

Annex A

Psychological abuse

Acts or behaviour that impinge on the emotional health of, or which cause distress or anguish to, individuals. Psychological abuse may also be present in other forms of abuse too. A coercive or controlling behaviour offence came into force in December 2015 under the provisions of the Serious Crime Act 2015.

Examples

Blaming; swearing; intimidation; insulting; harassing; 'cold shouldering'; humiliation; deprivation of contact with others; emotional abuse; threats of harm or abandonment; controlling; coercion; cyber-bullying; unreasonable withdrawal of services or support networks.

Possible indicators

- Low self-esteem, deference, passivity and resignation.
- Fear, defensiveness and ambivalence.
- Emotional withdrawal.
- Sleep disturbance.
- Self-harming behaviour.
- Appetite changes.
- Extreme submissiveness or dependency.
- Loss of confidence.
- Other indicators that are specific to an individual that would indicate they are experiencing distress.

Physical abuse

The non-accidental infliction of physical force or action that results in bodily injury, pain or impairment of the person's natural physical state.

Examples

Hitting; slapping; pushing; misuse of medication; restraint or inappropriate physical sanctions; accumulation of minor accidents without seeking medical assistance; hair pulling.

Possible indicators

- Any injury not fully explained by the history given.
- Injuries inconsistent with the lifestyle of the adult.
- Bruises and/or welts on face; lips; mouth; torso; arms; back; buttocks; thighs.
- Clusters of injuries forming regular patterns or reflecting the shape of an article.
- Burns, especially on soles, palms or back, from immersion in hot water; friction burns; rope or electric appliance burns.
- Multiple fractures.
- Lacerations or abrasions to mouth; lips; gums; eyes; external genitalia.
- Marks on body, including slap marks, finger marks.
- Injuries at different stages of healing.
- Medication misuse (under or over medicating).
- Inappropriate use of physical restraint.
- Person showing signs of fear or emotional distress, cowering or flinching.

Sexual abuse

Direct or indirect involvement in sexual activity without consent. This could also be the inability to consent, or being pressured or induced to consent or take part.

Examples

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.

Possible indicators

- Significant change in sexual behaviour or attitude.
- Pregnancy in a woman who is unable to consent to sexual intercourse.
- Changes to urinary continence or soiling.
- Poor concentration.
- Person appears withdrawn, depressed or stressed.
- Unusual difficulty or sensitivity in walking or sitting.
- Torn, stained or bloody underclothing.
- Bruises, bleeding, pain or itching in genital area.
- Sexually transmitted diseases, urinary tract or vaginal infection.
- Bruising to thighs, upper arms or neck or 'love bites'.
- Self-harming behaviour.
- Showing signs of fear or emotional distress.

For further information and advice see **APP on rape and sexual offences**.

Financial or economic abuse

Financial or economic abuse includes theft; fraud; 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 possessions or benefits.

Examples

Remortgaging or sale of the person's property without knowledge, consent or under coercion. Misappropriating money or valuables. Forcing or coercing changes to a will and testament. Preventing access to money, property, possessions or inheritance.

Potential indicators

- Unexplained or sudden inability to pay bills.
- Change in living conditions.
- Lack of heating, clothing or food.
- Unexplained shortage of money.
- Unexplained withdrawals from an account.
- Unexplained loss or misplacement of financial documents.
- The recent addition of authorised signatories on a client or donor's signature card.
- Sudden or unexplained changes in a will or other financial documents.
- Unusual interest by friend/relative/neighbour in financial matters.
- Pressure from next of kin for formal arrangements to be set up.

Neglect or acts of omission

Everyone has the right to an adequate standard of care. Neglect is defined as not providing reasonable, appropriate or agreed care or a failure to act in a way that any reasonable person would act.

Examples

Failure to provide access to appropriate health, care and support or educational services. The withholding of the necessities of life, such as food, shelter, clothing, heating, medical care or access to medical care, hygiene or personal care. Under or over use of medication, failure to provide an adequate or reasonable standard of support that could reasonably be expected to be provided. Failure to adhere to relevant standards of care and professional codes of conduct. Lasting power of attorney not being used in the best interests of the person. Neglect can have a physical impact. The development of pressure sores should be considered a primary indicator of neglect or poor care practice, but by no means a conclusive indicator.

Possible indicators

- The person's physical condition is poor, for example bed sores, unwashed, ulcers.
- Clothing in poor condition, for example unclean, wet, ragged.

- Inadequate physical environment, inadequate protection from the sun or heat, inadequate heating.
- Inadequate diet, insufficient fluid intake, malnutrition, dehydration.
- Untreated injuries or medical problems.
- Inconsistent or reluctant contact with health or social care agencies.
- Failure to engage in social interaction.
- Failure to give prescribed medication.
- Poor personal hygiene.
- Avoidable and unnecessary deterioration of health or wellbeing of the individual.
- Repeated infections.
- Repeated or unexplained falls or trips.
- Withholding of assistance aids, for example hearing aids or walking devices.
- Suicidal ideation.

Criminal offences to consider with neglect

Highlighting neglect offences to consider is important as they can be overlooked for other substantive offences.

Section 44 of the Mental Capacity Act 2005

A person commits an offence if they ill-treat or wilfully neglect a person who **lacks capacity** or whom he/she believes lacks capacity and that person has the care of the other person, or is the holder of a lasting power of attorney, or an enduring power of attorney created by the person who lacks capacity, or is a deputy appointed by the court for the person who lacks capacity.

The offence is triable either way and carries a maximum penalty on indictment of five years' imprisonment and/or a fine.

For further information see **Section 44 of the Mental Capacity Act 2005**.

Sections 20 and 21 of the Criminal Justice and Courts Act 2015

These sections created two new criminal offences of ill treatment or wilful neglect, which apply both to individual care workers and care provider organisations and, unlike section 44 above, capacity is irrelevant.

Previously, prosecutions for ill treatment or wilful neglect could only be undertaken where the victim lacked capacity or was receiving treatment for a mental disorder. The offence under section 20 is committed if a care worker ill-treats or wilfully neglects any other individual of whom he has the care by virtue of being paid to provide social care or health care for that person (whether a child or adult). It should be noted that any neglect should be 'wilful' and that ill treatment requires a deliberate act or action that is reckless.

The offence carries a maximum penalty of imprisonment of up to five years and/or an unlimited fine.

For further information see **Section 20 of the Criminal Justice and Courts Act 2015**.

The Act also provides a new provider offence (**Section 21**). A care provider can be prosecuted if:

- a. Someone who is part of its arrangements to provide care ill-treats or wilfully neglects an individual in their care; and
- b. The way in which the care provider manages or organises its activity constitutes a gross breach of its duty of care to that individual; and
- c. If that duty of care had not occurred, the ill treatment or wilful neglect would also not have occurred or will have been less likely to occur.

The new provider offence is punishable with a fine but in addition the court may make a remedial order or a publicity order, or both, in relation to the care provider.

For further information see **Section 21 of the Criminal Justice and Courts Act 2015**.

Early discussions with the Crown Prosecution Service (CPS) around appropriate charging advice are recommended. The CPS provides **further useful advice in this area**.

Discriminatory or hate abuse

Discriminatory abuse exists when values; beliefs; race; gender; gender identity; age; disability; sexual orientation or culture result in a misuse of power that denies mainstream opportunities to some groups or individuals.

Examples

Treating a person in a way that is inappropriate to their age and/or cultural background. Unequal treatment. Verbal abuse, inappropriate use of language and slurs. Harassment and also deliberate exclusion.

Possible indicators

- Lack of respect shown to an individual.
- Signs of a sub-standard service offered to an individual.
- Repeated exclusion from rights afforded to citizens, such as health; education; employment; criminal justice and civic status.
- Failure to follow aspects of a person's agreed support or care plan that reflect their individual identity.

Institutional abuse

Institutional 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 ongoing ill treatment that is systematic rather than malicious. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Examples

Managers or staff failing to recognise that systems and processes are failing to safeguard people or to provide them with adequate or appropriate support or care. Poor recording or communication processes. Lack of effective risk assessments or care planning. Individual concerns identified may be being addressed but the wider or cumulative impact is not being identified or acted on.

Possible indicators

- Inappropriate or poor care.
- Misuse of medication.
- Inappropriate restraint methods.
- Sensory deprivation, such as denial of use of spectacles or a hearing aid.
- Lack of respect shown to the person.
- Denial of visitors or phone call.
- Lack of appropriate access to toilet or bathing facilities.
- Lack of appropriate access to medical or social care.
- Failure to ensure appropriate privacy or personal dignity.
- Lack of flexibility and choice, for example activities; lifestyle choices; mealtimes; bedtimes; choice of food.
- Lack of personal clothing or possessions.
- Lack of adequate procedures, for example medication, financial management.
- Controlling relationships between staff and clients.
- Poor professional practice.
- Poor communication and recording of essential care information.
- Insufficient account taken of the views of individuals, carers or relatives.
- Lack of appropriate and/or robust management arrangements, staff supervisor and/or training.
- Significant numbers of low-level concerns.

Modern slavery

Modern slavery encompasses slavery, human trafficking, forced labour and servitude. Traffickers and perpetrators use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment. Any consent victims have given to their treatment will be irrelevant where they have been coerced, deceived or provided with payment or benefit to achieve that consent.

A large number of active organised crime groups are involved in modern slavery. But it is also committed by individual opportunistic perpetrators. There are many different

characteristics that distinguish slavery from other human rights violations. However, only one needs to be present for slavery to exist. Someone is in slavery if they are:

- forced to work – through mental or physical threat
- owned or controlled by an ‘employer’, usually through mental or physical abuse or the threat of abuse
- dehumanised, treated as a commodity or bought and sold as ‘property’
- physically constrained or have restrictions placed on his/her freedom of movement

Contemporary slavery takes various forms and affects people of all ages, gender and races, and adults with care and support needs.

Possible indicators

- Poor physical appearance.
- Isolation.
- Poor living conditions.
- Few or no personal effects.
- Restricted freedom of movement.
- Unusual travel habits.
- Reluctance to seek help.
- Withdrawn behaviour.
- Adult does not have their passport or personal papers.

The Modern Slavery Act 2015 brings together the legislative response to modern slavery. The National Referral Mechanism (NRM) is the framework by which potential victims of human trafficking and modern slavery are identified and supported and a referral is required in all cases.

‘Cuckooing’

Criminal gangs may target the homes of vulnerable people and adults with care and support needs, to be used for drug dealing. This process is known as ‘cuckooing’ (after the bird that invades other birds’ nests) and the victims are often left with no choice but to cooperate.

Drug dealers may approach the person offering free drugs to use their home for dealing or, in some instances, after providing 'free' drugs, and will then force the person to deal for them to 'repay' their drug debts. However, with adults with care and support needs, they tend to either intimidate and bully their way into the person's home, or initially manipulate them into believing that they can be 'friends'. Once inside the home, the pretence of friendship soon disappears.

Young women may be groomed and made to believe they are in a relationship with the gang member, then the house is cuckooed. Often very young children are in the property. This puts them at risk of violence and exposure to Class A drugs and could mean the mother may be at risk of the children being taken into care.

'Cuckooing' means the criminals can operate from a property rather than the street, which is out of sight from the police, making it an attractive option. They can then use the premises to deal drugs or other commodities from, which is difficult for the police to monitor. They often will only stay for a short period of time.

'Cuckooing' can be linked to a specific method of drug supply commonly referred to as 'county lines'. County lines relates to the supply of Class A drugs (primarily crack cocaine and heroin) from an urban hub into rural towns or county locations. This is facilitated by a group who may not necessarily be affiliated as a gang, but who have developed networks across geographical boundaries to access and exploit existing drugs markets in these areas.

For further information on cuckooing and county lines see [National Crime Agency County Lines Violence, Exploitation & Drug Supply 2017](#).

For further information and advice see [APP on modern slavery](#).

Domestic abuse

Many people think that domestic abuse is about intimate partners, or abuse of women by men. But it may also be caused by wider family members, or committed by women towards men and in same-sex relationships, as made clear in the Home Office definition:

'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.'

Examples of domestic abuse include psychological, physical, sexual, financial and emotional abuse; as well as so called 'honour' based violence, forced marriage and female genital mutilation. Controlling and coercive behaviour will be present in most forms of domestic abuse. Domestic abuse is about a pattern of behaviours rather than a one-off incident.

A coercive or controlling behaviour offence came into force in December 2015 under the provisions of the Serious Crime Act 2015. The offence carries a maximum five years' imprisonment, a fine or both. The offence covers a situation where a victim experiences coercive and controlling behaviour that stops short of serious physical violence, but amounts to extreme psychological and emotional abuse.

For further information and advice see [APP on domestic abuse](#).

Self-neglect

Self-neglect can have serious consequences for vulnerable adults and features significantly in serious case reviews as an underlying cause of death. It covers a wide range of behaviours, such as neglecting to care for one's personal hygiene, health or surroundings and includes behaviours such as hoarding and substance dependency. It can be a difficult situation if a person has capacity in relation to their care and support needs, or where issues of capacity are or have been difficult to assess, or indeed if they own their own home. A response will likely be appropriate and should be considered where:

- a person is declining assistance in relation to their care and support needs
- the impact of their decision has, or is likely to have, a substantial impact on their overall individual wellbeing or the safety of others

Possible indicators

- Living in extremely unclean, sometimes verminous, circumstances which cause a risk of damage to self or others.
- Poor self-care leading to a decline in personal hygiene which endangers wellbeing, such as untreated pressure areas, ulcerated skin, scabies or other parasites.
- Poor nutrition leading to a breakdown in health, no heating or hot water in cold weather, which may result in a deterioration of health/hypothermia.

- Poorly maintained clothing leading to a risk of hypothermia or other health condition or cause a public disturbance.
- Failure to seek medical assistance or take medication to the extent that health is seriously compromised.
- Hoarding large numbers of pets, which results in unsanitary conditions and health risk to self or others. To note: harm to animals must be reported to the RSPCA.
- Neglecting household maintenance to the extent that the accommodation is becoming dangerous to live in.

Often a multi-agency approach to self-neglect provides the best response and outcome for the individual.

Abuse against older persons

The CPS defines crimes against older persons as:

‘Where the victim is 65 or over, any criminal offence which is perceived by the victim or any other person, to be committed by reason of the victim’s vulnerability through age or presumed vulnerability through age.’

Public interest

Prosecutors will consider the circumstances and harm caused to the victim when considering whether a prosecution is required in the public interest.

- The circumstances of the victim are highly relevant. The more vulnerable the victim’s situation, or the greater the perceived vulnerability of the victim, the more likely it is that a prosecution is required.
- This includes where a position of trust or authority exists between the suspect and victim.

Breach of trust implies reliance on the integrity of a person when providing a service or carrying out a task entrusted to them. Betrayal of trust or abuse of authority in the context of older people could therefore include a wide range of service providers, such as minibus drivers, cleaners, council contractors, carers or tradesmen.

Where the offence was motivated by any form of prejudice, including against the victim's age or the suspect targeted or exploited the victim or demonstrated hostility towards the victim based on their age, it is more likely that prosecution is required.

Other factors relevant to the public interest include where:

- the suspect is in a position of authority and/or trust in terms of their relationship with the victim
- the offence has had an impact on the physical, emotional and/or mental health of the victim. Research has shown that older victims of crime can suffer more ill health, both physical and mental, than their peers who have not been victims of crime
- the offence was repeated or continued over a period of time, or there are grounds for believing that the offence is likely to be continued or repeated
- the offender has groomed the victim so that they feel they have a close relationship with them
- the victim was considered to be vulnerable by the suspect
- the victim was injured
- the suspect used a weapon
- the suspect made any threats before or after the offence
- the suspect planned the offence
- there is a continuing threat to the health and safety of the victim or anyone else who is, or may become, involved
- the suspect has a criminal history, particularly any convictions for offences against older people

If the evidential test is met in wilful neglect or ill-treatment cases, the public interest will nearly always be in favour of prosecution. This is due to the position of trust that the suspect held in relation to the victim, as well as the extreme situational vulnerability of the victim.

Prosecutors will also consider whether a prosecution is likely to have an adverse effect on the victim's physical or mental health and wellbeing. If there is evidence that a prosecution is likely to have such an adverse impact on the victim, this may be a significant factor tending against prosecution. The victim's views should be taken into account, and weighed

against other public interest factors, always bearing in mind the seriousness of the offence and what measures or support might be available to minimise the impact on the victim.

Radicalisation and extremism

Being exploited by radicalisers who promote terrorism and violence, via personal contact or through internet sources.

Possible indicators include:

- feelings of grievance and injustice
- feeling under threat
- social networks' involvement in extremism
- a need for identity, meaning and belonging
- relevant mental health issues
- a desire for status
- a desire for excitement and adventure
- a need to dominate and control others
- being influenced or controlled by a group
- susceptibility to indoctrination
- opportunistic involvement
- a desire for political or moral change
- being at a transitional time of life

Annex B

What does mental capacity mean?

Capacity describes a person's ability to make a specific decision at a specific time. Capacity can fluctuate. The Mental Capacity Act 2005 (MCA) provides a statutory framework to empower and protect people who may lack capacity to make decisions for themselves and establishes a framework for making decisions on their behalf. This applies whether the decisions are life-changing events or everyday matters. All decisions taken in the adult safeguarding process must comply with the Act.

For further information see [APP on mental health](#).

Independent Mental Capacity Advocates (IMCA) support individuals who lack capacity to make sure their views are heard for specific decisions. Capacity is very pertinent in sexual and financial abuse investigations. It may be required to establish whether the victim had capacity to consent if the suspect claims the victim consented. The victim's capacity to engage with the investigation must also be established, for example whether they can agree to participate in an Achieving Best Evidence (ABE) interview.

Police officers may need to make immediate decisions that relate to containing, controlling and potentially restraining an individual who lacks the capacity to make the decision in question for themselves, while awaiting further input or direction from a health or social care professional.

The MCA protects decision makers where they take reasonable steps to assess someone's capacity and then act in the reasonable belief that the person lacks capacity, and that such action is in their best interests.

For further information see [Mental Capacity Act 2005](#).

What are Deprivation of Liberty Safeguards (DoLS)/Liberty Protection Safeguards?

DoLS are part of the MCA and they provide procedures to authorise the deprivation of liberty of a person in a hospital or a care home who lacks capacity to consent to be there.

The safeguards aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. DoLS are designed to protect adults by providing a

proper legal process and protection in situations where deprivation of liberty is considered to meet the criteria within the key principles of the MCA.

DoLS apply to people who have a mental disorder and who do not have mental capacity to decide whether or not they should be accommodated in the relevant care home or hospital to receive care or treatment. Care homes and hospitals must make requests to their local authority supervisory body for authorisation to deprive someone of their liberty if they believe it is in their best interests. All decisions on care and treatment must comply with the MCA and the DoLS codes of practice.

DoLS will be changing in the near future to Liberty Protection Safeguards. This document will be amended accordingly once the legislation is formally amended.

Deprivation of liberty is different from restraint, although the difference is often one of degree or intensity. The courts recognise that restraint may be appropriate when it is used to prevent harm to a person who lacks capacity and it is proportionate to the likelihood and seriousness of harm. For example, preventing a person leaving a care home or hospital on their own because there is a risk that they would try to cross a road in a dangerous way is likely to be seen as a proportionate response to protect the person from harm.

For further information see [Mental Capacity Act 2005](#).

What does person in a position of trust (PiPoT) mean?

A person in a position of trust (PiPoT) is someone who works with or cares for adults with care and support needs, in a paid or voluntary capacity.

Allegations made against a person working with adults with care and support needs may include the following:

- behaved in a way that has harmed or may have harmed an adult with care and support needs
- possibly committed a criminal offence against or related to an adult with care and support needs
- behaved towards an adult with care and support needs in a way that indicates she or he is unsuitable to work with such adults

- behaved in a way that has harmed children or may have harmed children which means their ability to provide a service to adults with care and support needs should be reviewed

The scope of PiPoT procedures applies to all cases where concern, suspicion or allegation arises in connection with:

- the PiPoT's own work/voluntary activity. For example, a person is employed in a day centre for people with learning disabilities but their own children are subject to child protection procedures as a result of emotional abuse and neglect
- the PiPoT's life outside work concerning adults with care and support needs in the family or the social circle. For example, where a person is accused of abusing their older parent and works as a domiciliary care worker with adults with care and support needs. Or where a person is convicted of grievous bodily harm and also works in a residential home for people with learning disabilities

Concerns about the PiPoT may be current or historical.

For further information see **Care Act 2014**.

Annex C – Agency support for investigations

Clinical commissioning groups (CCGs)

CCGs are NHS organisations set up by the Health and Social Care Act 2012 to deliver NHS services in England. They are statutory members of Safeguarding Adults Boards (SABs). CCGs commission a range of health and care services. CCGs work with patients and health and social care partners (eg, local hospitals, local authorities and local community groups) to ensure services meet local needs. CCGs provide strategic leadership, ensuring the wider NHS network has established systems and processes to safeguard adults effectively. Concerns regarding staff employed within health care settings should be raised with them.

For further information see **Clinical commissioning groups (CCGs) – NHS clinical commissioners**.

Care Quality Commission (CQC)

The CQC is the independent regulator of all health and adult social care in England, including those provided by the NHS, local authorities, private companies and voluntary organisations. All health and adult social care providers are required by law to be registered with the CQC and must show that they are meeting the regulator's fundamental standards. Registration is combined with continuous monitoring of the fundamental standards as part of a system of regulation. Local inspectors can provide support to investigators through a joint response to investigations within care settings.

For further information see **The Care Quality Commission (CQC)**.

Disclosure and Barring Service (DBS)

The Disclosure and Barring Service (DBS) facilitates checks for employers to allow them to make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups including adults with care and support needs. When someone is convicted or disciplined for abuse of an adult with care and support needs, their details will be referred to the DBS so that they can be barred from working with those vulnerable people in the future. Forces have internal units that deal with DBS referrals.

For further information see **The Disclosure and Barring Service (DBS)**.

Social Care Wales

In 2017, the social care workforce regulator, Care Council for Wales, became Social Care Wales.

Under the Regulation and Inspection of Social Care (Wales) Act 2016, the Care Council for Wales gained new powers to lead the improvement of social care in Wales and became Social Care Wales. Social Care Wales came into being in April 2017. It sets standards for the care and support workforce, making them accountable for their work.

Care Inspectorate Wales

The Care Inspectorate Wales is the independent regulator of social care and childcare in Wales. It registers, inspects and takes action to improve the quality and safety of services for the wellbeing of people in Wales. Among other services, the Care Inspectorate Wales is responsible for regulating and inspecting care homes.

The Care Inspectorate Wales carries out its functions under the following legislation:

- **Social Services and Well-being (Wales) Act 2014**, which gives powers to review the way in which local authorities discharge their social services functions
- **Regulation and Inspection of Social Care (Wales) Act 2016**, which gives powers to register and/or inspect providers of social care services in Wales
- **Part 2 of the Children and Families (Wales) Measure 2010** which gives powers to register and/or inspect child minders and day care (including play) for children under 12

Local authorities and SABs

Each local authority in England and Wales should ensure protocols are in place for dealing with adults identified as being at risk. Section 43 of the Care Act 2014 requires local authorities to establish SABs. The objectives of the SAB, as set out by the Act, are to protect adults who have care or support needs, are at risk of abuse or neglect and are unable to protect themselves in such circumstances. SABs should also ensure that local arrangements are working effectively and that DBS requirements are met. Force representatives will be members of SABs.

Local Authority Designated Officer (LADO)

Every local authority has a statutory responsibility to have a Local Authority Designated Officer (LADO). This person is responsible for coordinating the response to concerns that an adult who works with children or vulnerable adults may have caused them or could cause them harm. The LADO works within children's or adult services and gives advice and guidance to employers, organisations and other individuals who have concerns about the behaviour of an adult who works with children or vulnerable persons. Included in this group are volunteers, agency staff and foster carers, as well as people who are in a position of authority and have regular contact with children or vulnerable adults, such as religious leaders, political figures or school governors.

What is the LADO's role?

- To coordinate the safeguarding and investigative process in response to allegations made against people working with children or vulnerable adults.
- To provide advice/guidance to employers or voluntary organisations.
- To liaise with police and other agencies including the Office for Standards in Education (Ofsted) and professional bodies such as the General Medical Council and the Teaching Regulatory Agency.
- To monitor the progress of referrals to ensure they are dealt with as quickly as possible, consistent with a thorough and fair process.
- To resolve any inter-agency issues.
- To collect strategic data and maintain a confidential database in relation to allegations.
- To disseminate learning from LADO enquiries through the children or vulnerable adult workforce.
- To ensure that measures are in place to prevent further harm or abuse and that, where required, referrals are made to the appropriate social care team.

What should be referred to the LADO?

The LADO should be alerted to all cases in which it is alleged that a person who works with children or vulnerable adults has:

- behaved in a way that has harmed, or may have harmed them
- possibly committed a criminal offence against them

- behaved towards them in a way that indicated they may pose a risk of harm to children or vulnerable adults

Allegations of historical abuse should be responded to in the same way as contemporary concerns. In such cases, it is important to find out whether the person against whom the allegation is made is still working with children or vulnerable adults. If so, it is important to inform the person's current employer or voluntary organisation or refer their family for assessment.

What will the LADO do?

Following notification, the LADO will offer an initial evaluation discussion of the concern. This will consist of advice and guidance regarding the most appropriate way of managing the allegation and whether the referral meets the criteria for LADO involvement.

If the referral meets the criteria for LADO involvement, the LADO will:

- arrange a managing allegations strategy meeting if one is required, liaising with the police and other agencies as necessary. If the case is complex there may be a series of meetings
- ensure that safeguarding and protection procedures are initiated where it is considered there is a risk of significant harm
- provide advice about sharing information on the individual against whom the allegation has been made, with children and their families and others (view advice for organisations guidance)
- advise on whether the person should be suspended while investigations are undertaken
- ensure employers are aware of their duty to notify the appropriate regulatory bodies and/or refer the individual to the DBS

Professional bodies

These aim to protect the public by setting and maintaining standards within the professions by publishing codes of conduct, registering individuals and monitoring continuous professional development. Serious misconduct by an individual can be reported to those bodies.

- The General Medical Council registers all doctors.
- The Nursing and Midwifery Council registers nurses and midwives.
- The Royal Pharmaceutical Society of Great Britain registers pharmacists and their premises.
- The Committee on Standards in Public Life monitors the standards of people working in public office, including councils.

Office of the Public Guardian (OPG)

The OPG replaced the Public Guardianship Office in October 2007. It is responsible for:

- taking action where there are concerns about the actions of an attorney (granted powers to deal with an individual's affairs by that individual) or deputy (appointed by the Court of Protection to deal with an individual's affairs)
- registering lasting and enduring powers of attorney, so people can choose who they want to make decisions for them
- maintaining the public register of deputies and people who have been given lasting and enduring powers of attorney
- supervising deputies appointed by the Court of Protection, and making sure they carry out their work in line with the Mental Capacity Act 2005, looking into reports of abuse against registered attorneys or deputies

Court of Protection

The Mental Capacity Act 2005 provides for the Court of Protection to make decisions in relation to the property and affairs and healthcare and personal welfare of adults (and children in a few cases) who lack capacity. The Court also has the power to make declarations about whether someone has the capacity to make a particular decision. The Court has the same powers, rights, privileges and authority in relation to mental capacity matters as the High Court. It is a superior court of record.

Protect

Protect (formerly Public Concern at Work) is a charitable, independent organisation that offers support to whistle-blowers. It is also a legal advice centre regulated by the Solicitors Regulation Authority (SRA). Information that is communicated to Protect is subject to legal professional privilege and is also protected under the Public Interest Disclosure Act 1998. Protect advises on public interest or whistle-blowing concerns such as fraud, abuse in care, risks to consumers and significant regulatory breaches.

Annex D

Safeguarding Adults Reviews (SARs)

A SAR is a multi-agency learning process that considers:

- why and how serious abuse or neglect happened to an adult and what could have been done to prevent it happening
- whether partners could have worked together differently to protect the adult and prevent the abuse that led to the death or serious harm of an adult with care and support needs

The criteria for SABs to instigate a SAR are:

- if an adult dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult
- if an adult in its area has not died, but the SAB knows or suspects the adult has experienced serious abuse or neglect and the individual would have been likely to have died but for an intervention
- if an individual has suffered permanent harm or has reduced capacity or quality of life (whether because of physical or psychological effects) as a result of the abuse or neglect

The review aims to identify and share lessons learnt to prevent similar abuse or neglect happening again. It is not the review's purpose to redo the investigation or apportion blame to any organisation or partners. The aims of a SAR include:

- establishing whether there are lessons that can be learned about how professionals and organisations work together to protect adults
- giving adults and/or their advocates a voice about how professionals and services can better protect vulnerable adults in the future
- reviewing how effective safeguarding procedures are
- acting on learning to improve local multi-agency practice
- highlighting good practice that can be shared with others

For further information see **Care Act 2014**.

Annex E

Vulnerability and risk toolkit for investigators

Provision of therapy for vulnerable or intimidated adult witnesses

<https://www.cps.gov.uk/legal-guidance/therapy-provision-therapy-vulnerable-or-intimidated-adult-witnesses>

Toolkit for prosecutors on violence against women and girls cases involving a vulnerable victim

https://www.cps.gov.uk/sites/default/files/documents/publications/toolkit_for_prosecutors_on_vawg_cases_involving_vulnerable_victims.pdf

Guidance on the use of section 28 of the Youth Justice and Criminal Evidence Act 1999; pre-recording of cross-examination and re-examination for witnesses

<https://www.judiciary.uk/publications/guidance-on-the-use-of-s-28-yjcea-1999-pre-recording-of-cross-examination-and-re-examination-for-witnesses-captured-by-s-174-yjcea-1999/>

College of Policing APP on working with victims and witnesses

<https://www.app.college.police.uk/app-content/investigations/victims-and-witnesses/>

Toolkits for preparing for cases with vulnerable victims and/or defendants

<https://www.theadvocatesgateway.org/>

Guidance on interviewing victims and witnesses, and guidance on using special measures

http://www.cps.gov.uk/publications/docs/best_evidence_in_criminal_proceedings.pdf

The code of practice for victims of crime

<https://www.gov.uk/government/publications/the-code-of-practice-for-victims-of-crime>

Psychological evidence toolkit for prosecutors

<https://www.cps.gov.uk/legal-guidance/psychological-evidence-toolkit-guide-crown-prosecutors>

Supporting victims to give their best evidence

Ministry of Justice (2011) Achieving Best Evidence in Criminal Proceedings: Guidance on interviewing victims and witnesses, and guidance on using special measures