3. Outside of office hours staff and volunteers should telephone:

   **03453 751855** for the Designated Safeguarding Person.

4. The Designated Person will respond to the initial telephone call *within 2 hours* by telephoning back the staff member or volunteer on the number that they have given.

5. The Designated Person will provide advice on the situation and support the staff member or volunteer in respect of any immediate action that needs to be taken.

6. The Designated Person will ensure that a Director of Care is informed of any implementation of the Safeguarding Policy.

7. It is not expected that the Designated Person will be necessarily responsible for taking further action nor will they always have access to any computer or paper-based information such as details of local statutory service providers.

8. The Designated Person will log the call and follow-up the staff member or volunteer the next day to ensure that the call has been made and support given as necessary.

9. A record of the situation and actions taken will be recorded on the Association’s electronic record within the ‘notes’ section. In addition a note will be made in the ‘important information’ section which alerts colleagues, i.e. ‘Children/Young People Safeguarding or POVA added’ (with date of addition).

5.8 Staff and volunteers should never feel inhibited to seek advice and guidance about any concern for a vulnerable adult’s safety and wellbeing.
Making a Safeguarding Referral

Please refer to the flowchart diagram in Appendices 1 - Procedures to be followed by all staff and volunteers

5.9 All decisions about managing a safeguarding concern should not be made by one person in isolation; unless the adult is at risk of immediate physical harm or danger. In this situation, call 999 and ask for the police. **You should then contact your immediate line manager for further guidance and support, who in turn will inform the Designated Safeguarding Manager.** Where concerns arise outside of normal office hours, the ‘out of hours’ response service should be contacted.

5.10 All concerns regardless of whether they lead to a referral should be discussed with a line manager as soon as possible. A decision should then be made about whether a referral is appropriate. This is the same for all Directorates.

5.11 For **volunteers**, the immediate line manager is defined as follows:

- For all **Care Volunteers, including Association Visitors**, it is the MND Connect Helpline, their Regional Development Care Adviser (RCDA) or the emergency out-of-hours response service, who in turn, will report to the Designated Safeguarding Manager.
- For **Branch and Group volunteers and supporters**, it is MND Connect helpline, who in turn would report to the Designated Safeguarding Manager.
- For **Trustees**, it is a Director of Care.

As outlined in 2.8, the **Designated Safeguarding Manager** will be a Regional Delivery Manager (RDM) or a member of the Care Directorate Leadership Team.

Where concerns arise outside of normal office hours, advice should be sought from those on ‘out of hours’ response service list (see **Appendix 3**).

5.12 A telephone call to the relevant Adult Social Care service or the Police should be the first action when initiating a referral during office hours; outside of office hours the referral will be made to the Social Care Emergency Duty Team (EDT) or the Police.

5.13 It is the responsibility of the duty social worker to assess the risk to the vulnerable adult. All referrals should be followed up with a written referral. Note: staff/volunteers should provide as much detail as they have. It can be helpful to make accurate notes on what the individual adult making an allegation said to you. Social care services will require:

- Personal details (name, age, address).
- Details of carers if known.
- How extensive is the abuse?
• What impact is the abuse having on the well-being of the adult?
• Are other people being harmed, intimidated, or threatened?
• Has the abuse been carried out deliberately?
• Has the law been broken?
• What is the risk of this happening again to this adult?
• Are other people at risk?
• Will the person need a medical assessment (for non-life threatening situations)?

It is worth remembering that in most cases the individual and family of concern need support. Services will often work with the family, not against them.

5.14 The staff member or volunteer making the referral (the referrer) should be given details from the person in Social Care, the Emergency Duty Team or Police Officer receiving the referral. The referrer is responsible for recording these details within their notes. This should include:

• A contact name and telephone number.
• Any action they intend to take.
• When the action will take place.
• What the referrer should say to the adult.
• Any additional action required by the referrer.
• Whether they intend to feedback to the referrer about the action they take.

5.15 A record of the conversation, including person’s name, telephone number, time and outcome should be logged in the safeguarding POVA notes within Raisers Edge (RE). Refer to Safeguarding Recording Guidance in Appendix 5.

5.16 The written ‘referral form’ to Adult Social Care should be completed by the person initiating the referral immediately following the telephone referral.

5.17 The immediate line manager, in consultation with the Designated Safeguarding Manager, will be available for advice and guidance and should provide additional assistance to complete the referral form and send to the appropriate social care agency for all staff within all directorates. Additional assistance will be provided to volunteers to complete the referral form.

Confidentiality

5.18 Disclosure by a vulnerable adult of abuse, ill treatment or neglect, and the consequences of such a disclosure is not easy. It is likely to have profound effects
on that individual and other family members. It may be difficult for them to agree to a referral to statutory services.

5.19 All vulnerable adults receiving support or services from the MND Association must be made aware complete confidentiality is not possible where there is risk of significant harm or abuse to them or any other individual. Please refer to the Association's Confidentiality Policy for details.

5.20 Where an individual has not consented to sharing information for a referral the reasons for the referral need to be clearly explained to them so that any ongoing/future supportive relationship can be maintained as far as is possible.

5.21 Any decision to breach or not to breach confidentiality, together with those reasons for doing so, must be recorded in the safeguarding POVA notes section on Raisers Edge (RE).

5.22 Under no circumstances should an alleged abuser be alerted, directly or indirectly, that concerns have been raised. This may result in important evidence being lost. Formal investigations will be carried out by the appropriate statutory agencies.

5.23 It is good practice to inform an adult at risk from abuse that a safeguarding referral concerning them is being made where appropriate dependent on the capacity and understanding of the adult. It should be made clear that this will be a statutory agency that will make a decision about what help and support they need to stay safe.

Informing your Manager of the Referral

5.24 On completion of the written referral form it should be sent to the Line Manager. The line manager should check that the referral form contains all relevant information about the concern discussed, including contact information for adult social care should they need further contact with the Association. Where necessary the line manager will provide support to staff to complete the referral form. Additional assistance will be provided to all volunteers.

5.25 The referral should be sent by the line manager, as a PDF document, via secure email, to Adult Social Care.

5.26 All safeguarding referrals should be recorded within the Association’s central safeguarding log.
Recording Guidance

5.27 Whenever concerns are raised about an adult at risk, whether through an allegation or the observation of a set of circumstances, it is crucial to make and keep an accurate record - see Appendix 7 General Principles of Recording. Line managers must use the staff and volunteer supervision structures to address safeguarding practice issues and concerns.

5.28 The following guidance should be followed:

- Whenever possible and practical, take notes during any conversation.
- Ask for consent to do this and explain the importance of recording information.
- Explain that the person giving you the information can have access to any information about them.
- Where it is not appropriate to take notes at the time, make a written record as soon as possible afterwards and always before the end of the day.
- Record the time, date, location, format of information (e.g. letter, telephone call, direct contact) and the persons present when the information was given.
- Include as much information as possible but be clear about which information is fact, hearsay, opinion and do not make assumptions or speculate.
- Include the context and background leading to the concern or disclosure.
- Include full details of referrals to Adult Social Care and the Police.
- Pass all original records to the MND Association Designated Safeguarding Manager.

5.29 If the adult is not a service user and does not have a RE record, a new record must be made on RE, which will be kept securely and will contain all records, logs, events and information relating to the particular adult as appropriate.

Allegations against staff or volunteers

5.30 **Allegations about staff or volunteers abuse of an adult** must be raised immediately with a Director of Care who will alert the appropriate agency. The Director in consultation with HR will make a decision to suspend or remove the employee or volunteer from active service pending the outcome of an investigation.

5.31 If a Director of Care is suspected of abuse, this should be reported to the Chief Executive.

5.32 If a Trustee or Chief Executive is suspected of abuse this should be reported to the Chair of Trustees, supported by a Director of Care.
5.33 Personal information may be disclosed without the individual's consent if there are reasonable grounds to believe that an individual is at risk of harm (see Confidentiality Policy).

The procedures for managing allegations of abuse against a staff/volunteer abusing or harming a vulnerable adult is set out in Appendix 6: 'Allegations against MND Association Staff/Volunteers'.

See also Appendix 6 for 'Flowchart: procedure for allegations made against staff or volunteers'.


6. Supporting Policies

Recruitment and Training Policy
Confidentiality Policy
Recruitment of Offenders Policy
Grievance & Disciplinary Policy
DBS Vetting or identified posts
Whistle Blowing Policy
Equality & Diversity Policy
Complaints Procedure
Volunteering Policies
Data Protection Policies
Lone Working Policy
7. Risk Assessment

The risks of not observing this safeguarding vulnerable adults policy, include:

- Abuse or harm to a vulnerable adult.
- Potential damage to the reputation of the Association.
- Potential risk of legal action.
- Loss of confidence and trust in the Association.
Appendix 1

Procedures to be followed by all staff and volunteers for reporting serious concerns about a vulnerable ADULT *

On receipt of a safeguarding concern or allegation; if the person disclosing to you is at risk of immediate danger or harm, ask them to call 999 and ask for the police, or make the call yourself. Then inform your Designated Safeguarding Manager or Director of Care.

Where there is no immediate danger to an individual, and where appropriate, inform the vulnerable adult of the safeguarding process to be followed.

Discuss with your Designated Safeguarding Manager, on whether a referral should be made to the appropriate agency (contact the out of hours response service, outside of normal office hours).

If decision is to refer, then alert made to the appropriate agency and a Director of Care informed. Complete a written Safeguarding Referral Form (provide a LINK to referral form here). The designated safeguarding manager is likely to make the referral to the appropriate agency on your behalf.

The Safeguarding Designated Manager to agree with staff member or volunteer an Action Plan to include:

- Cooperation with the investigation by the appropriate agency including how the adult at risk is to be supported, going forward;
- Review the actions taken;
- Manage possible implications of making a referral;
• Support person raising the concerns;
• Ensure records are made on RE in accordance with our Confidentiality policy;
• Ensure incident is recorded on our safeguarding monitoring figures; and
• Flag up potential risks for Association staff/volunteers visiting individual concerned in the future

*This flowchart is for reference only and should not be used in isolation. Reference must to be made to the relevant written procedure*