



# THE NEUROLOGICAL ALLIANCE

## Adults Safeguarding Policy and Procedures

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### Introduction

This policy sets out the key elements and overarching principles of the Neurological Alliance's commitment to safeguarding. Safeguarding is a term used to describe activity aimed at ensuring that children and adults who need care and support are not abused.

The Neurological Alliance acknowledges its duty of care to safeguard and promote the welfare of vulnerable adults and is committed to ensuring safeguarding practice reflects statutory responsibilities, government guidance and complies with best practice requirements.

We expect our partner organisations, including for example, suppliers and sponsors to adopt and demonstrate their commitment to the principles and practice as set out in this Safeguarding Adults Policy and associated procedures.

## Scope

This policy applies to all people working for the Neurological Alliance or on our behalf of the Neurological Alliance in any capacity, including employees, trustees, agency workers, seconded workers, volunteers, contractors and suppliers.

All staff and volunteers who have contact with vulnerable adults and children have a duty to act if they have any concern that an adult or child is being abused, neglected or exploited.

The policy and procedures will be provided to all contractors working on behalf of the Neurological Alliance when appropriate. Failure to comply with the policy and procedures will be addressed without delay and may result in the contract with the contractor being terminated immediately.

## Our commitment

As part of our Safeguarding Policy the Neurological Alliance will:

- prioritise the safety and wellbeing of vulnerable adults
- be alert to the potential indicators of abuse or neglect for adults at risk and know how to act on those concerns in line with local guidance and the law
- ensure everyone understands their roles and responsibilities in respect of safeguarding and receive training appropriate to their role
- be equipped to recognise, prevent, identify and respond to signs of abuse, neglect and other safeguarding concerns relating to vulnerable adults
- ensure adults impacted by neurological conditions who are in contact with the charity and have care and support needs, whether provided or not, are protected effectively from abuse, harm and neglect. This includes self-neglect.
- ensure appropriate action is taken in the event of incidents/concerns of abuse
- ensure that confidential, detailed and accurate records of all safeguarding concerns are maintained and securely stored
- prevent the employment / deployment of unsuitable individuals
- ensure robust safeguarding arrangements and procedures are in operation
- ensure that the charity complies with existing legislation and statutory guidance. In carrying out these statutory duties/responsibilities, we must take account of:
  - HM Government (2014) The Care Act
  - DH (2017) Care and Support Statutory Guidance [\(updated in January 2023\)](#)

- NHS England (July ~~2015~~2022) Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework
- Department for Constitutional Affairs (2007) Mental Capacity Act 2005: Code of Practice
- DH 2011 Safeguarding Adults: The Role of Health Services
- The policies and procedures of the relevant Local Safeguarding Adults Board (LSAB)
- ~~HM Government (2011) Prevent Strategy~~
- Mental Capacity Act (2005) including 2011 and 2019 amendments
- Equality Act 2010
- Safeguarding Vulnerable Groups Act 2006
- Data Protection Act 1998 and 2018

We will take action to be aware of any updates or changes to safeguarding legislation and update our policies, training and practices to implement these and protect vulnerable adults from abuse, neglect or harm.

This policy recognises that the welfare and interests of vulnerable adults are paramount in all circumstances. It aims to ensure that regardless of age, ability or disability, gender, gender reassignment, race, religion or belief, sex or sexual orientation, marital status, socio-economic background, everyone involved with the Neurological Alliance has a positive experience of engagement with us.

The Neurological Alliance acknowledges that some adults, including adults living with disabilities, can be particularly vulnerable to abuse and we accept the responsibility to take reasonable and appropriate steps to ensure their welfare.

In line with equality legislation, the charity is committed to safeguarding adults who may be at risk of abuse irrespective of their protected characteristics as outlined in the Equality Act 2010. The nine protected characteristics being - age; gender; race; disability; marriage/civil partnership; maternity/pregnancy; religion/belief; sexual orientation and gender reassignment.

## Key safeguarding principles

The following principles underpin the work of the Neurological Alliance:

- Every individual has the right to live in a safe environment and to be free from abuse or the threat of abuse.
- It is every individual's right to live an independent life based on self-determination and personal choice and this includes the right to take risks.
- The wishes of the person at risk will be respected within the context of their capacity to anticipate and understand risk.

- Adults at risk will not be assumed to have impaired mental capacity.
- All staff will promote the empowerment and well-being of people affected by neurological conditions.
- All staff will be aware of the policy and procedures for safeguarding adults at risk.
- Staff working closely with adults at risk will have ~~an enhanced a relevant~~ DBS check processed by the Disclosure and Barring Service, before working with adults.
- Staff working closely with adults at risk will have the appropriate support and training to ensure they are able to recognise and act on the suspicion, disclosure or witnessing abuse.
- All staff will seek to prevent the abuse or neglect of adults at risk.
- All disclosures and suspicions of abuse or neglect will be reported and recorded.
- All disclosures and suspicions of abuse or neglect will be referred to the relevant authorities, with the individual's consent, except where a best interest decision is taken following the framework set out in the Mental Capacity Act, or where there is an overriding public interest that would justify information sharing e.g. because others may be at risk of serious harm.
- The case will only be shared with the limited number of individuals who need to know about it, other than this, all details will remain confidential.
- Staff will be aware of local authority multi-agency policies and procedures and how information that is processed by them, is stored and used.
- Where other procedures apply to a disclosure of abuse (e.g. grievance, complaints, disciplinary) the welfare and safety of the adult at risk remains paramount.
- Any complaints within a safeguarding context will be reported to the Safeguarding Lead. An investigation will be conducted and subsequent report will be compiled following that investigation.
- All staff will keep clear and accurate records, follow safeguarding procedures, and receive training appropriate to their role.
- Staff will receive regular supervision with their line manager and safeguarding issues will be discussed during these sessions and outside of them as necessary.

## Definitions

Contractor	a person hired by the Neurological Alliance to assist in the provision of its services
Vulnerable Adult	someone 18 or over who is unable to care independently for themselves or unable to protect themselves against significant harm or exploitation. They may be experiencing, or at risk of, abuse or neglect. This could be due to a

	physical or learning disability, illness or injury or mental health issues; old age; substance addiction; domestic violence or abuse or other reasons. It can be a temporary or a permanent condition.
Safeguarding	the process of protecting children and adults from abuse or neglect. It is about people and organisations working together to prevent and stop the risks and experiences of abuse and neglect, while ensuring the adult or child's wellbeing is promoted, including where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.
Section 42 Enquiry by local authority (Care Act 2014)	<p>Section 42 applies where a local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there):</p> <ol style="list-style-type: none"> <li>has needs for care and support (whether or not the authority is meeting any of those needs),</li> <li>is experiencing, or is at risk of, abuse or neglect, and</li> <li>as a result of those needs is unable to protect themselves against the abuse or neglect or the risk of it.</li> </ol> <p>The local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken. The charity will cooperate with the local authority in making enquiries under this section.</p>
Abuse	<p>Abuse can take place in-person or in a virtual environment, such as an online discussion board or chat room. Abuse or neglect may also be unintentional. The primary focus must be to safeguard the adult at risk. If there are concerns about an adult's welfare and a belief that the person is suffering or likely to suffer abuse or neglect, then the information gathered must be shared with statutory services and/or the Police if it is believed or suspected that a crime has been committed.</p> <p>Abuse can:</p> <ul style="list-style-type: none"> <li>include assault, hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate physical sanctions.</li> <li>Include ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating. This also relates to self-neglect.</li> <li>Self-neglect - is any failure of an adult to take care of themselves, or is reasonably likely to cause within a short period of time, serious physical, mental or emotional harm or substantial damage to or loss of assets. This includes hoarding.</li> <li>Sexual – including rape, sexual assault, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or</li> </ul>

	<p>innuendo, sexual photography, subjection to pornography or witnessing sexual acts. These apply when the adult has not consented or was pressurised into consenting.</p> <ul style="list-style-type: none"> <li>• Emotional and psychological – including threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or withdrawal from services or supportive networks.</li> <li>• Financial or material – including theft, fraud, exploitation, internet scamming, pressure in connection with wills, property or inheritance or financial transactions, or the misuse of or misappropriation of property, possessions or benefits.</li> <li>• Discriminatory – including racist, religious, sexist, that based on a person’s disability, age or sexuality and other forms of harassment, slurs or similar treatment.</li> <li>• Institutional abuse - is the mistreatment, abuse or neglect of an adult at risk by a regime or individuals. It can take place within settings and services that adults at risk live in (including their own home where care is provided) or use, and it violates the person's dignity, resulting in a lack of respect for their human rights.</li> <li>• Domestic abuse - is categorised by 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: <ul style="list-style-type: none"> <li>- Physical</li> <li>- Emotional</li> <li>- Psychological</li> <li>- Sexual</li> <li>- Financial</li> </ul> <p>This includes honour-based abuse and forced marriage, and victims are not confined to one gender or ethnic group.</p> </li> <li>• Modern slavery – encompasses slavery, human trafficking and forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.</li> </ul>
Prevent	Prevent relates to the radicalisation of vulnerable people to stop people from becoming terrorists or supporting terrorism. The aim of Prevent is to stop people from becoming terrorists or supporting terrorism and operates in the ‘pre-criminal space’ i.e. before any criminal activity has taken place.

	<p>Health services are a critical partner in Prevent. There are many opportunities for staff to help protect people from radicalisation. Employees must be able to identify the signs that someone is vulnerable to radicalisation, interpret those signs correctly and access the relevant support.</p> <ul style="list-style-type: none"> <li>- Channel - Channel is a multi-agency process within Prevent, which aims to support those who may be vulnerable to being drawn into violent extremism. It works by identifying individuals who may be at risk, assessing the nature and extent of the risk; and where necessary, referring cases to a multi-agency panel, which decides on the most appropriate support package to divert and support the individual at risk.</li> </ul> <p>Staff may meet people who are vulnerable to radicalisation. People with mental health issues or learning difficulties may be more easily drawn into terrorism.</p>
Hate Crime	<p>The charity is committed to working in partnership with the Police and other agencies to ensure that hate crime is identified, reported and dealt with in a timely and person centred manner. The Police and other organisations should work together to intervene within the safeguarding adults procedures to ensure a robust, coordinated and timely response to situations where adults at risk become a target for hate crime. Coordinated action will aim to ensure that victims are offered support and protection and action is taken to identify and prosecute those responsible.</p> <p>A hate crime is any criminal offence that is perceived by the victim or any other person, to be motivated by a hostility or prejudice based on:</p> <ul style="list-style-type: none"> <li>• disability</li> <li>• race or ethnicity</li> <li>• religion or belief</li> <li>• sexual orientation</li> <li>• transgender identity</li> </ul> <p>This can be committed against a person or property. Anyone could be a victim of a hate crime. A victim does not have to be a member of the group at which the hostility is targeted.</p>

## Review

The policy will be reviewed a year after development and then every three years, and/or in the following circumstances:

- changes in legislation and/or government guidance

- as required by Local Safeguarding Children Boards, the Charity Commission and funders
- as a result of any other significant change or event.



## Procedures

### Safeguarding reporting process

No suspicion of abuse, harm or neglect should be ignored. You may become aware of possible abuse when you:

- witness a form of abuse
- recognise one or more abuse indicators
- are told about abuse by the person with a neurological condition
- are told about abuse by a visitor, carer, relative or friend
- observe online abuse on forums and discussion boards
- receive a complaint.

If there is an emergency, you should encourage the person to call emergency services. If you don't believe they will, you must override confidentiality and report the incident directly. You will inform the person of your actions, unless this would put you at risk, and then discuss with your line manager.

You have a duty to report any disclosure, reports or suspicions of abuse, harm or neglect to the Safeguarding Lead. All referrals, and any ongoing safeguarding work should be recorded in accordance with the Neurological Alliance's recording information policy.

The Safeguarding Lead should refer all safeguarding cases to the relevant investigatory and regulatory authorities and should support the local authority under section 42 of the Care Act. No staff member should undertake any kind of investigation unless requested to do so by the leading authority.

### Responding to disclosure - reassure, report and record

Where an adult discloses abuse, harm or neglect to you, you should:

- Reassure - stay calm, listen and show empathy. Reassure them that it will be taken seriously and explain that the issues will be reported internally and what may happen next.
- Report - immediately report to the relevant authorities or your line manager if you have any concerns about how the case should be taken forward.
- Record - write up notes of the conversation clearly and factually within 24 hours.

You should not start any investigation or confront or make contact with the alleged perpetrator.

You should (with the support of your line manager or Safeguarding Lead):

- Ask for the individual's consent (where appropriate) to inform the necessary authorities. Where the individual is unable or unwilling to give informed consent, a referral may be made if it is in their best interests.
- Inform or contact anyone the person wishes to have for support.
- Ensure the relevant information is recorded on our safeguarding log.

### Making a referral

You should refer any incidents of abuse to the local authority. Where there is the possibility of a criminal act, you should contact the police, obtaining permission where possible.

All referrals should be made (following discussion with your line manager or Safeguarding Lead where appropriate) within one working day.

The initial referral should be made by phone to the appropriate person or department. This should be followed up in writing within 24 hours.

It is not acceptable for referrals to be made only by letter, email or voicemail. The referral should be as comprehensive as possible. The local authority and/or the Police will carry out the investigation. Under no circumstances should you attempt to investigate.

### Refusal to give consent

A referral should be made with the consent of the individual. If, however there is a significant risk to the individual or others, you have a duty to share this with the appropriate statutory services.

In such an instance all efforts should be made to explain to the individual concerned what is being done and why.

The decision making process must be in line with the Making Safeguarding Personal (MSP) using an outcomes focus and a person led approach.

### Suspecting or witnessing abuse, harm or neglect

If you suspect or witness abuse, harm or neglect you should:

- Report it to the relevant authorities with the support of your line manager or Safeguarding Lead where appropriate.
- Record your observations or concerns

You should not seek to:

- Investigate suspected abuse, harm or neglect.
- Seek proof before reporting your concerns.

### Concerns about people who work with adults at risk

Where there are concerns that someone is behaving in a way that demonstrates unsuitability for working with adults at risk, in their present position, or in any capacity, you must report this to the designated Safeguarding Lead.

The allegation or concern may arise in either the employee's or professional's work or private life. Examples could include:

- Committing a criminal offence against or related to adults at risk.
- Failing to work collaboratively with social care agencies when issues about the care of adults at risk for whom they have caring responsibilities are being investigated.
- Behaving towards adults at risk in a manner that indicates they are unsuitable to work with this client group.

Where an allegation or concern arises relates to the individual's private life such as perpetration of domestic abuse; behaviours to their own children; or behaviour towards others that may impact upon the safety of adults to whom they owe a duty of care.

Where inadequate steps have been taken to protect vulnerable individuals from the impact of violence or abuse and neglect.

In addition to other professionals you may work with, you have a duty to report any concerns you have about colleagues or volunteers, who may be involved in abuse, harm or neglect, to your line manager or Safeguarding Lead. When an allegation is made concerning a member of staff, they should be made aware of their rights under employment legislation and internal disciplinary procedures.

When an allegation is made concerning a volunteer, volunteering activities should cease where relevant whilst an investigation is undertaken by the relevant authority.

If there is concern about a manager, you should discuss this with your line manager or Safeguarding Lead who will take appropriate action (concerns relating to the Chief Executive, will be discussed with the board of trustees). If the Safeguarding Lead is implicated in an allegation, you should discuss this with the Trustee Safeguarding Lead. The principles of the Whistleblowing policy apply in these circumstances.

All concerns and allegations will be considered in line with the Local Safeguarding Adults Board (LSAB) relevant to managing allegations against people who work with adults at risk. The designated Safeguarding Lead will inform the Local Authority of all allegations that come to their attention that meet the criteria outlined by the Local Safeguarding Adults board (LSAB).

In instances where the allegation suggests that an adult is at risk of significant harm the case must be referred to the respective local authority.

### Concerns about alleged perpetrators who have additional needs

Where the person who is alleged to have carried out the abuse has care and support needs or impaired mental capacity they should be assured of their right to the support of an Appropriate Adult if they are questioned in relation to a suspected crime by the police under the Police and Criminal Evidence Act 1984 (PACE). Victims of crime and witnesses may also require this support. A witness might need the help of a Registered Intermediary

because of their age, or a learning, mental or physical disability or disorder. Registered Intermediaries are provided through the Ministry of Justice Witness Intermediary Scheme

Under the Mental Capacity Act, people who lack capacity and are alleged to be responsible for abuse, are entitled to the help of an Independent Mental Capacity Advocate (IMCA) to support and represent them in the enquiries that are taking place. This is separate from the decision whether or not to provide the victim of abuse with an Independent Advocate under the Care Act or an Independent Mental Health Advocate (IMHA) if detained under the Mental Health Act 1983.

### Reporting hate crime

The charity is committed to supporting those who are a victim in the appropriate reporting of hate crime. Some people may feel that the incident is too minor to bother the Police but reporting it makes a difference – to the victim, their friends/family and to their community. Under reporting is a major issue in relation to all hate crime. By reporting hate crime when it happens, it can help stop it happening to someone else. It will also help the police to better understand the level of hate crime in the local area, and improve the way they respond to it.

If you have witnessed or been a victim of hate crime, you must report it. This can be done in a number of ways:

- In an emergency always ring 999
- For non-emergencies ring 101
- Report anonymously online via [True Vision](#)

If you do not want to talk to the police or fill in the reporting forms, you can still report a hate crime by contacting Crimestoppers on 0800 555111. You do not have to give your name and what you say is confidential. It is free to call.

### Information sharing

Sharing information with other agencies e.g. the Police or Local Authority will be in line with General Data Protection Regulations (GDPR), the Care Act and other relevant legislation as described in the Data protection policy. Information sharing is vital to safeguarding and promoting the welfare of adults in need of care and support services.

### DBS disclosure (Neurological Alliance staff and volunteers)

It is a legal requirement to inform the Disclosure and Barring Service when:

- The Neurological Alliance has withdrawn permission for an individual to work with adults or would have done so had that individual not resigned, retired, been made redundant or been transferred into another position
- The charity believes the individual has engaged in activity that causes concern for the safeguarding of adults (relevant conduct)
- There is harm or risk of harm to adults or
- An individual has received a caution or a conviction for a relevant offence.

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