

15.1 Good Practice Guide – Responding to Disclosures

It is often difficult to believe that abuse or neglect can occur. Remember, it may have taken a great amount of courage for the person to tell you that something has happened and fear of not being believed can cause people not to tell.

- Accept what the person is saying – do not question the person or get them to justify what they are saying – reassure the person that you take what they have said seriously.
- Don't 'interview' the person; just listen carefully and calmly to what they are saying. If the person wants to give you lots of information, let them. Try to remember what the person is saying in their own words so that you can record it later.
- You can ask questions to establish the basic facts. If you do need to clarify the concern, ask non-leading questions for example: "can you tell/explain/describe what happened", "when did it happen", "where did it happen"
- Try to avoid asking the same questions more than once, or asking the person to repeat what they have said- this can make them feel they are not being believed.
- Don't promise the person that you'll keep what they tell you confidential.
- Explain that you have duty to tell your manager or other designated person and that information will only be shared with those who need to know so that they can help.
- Reassure the person that they will be involved in decisions about what will happen.
- Do not be judgemental or jump to conclusions.
- If the person has specific communication needs, provide support and information in a way that is most appropriate to them.

15.2 Good Practice Guide – Preserving Physical Evidence

What to do?

In cases where there may be physical evidence of crimes (e.g. physical or sexual assault), contact the Police immediately. Ask their advice about what to do to preserve evidence.

As a guide:

- Where possible leave things as and where they are. If anything has to be handled, keep this to an absolute minimum.
- Do not clean up. Do not touch anything you do not have to. Do not throw anything away which could be evidence.
- Do not wash anything or in any way remove fibres, blood etc.
- Preserve the clothing and footwear of the victim.
- Preserve anything used to comfort or warm the victim, e.g. a blanket.
- Note in writing the state of the clothing of both the victim and person alleged to have caused the harm. Note injuries in writing. As soon as possible, make full written notes on the conditions and attitudes of the people involved in the incident.
- Take steps to secure the room or area where the incident took place. Do not allow anyone to enter until the Police arrive.
- If evidence has been touched by an innocent party, record the details of who may have handled the item so they can be eliminated from a the police investigation

In addition, in cases of sexual assault –

- Preserve bedding and clothing where appropriate, do not wash.
- Try not to have any personal or physical contact with either the victim or the person alleged to have caused the harm. Offer reassurance and comfort as needed, but be aware that anyone touching the victim or source of risk can cross contaminate evidence.

15.3 Good Practice Guide – Recording

As soon as possible on the same day, make a written record of what you have seen, been told or have concerns about. Try to make sure anyone else who saw or heard anything relating to the concern also makes a written report.

The written report will need to include:

- The date and time when the disclosure was made, or when you were told about / witnessed the incident/s.
- Who was involved, any other witnesses including service-users and other staff?
- Exactly what happened or what you were told, in the person's own words, keeping it factual and not interpreting what you saw or were told.
- The views and wishes of the adult.
- The appearance and behaviour of the adult and/or the person making the disclosure.
- Any injuries observed.
- Any actions and decisions taken at this point.
- Any other relevant information, e.g. previous incidents that have caused you concern.

Remember to:

- Include as much detail as possible.
- Make sure the written report is legible, written or printed in black ink, and is of a quality that can be photocopied.
- Make sure you have printed your name on the report and that it is signed and dated.
- Keep the report factual as far as possible. However, if it contains your opinion or an assessment, it should be clearly stated as such and be backed up by factual evidence. Information from another person should be clearly attributed to them.
- Keep the report/s confidential, storing them in a safe & secure place until needed.

15.4 Good Practice Guide – Medical treatment and examination

In some cases of abuse (e.g. physical or sexual) it may be unclear whether injuries have been caused by abuse or some other means (e.g. accidentally). Medical or specialist advice should be sought immediately.

- If medical treatment is needed, an immediate referral should be made to the person's GP, A&E or a relevant specialist health team.
- If forensic evidence needs to be collected, the Police should always be contacted. They will normally arrange for a police surgeon (forensic medical examiner) to be involved.
- Consent of the adult should be sought. Where the person does not have capacity to consent to a medical examination, a decision should be made on the basis of whether it is in the person's best interests for a possibly intrusive medical examination to be conducted.
- Should it be necessary to arrange for a medical examination, the following points should be considered:
 - the rights of the adult
 - issues of consent and ability to consent
 - the need to preserve forensic evidence
 - the involvement of any family members or carers
 - who should accompany the adult and provide support & reassurance

15.5 Good Practice Guide - Safeguarding Concern Checklist

Important things to consider when determining whether a Section 42 Safeguarding enquiry is needed:

The person

- What are the person's needs/ situation?
- What is person's understanding of their current situation and their capacity to understand?
- If someone lacks mental capacity or may need support to understand the current circumstances consider involving the person representative or advocate.
- Are there any legal powers already in place such as LPA?
- What are the desired outcomes how can these be achieved?
- Does the person consent to our involvement?
- Funding stream e.g. CHC, Nursing, funded by another borough and we are host authority

Details of the Concerns

- What has happened?
- When did the concern come to light and how?
- What potential abuse or neglect has taken place?
- What is the impact on the adult?
- What evidence do you have? E.g. body maps, statements
- Information required will include, dates, times, where information has come from, how it has been reported.

Details of the alleged Abuser

- Who is the alleged abuser?
- What is their relationship with the adult?
- Are they a main carer?
- Do they live with them?
- Are they a paid member of staff?

Assessment of Risk

- What's the person's perception of risk, what are other people's views?
- What's been done to minimise immediate risk?
- Is there potential risk to others?
- If the concerns relates to a service provider - Joint Planning and Commissioning Team must be contacted.
- What other professionals are already involved , this may involve speaking to the Police, Housing, GP, DN's, care provider, CQC etc., Neighbourhood Team, IUCT.
- Have previous safeguarding concerns been raised? If so is there any correlation between them? If so does this information exacerbate the concern being reported now?
- If an adult at risk sustains an unexplained injury a face-to-face clinical examination must be made to ensure that the full extent of injuries incurred have been identified.