



# Disclosures of Alleged Non-Recent Abuse: Guidance

## **1. Introduction**

- 1.1 This guidance has been produced by the Somerset Safeguarding Adults Board Learning and Development & Policy and Procedures Subgroup, and is based on guidance first produced by Somerset NHS Foundation Trust, who we thank for their permission to reproduce sections of it.
- 1.2 The purpose of this document is to ensure all staff and volunteers working with adults in Somerset understand their responsibilities if an allegation of non-recent abuse or neglect of a child or adult is disclosed to them by an adult they are supporting; including how:
- to make certain all ongoing concerns are reported appropriately to the correct agency/ies
  - to ensure that any adults and/or child/ren identifiable who are currently in contact with the alleged perpetrator/s are safeguarded
  - to ensure that victims are given appropriate advice and support in order to be empowered to report their experiences to the Police and where appropriate Somerset County Council Adult Social Care (ASC) and/or Somerset County Council Children's Social Care (CSC)
  - to ensure any identifiable actual or potential victims are provided with suitable therapeutic services according to need, throughout any required safeguarding or child protection processes
- 1.3 Many abuse allegations, particularly of children, are not reported until years after the offences were committed by which point the victim is an adult themselves. There are many valid reasons why late reporting is common. For example:
- Fear of not being believed
  - Ongoing contact with the perpetrator/s
  - Threats made by the perpetrator/s
  - Lack of understanding about the abuse they experienced
  - Inability to adequately communicate the abuse due to their developmental stage at the time of the abuse
  - Learning needs or disability which prevented earlier disclosure
  - Cultural or language barriers.
- 1.4 All staff members and volunteers have a responsibility to advise the adult if they make certain disclosures which they may have a duty to report (see section 7). This is part of their duty to safeguard both adults and children, including others who may be at risk from the alleged perpetrator. This duty may include sharing confidential information without the adult's permission.

## 2. Initial Staff Response To Non-Recent Abuse Allegations

- 2.1 As soon as it is apparent that an adult is disclosing details of new allegations of non-recent abuse or neglect, the member of staff or volunteer must record what is said by the adult **and** their own responses.
- 2.2 Advice must be **immediately** sought from the organisational safeguarding lead/team, unless they are the alleged perpetrator, and (if required) appropriate action taken to make sure the adult is safe.
- 2.3 It is **not** appropriate for staff or volunteers to 'investigate' the allegations or ask probing questions.
  - All records must be dated and signed.
  - Any information recorded in the professional records may be used as Police/Court evidence.

**Always remember: The police have the responsibility and powers to investigate, and staff and volunteers must never attempt to conduct their own investigations.**

- 2.4 Wherever possible full disclosures of non-recent abuse should only be recorded by the police and, if applicable, where the allegation relates to an adult Somerset County Council Adult Social Care (ASC), or if it relates to a child, Somerset County Council Children's Social Care (CSC).
  - Police: 101
  - ASC/CSC via Somerset Direct: 0300 123 2224 (Monday to Friday 8.30am to 5.30pm, Saturday and Sunday closed) or [childrens@somerset.gov.uk](mailto:childrens@somerset.gov.uk) / [adults@somerset.gov.uk](mailto:adults@somerset.gov.uk)
- 2.5 If the alleged perpetrator/s work, or have worked, in a position of trust with adults and/or children then ASC and/or CSC must be informed as applicable. If they are a current employee of the organisation to which the disclosure has been made then the [South West Region Adult Position of Trust framework](#) should also be followed.
- 2.6 The adult will be asked by the police whether they want to make a formal complaint that may lead to a police investigation and to a criminal prosecution.
- 2.7 The next stage, which, depending on the circumstances will be led by the police and/or ASC/CSC (based on advice from the police) is to establish if the adult is aware of the alleged perpetrator's recent or current whereabouts and if they have any contact with children or adults. This will include gathering information such as the alleged perpetrator's full name, date of birth, place of work, current responsibility for children or adults and whether the abuse had previously been investigated, and if so, by whom.

### **3. Supporting The Adult Victim**

- 3.1 All efforts should be made to empower the adult to be active in the disclosure, although there are circumstances when the member of staff or volunteer will have to act even without the adult's consent.
- 3.2 If it is doubtful as to whether any adults or children are currently at risk or the identity of the alleged abuser(s) is unclear, the case must still be referred. This is because the allegation will need to be considered in context with other information that the police ASC/CSC may hold.
- 3.3 Staff and volunteers should be aware that disclosure of non-recent abuse allegations to the police and, where applicable, ASC and/or CSC, and the subsequent actions taken, may place the adult victim at significant risk of self-harm, retaliation, criticism and estrangement from their family. It may also seriously damage trust and engagement with health and social care services.
- 3.4 The need to safeguard a potentially vulnerable adult, who is the adult victim, and protect their wish for confidentiality, should be weighed against the likelihood of preventing future harm to them and others affected by the alleged perpetrator/s of abuse. These decisions are challenging and complex and should always be discussed with the police and, where applicable, also ASC and/or CSC when there is any doubt as to how to proceed, and the outcomes of any discussions must be recorded, together with any resulting action plans.

### **4. Adults Who Wish To Make A Formal Complaint To The Police**

- 4.1 An adult may wish to make a formal complaint to the police.
- 4.2 If the adult has been unclear in whether they wish to do so or not advice must be sought from the organisational safeguarding lead/team.
- 4.3 The police should be informed about allegations of crime at the earliest opportunity. Any reports of non-recent abuse made to Avon and Somerset Police must be via their non-emergency number: 101.
- 4.4 Any police involvement in an investigation will depend on a number of factors, which will include the victim's wishes, the protection of the public and the quality of the information disclosed.
- 4.5 Staff or volunteers may wish to help the victim facilitate this process supportively, for example, by being present whilst an initial telephone call is made to the police. Victims may identify a preferred supportive other for them when taking this action. Professionals are then required to corroborate this action has taken place, with the alleged victim first, in case of delay or anxiety. See Section 5 below for advice should the victim, albeit expressing willingness to make a formal complaint, be unable to do so within a reasonable space of time. This must not prevent any action to safeguard adults or children who may be at risk or have been harmed.

- 4.6 Staff can contact the police themselves to ask for advice on what action to take. The police will provide guidance on what information is required in order for the complaint to be investigated. They may allocate a Sexual Offences Liaison Officer, (SOLO), to the adult to assist them with the complaint and investigation process.
- 4.7 The police will share the information with ASC and/or CSC in order to determine the next steps and to also establish if there is any information available regarding the alleged perpetrator, and the likely risk to adults or children currently having contact with them. This discussion may result in a Strategy Discussion or Strategy Meeting. The case may also be taken to the Multi Agency Safeguarding Hub (MASH).

## **5. Adults Who Are Unwilling To Make A Formal Complaint To The Police**

- 5.1 If the adult victim does not wish to make a formal complaint to the police then the member of staff should follow the guidance in section 7.
- 5.2 The adult should also be advised to share their information with ASC/CSC Care to establish if there is any knowledge regarding the alleged perpetrator's current contact with adults or children who may be vulnerable to abuse.
- 5.3 If the adult is unwilling to take this course of action the member of staff should share the allegations with ASC/CSC via Somerset Direct by calling 0300 123 2224. If a disclosure happens outside normal working hours, and a professional considers the need to share information is urgent then the out of hours number is 0300 123 23 27.
- 5.4 Victims making referrals to Somerset Direct can do so in confidence, if they wish. However, they should be made aware that it is still a possibility that the perpetrator will be able to identify who has made the complaint. Where a professional is making a referral on behalf of an adult they must always provide their full details.
- 5.5 Referral documentation must be completed after any telephone referral, with support from the organisation safeguarding lead/team if required.

## **6. Non-recent Abuse Allegations That Have Been Previously Disclosed And/Or Investigated By Police, ASC Or CSC. Or Where The Alleged Perpetrator Is Thought To Be Deceased**

- 6.1 Staff should not assume that abuse that has previously been disclosed and/or investigated automatically discounts the possibility of adults or children currently being at risk.
- 6.2 When the alleged perpetrator is deceased, the police and, where applicable ASC and/or CSC will still need to consider whether any others involved in the alleged abuse may still present a safeguarding risk.

## **7. Home Office Counting Rules For Recorded Crime**

- 7.1 In April 2016 the Home Office published Counting Rules for Recorded Crime (HOCR), (Home Office: 2016), came into effect. The vision of this guidance was to ensure England and Wales "have the best crime recording system in the world: one that is

consistently applied; delivers accurate statistics that are trusted by the public and puts the needs of victims at its core”.

- 7.2 The counting rules require that incidents reported by victims, witnesses or third parties, (defined as parents, carers and Professional “Third Party reporters), will, unless immediately recorded as a crime, result in the registration of an auditable incident report by the Police.
- 7.3 An incident will be recorded as a crime (a so-called “notifiable offence”) for victim-related offences if, on the balance of probability:
- a) The circumstances of the victim’s report amount to a crime defined by law (the Police will determine this, based on their knowledge of the law and counting rules); and
  - b) There is no credible evidence to the contrary immediately available

A belief by the victim, (or person reasonably assumed to be acting on behalf of the victim e.g. a safeguarding professional), that a crime has occurred is usually sufficient to justify its recording.

- 7.4 Therefore, if a member of staff receives a disclosure of a crime, (including a non-recent abuse disclosure), and the alleged perpetrator has been identified, this information **must** be shared with the police, if not for investigation then for counting. This will be the case even if the adult is clear they would not support a Police investigation and prosecution. In such cases the professional reporting the matter to the police would state that the victim has “refused consent to be identified”. Crimes where the victim will support an investigation will be managed as at Section 7 of this guidance.
- 7.5 All crimes where a perpetrator can be identified must be reported via the non-emergency Police 101 number, unless there are concerns of immediate harm to the Public, when 999 should be used.