

**Dated November 2019**



**Preston North End Community and Education Trust**

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**SAFEGUARDING POLICY**  
**Vulnerable Adults**

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## **BACKGROUND AND NEED FOR A POLICY**

Preston North End Community and Education Trust (PNECET) is committed to creating opportunities for adults with disabilities and mental health problems to participate in a broad spectrum of activities at the Club at the same time as creating a safer culture for the participants

The participation of adults at risk may be as players, coaches, employees, volunteers, officials, administrators or spectators.

PNECET has a moral, legal and social responsibility to provide a fun and safe environment for all those participating in these activities.

PNECET has a commitment to manage and monitor allegations of discrimination, harassment, abuse and bullying,

### **Safer Structures**

The Safeguarding Vulnerable Adults Policy is there to react to the occasions where proactive and preventative work has failed and where harm has occurred by acts of commission or omission and where the Vulnerable Adult has not been able to safeguard his or her self.

In particular its function is to ensure that safeguards are put in place to keep the Vulnerable Adult safe and to prevent such harm occurring again, either to the same Vulnerable Adult or to other Vulnerable Adults.

### **Relationship to Preston North End Community and Education Trust's Safeguarding Children Policy**

- There is no "Vulnerable Adults" Act to provide clear legislative guidance
- The definition of "Vulnerable Adult" is always open to interpretation and individuals may be vulnerable at some times and not others.
- Adults have a right to self-determination. They may not wish to have others intervene to safeguard them.
- Adults may consent to sexual activities and the issue of consent may affect the reporting and management of allegations.
- Local authorities are organised differently to receive and manage referrals. There is not a uniform approach by the various Local Safeguarding Boards.

### **A definition of the term "Vulnerable Adult"**

Someone who is aged 18 or over:

- Who is unable to protect him or herself against significant harm or exploitation
- who is or may be in need of community care services by reason of mental or other disability, increasing frailty or illness, alcohol or drug dependency

Or

- Who is or may be unable to take care of him or herself (includes alcohol or drug dependency)

## **OVERVIEW**

Preston North End Community and Education Trust is committed to football being inclusive and providing a safe and positive experience for everyone involved in the Club.

Whilst it is hoped that the proactive preventative work, including training, vetting and providing clear policies are sufficient to safeguard all adults at PNECET, the Trust recognises that it has a responsibility to safeguard Vulnerable Adults from abuse and harm and to respond where abuse and harm are perceived to have occurred.

The responsibility taken by this Policy is to:

Safeguard the welfare of Vulnerable Adults at PNECET by protecting them from any significant

- physical, sexual and emotional harm and from neglect, bullying and financial harm within the Trust. This may include training and codes of practice amongst other strategies for reducing risk.
  
- Report to the appropriate authorities any concerns about abuse or harm to Vulnerable Adults whether this occurs within the Trust or elsewhere and whether this be a potential criminal offence or other concern. The appropriate authorities may be internal and external to football. This will include following the Trust's reporting frameworks.
  
- Ensure appropriate investigations and responses to concerns about abuse or harm within PNECET utilising the disciplinary process as appropriate. This will include work in partnership with the Police and other statutory agencies charged with investigating and responding and with the Vulnerable Adult who is believed to be at risk or believed to have been harmed.
  
- Following such investigations, act to put appropriate safeguards in place to safeguard the Vulnerable Adult in the future and to reduce the risk of harm to other Vulnerable Adults in the Trust.
  
- Report when appropriate to the Independent Safeguarding Authority (ISA) anybody delivering a regulated activity for PNECET who is believed by the Trust to present a risk of harm to Vulnerable Adults. Where the Trust "withdraws permission" for a person to deliver a regulated activity they will also be reported to the ISA.

The Trust has the power as part of the PNECET Disciplinary procedures to issue a suspension, pending a risk assessment where any one or more of the following applies:-

1. The individual fails to comply with any part of PNECET Disclosure and Barring Service
2. The individual has been barred from engaging in regulated activity relating to Vulnerable Adults;
3. The individual has been convicted of, or made the subject of caution for, a serious sexual, violent offence or any other offence that PNECET believes to be relevant to the care of Vulnerable Adults;
4. Following a risk assessment, the Trust is satisfied on the balance of probabilities that the individual poses or may pose a risk of harm to Vulnerable Adults.

N.B In addition to the Disclosure and Barring Service, applicants will be required to provide at least two references that attest to their suitability to be involved in football involving Vulnerable Adults. The spouse, cohabitant, civil partner or a family member of the person subject to this requirement cannot act as a referee for this purpose. One of the referees should be the applicant's most recent or current employer.

## **ABUSE**

Abusive behaviour can be assessed on a scale from poor practice to bad practice to abuse. Abuse cannot be easily measured as an action alone. Its severity will partly be defined by the:

- vulnerability of the victim and the power differential nature and extent of the abuse
- length of time it has been occurring
- impact on the individual or group
- risk of it being repeated or becoming increasingly serious

There are different **types of abuse** and these are:

- Physical abuse
- Sexual abuse
- Emotional
- Neglect
- Financial/Material abuse

At one end of a scale, there may be obvious signs and symptoms of abuse, but at the opposite end, the indicators may be very difficult to detect. Combinations of factors which individually might not give cause for concern could be much more worrying when considered together. The abuse may be committed by one individual against another or be institutional in that the whole organisation colludes in abusive practices either through ignorance or choice.

### **Where may harm occur?**

Harm may occur anywhere in any PNECET activity or it can be reported to a Community Trust representative (or indicative signs noticed) when it has occurred outside a Trust activity.

There are complex scenarios including:

- Vulnerable Adults playing, officiating, coaching, spectating or administering within a variety of activities at PNECET. Vulnerable Adults may be at risk of harm from other adults who may or may not be vulnerable themselves. Those doing harm to the Vulnerable Adult may be part of a PNECET activity or elsewhere in the Vulnerable Adult's network. Harm may be deliberate or result from not understanding the Vulnerable Adult's needs (commission or omission).
- Vulnerable Adults may be at risk of harming others in PNECET activities either by deliberate behaviours or by failing to understand their responsibilities to others.

On these occasions the Vulnerable Adult may need help and support to manage his or her behaviour in a suitable way, or may need to have certain responsibilities removed from them. Safeguards may need to be put in place to protect others.

- Adults who have been “vulnerable” in the past, who are now not vulnerable, (for example: people recovering from mental health issues). Where these adults are seeking positions of responsibility at PNECET, but have criminal records or issues from their past which are directly related to these periods of vulnerability, detailed risk assessments will be undertaken. Assessment of suitability for their new roles requires a specific knowledge base and sensitive handling. Whilst PNECET promote a policy of inclusion, the risk assessments are conducted to measure the risk posed by somebody who is recovering from a previous period of vulnerability, considering other vulnerable adults and children who need safeguarding from possible harm, should the risk factors re-emerge.
- Vulnerable Adults may also be at risk of harming themselves through failing to realise and report when they need additional or different support in PNECET activities.

## **STAFF AND VOLUNTEERS’ RESPONSIBILITIES**

### **Creating the atmosphere for someone to tell you what is wrong**

The coordinator of each activity involving vulnerable adults at PNECET will ensure that the participants know how to get help, how they can report abuse, who to report it to, and what response they can expect.

Some people who have been abused appear able to speak to someone about it and wish action to be taken, All PNECET staff must listen to those Vulnerable Adults who may be at risk and follow PNECET reporting policy and procedure. Others seem to be very reluctant to talk about the experience. There may be several reasons for this:

- It may just be too painful emotionally to talk about what happened. Feelings of shame and embarrassment often inhibit people reporting concerns
- There may not be an opportunity to see someone who is trusted, privately
- There may be anxiety about repercussions from the perpetrator or others if the abuse is reported
- There may be a worry about “where it will all end”, for example if the police are told, or perhaps a fear of going to court
- The abused person may just be prepared to put up with it
- Communication and language may be an inhibitor
- The person may not recognise an experience to be abusive if their previous life experiences have been confusing

People with mental health problems are under-represented in Safeguarding referrals. In addition to the concerns listed above, inhibitors could include:

- Not being believed
- Effects of stigma

- Powerlessness, lack of choice, power differences
- Fear of a continuing oppressive regime
- The perceived victim could have confused feelings towards the abuser

It is very important, if abuse is suspected, to try and create the opportunity for the person to disclose what is happening. It is crucial to give participants the confidence to know that they will be listened to. In some situations, the worst thing to do might be to keep asking if everything is alright. In others, a few encouraging prompts might be just what the person was waiting for. The following might help to create the right atmosphere:

- Identifying a named person responsible for safeguarding for each team or activity who is a familiar face to the participants. This measure is intended to be empowering for the service-users.
- Where abuse is suspected, identify the member of staff the person appears to like or trust the most. Create an opportunity for the person to share their concern with an identified staff member.
- Where there is factual evidence available, it may be useful to let the person know it has been observed so that the person does not feel they are telling about something that is a complete surprise
- Because the person might be worried about losing control of the situation if they tell, it might be helpful to give assurances that after disclosing abuse, the person is always asked what they wish to do about it. Respect will be given to their wishes, but there are various circumstances where it will be necessary to report a concern against a person's wishes, particularly when others would be left at risk. Do not guarantee that you will keep to yourself what they want to tell you.

### **Key points to remember about disclosure**

- Many incidents of abuse or crimes only come to light because the abused person themselves tells someone
- You must be aware that the person may not appreciate the significance of what they are sharing. They may not realise or accept they are being abused
- Disclosure may take place many years after the actual event or when the person has left the setting in which they were afraid
- Even if there is a delay between the actual event and the disclosure – you should demonstrate to the person that you believe them unless it is absolutely clear and provable that the events they are describing could not have happened

### **Managing the disclosure/observation - Do's and**

**Don'ts** if someone discloses abuse to you:

- Stay calm and try not to show shock
- Listen carefully rather than question directly
- Be sympathetic and offer reassurance
- Be aware of the possibility that medical evidence might be needed
- Tell the person that:
  - *They did right to tell you*
  - *You are treating this information seriously*
  - *It was not their fault*

- You must inform the Head of Safeguarding
- Usually after consulting with the vulnerable adult, the Head of Safeguarding will contact the Safeguarding Vulnerable Adults team at the Local Authority.
- The Head of Safeguarding will contact the Safeguarding Vulnerable Adults team without the adult's consent in certain circumstances but the adult's wishes will be made clear throughout
- If a referral is made and they are reluctant to have the incidents investigated this fact will be recorded and brought to the attention of the Head of Safeguarding at PNECET. If appropriate, the Trust will take steps to protect and support the adult
- Report to your manager
  - *Write down, as soon as possible and as far as you are able, what was said by the person disclosing the information (in their words as far as possible) and other relevant information*
  - *Where appropriate, record on a body map (sample attached) the location of any bruises, cuts or abrasions*

### **Alerting/Reporting**

- Do not wait until you have all the information
- If the person is injured or not yet safe, take immediate action to help them e.g., dialling 999 for police or ambulance
- Tell the person what you are going to do about the concern
- If the Head of Safeguarding or identified Safeguarding Officer for an activity is not available, inform another one
- Only tell the people who need to know
- Follow up your verbal report with a written account as soon as possible
- Make sure you write everything down as soon as possible including any observations made before, during or after a disclosure

### **The Information Needed**

- Name, date of birth, address of the alleged victim
- Name, date of birth, address of the alleged perpetrator
- Who you are and how you are involved
- What happened where and when (including any lead-up)
- Any action taken
- The current position including any concerns about safety of the alleged victim and any other person
- Who else is involved?
- How aware of the referral is the victim, perpetrator, carers or relatives
- Any known views of the alleged victim regarding how they wish the matter to be dealt with
- Any other background information that is likely to be helpful

### **Recording**

The following points should be considered in recording a disclosure or allegation:

- Use a pen with black ink so the report can be photocopied
- Ensure the report is legible



- Sign and date the report
- Note the time of day, date and location of the incident
- Describe how the disclosure came about
- Describe what happened and any injuries or consequences for the victim
- Where appropriate, use a body map to indicate where there are cuts or bruises
- Keep the information as concise and factual as possible
- If it is appropriate to include an opinion or third party information, ensure that this is made clear.

### **Establishing the victim's wishes**

It is very important that you do not investigate the concerns, but the following guidance should be followed.

- Where there is no emergency, there is an opportunity to check out the adult's wishes in relation to the concern
- There is a need to establish who the victim would most like to talk to about the matter
- Liaise with the Head of Safeguarding or a Safeguarding Officer
- The member of staff chosen must familiarise themselves with all possible options and prior to the interview, seek advice regarding the potential consequences of each option for the victim
- It is important to remember the interview is only about establishing what the victim wishes to do about the incident, not about discussing the incident itself
- Important to allow the victim time to consider the options and if there is uncertainty, offer to meet again

### **Preserving the evidence**

Your first concern is the safety and welfare of the abused person. However, your efforts to preserve evidence may be vital.

In all cases, but especially when police involvement is required, preservation of evidence is crucial if the police investigation is to be effective. What you do or do not do in the time whilst you are waiting for the police to arrive may make all the difference.

The following checklist aims to help you to ensure that vital evidence is not destroyed:

### **In situations of physical and/or sexual assault**

- In the case of a person who has been physically abused who wishes to show you an injury, only observe what they consent to show you and what is appropriate
- Do not touch what you do not have to. Wherever possible leave things as they are. Do not clean up, do not wash anything or in any way remove fibres, blood etc. If you do have to handle anything at the scene keep this to a minimum
- Do not touch any weapons unless they are handed directly to you. If this happens, keep handling to a minimum. Place the items/weapons in a clean dry place until the police collect them
- Preserve anything that was used to comfort the abused person, for example a blanket
- Secure the room. Do not allow anyone to enter unless strictly necessary to

support you or the abused person and/or the alleged perpetrator, until the police arrive

- The Police may organise a medical examination urgently

### **Prior to the arrival of the police and medical examination:**

- Ensure that no one has physical contact with both the abused person and the alleged perpetrator as cross-contamination can destroy evidence. It is acknowledged that if you are working alone in the situation, you may have to comfort both the abused person and the alleged perpetrator e.g. where the alleged perpetrator is also a PNECET service-user. You need to be aware that cross-contamination can easily occur
- Preserve any bloodied items
- Encourage victim not to shower
- Encourage victim not to change clothing
- Even when the victim says they do not want police involvement, preserve items anyway as they may change their mind later
- Encourage the person not to eat or drink if there is a possibility that evidence may be obtained from the mouth

### **Methods of Preservation**

- For most things use clean brown paper, if available, or a clean brown paper bag or a clean envelope. If you use an envelope, do not lick it to seal. Avoid using plastic bags as they can produce moisture
- For liquids use clean glassware
- Do not handle items unless necessary to move and make safe. If there are latex gloves available use them

It is acknowledged that completion of all of the above tasks may not be possible in a traumatic situation. You are urged to do the best that you can

### **Ensuring the individual is in or is moved to a place of safety**

It is essential that, whatever the nature of the suspected abuse, the vulnerable adult is separated from the person who is or is thought to be producing the threat. It is important that disruption to the life of the victim is kept to a minimum, therefore, if it is possible for the alleged perpetrator to leave the scene, this should be the preferred option. However, if it is not achievable, an alternative place of safety should be sought as the immediate safety of the victim is the highest priority

### **How to get help urgently**

Emergency services should be summoned whenever a situation is felt to be beyond the control of members of staff. In addition staff should have readily available, all the contact numbers of the Head of Safeguarding, colleagues, Safeguarding Officers or other services which can assist in an emergency or urgent situation.

## **Role of staff supporting the alleged victim**

Members of staff involved in supporting the alleged victim have a key role in making sure the procedures are followed and that the victim is properly advised and supported. If a number of staff are involved, it may be convenient for one person to take the lead. This is entirely a matter for the staff and the Head of Safeguarding or Safeguarding Officer to decide in the light of the individual circumstances.

The role of the staff supporting the alleged victim includes the following:

- Ensuring the continued safety of and support to the abused person
- Liaising with immediate colleagues who have been involved in order to gather all the available information together
- Ensuring that evidence has been preserved
- Collating and completing all written material relating to the incident
- Reporting the matter to the Safeguarding Officer at the earliest opportunity

## **IT IS NOT PART OF THE ROLE OF THE STAFF SUPPORTING THE VICTIM TO COMMENCE AN INVESTIGATION INTO THE INCIDENT**

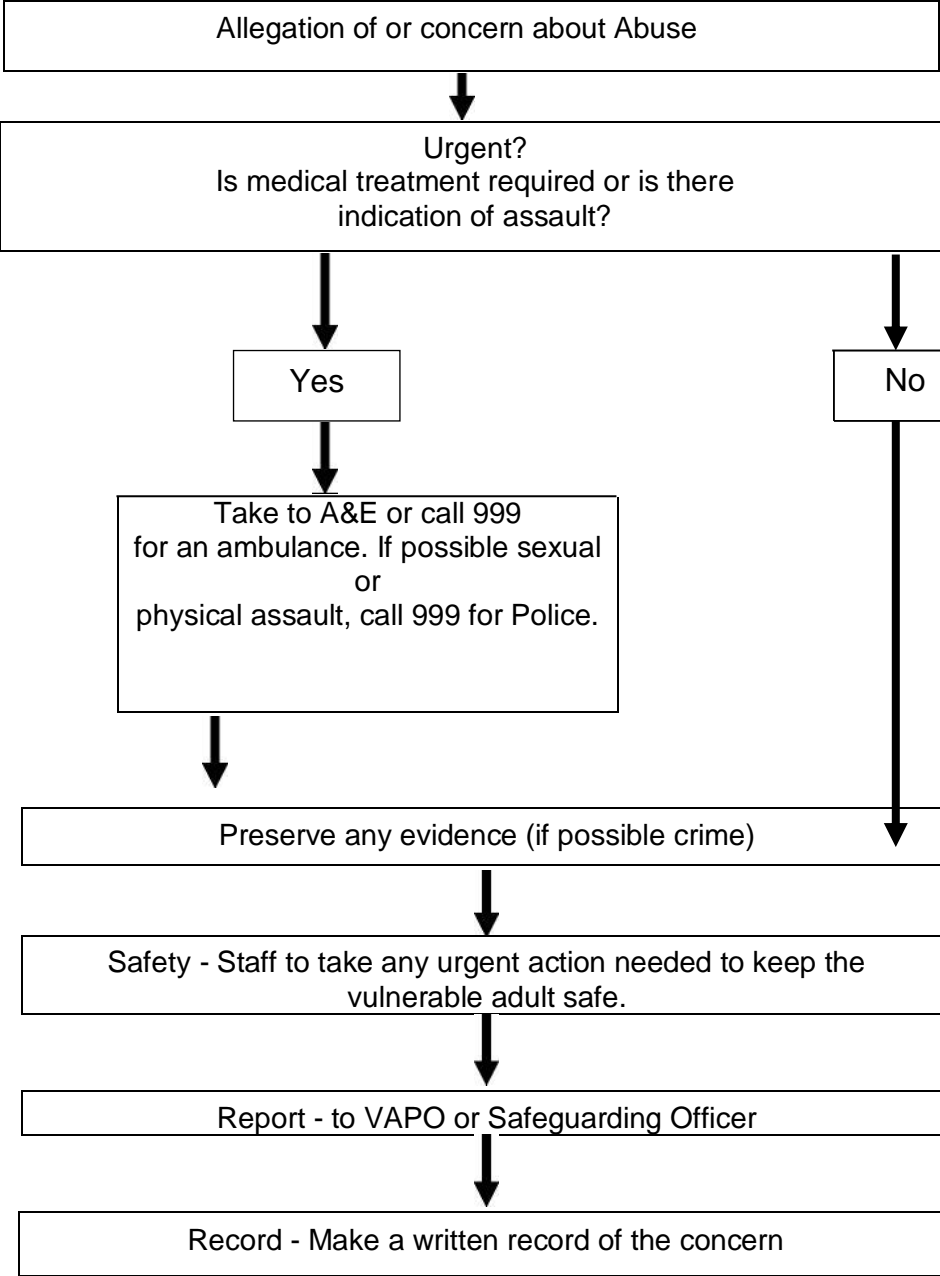
## **Role of the Head of Safeguarding or Safeguarding Officer**

For the purpose of the management of a safeguarding adults situation, the Head of Safeguarding or Safeguarding Officer for the specific activity in which the incident or concern arises should be consulted. In the absence of the Head of Safeguarding or Safeguarding Officer, or if s/he is implicated in the abuse, an alternative Safeguarding Officer must always be identified to deal with the matter.

The role of the Safeguarding Officer comprises the following:

- Directly managing and supporting the staff involved in the situation
- Ensuring that action taken is effective in providing immediate and ongoing protection to the Vulnerable Adult
- Ensuring that practical and emotional support is available according to need
- Reporting the incident to the VAPO or Safeguarding Vulnerable Adults Team in which the incident occurred (See table attached for contact numbers)
- When establishing, developing or improving a project or activity safeguarding must be within the planning of the project and discussed with lead staff member. If the project involves working with a delivery partner they must provide equivalent safeguarding measures and must be subject to a legally binding contractual commitment, this must be provided and reviewed prior to the project being delivered.
- Where an allegation is made against a member of staff or a volunteer at PNECET, the DSO Safeguarding will liaise with the Head of Community to invoke the suspension procedures.
- PNECET will take responsibility for ensuring that the appropriate support is offered to the person who is suspended

**Flowchart for Preston North End Community and Education Trust staff and volunteers.  
Reporting a concern about a vulnerable adult**



**Remember it is not your responsibility to interview or investigate**

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## **CAPACITY**

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It is not for you as a PNECET Employee to make a decision about whether a Vulnerable Adult lacks Capacity, but it is useful for professionals to have an understanding of the notion of Capacity explained below.

### **Definition**

- The ability to make a decision at a particular time. The starting assumption must always be that a person has the capacity to make a decision, unless it can be established that they lack capacity
- The term “lacks capacity” means a person who lacks capacity to make a particular decision or take a particular action for themselves at the time when the decision or action needs to be taken. This reflects the fact that some people may be unable to make some decisions for themselves, but will have capacity to make other decisions. For example they may be able to make small decisions about everyday matters such as what to wear or what to eat but lack capacity to make more complex decisions about financial matters
- It also reflects that a person who lacks capacity to make a decision at a certain time may be able to make that decision at a later date – this may be due to illness or accident

### **Assessing Capacity**

A person’s capacity must be assessed specifically in terms of their capacity to make a particular decision at the time it needs to be made.

Anyone assessing someone’s capacity to make a decision for themselves should use the two-stage test of capacity:

- Does the person have an impairment of the mind or brain, or is there some sort of disturbance affecting the way their mind or brain works? (It doesn’t matter whether the impairment/disturbance is temporary or permanent)
- If so, does that impairment or disturbance mean that the person is unable to make the decision in question at the time it needs to be made?

### **Assessing ability to make a decision**

- Does the person have a general understanding of what decision they need to make and why they need to make it?
- Does the person have a general understanding of the likely consequences of making, or not making, this decision?
- Is the person able to understand, retain, use and weigh up the information relevant to this decision?
- Can the person communicate their decision (by talking, using sign language or any other means)? Would the services of a professional (such as a speech and language therapist) be helpful?

### **Assessing capacity to make more complex or serious decisions**

- In most instances a doctor or other professional expert will have

assessed a Vulnerable Adults Capacity. Where background information such as this is available, for example from a partner agency, the information should be stored confidentially?

- In most localities an Independent Mental Health Capacity Advocate (IMCA) is appointed to assist a person who is judged to lack capacity.

### **The statutory principles**

The Mental Capacity Act 2005 sets out five statutory principles

- A person must be assumed to have capacity unless it is established that they lack capacity
- A person is not to be treated as unable to make a decision unless all practical steps to help him/her to do so have been taken without success
- A person is not to be treated as unable to make a decision merely because s/he makes an unwise decision
- An act done or decision made, for or on behalf of a person who lacks capacity must be done, or made, in their best interests
- Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action

### **Staff Members with Lead Responsibilities**

The designated Senior Safeguarding Manager (SSM) with lead responsibilities for safeguarding and promoting the welfare of children and responsible with Child Protection issues within the PNECET is:

**Tom Drake**

**Head of Preston North End Community and Education Trust**

**Tel: 01772 693361**

**Email: [Tom.drake@pne.com](mailto:Tom.drake@pne.com)**

The Designated Safeguarding Officer (DSO) with responsibilities for Safeguarding and Child Protection issues within the Education programmes and the Health project is:

**Harriet Creighton-Levis**

**Assistant Head of Preston North End Community and Education Trust**

Tel: 01772 693365

Email: [Harriet@pne.com](mailto:Harriet@pne.com)

## APPENDIX I

### SIGNS AND SYMPTOMS OF ABUSE

#### Physical Abuse Indicators

- Injuries that are not explained satisfactorily
- Person exhibiting “untypical” self harm
- Unexplained bruising to any part of the body, particularly collections of bruises which form a pattern which may correspond to the shape of an object or a person’s hand
- Unexplained burns especially on “unlikely” areas of the body, soles of the feet or palms of the hands
- Immersion burns. Rope burns and burns from an electrical appliance
- Unexplained fractures to any part of the body
- Unexplained cuts or scratches to mouth, lips, gums, eyes or genitalia
- Medical problems that go unattended
- Person flinches at physical contact or indicates that someone has threatened them with physical harm
- Sudden or unexplained urinary or faecal incontinence
- Reluctance to undress or uncover parts of the body
- Person may appear afraid of or “anxiously” try to avoid certain members of staff, family members or other people they know
- Injuries at different stages of healing
- Unexplained loss of hair in clumps

#### Sexual Abuse Indicators

- Person discloses fully or partially that sexual abuse is occurring or has occurred in the past
- Person has urinary tract infections or sexually transmitted diseases that are not otherwise explained
- Person appears unusually subdued, withdrawn or has poor concentration
- Person appears reluctant to be alone with a person known to them
- Person has unusual difficulty in walking or sitting
- Person experiences pain, itching or bleeding in genital or anal area
- Bruising to thighs or upper arms
- Bites on various parts of the body
- Person exhibits significant change in sexual behaviour or outlook
- Person’s underclothing is torn, stained or bloody
- A woman, who lacks the capacity to consent to sexual intercourse becomes
- Pregnant

#### Psychological Abuse Indicators

- Untypical ambivalence, deference, passivity, resignation

- Person appears anxious, withdrawn or fearful, especially in the presence of specific people
- Person appears to have a poor opinion of themselves
- Person appears to lack the opportunity to make choices or have adequate privacy
- Untypical changes in behaviour or routines of daily living
- Person appears isolated and deprived of social contact
- Person is unable to maintain eye contact having previously been able to

#### **Financial Abuse Indicators**

- General lack of money especially soon after benefits are claimed
- Person lacks belongings or services they can clearly afford
- Inadequately explained fall in living standards
- Inadequately explained withdrawals from bank accounts
- Inadequately explained inability to pay bills
- Person does not appear to possess items which are known to have been purchased
- Recent acquaintances expressing interest in the person or their money
- Inadequately maintained financial systems, when a person's money is being managed by others, including a failure to produce receipts for major items
- Unexplained change in appointeeship or agent

#### **Neglect Indicators**

- Person lives in accommodation which falls below minimum practical standards
- Person has inadequate heating and/or lighting
- Person's physical appearance or condition is poor
- Person appears to be malnourished or dehydrated
- Person is observed to be left in wet clothing
- Failure to obtain health services when the person is ill
- Person does not appear to be taking the prescribed medication
- Callers/ visitors refused access to the person
- Person is exposed to unacceptable risks



## **APPENDIX II**

### **Key Government Initiatives and Legislation**

#### **Human Rights Act 1998**

This Act came into force in this country on 2 October 2000. It brings the rights outlined in the European Convention of Human rights into English law for the first time. The Act is designed to protect individuals from abuse by state institutions and people working for these institutions. BILD has developed an easy guide to the Human Rights Act and its implications for people with learning disabilities.

#### **Speaking Up For Justice 1998**

This was a report of the Interdepartmental Working Group on the treatment of Vulnerable or Intimidated Witnesses in the Criminal Justice System. The aim of the Working Group was to improve access to justice for vulnerable or intimidated witnesses, including children. It made a total of 78 recommendations for improvements to the criminal justice system including the reporting of crime, identification of vulnerable or intimidated witnesses, and measures to assist witnesses before, during and after the trial. All 78 recommendations were accepted.

#### **Youth Justice and Criminal Evidence Act 1999**

The recommendations from Speaking Up For Justice that required legislative changes were incorporated into this Act.

#### **Care Standards Act 2000**

The Care Standards Act created the National Care Standards Commission, an independent, non-governmental public body, to regulate social and health care services previously regulated by local councils and health authorities. It also extended the scope of regulation to other services not previously registered, to include domiciliary care agencies, fostering agencies and residential family centres. The Commission for Social Care Inspection replaced NCSC in April 2004.

#### **No Secrets 2000**

This is guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse. No Secrets gives guidance to local agencies who have a responsibility to investigate and take action when a vulnerable adult is believed to be suffering abuse. It offers a structure and content for the development of local inter-agency policies, procedures and joint protocols which will draw on good practice locally and nationally.

### **Achieving Best Evidence 2002**

This document "Achieving Best Evidence in Criminal Proceedings" offers guidance for vulnerable or intimidated witnesses, including children. It replaces the previous

"Memorandum of Good Practice" that only referred to children. There are two volumes covering the planning and conducting of interviews, witness preparation and support and witnesses in court.

### **Sexual Offences Act 2003**

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

### **Protection of Vulnerable Adults list 2004**

The list was implemented in July 2004. Employers can now apply to place employees on the list that they deem to be unsuitable to work with vulnerable adults. There does not have to have been a criminal prosecution. The person has a right of appeal. It is a criminal offence to apply for a job working with vulnerable adults while on the list.

### **Mental Capacity Act 2005**

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

### **Safeguarding Vulnerable Groups Act 2006**

The Safeguarding Vulnerable Groups Act introduces the new Vetting and Barring Scheme and will integrate the current List 99 (for people banned from working as teachers), and the Protection of Children Act lists which cover those working in childcare settings. It has also established a new list of people barred from working with vulnerable adults to replace the Protection of Vulnerable Adults list and this is managed by the Independent Safeguarding Authority (ISA).

**SAFEGUARDING VULNERABLE ADULTS AT  
Preston North End Community and Education Trust  
STAFF AND VOLUNTEER REPORTING TOOLKIT**

**Name of adult:**  
**Date of Birth:**  
**Gender:**  
**Ethnicity:**  
**Home address:**  
**Phone numbers:**

Please continue on a separate sheet if necessary. NB, if information is unknown it is still crucial that you share the information that you do have.

*Adult's supports in the community, e.g. key-carer, agency, family member, etc*

*GP name, address and phone number*

*What are the person's views about a referral being made?*

*Who is alleging/suspecting abuse?*

*Vulnerability of person & alleged perpetrator if known. Include communication, understanding, capacity, physical disability, Learning Disability, any mental Health problems & relevant medical information*

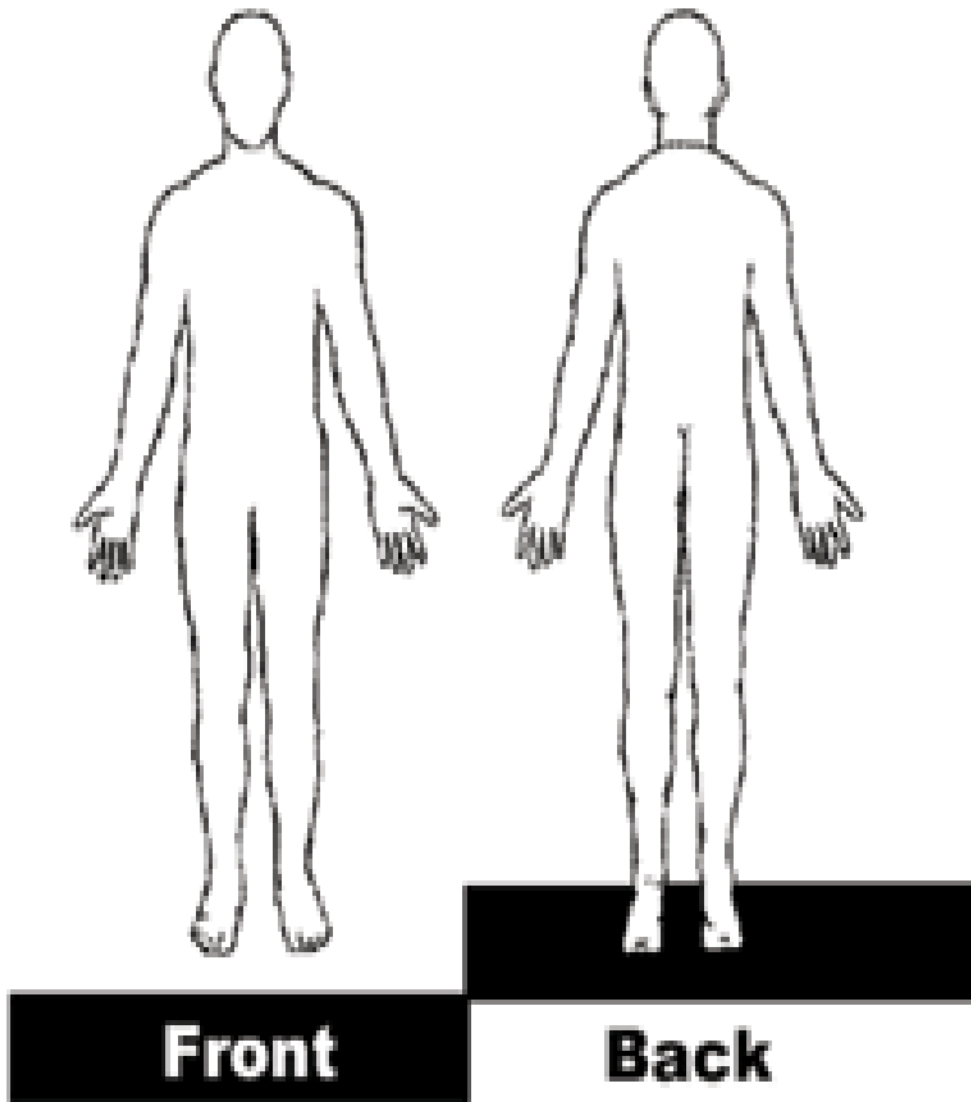
*Description of what has given cause for concern, including dates, times events and location*

*Brief statement outlining any emergency action taken*

*Action taken*

## BODY MAP

Please mark on the body map any bruising/friction marks, burns, etc. Describe the injury, e.g., shape, size, colour, skin broken, swelling, scabbing, blistering, and bleeding.



***Signed:***

***Printed name:***

***Position held:***

***Date:***